



Child Exit Survey

This survey is important. It asks about the *BodyWorks* program, your health and your eating and physical activity habits. By taking this survey, you will help us make *BodyWorks* better. It will take about 20 minutes. Please read each question before you write your answer. Pick one answer for each question, unless the directions say you can pick more than one. You can skip a question that you do not want to answer. Circle the question number to let us know you skipped it on purpose. **This is NOT a test!** Be as honest as you can. Your answers are private.

Please write the first and last initials of the **parent or caregiver who came with you to this program.** _____
Parent's First Initial Parent's Last Initial
[Ex: For Jane Smith, it is J.S. For Jane Doe-Smith, it is J.D.]

What is your DATE of BIRTH? _____/_____/_____
[Ex: Write 05/22/95 if your birthday is May 22, 1995]
MM DD YY
If you are a twin, tell us if you are the older or younger twin
 Older twin
 Younger twin

Where was your **BodyWorks** program? Site 1 Site 2 Site 3 [Sites will be entered when chosen]

1. Right now, how do you feel about making changes to your eating habits?
 I have not thought about making any changes.
 I plan to make changes later, maybe in 6 months.
 I want to make changes soon, maybe in the next month.
 I am making changes right now, but this has been for less than 6 months.
 I have made changes and have kept up with them for 6 months or longer.

2. How much do you want to make changes to your eating habits?
 Not at all
 Very little
 Some
 A lot

3. Right now, how do you feel about making changes to your exercise habits?
 I have not thought about making any changes.
 I plan to make changes in the future, maybe in 6 months.
 I want to make changes soon, maybe in the next month.
 I am making changes right now, but this has been for less than 6 months.
 I have made changes and have kept up with them for 6 months or longer

4. How much do you want to make changes to your exercise habits?
 Not at all
 Very little
 Some
 A lot

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0337. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

5a. How important to YOU is...	Not At All Important	Not Very Important	Important	Very Important
a. Eating healthy foods like fruits, vegetables, whole grains, milk, and meat and beans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercising for one hour every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Setting goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping your parent or caregiver plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases that happen later in life, like heart disease, diabetes, and osteoporosis (a disease that causes bones to break more easily)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5b. How important is it to your PARENT/CAREGIVER that you...	Not At All Important	Not Very Important	Important	Very Important
a. Eat a healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you want to do what your parents/caregivers want you to do when it comes to...	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. Healthy eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Setting goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think you can ...	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. Talk with your family about how you can eat healthier foods or get more physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help plan for, shop, or make healthy meals each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use nutrition facts labels on packages to pick healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Choose healthy foods and drinks at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Choose healthy foods and drinks at restaurants, including fast food restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Plan what physical activities you will do for the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Exercise for one hour every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise even if there are barriers, like if you are too tired or very busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Choose to be active instead of watching TV or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do bone-strengthening physical activities (running or jumping rope)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The most important time in life for building strong bones is when you are a/an...

Baby or young child (ages 0-8)
 Preteen or teen (ages 9-18)
 Young adult (ages 19-29)
 Adult (ages 30 to 54)
 Older adult (age 55+)
 Don't know

9. A "serving size" is the amount of food you choose to eat for a meal or a snack.

True False Don't know

10. A "portion" is included on a nutrition facts label and helps you see how many calories are in a serving of food.

True False Don't know

11. The dangers of unhealthy dieting can be: (Choose one or more.)

Not getting enough nutrients to grow and develop
 More risk for weaker bones and osteoporosis later in life
 More risk for an eating disorder
 Don't know

12. Which are whole grain foods? (Choose one or more.)

Brown rice Cheese Apple juice Oatmeal Don't know

13. Which sandwich has less fat?

Turkey sandwich with mustard Tuna salad sandwich Don't know

14. How can physical activity help you? (Choose one or more.)

Helps you control your weight Helps you feel less stressed Makes you more confident Decreases your vitamin B levels Don't know

