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Appendix A. **Evaluation Questions  
and Data Collection Methods**

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## Appendix A. Evaluation Questions and Data Collection Methods

Evaluation Questions	Parent/ Caregiver Survey	Adolescent Survey	Trainer Survey	Interviews with Sites	Other
<b>Process Questions</b>					
1. What were the roles of the contractors and OWH in implementing <i>BodyWorks</i> ?			X	X	Discussions with OWH and Contractors
2. What are the characteristics of sites participating in the initial distribution of <i>BodyWorks</i> ? How “good a fit” is the toolkit and training with the mission and activities of the organization and its established way of doing business?			X	X	
3. What need did implementing sites see <i>BodyWorks</i> addressing? What other tools had they used/do they still use to address this need?			X	X	
4. How many trainings were conducted and toolkit distributed through each site?				X	Hager Sharp Tracking Database
5. What was the process by which each site distributed the <i>BodyWorks</i> Toolkit and Training? How was the process determined? Who was involved in the decision making?				X	
6. What are the characteristics of trainers? How many were trained?			X	X	
7. What were the elements of the training they received (e.g., knowledge, toolkit skills, training skills)? What were trainers told about how to train others to work with the <i>BodyWorks</i> Toolkit?			X		Discussions with OWH and Contractors Review Training Guide
8. What were the strengths of their training? What could be improved, and how could this occur?			X	X	
9. By whom were they trained? Followup? Technical assistance available?			X	X	
10. How many tier 2 trainers were trained by tier 1 trainers to use <i>BodyWorks</i> , and what were their characteristics? How did the characteristics differ by site? Type of site?			X	X	
11. What types of questions or technical assistance requests were asked of tier 1 trainers, their organizations, and OWH? Were they able to be addressed?			X	X	Discussions with OWH and Contractors
12. In what posttraining group (reinforcing) activities did parents/caregivers take part?				X	

Evaluation Questions	Parent/ Caregiver Survey	Adolescent Survey	Trainer Survey	Interviews with Sites	Other
<b>Output Questions</b>					
13. To what degree were trainers' awareness, knowledge, and skills raised by this training? Did this differ by who trained them?			X	X	
14. How many parents participated in the entire training?				X	Hager Sharp Tracking database
15. To what extent were trainers able to implement <i>BodyWorks</i> with parents/caregivers?			X	X	Health Promotion Council Evaluation Report
16. How satisfied were trainers in the <i>BodyWorks</i> training and toolkit?			X	X	
17. Aside from the traditional <i>BodyWorks</i> class, in what other ways did <i>BodyWorks</i> trainers use the toolkit and training?				X	Discussions with OWH and Contractors
18. What were the characteristics of the parent/caregivers? What were the characteristics of the adolescents?	X	X	X	X	
19. What elements of the toolkit do parents/caregivers use most/least and why? What elements of the toolkit do adolescents use most/least and why?	X	X	X	X	
20. What were effective recruitment methods?	X		X	X	Discussions with OWH and Contractors
21. What were effective retention methods?	X		X	X	Discussions with OWH and Contractors
22. Do parents/caregivers receive appropriate information and skills development to meet their needs?	X	X	X	X	
23. To what extent were participants satisfied with the workshop and what suggestions do they have for improvement?	X			X	
<b>Short- and Intermediate-term Outcome Questions</b>					
24. Was knowledge increased by activities associated with <i>BodyWorks</i> ?	X	X			Health Promotion Council Evaluation Report
25. Was awareness of why addressing overweight/obesity issues are important and ways to do this increased after participation in <i>BodyWorks</i> ?	X	X			Health Promotion Council Qualitative Evaluation Report

Evaluation Questions	Parent/ Caregiver Survey	Adolescent Survey	Trainer Survey	Interviews with Sites	Other
26. Were skills increased?	X	X			Health Promotion Council Evaluation Report
27. Were attitudes (intent) and self-efficacy toward healthy eating and PA changed/improved after participation in <i>BodyWorks</i> ?	X	X			Health Promotion Council Evaluation Report
28. How did the relationship between caregiver and adolescent, and their communication skills, impact the caregiver's ability to translate knowledge and skills learned through <i>BodyWorks</i> into practice.	X	X			
29. To what extent and in what ways are participants using the knowledge obtained and skills developed in the training? What specific practices have changed?	X	X		X	Health Promotion Council Evaluation Report University of Illinois, Chicago Focus Group Report
30. To what extent were organizations and its members working with adolescents more focused on identifying and impacting adolescents at risk for overweight/obesity after the introduction of <i>BodyWorks</i> at their site?			X	X	
31. To what extent is <i>BodyWorks</i> being sustained by trainers/organizations?				X	



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## Appendix B. Instruments

### B-1: Administrator Interview

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# *BodyWorks*

## Administrators/Directors DISCUSSION PROTOCOL

Interviewee:

Organization:

Date Interviewed:

Interviewer:

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*Thank you for taking the time for this interview.* HHS' Office on Women's Health (OWH) has contracted Health Systems Research, Inc. (HSR)<sup>1</sup> to conduct a process and outcome evaluation of the *BodyWorks* Toolkit. This evaluation will provide information on the effectiveness of both the *BodyWorks* toolkit and its train-the-trainer model.

The objectives of our discussion are for us to better understand:

- The key characteristics of the sites participating in *BodyWorks*
- The reasons why you chose to implement *BodyWorks*
- How *BodyWorks* was implemented
- Lessons learned from your experience

The interview will last about an hour. Your privacy rights will be strictly protected through carefully applied data handling, the use of identifiers instead of names, and the destruction of any tracking records with names immediately after they have been used. Names will not be used in the write-up, but the type of site and site characteristics will be identified.

Before I begin, do you have any questions?

### **I. Background Information**

**[Before the interview ask for them to be prepared to share the following information, and then record below.]**

- 1) Number of toolkits received: \_\_\_\_\_
- 2) Number of Parent/Caregivers Trained: \_\_\_\_\_
- 3) Number of staff trained as facilitators: \_\_\_\_\_

### **II. Characteristics of the Site**

First, I would like to ask you about your organization, your clients, and the community you serve.

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<sup>1</sup> Altarum Institute was formally Health Systems Research, Inc. HSR will be referred to throughout the instruments.

- 1) Please describe the primary purpose of your organization.  
  
Probe: Is nutrition and physical activity education a central component of your agency's *purpose*?
- 2) What types of nutrition and physical education do you provide?
  - a) Who is your primary target audience? To what extent are your activities focused on young adolescent girls? Parents of adolescent girls?
  - b) What types of delivery methods are used? Besides *BodyWorks*, do you use other tools to work with parents and/or teens around nutrition and physical activity?
- 3) What are the demographic characteristics of your clients? (Including race/ethnicity, gender, age range, and socioeconomic status)
- 4) Please describe to me the general makeup of the community/neighborhood in which your organization is located.
- 5) Is this facility accessible by public transportation? How do most clients get to you?
- 6) What are your hours of operation? When are the *BodyWorks* sessions held?
- 7) Is the facility physically linked to other medical or social service providers?
  - a) If yes, which ones?
  - b) Describe briefly to me your system of referrals.

### **III. Choosing BodyWorks and Training Staff**

The next set of questions is about why you chose to implement *BodyWorks* and to what extent.

- 8) How did you learn about *BodyWorks*?
- 9) Why did you decide to implement *BodyWorks*?
- 10) To what extent does the *BodyWorks* toolkit and training fit in to your existing activities?
- 11) How many of your staff were trained by OWH to implement *BodyWorks*?
- 12) How many of your staff were trained by instructors outside of OWH? If so, by whom were they trained?
- 13) How many, if any, other staff did they train to facilitate *BodyWorks* with parent/caregivers?
- 14) Did you or your staff request additional assistance from OWH, Hager-Sharpe, or Rife Communications?