15. You are taking a walk. You are breaking a sweat, but you can still talk to your friend. This activity is:

Light Moderate Vigorous Don't know

16. Tell us about the past 7 days. On how many days did you...	0 Days	1-2 Day	3-4 Days	5-7 Days
a. Write in a journal your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work toward goals you set to eat healthy foods and be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help plan healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help shop for healthy foods and drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help make healthy meals or snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take a healthy bag lunch to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat a meal together with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exercise for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exercise with your parent or caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do bone-strengthening exercises (like walking or jumping rope)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Choose to be active instead of watching TV and/or sitting at the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

computer?				
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17. Think about the past 7 days. Did your parent/caregiver encourage you to...	No	Yes
a. Eat healthy foods like fruits, vegetables, whole grains, milk, and meats and beans?	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>

18. Think about what you eat on an AVERAGE DAY. How many times do you eat or drink...	0 Times	1 Time	2 Times	3 Times	4 Times	5+ Times
a. Milk or milk products (yogurt, cheese) or milk substitutes (like soy milk or rice milk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Soda or pop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fruits (including 100% fruit juice)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meat or beans (beef, fish, chicken, tofu, egg, peanut butter, cooked beans, nuts, seeds)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chips or French fries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vegetables (including those in soup, stir fry, gumbo, stew, casserole, taco, or omelets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Candy, cookies, cake, or other sweets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Grains (bread, cereal, rice, pasta)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. During the next month, I plan to...	Disagree a lot	Disagree	Agree	Agree a lot
a. Make healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise more often, including bone-strengthening physical activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise more often with my parent or caregiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Set/work toward nutrition and physical activity goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or prepare healthy meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat meals together with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Take a healthy bag lunch to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



You're past the half-way point!

This section asks about your experience with the BodyWorks program.

20. How many sessions did you attend? (Circle one.)

1 2 3 4 5 6 7 8 More than 8

21. If you missed one or more sessions, what were the reasons? (Choose one or more.)

I was busy with something else (for example: responsibilities at school, work, or home)

I was sick

I did not have a ride

I did not like the group members

I did not finish the homework

Other: _____

22a. Below is a list of activities that trainers might have done to encourage people to keep coming to BodyWorks. If your trainer did NOT do this activity, please check "My trainer did NOT do this activity." If your trainer did these things, please check how much they encouraged you to keep coming to BodyWorks.

How much did it encourage you to keep coming to the BodyWorks sessions when your trainer...	My trainer DID NOT do this.	No, Not At All	No, Not Really	Yes, A Little	Yes, A Lot
a. Contacted you before a session to remind you to attend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Contacted you when you missed a session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gave you prizes such as coupons, gift cards, water bottles, or t-shirts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paid for you or your family to get a ride to BodyWorks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Had babysitting while you and your parent/caregiver attended BodyWorks sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22b. If your trainer gave you prizes to participate in BodyWorks, please describe the prizes you received:



Just two pages left. You're doing great!

23. Below is a list of the items in the BodyWorks Toolkit. If you did NOT use a particular toolkit item, please check "I did NOT use this toolkit item." Please check how helpful they were to you.

How HELPFUL were the following BodyWorks Toolkit Items?	I did NOT use this toolkit item.	Not At All Helpful	Not Very Helpful	Helpful	Very Helpful
a. Body Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Family Food and Fitness Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Best Journal Ever! for girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bodyworks DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Weekly Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Recipe Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shopping List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. BodyWorks For Teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. BodyWorks for Guys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How often did you use any of the toolkit items with your parent or caregiver outside of the BodyWorks sessions?

- Never
- Once a month
- Once a week
- Two or more times a week

25. If parts of the BodyWorks Toolkit were not helpful, what could make them better?

26. My BodyWorks Trainer(s)...	Disagree a lot	Disagree	Agree	Agree a lot
a. Showed up on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was well prepared for each session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Knew a lot about the topics we discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Made me feel comfortable in the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Connected well with the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Included everyone in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Managed any problems that arose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Think about the BodyWorks program. How much did you like...	Did not like at all	Liked a little	Liked	Liked a lot
a. Where the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How long each of the BodyWorks sessions lasted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The number of sessions for parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The number sessions for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The overall structure of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Just one to go!

28. How much did you like the:	Did not like at all	Liked a little	Liked	Liked a lot
a. Session topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Activities/Demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical Activities or "energizers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. BodyWorks program overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What would make the BodyWorks program better? (Write your answer in the space below.)

30a. Within the last 8 weeks, did you go to any education programs about healthy eating or physical activity outside of school time other than BodyWorks?

No Yes

30b. If you checked "yes," please describe the program:



You're all done! Thank you for your help!!