- a) If yes, why?
  - b) How did they assist you?
  - c) Was it useful?
- 15) How confident are you that your staff can effectively facilitate *BodyWorks* with parent/caregivers? What would have made you feel more confident?

#### **IV. Implementing BodyWorks**

This next section is to learn how you made decisions about *BodyWorks* implementation.

- 16) To whom did you target *BodyWorks*? How did your organization make this decision? Who was involved in the decision making process?

*Probes: age, race/ethnicity, health status, risk of obesity*

- 17) What were your strategies for getting parent/caregivers to sign-up for *BodyWorks*?
- 18) What worked well about your recruitment process? What could have been better?
- 19) How many sessions did you hold for each *BodyWorks* series?

*Probes: Was this enough? Too much? Why?*

- 20) Where and when did you usually hold the sessions?

*Probes: What were some common barriers for parents to get to the sessions? What could have made it easier?*

- 21) What were the most important pieces of the *BodyWorks* toolkit? Why do you think so?
- 22) What were the most important pieces of the *BodyWorks* training? Why do you think so?
- 23) Do you plan on holding additional *BodyWorks* series? If no, why not? If yes, do you plan on changing the implementation in any way (more or less classes, different education techniques, etc)? Why?

#### **V. Lessons Learned and Recommendations**

In this last part of our interview, I would like to hear about any recommendations you have for improving the *BodyWorks* toolkit and training.

- 23) Do you have suggestions for revisions to the *BodyWorks* toolkit? The training? If so please describe them.



24) What other suggestions do you have for the OWH to impact the health and nutrition of girls and their families?

**That ends my formal interview questions. Do you have any comments or recommendations you would like to add?**

**Thank you very much for your input on this very important project.**





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## Appendix B. Instruments

### B-2: Parent/Caregiver Survey (pre)

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## Parent/Caregiver Survey

The HHS Office on Women’s Health and Health Systems Research, Inc. are working with **NAME OF ORGANIZATION** to determine how well the *BodyWorks* program, materials, and any training you receive helps you, your daughter, and the rest of your family learn about and make changes related to nutrition and physical activity. We are doing this by exploring responses to this and other questionnaires. It should take you about 20 minutes to finish the questionnaire.

There are questions below about you, your daughter, and your family. When questions are asked of you about “your daughter,” please think about the one between the ages of 9 and 17. If you have more than one daughter between the ages of 9 and 17, when answering the questions please think of the eldest of these.

YOUR FIRST NAME \_\_\_\_\_ FIRST 3 LETTERS OF YOUR LAST NAME \_\_\_\_\_

DATE \_\_\_\_\_

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### **ABOUT YOUR DAUGHTER**

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What is your daughter’s first name and age?

FIRST NAME \_\_\_\_\_

AGE \_\_\_\_\_

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### **ABOUT YOU (THE PARENT/CAREGIVER) AND YOUR HOUSEHOLD**

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1. What is your sex? *(check one response)*  
 Male       Female
2. Are you Hispanic or Latino/a? *(check one response)*  
 No, I am not Hispanic or Latino/a.  
 Yes, I am Hispanic or Latino/a.
3. Which one or more of the following would you say is your race? *(check all that apply)*  
 White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or other Pacific Islander

4. In what year were you born?

YEAR \_\_\_\_\_

5. What is the highest level of education you have completed? *(check one response)*

- Elementary school (grades 1–8)
- Some high school (grades 9–11)
- High school graduate or GED
- Some college, technical or trade school
- Associate degree (2-year)
- College graduate (4-year) or graduate degree

6. What is the highest level of education your spouse/partner completed? *(check one response)*

- Does not apply—I do not have a spouse/partner
- Elementary school (grades 1–8)
- Some high school (grades 9–12)
- High school graduate or GED
- Some college, technical or trade school
- Associate degree (2-year)
- College graduate (4-year) or graduate degree

7. Are you currently working for pay? *(check one response)*

- No
- Yes, part-time
- Yes, full-time

8. If you have a spouse/partner, do they work for pay? *(check one response)*

- No
- Yes, part-time
- Yes, full-time
- I do not have a spouse/partner

9. Have you participated in any health education programs about nutrition or physical activity in the past? *(check one response)*

- No
- Yes

10. Please check the category that represents your annual household income.

- Less than \$15,000
- \$15,001 – \$35,000
- \$35,001 – \$50,000
- \$50,001 – \$75,000
- Over \$75,000

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**ABOUT YOUR HEALTH, NUTRITION AND PHYSICAL ACTIVITY**

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11. How would you describe your health? *(check one response)*

- Excellent
- Very good
- Good
- Fair
- Poor

12. How tall are you?

\_\_\_\_\_

FEET AND INCHES

13. How much do you weigh?

\_\_\_\_\_

POUNDS

14. How satisfied are you with how much you weigh? *(check one response)*

- Completely satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Completely dissatisfied

15. Thinking about what you eat on a NORMAL DAY, how many times did you eat or drink:

Check one response for each statement.	TIMES PER DAY					
	0	1	2	3	4	5+
a. Dairy products or dairy substitutes <i>(milk, yogurt, cheese, soy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meat and beans <i>(meat, fish, chicken, tofu, egg, peanut butter, cooked beans, nuts or seeds)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Soda or pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diet soda or pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Potato chips or french fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fruits <i>(including 100% fruit juice)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Vegetables <i>(including those in mixtures: soup, stir fry, gumbo, stew, casserole, taco, omelets, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Grains <i>(bread, cereal, rice, pasta)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. In a **normal week**, on how many days do you work, play a sport, or exercise hard enough to make you sweat and breath heavily for 20 minutes or more? *(check one response)*

- Never
- 1–2 days
- 3–4 days
- 5–6 days
- 7 days

17. In a **normal week**, on how many days do you participate in physical activity for 30 minutes or more that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors? *(check one response)*

- Never
- 1–2 days
- 3–4 days
- 5–6 days
- 7 days

18. Do any of the following make it hard for you to do physical activity or exercise? *(check all that apply)*

- I don't feel safe exercising outdoors in my neighborhood
- I am too tired
- I don't have time
- I don't have the right equipment
- The way I look in exercise clothes
- I have a disability
- I don't have a place to exercise
- I don't have anyone to exercise with

19. If you wanted to, how sure are you that you could eat healthy foods when you are...

Check one response for each statement.	How Sure are You?				
	NOT AT ALL	NOT VERY	SOMEWHAT	VERY	EXTREMELY
a. At the mall	①	②	③	④	⑤
b. Hungry after work	①	②	③	④	⑤
c. Hanging out with friends	①	②	③	④	⑤
d. Stressed out	①	②	③	④	⑤
e. Feeling down	①	②	③	④	⑤
f. At a fast food restaurant	①	②	③	④	⑤
g. Alone	①	②	③	④	⑤
h. Having dinner with your family	①	②	③	④	⑤

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**ABOUT FOOD PREPARATION AND MEAL TIME IN YOUR HOME**

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20. In the **past week**, how many times did you prepare food for dinner? *(check one response)*

- None
- 1–2 times
- 3–4 times
- 5–6 times
- 7 times

21. During the **past 7 days**, how many times did everyone in your family who was home AT THAT TIME eat a meal together? *(check one response)*

- Never
- 1–2 times
- 3–4 times
- 5–6 times
- 7 times
- More than 7 times

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**YOUR DAUGHTER**

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22. What is your relationship to this oldest girl between the ages of 9 and 17? *(check one response)*

- Mother
  - Father
  - Grandmother or aunt
  - Grandfather or uncle
  - Other *(please specify)*
- 

23. What grade is she in?

GRADE \_\_\_\_\_

24. How tall is she? (approximately)

FEET AND INCHES \_\_\_\_\_

25. How much does she weigh? (approximately)

POUNDS \_\_\_\_\_

26. In an **average week**, how many days does she live with you? *(check one response)*

- Less than 1 day on average
- 1 day on average
- 2 days on average
- 3–4 days on average
- 5–6 days on average
- 7 days on average

---

**YOUR DAUGHTER'S GENERAL HEALTH, EATING HABITS AND PHYSICAL ACTIVITY**

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27. How would you best describe her health? *(check one response)*

- Excellent
- Very good
- Good
- Fair
- Poor

28. How many days in the past week did your daughter take a bag lunch to school?

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DAYS IN THE WEEK

29. Thinking about her physical activity, how active would you say she is? *(check one response)*

- Not at all active
- A little bit active
- Active
- Extremely active
- Don't know how active she is

30. In an **average week** when she is in school, on how many days does she have physical education (PE) classes? *(check one response)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- I don't know



31. During a **typical week**, how often does she participate in organized extracurricular sports or activities at home or in the community (e.g., softball, soccer, track and field)? *(check one response)*

- 0 times per week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- 7 times per week
- I don't know

32. How many minutes of physical activity each day is recommended for a person her age?

*(check one response)*

- 30 minutes per day
- 45 minutes per day
- 60 minutes per day
- 75 minutes per day
- 90 minutes per day
- More than 90 minutes per day
- I don't know

33. Are there any physical activities (like playing catch, bicycling, dancing, etc.) that you and she do together? *(check one response)*

- No
- Yes

If yes, please list the kinds of activities you do and about how often you do them:

ACTIVITY	DAYS PER WEEK	MINUTES PER DAY

34. To what extent do you encourage her to be physically active? *(check one response)*

- Not at all
- A little bit
- Somewhat
- Very Much

35. How happy are you with how much she weighs? *(check one response)*

- Completely happy
- Somewhat happy
- Neutral
- Somewhat unhappy
- Completely unhappy

36. How much do you agree with each of the following statements about your family and you?

Check one response for each statement.	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NOT SURE	SOMEWHAT AGREE	STRONGLY AGREE
a. I know how to help my daughter understand why eating healthy foods is important.	①	②	③	④	⑤
b. I know how to make changes in my home that will support my daughter's health.	①	②	③	④	⑤
c. I know how I can help my daughter change her eating habits.	①	②	③	④	⑤
d. I know how to set realistic physical activity goals for myself.	①	②	③	④	⑤
e. I know how to set realistic nutrition goals for my family.	①	②	③	④	⑤
f. I know how to plan weekly meals for my family.	①	②	③	④	⑤
g. I know how to create a weekly shopping list.	①	②	③	④	⑤
h. I am able to plan physical activities for the week for my family.	①	②	③	④	⑤

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***YOUR RELATIONSHIP WITH YOUR DAUGHTER***

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37. How often can you or do you do each of the following with your daughter?

Check one response for each statement.	ALMOST NEVER	ONCE IN AWHILE	NOT SURE	OFTEN	ALMOST ALWAYS
a. Can you discuss your beliefs with her without feeling restrained or embarrassed?	①	②	③	④	⑤
b. Does she tell you how she is feeling without you asking?	①	②	③	④	⑤
c. Are you very satisfied with how you and she talk together?	①	②	③	④	⑤
d. Does she keep her feelings to herself rather than talk about them with you?	①	②	③	④	⑤
e. If she is upset, is it difficult for you to figure out what she is feeling?	①	②	③	④	⑤
f. Does she admit mistakes without trying to hide anything?	①	②	③	④	⑤
g. Do you and she come up with a solution when you talk about a problem?	①	②	③	④	⑤

38. How often do you know where she is? *(check one response)*

- None of the time
- Not very often
- Sometimes
- Most of the time
- All of the time

39. How often do you set firm limits about what she can and can not do? *(check one response)*

- None of the time
- Not very often
- Sometimes
- Most of the time
- All of the time

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**NUTRITION AND FITNESS**

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40. How strongly do you agree with the following statements?

Check one response for each statement.	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
<b>In the past month I...</b>					
a. Cooked with less fat	①	②	③	④	⑤
b. Was more physically active	①	②	③	④	⑤
c. Changed how much I ate	①	②	③	④	⑤
d. Shopped for healthy/healthier foods	①	②	③	④	⑤
e. Made healthier food choices	①	②	③	④	⑤
f. Tried to make school or community changes related to nutrition or physical activity practices, programs or policies	①	②	③	④	⑤
g. Learned a lot that is new to me about nutrition	①	②	③	④	⑤
h. Learned a lot that is new to me about physical activity	①	②	③	④	⑤
i. Helped my daughter be physically active	①	②	③	④	⑤
j. Helped my daughter make healthy food choices	①	②	③	④	⑤
k. Did more active things with my daughter	①	②	③	④	⑤

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**THE BODYWORKS TRAINING YOU ARE ABOUT TO TAKE**

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41. What interested you in the *BodyWorks* training OR toolkit? (check all that apply)

- I was concerned about my daughter's health
  - I was concerned about my family's health
  - I wanted to learn more about nutrition
  - I was concerned about my daughter's weight
  - I wanted to learn new approaches on how to talk with my daughter
  - I wanted to learn how to cook healthier meals
  - I was concerned about my own health
  - I was concerned about my own weight
  - I wanted to have group support to help me make nutritional and/or physical activity changes for my family
  - Other (please specify)
- 

42. How did you hear about the *BodyWorks* training and toolkit? (check all that apply)

- School
  - Work place
  - Neighbor
  - Doctor or other health care provider
  - Teacher
  - Friend
  - Saw a flyer or public announcement
  - Other (please specify)
- 

THANK YOU FOR YOUR TIME AND ASSISTANCE!





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## Appendix B. Instruments

### B-3: Parent/Caregiver Survey (post)

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## Parent/Caregiver Survey

The HHS Office on Women’s Health and Health Systems Research, Inc. are working with **ORGANIZATION NAME** to determine how well the *BodyWorks* program, materials, and any training you receive helps you, your daughter, and the rest of your family learn about and make changes related to nutrition and physical activity. We are doing this by exploring responses to this and other questionnaires. It should take you about 15 minutes to finish the questionnaire.

There are questions below about you, your daughter, and your family. When questions are asked of you about “your daughter,” please think about the one between the ages of 9 and 17. If you have more than one daughter between the ages of 9 and 17, when answering the questions please think of the eldest of these.

YOUR FIRST NAME \_\_\_\_\_ FIRST 3 LETTERS OF YOUR LAST NAME \_\_\_\_\_

DATE \_\_\_\_\_

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### **YOUR DAUGHTER**

---

1. What is your daughter’s first name and age?

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
AGE

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### **YOUR HEALTH, NUTRITION, AND PHYSICAL ACTIVITY**

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2. How would you describe your health? *(check one response)*

- Excellent
- Very good
- Good
- Fair
- Poor

3. How tall are you?

\_\_\_\_\_  
FEET AND INCHES

4. How much do you weigh?

POUNDS

5. Thinking about what you eat on a NORMAL DAY, how many times did you eat or drink:

Check one response for each statement.	TIMES PER DAY					
	0	1	2	3	4	5+
a. Dairy products or dairy substitutes <i>(milk, yogurt, cheese, soy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meat and beans <i>(meat, fish, chicken, tofu, egg, peanut butter, cooked beans, nuts or seeds)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Soda or pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diet soda or pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Potato chips or french fries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fruits <i>(including 100% fruit juice)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Vegetables <i>(including those in mixtures - soup, stir fry, gumbo, stew, casserole, taco, omelets, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Grains <i>(bread, cereal, rice, pasta)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you wanted to, how sure are you that you could eat healthy foods when you are...

Check one response for each statement.	How Sure are You?				
	NOT AT ALL	NOT VERY	SOMEWHAT	VERY	EXTREMELY
a. At the mall	①	②	③	④	⑤
b. Hungry after work	①	②	③	④	⑤
c. Hanging out with friends	①	②	③	④	⑤
d. Stressed out	①	②	③	④	⑤
e. Feeling down	①	②	③	④	⑤
f. At a fast food restaurant	①	②	③	④	⑤
g. Alone	①	②	③	④	⑤
h. Having dinner with your family	①	②	③	④	⑤

7. In a **normal week**, on how many days do you work, play a sport, or exercise hard enough to make you sweat and breathe heavily for 20 minutes or more? *(check one response)*
- Never
  - 1–2 days
  - 3–4 days
  - 5–6 days
  - 7 days
8. In a **normal week**, on how many days do you participate in physical activity for 30 minutes or more that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors? *(check one response)*
- Never
  - 1–2 days
  - 3–4 days
  - 5–6 days
  - 7 days
9. Do any of the following make it hard for you to do physical activity or exercise? *(check all that apply)*
- I don't feel safe exercising outdoors in my neighborhood
  - I am too tired
  - I don't have time
  - I don't have the right equipment
  - The way I look in exercise clothes
  - I have a disability
  - I don't have a place to exercise
  - I don't have anyone to exercise with

---

### **FOOD PREPARATION AND MEAL TIME IN YOUR HOME**

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10. In the **past week**, how many times did you prepare food for dinner? *(check one response)*
- None
  - 1–2 times
  - 3–4 times
  - 5–6 times
  - 7 times
11. During the **past 7 days**, how many times did everyone in your family who was home AT THAT TIME eat a meal together? *(check one response)*
- Never
  - 1–2 times
  - 3–4 times
  - 5–6 times
  - 7 times
  - More than 7 times



---

**YOUR DAUGHTER'S GENERAL HEALTH, EATING HABITS, AND PHYSICAL ACTIVITY**

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12. How would you best describe her health? *(check one response)*

- Excellent
- Very good
- Good
- Fair
- Poor

13. How many days in the **past week** did your daughter take a bag lunch to school?

\_\_\_\_\_

DAYS IN PAST WEEK

14. How many minutes of physical activity each day is recommended for a person her age?

*(check one response)*

- 30 minutes per day
- 45 minutes per day
- 60 minutes per day
- 75 minutes per day
- 90 minutes per day
- More than 90 per day
- I don't know

15. Thinking about her physical activity, how active would you say she is? *(check one response)*

- Not at all active
- A little bit active
- Active
- Extremely active
- Don't know how active she is

16. During a typical week, how often does your daughter participate in organized extracurricular sports or activities at home or in the community (e.g., softball, soccer, track and field)? *(check one response)*

- 0 times per week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- 7 times per week
- I don't know

17. Are there any physical activities (like playing catch, bicycling, dancing, etc.) that you and she do together? *(check one response)*

- No
- Yes

If yes, please list the kinds of activities you do and about how often you do them:

ACTIVITY	DAYS PER WEEK	MINUTES PER DAY

18. To what extent do you encourage her to be physically active? *(check one response)*

- Not at all
- A little bit
- Somewhat
- Very Much

19. How happy are you with how much she weighs? *(check one response)*

- Completely happy
- Somewhat happy
- Neutral
- Somewhat unhappy
- Completely unhappy

20. How much do you agree with each of the following statements about your family and you?

Check one response for each statement.	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NOT SURE	SOMEWHAT AGREE	STRONGLY AGREE
a. I know how to help my daughter understand why eating healthy foods is important.	①	②	③	④	⑤
b. I know how to make changes in my home that will support my daughter's health.	①	②	③	④	⑤
c. I know how I can help my daughter change her eating habits.	①	②	③	④	⑤
d. I know how to set realistic physical activity goals for myself.	①	②	③	④	⑤
e. I know how to set realistic nutrition goals for my family.	①	②	③	④	⑤
f. I know how to plan weekly meals for my family.	①	②	③	④	⑤
g. I know how to create a weekly shopping list.	①	②	③	④	⑤
h. I am able to plan physical activities for the week for my family.	①	②	③	④	⑤

---

**YOUR RELATIONSHIP WITH YOUR DAUGHTER**

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21. How often can you or do you do each of the following with your daughter?

Check one response for each statement.	ALMOST NEVER	ONCE IN AWHILE	NOT SURE	OFTEN	ALMOST ALWAYS
a. Can you discuss your beliefs with her without feeling restrained or embarrassed?	①	②	③	④	⑤
b. Does she tell you how she is feeling without you asking?	①	②	③	④	⑤
c. Are you very satisfied with how you and she talk together?	①	②	③	④	⑤
d. Does she keep her feelings to herself rather than talk about them with you?	①	②	③	④	⑤
e. If she is upset, is it difficult for you to figure out what she is feeling?	①	②	③	④	⑤
f. Does she admit mistakes without trying to hide anything?	①	②	③	④	⑤
g. Do you and she come to a solution when you talk about a problem?	①	②	③	④	⑤

22. How often do you know where your daughter is? *(check one response)*

- None of the time
- Not very often
- Sometimes
- Most of the time
- All of the time

23. How often do you set firm limits about what she can and can not do? *(check one response)*

- None of the time
- Not very often
- Sometimes
- Most of the time
- All of the time

**SPECIFIC NUTRITION AND FITNESS TOPICS**

24. How strongly do you agree with the following statements?

Check one response for each statement.	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
<b>In the past month I...</b>					
a. Cooked with less fat	①	②	③	④	⑤
b. Was more physically active	①	②	③	④	⑤
c. Changed how much I ate	①	②	③	④	⑤
d. Shopped for healthy/healthier foods	①	②	③	④	⑤
e. Made healthier food choices	①	②	③	④	⑤
f. Tried to make school or community changes related to nutrition or physical activity practices, programs or policies	①	②	③	④	⑤
g. Learned a lot that is new to me about nutrition	①	②	③	④	⑤
h. Learned a lot that is new to me about physical activity	①	②	③	④	⑤
i. Helped my daughter be physically active	①	②	③	④	⑤
j. Helped my daughter make healthy food choices	①	②	③	④	⑤
k. Did more active things with my daughter	①	②	③	④	⑤

25. Over the past month, did you develop nutrition or physical activity goals? *(check one response)*

- No
- Yes

26. Over the past month, did you help your daughter develop nutrition or physical activity goals?

*(check one response)*

- No, she did this by herself
- No, this did not occur
- Yes

27. What would make it easier for you to set and keep goals?

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28. In the next month, I plan to: *(check all that apply)*

- Be more physically active
- Change how much I eat
- Make healthier food choices
- Help my daughter be physically active
- Help my daughter make healthy food choices
- Do more active things with my daughter

---

**BODYWORKS TRAINING PARTICIPANTS ONLY**

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29. How many sessions did you attend? *(circle one)*

1      2      3      4      5      6      7      8      9      10      More than 10

30. What got in the way of your attending all of the sessions? *(check all that apply)*

- Transportation
- Childcare
- Work
- Schedule conflicts
- Time of day sessions were held
- Not able to/did not do the assignment from the previous week
- Not interested in the topic of the specific session
- Topic didn't seem important to me
- I did not feel comfortable with the trainer
- I did not like the trainer
- I did not like the other group members
- I did not feel comfortable talking to the other group members
- I attended all of the sessions

31. Overall, how satisfied were you with the BodyWorks training program? *(check one response)*

- Completely satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Completely dissatisfied

32. How well did your trainer teach you how to use the *BodyWorks Toolkit*? *(check one response)*

- Not at all well
- Not very well
- Not sure
- Quite well
- Very well

33. Overall, how satisfied are you with the *BodyWorks Toolkit*? (check one response)

- Completely satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Completely dissatisfied

34. How likely are you to continue to use all or parts of the *BodyWorks Toolkit* now that the workshop is over? (check one response)

- Completely likely
- Somewhat likely
- Neutral
- Somewhat unlikely
- Completely unlikely

35. What parts of the *BodyWorks Toolkit* did you personally use, and how helpful was it?

Check one response for each statement.	No, I Did Not Use it	Yes, I used it and it was...		
		NOT AT ALL HELPFUL	SOMEWHAT HELPFUL	VERY HELPFUL
a. Body Basics (The Parents Guide)	①	②	③	④
b. Family Food and Fitness Journal	①	②	③	④
c. My Journal: A Girl's Food and Fitness Diary	①	②	③	④
d. The <i>BodyWorks</i> DVD	①	②	③	④
e. The Pedometer	①	②	③	④
f. Weekly Planner	①	②	③	④
g. Recipe Book	①	②	③	④
h. Shopping Lists	①	②	③	④
i. <i>BodyWorks</i> 4Teens	①	②	③	④
j. Other (Please describe)	①	②	③	④
				④

36. What parts of the *BodyWorks Toolkit* did you give to or share with your daughter?

(check all that apply)

- Did not give it to my daughter
  - Body Basics (The Parents Guide)
  - Family Food and Fitness Journal
  - My Journal: A Girl's Food and Fitness Diary
  - The *BodyWorks* DVD
  - The Pedometer
  - Weekly Planner
  - Recipe Book
  - Shopping Lists
  - BodyWorks* 4Teens
  - Other (please describe)
- 

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

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38. How helpful was *BodyWorks* (classes and the toolkit) in helping you to do each of the following?

Check one response for each statement.	NOT AT ALL HELPFUL	SOMEWHAT UNHELPFUL	NEITHER HELPFUL NOR UNHELPFUL	SOMEWHAT HELPFUL	VERY HELPFUL
a. Cook with less fat	①	②	③	④	⑤
b. Be more physically active	①	②	③	④	⑤
c. Change how much I eat	①	②	③	④	⑤
d. Shop for healthy/healthier foods	①	②	③	④	⑤
e. Make healthier food choices	①	②	③	④	⑤
f. Try to make school or community changes related to nutrition or physical activity practices, programs or policies	①	②	③	④	⑤
g. Learn a lot that is new to me about nutrition	①	②	③	④	⑤
h. Learn a lot that is new to me about physical activity	①	②	③	④	⑤
i. Help my daughter be physically active	①	②	③	④	⑤
j. Help my daughter make healthy food choices	①	②	③	④	⑤
k. Do more active things with my daughter	①	②	③	④	⑤

39. What would make the training more effective? *(check all that apply)*

- More sessions
  - Fewer sessions
  - Longer sessions
  - Shorter sessions
  - Different time of day
  - More demonstrations
  - More role play
  - More discussion with the facilitator
  - More discussion with other caregivers
  - More tools
  - More explanation of how to use the toolkit
  - More sessions with the girls
  - Working one-on-one instead of in a group
  - Smaller groups
  - Larger groups
  - Samples of food
  - Follow-up physical activity projects
  - Follow-up community action projects
  - Working with or hearing from a healthcare provider
  - A different leader
  - Other *(please specify)*
- 

THANK YOU FOR YOUR TIME AND ASSISTANCE!







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## Appendix B. Instruments

### B-4: Adolescent Survey

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## Adolescent Survey

The questionnaire you are about to fill out is very important. It is related to some materials you may have received from the *BodyWorks Toolkit* and program. The information you share will help improve the program to better meet your health and nutrition needs.

Please read each question and all instructions carefully. If there are questions you don't want to answer, you can leave them blank. Taking this survey is up to you. You may stop at any time. **This is NOT a test!** Please be as honest as you can in your answers.

YOUR FIRST NAME	DATE
YOUR MOTHER'S OR CAREGIVER'S FIRST NAME	FIRST 3 LETTERS OF YOUR MOTHER'S OR CAREGIVER'S LAST NAME

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### ABOUT YOU

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1. How old are you? *(check one response)*
    - 10 years old or younger
    - 11 years old
    - 12 years old
    - 13 years old
    - 14 years old
    - 15 years old
    - 16 years or older
  2. Are you Hispanic or Latina? *(check one response)*
    - No, I am not Hispanic or Latina.
    - Yes, I am Hispanic or Latina.
  3. Which one or more of the following would you say is your race? *(check all that apply)*
    - White
    - Black or African American
    - American Indian or Alaska Native
    - Asian
    - Native Hawaiian or other Pacific Islander
  4. Who in your family attended the *BodyWorks* training? *(check all that apply)*
    - Mother
    - Father
    - Grandmother or aunt
    - Grandmother or uncle
    - Other *(please specify)*
-

5. Since he/she took the *BodyWorks* training, do you agree with each of the following statements about whether they are doing the following?

Check one response for each statement.	YES, I AGREE	NO, I DISAGREE	I'M NOT SURE
a. Cooks with less fat	①	②	③
b. Exercises more (has been more physically active)	①	②	③
c. Helps me make healthier food choices	①	②	③
d. Helps me exercise (be more physically active)	①	②	③
e. Asks for my help in planning meals	①	②	③
f. Asks for my help in cooking meals	①	②	③
g. Does active things with me	①	②	③
h. Exercises with me	①	②	③

6. Have your family meals or the types of foods available in your home changed at all in the **past month**? (check one response)

- No
- Yes

If you checked yes, how have they changed?

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7. In the **past month**, did you and your parents or caregivers do any physical activities together (like playing catch, bicycling, dancing, etc.)? (check one response)

- No
- Yes

If yes, please list the kinds of activities you did, who you did it with, and about how often you did them:

ACTIVITY	WHO WITH? (MOTHER, FATHER, CAREGIVER, ETC.)	NUMBER OF DAYS PER WEEK	NUMBER OF MINUTES PER DAY

8. Would you say that the amount of physical activity you and your family did together in the past month was more, about the same or less than you did before *BodyWorks*? (check one response)

- More
- About the same
- Less

9. Over the **past month**, did you develop any nutrition or physical activity goals for yourself (called “small changes” in the toolkit)? *(check one response)*

- Yes, I developed both nutrition and physical activity goals for myself
- Yes, I developed some physical activity goals
- Yes, I developed some nutrition goals
- No, I did not develop any goals

If you checked no, why didn't you develop any goals?

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10. What would make it easier for you to set goals? *(check all that apply)*

- If I were supposed to go to more of the *BodyWorks* sessions
- If there were classes like this for me and my friends
- If I knew how to set better goals that I could meet
- If I got along better with my parent or caregiver
- If my parent or caregiver didn't bother me so much about what I eat and the exercise I get
- If I learned more about nutrition and fitness in school

11. What would make it easier for you to meet your goals? *(check all that apply)*

- If all of my friends had the same goals for nutrition and physical activity
- If I had more time
- If my parent or caregiver cooked different things
- If I had a place to exercise
- If I had better clothes
- If I had better equipment
- If I looked better in exercise clothes
- If there wasn't so much unhealthy food around (school, home, my neighborhood)
- If there were fewer commercials for unhealthy foods

12. How strongly do you agree with the following statements?

Check one response for each statement.	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
<i>In the next few months, I plan to ....</i>					
a. Make healthy food choices	①	②	③	④	⑤
b. Exercise more often	①	②	③	④	⑤
c. Exercise more vigorously	①	②	③	④	⑤
d. Set nutrition goals	①	②	③	④	⑤
e. Set physical activity goals	①	②	③	④	⑤

13. How do you describe yourself? *(check one response)*

- Too thin
- Healthy weight
- Too fat

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### **YOUR EXERCISE AND PHYSICAL ACTIVITY**

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14. In an **average week** when you are in school, on how many days do you go to physical education (PE) classes? *(check one response)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

15. On how many of the **past 7 days** did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities? *(check one response)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know

16. On how many of the **past 7 days** did you participate in physical activity for **at least 30 minutes** that **did not make you sweat or breathe hard**, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors? *(check one response)*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Don't know

17. Is the **amount of physical activity** that you did during the past 7 days, more, less or about the same amount as you did on a typical day 3 months ago? *(check one response)*

- More
- About the same
- Less
- Don't know

18. Was the amount of time that you spent during the past 7 days **playing or working on the computer**, more, less or about the same amount as you spent during a typical week 3 months ago?

*(check one response)*

- More
- About the same
- Less

19. Was the amount of time that you spent during the past 7 days **watching or playing games on the TV**, more, less or about the same amount as you spent during a typical week 3 months ago?

*(check one response)*

- More
- About the same
- Less
- Don't know

20. How many minutes of physical activity each day is recommended for a person your age?

*(check one response)*

- 30 minutes per day
- 45 minutes per day
- 60 minutes per day
- 75 minutes per day
- 90 minutes per day
- More than 90 per day

---

### YOUR FAMILY

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21. During the **past seven days**, how many times did everyone in your family who was home AT THAT TIME eat a meal together? *(check one response)*

- Never
- 1–2 times
- 3–4 times
- 5–6 times
- 7 times
- More than 7 times

22. How much do you feel that you can talk about your problems with the person who attended the *BodyWorks* training? (check one response)

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

23. How much do you feel that this person(s) cares about you? (check one response)

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

24. How much do you listen to what this person has to say? (check one response)

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

---

### **YOUR EXPERIENCE WITH BODYWORKS**

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25. Did the person going to the *BodyWorks* training give you a copy of the *BodyWorks* 4Teens Handbook to read or look at (the pink and green booklet with nutrition and exercise information)?

(check one response)

- No
- Yes
- Don't know

26. How much of the *BodyWorks* 4Teens Handbook did you read? (check one response)

- All
- Some
- None
- Didn't receive Handbook

27. How many of the activities (such as quizzes, word puzzles and checklists) in the *BodyWorks* 4Teens Handbook did you do? (check one response)

- All
- Some
- None
- Didn't receive Handbook

28. Did you watch the *BodyWorks* DVD with your parent or caregiver? (check one response)

- No, I did not watch it
- Yes, with my parent or caregiver
- Yes, by myself or with others who are not my parent or caregiver

29. How often did you use a pedometer to measure your steps since your parent or caregiver started attending the *BodyWorks* training? (check one response)

- Never
- 1–2 days
- 3–4 days
- 5–6 days
- 7 or more days
- My parent or caregiver did not give me a pedometer to use

30. In the **past week**, how often have you used the journal to record information about each of the following?

Check one response for each statement.	NEVER	1–2 DAYS	3–4 DAYS	5–6 DAYS	EVERY DAY
a. The food you've eaten	①	②	③	④	⑤
b. Your physical activities	①	②	③	④	⑤
c. Your mood	①	②	③	④	⑤

YOU'VE REACHED THE END OF THE SURVEY!!! THANK YOU!!!







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## Appendix B. Instruments

### B-5: Trainer/Facilitator Questionnaire

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## Trainer/Facilitator Questionnaire

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### Purpose of this Questionnaire

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This questionnaire is about your experiences using the *BodyWorks* Toolkit. It is part of the HHS Office on Women's Health evaluation of the effectiveness of the toolkit and training. The questionnaire should take about 15 minutes to finish. Thank you for your thoughts and contributions to this important assessment.

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### Demographic Information

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In this section we would like to know a little bit about you.

1. What is your discipline/background? *(check all that apply)*

- Registered Nurse
  - Health Educator
  - Peer Educator
  - Social Worker
  - Physician
  - Nurse Practitioner
  - Certified Nurse-Midwife
  - Physician Assistant
  - Other *(please specify)*
- 

2. How many years have you provided health education? *(if this is the first time, please write zero "0")*

---

3. What best describes your type of organization? *(check one)*

- University/Medical School
  - Community Health Center
  - Community Based Organization
  - Private Doctor's Office
  - Other *(please specify)*
- 

4. What is your job title?

---

5. How many years have you worked in this organization/site?

---

6. What is your gender? *(check one)*

- Female
- Male

7. Are you Hispanic or Latino/a? *(check one)*

- No, I am not Hispanic or Latino/a.
- Yes, I am Hispanic or Latino/a.

8. Which one or more of the following would you say is your race? *(check all that apply)*

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

9. How many years of experience do you have providing education or guidance in each of the following?

Check one response for each statement below.	NEVER DONE BEFORE	UNDER 2 YEARS	2-5 YEARS	OVER 5 YEARS
a. Nutrition education or guidance to adults	①	②	③	④
b. Physical activity guidance to adults	①	②	③	④
c. Education or guidance to parents/caregivers to help them change nutrition in their families	①	②	③	④
d. Nutrition education or guidance to young adolescent girls	①	②	③	④
e. Physical activity guidance to young adolescent girls	①	②	③	④
f. Physical activity guidance to parents/caregivers to help them change physical activity levels in their families	①	②	③	④

10. What other TOOLKITS, PROGRAMS or CURRICULA have you used when working with parents and/or teens to promote good nutrition habits or physical activity? *(check all that apply)*

- The Body Positive
- The Body Image
- Team Up at Home: Team Nutrition Activity Booklet
- Power Panther
- We Can!
- PHAT (Hip-hop approach to fitness)
- No Body's Perfect
- Weight Management for Teens: Non-diet approach to health and fitness for adolescents
- Teens & Diets No Weigh
- Diabetes specific curriculum
- Media Smart Youth
- Other *(please specify below)*
- I have not used other nutrition/physical toolkits, programs or curricula before *BodyWorks*

---

## BodyWorks Toolkit Training for Facilitators and Trainers

---

Next we would like to learn about your experience being trained to use the BodyWorks Toolkit with parents and caregivers.

11. Why did you attend the *BodyWorks* training? (check all that apply)

- The *BodyWorks Toolkit* seemed like it would be helpful to parents and caregivers
  - I was looking for a nutrition education/physical activity curriculum to use with parents/caregivers
  - I was looking for a curriculum that parents/caregivers could use with their families
  - I was looking for a curriculum that would be useful to adolescent girls
  - My organization asked me to attend
  - The appeal of free materials to use with parents and adolescents
  - Other (please specify)
- 

12. Who within your organization decided that you should go to the *BodyWorks* training?

(check all that apply)

- I did
  - My supervisor
  - A non-supervisory staff member
  - Administrator or manager, other than my supervisor
  - Other (please specify)
- 

13. Who was the trainer at the *BodyWorks Toolkit* Training for facilitators and trainers? (check all that apply)

- Office on Women's Health or Mary Lou Rife
  - Regional representative from Office on Women's Health
  - Someone from my organization
  - Someone from another organization in my community or State
  - Other (please specify)
- 

14. How long was the initial *BodyWorks Toolkit* training you received? (check one)

- Less than 6 hours
  - 6–8 hours
  - 9–12 hours
  - More than 12 hours
  - Other (please specify)
-

15. Did the training cover each of the topics below, and if yes, did the amount of time on each topic meet your needs?

Check one response for each statement.	Not Covered	Covered, and the amount of time was...		
		TOO LITTLE	JUST ABOUT RIGHT	TOO MUCH
<b>Substantive Topics</b>				
a. Nutrition information	①	②	③	④
b. Physical activity information	①	②	③	④
c. Environmental checklist	①	②	③	④
d. Advocacy in schools and communities	①	②	③	④
e. Media influences	①	②	③	④
f. Community and school gardens	①	②	③	④
g. Role of culture on food and physical activity	①	②	③	④
<b>Instructional Methods</b>				
h. How to use behavior change theories to identify participants' stage, and tailor methods to meet their individual needs.	①	②	③	④
i. How to get participants to set realistic and achievable goals	①	②	③	④
j. How to promote family communications about nutrition and physical activity	①	②	③	④
k. How to motivate family participation through various incentives and activities ( <i>prizes, raffles, reporting 'successes' during the week, etc</i> )	①	②	③	④
l. How to use adult learning techniques ( <i>role plays, group discussion, food demonstrations, and case studies</i> )	①	②	③	④
m. How to facilitate a discussion that enhances peer support or group cohesion	①	②	③	④
<b>Training Implementation</b>				
n. Number of sessions to hold	①	②	③	④
o. How to recruit and retain participants	①	②	③	④
p. Using motivators ( <i>incentives, raffles, reporting back to group</i> )	①	②	③	④
q. Reporting back to OWH about number of sessions held, number of trainees, etc.	①	②	③	④
r. How to order more of the <i>BodyWorks Toolkit</i>	①	②	③	④
s. Expectations on training other trainers to use <i>BodyWorks</i> with parents/caregivers	①	②	③	④

16. After you attended the *BodyWorks* training, how well prepared were you to train other trainers to use the *BodyWorks Toolkit* with parents/caregivers? (check one response)

NOT AT ALL PREPARED	NOT VERY PREPARED	NOT SURE HOW PREPARED I WAS	PREPARED VERY	PREPARED
①	②	③	④	⑤

17. How motivated were you to train other trainers to use the *BodyWorks Toolkit* with parents/caregivers? (check one response)

NOT AT ALL MOTIVATED	NOT VERY MOTIVATED	NOT SURE HOW MOTIVATED I WAS	MOTIVATED VERY	MOTIVATED
①	②	③	④	⑤

18. Overall, how satisfied were you with the *BodyWorks Toolkit* training for facilitators and trainers? (check one response)

NOT AT ALL SATISFIED	NOT VERY SATISFIED	NOT SURE HOW SATISFIED I WAS	SATISFIED VERY	SATISFIED
①	②	③	④	⑤

19. What are 3 things that would improve the Training you received for the *BodyWorks Toolkit*? (These can relate to procedures, materials, content, length, format of training, etc.)

1.

2.

3.

---

## Training Other BodyWorks Trainers

---

Next we would like to learn about your experiences training others to deliver *BodyWorks*.

20. Have you trained anyone else to deliver *BodyWorks* since you were trained? (*check one*)

- Yes (**Skip to question 22**)
- No

21. If you didn't train others, why not? (*check all that apply*)

- Never intended to train others
  - Did not have the time
  - Did not have the resources
  - No interest among other staff
  - Didn't like the *BodyWorks Toolkit* curriculum
  - Supervisor did not prioritize this activity
  - Not comfortable training colleagues or peers
  - Did not facilitate caregiver group yet
  - Other (*please specify*)
- 

### SKIP TO QUESTION 25

22. In total, approximately how many trainers have you trained?

NUMBER OF TRAINERS

---

23. Who participated in your LAST training? (*check all that apply*)

- Health Educators within my organization
  - Other providers within my organization (doctors, nurses, social workers etc....)
  - Health Administrators
  - Health Educators outside of my organization
  - Other providers outside of my organization
  - Other (*please specify*)
- 

24. Of those you trained, how many have facilitated parents/caregivers groups on using the *BodyWorks Toolkit*? (*check one*)

- All
- Some
- Few
- None
- Don't know

---

**Training Parents/Caregivers to Use the BodyWorks Toolkit**

---

**This next section is about your experience facilitating parents/caregivers use of BodyWorks.**

25. Did you facilitate parents/caregivers groups to use the *BodyWorks Toolkit*? (check one)

- Yes (**Skip to question 27**)
- No

26. If you didn't facilitate parents/caregivers groups, why not? (check all that apply)

- Did not have the time
  - Did not have the resources
  - Didn't like the *BodyWorks Toolkit* training curriculum
  - Supervisor did not prioritize this activity
  - I do not deliver health education
  - Other (please specify)
- 

**IF YOU DID NOT FACILITATE GROUPS WITH PARENTS/CAREGIVERS,  
YOU HAVE REACHED THE END OF THE QUESTIONNAIRE.**

**THANK YOU FOR YOUR TIME AND CONTRIBUTION!**

**IF YOU DID FACILITATE GROUPS  
WITH PARENTS/CAREGIVERS, PLEASE CONTINUE.**



27. What were some of the reasons why your organization decided to use the *BodyWorks Toolkit*?

(check all that apply)

- Overweight, obesity, and diabetes are big issues in our community
  - Parents/caregivers were asking us for education or assistance around their family's nutrition or physical activity patterns
  - The materials were free
  - We needed a structured curriculum to work with parents/caregivers
  - Don't know
  - Other (please specify)
- 

28. How many facilitation series (or cycles) have you conducted for parents/caregivers?

NUMBER OF SERIES OR CYCLES

---

**Please answer the following questions about the LAST  
or (LAST representative) parents/caregivers group facilitation.**

---

29. How many sessions did you facilitate?

---

30. On average, how many minutes were each of the sessions?

---

31. What was the approximate number of parent/caregiver trainees in total?

---

32. On average, how many of the *BodyWorks* sessions did parents attend?

---

33. How cohesive was the group of parents/caregivers? (check one response)

NOT AT ALL COHESIVE	SOMEWHAT COHESIVE	VERY COHESIVE
①	②	③

**The next questions are about your experience recruiting and training parents/caregivers to use the BodyWorks Toolkit with their families.**

34. What methods did you or your organization use to recruit participants to the BodyWorks sessions and how effective were these methods? **In column (A) check whether you used it, and if 'yes', use column (B) to check for level of effectiveness.**

METHODS FOR RECRUITING PARENTS/CAREGIVERS	(A) Did you or your organization use this method of recruitment?	(B) If yes, how effective was it?				
		1 VERY EFFECTIVE	2	3	4	5 NOT AT ALL EFFECTIVE
a. Newsletter	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
b. Posters or fliers	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
c. Presentation	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
d. Referral/word of mouth	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
e. Computer-based communication ( <i>e-mail</i> )	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
f. Other ( <i>specify</i> )	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
g. Other ( <i>specify</i> )	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					

35. What methods did you or your organization use to keep participants coming to the *BodyWorks* sessions and how effective were these methods?

**In column (A) check whether you used it, and if 'yes', use column (B) to check for level of effectiveness.**

METHODS FOR RETAINING PARENTS/CAREGIVERS	(A) Did you use this method of retaining parents/caregivers?	(B) If Yes, how effective was it?				
		1 VERY EFFECTIVE	2	3	4	5 NOT AT ALL EFFECTIVE
a. Using incentives	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
b. Using raffles	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
c. Using reminders	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
d. Using the Buddy System	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
e. Providing childcare or vouchers for childcare	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
f. Providing transportation or vouchers for transportation	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
g. Developing a strong peer support group	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
h. Other ( <i>specify</i> )	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					

36. Did you use each of the following components of the *BodyWorks Toolkit*, and if so, how useful was it in working with parents/caregivers? **In column A, check whether you used it, and if 'yes', check column (B) for level of usefulness.**

COMPONENT	(A) Did you use this component?	(B) If yes, how useful was it?				
		VERY USEFUL	NOT AT ALL USEFUL	NOT SURE HOW USEFUL	SOMEWHAT USEFUL	VERY USEFUL
<b>For Girls</b>						
a. 4Teens (Teen Handbook)	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
b. Teen "My Journal" (Teen Food Journal)	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
c. Pedometer	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>For Parent/Caregiver</b>						
d. Body Basics (Parent Handbook)	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
e. Magnetic Food Calendar	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
f. Shopping List	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>For Family</b>						
g. Recipe Book	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
h. Family Food and Fitness Journal Pad	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
i. DVD	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
j. Companion Piece: Eating Disorders and Obesity	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					

37. For each of the following sessions in the *BodyWorks* Training Guide, please indicate whether you taught the session. In column (A), check whether you taught the session, and if 'yes', check column (B) on how well each worked with a majority of parents/caregivers on a scale from 1 to 5.

SESSIONS	(A) Did you teach this session?	(B) If yes, rate how well it worked.				
		1 VERY POORLY	2	3	4	5 VERY WELL
<b>Session 1</b> Introduction and Distribution of <i>BodyWorks Toolkit</i>	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 2</b> <i>BodyWorks</i> Tools for Behavior Change	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 3</b> Healthy Eating	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 4</b> Serving Sizes, Snacks, Fats and Fast Food	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 5</b> Physical Activity	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 6</b> Setting Goals and Meal Planning	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 7</b> Shopping for Meals	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 8</b> Cooking and Eating Together	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 9</b> Look Around You: Your Environment	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					
<b>Session 10</b> How Media Affects Body Image and Food Choices	<input type="checkbox"/> No	①	②	③	④	⑤
	<input type="checkbox"/> Don't know					
	<input type="checkbox"/> Yes					

38. To what extent do you agree or disagree with each of the following statements regarding the *BodyWorks Toolkit* and training for parents/caregivers?

Check one response for each statement.	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. There were too many training sessions for parents/caregivers.	①	②	③	④
b. Parents/caregivers liked the toolkit contents.	①	②	③	④
c. The <i>BodyWorks Toolkit</i> was too complicated for parents.	①	②	③	④
d. The toolkit was highly relevant.	①	②	③	④
e. Parents like group sessions.	①	②	③	④
f. Parents like talking about nutrition.	①	②	③	④
g. Parents did not like talking about physical activity.	①	②	③	④
h. It was hard for parents to set goals.	①	②	③	④
i. Parents found it straightforward to talk to adolescent daughter about physical activity.	①	②	③	④

39. Did you ask for help (technical assistance) after receiving the training on the *BodyWorks Toolkit*?  
(check one)

- No (skip to question 40)
- Yes

a. If yes, who did you ask for help? (e.g. Hager Sharp, Office on Women's Health, Mary Lou Rife)

---

b. If yes, what was the reason?

---

c. How useful was the technical assistance you received? (check one)

NOT AT ALL USEFUL	NOT USEFUL	USEFUL	VERY USEFUL
①	②	③	④

40. How helpful was the training guide in preparing you to facilitate groups with parents/caregivers?  
*(check one)*

NOT AT ALL USEFUL	NOT USEFUL	USEFUL	VERY USEFUL
①	②	③	④

41. How could the training guide be changed to make it easier to use?

42. On reflection, what strategies would you recommend that others use to more effectively deliver this program to parents?

43. Who is the *BodyWorks* program best suited for (e.g., age, race)?



THANK YOU FOR TAKING THIS QUESTIONNAIRE AND PARTICIPATING  
 IN THE NATIONAL ASSESSMENT OF THE *BODYWORKS* TOOLKIT.



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## Appendix C. Data Analysis

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## 1. Survey Data

This section describes the process used to create three analytic files – one for each of the survey types (parent/caregiver, adolescent, and trainer) – and the methods employed to conduct data analyses and formulate quantitative results related to the *BodyWorks* program. This information is organized by survey because the process and methods used for each varied slightly. All survey data analyses for *BodyWorks* were conducted using Statistical Analysis Software 9.1 (SAS).

### a. Parent/Caregiver Surveys

#### 1. File creation

An analytic file was created to store matched pre- and postintervention responses for both intervention and comparison respondents. We removed a total of 33 observations because they did not meet our inclusion criteria. Specifically, we removed 3 observations because the parent was responding about a son, not a daughter, 12 observations because the survey was translated into and completed in Spanish, and 18 observations because the daughter's age was out of range (less than 8 or greater than 17 years of age). After removing these observations, our analytic file included 214 observations (or survey respondents). There were a total of 190 preintervention surveys and 153 postintervention surveys. However, within this subset of 214 observations, there were only 129 matched records.

#### 2. Data analysis

Data analyses that involved comparing pre- and postintervention responses between cases and comparisons were conducted using only the 129 matched records (94 cases and 35 controls). Analyses of pre-only questions, such as demographic data and height and weight, were conducted of matched pre- and postintervention observations to determine whether or not the case and comparison groups differed in composition. Data analyses that involved comparison of case and comparison groups' post-only questions were conducted using all 153 postintervention observations (100 cases and 53 controls). Furthermore, many post-only questions were asked only of cases. Therefore, the denominator for these analyses is typically 100.

For analyses that involved comparing pre- and postintervention responses between cases (*BodyWorks* participants) and comparisons, we used the LOGISTIC procedure in SAS which looks at individual change, and calculates the Wald chi-square value. The second round of analysis controlled for parent/caregiver body mass index (BMI) and daughter's BMI. This was done to account for statistically significant differences found in BMI levels for both parents and daughters between the case and control groups, which will be discussed further in Chapter 4. Parent/caregiver BMI was calculated as a function of height and weight (lbs / height in inches<sup>2</sup>). Adolescent daughter BMI was calculated using the Centers for Disease Control and Prevention's BMI-for-age growth charts and is a function of weight, height, sex, and age.

For analyses between cases and comparisons only (pre-only or post-only questions) we used *chi*-square statistics to test for statistically significant differences in case versus comparison responses to categorical variables and *t*-tests to assess for differences with

regard to continuous variables. For group comparisons, the TTEST procedure in SAS computes sample means for each of two groups of observations (cases versus controls) and tests the hypothesis that the population means differ by a given amount.

## **b. Adolescent Survey**

### **1. File creation**

The adolescent survey data were collected at one point in time (post-intervention) and responses were hand-entered into a single MS Excel file. The file was imported into SAS, and no observations were excluded from the analysis.

### **2. Data analysis**

Data were collected only from children of the case group and at the postintervention data collection point only. The analysis includes 68 adolescent daughters of the case group, 10 of whom were siblings, accounting for 62 percent of parents/caregivers in the intervention group. While OWH intended for girls aged 9-17 to participate in the program, Altarum included those aged 8–17 in the evaluation, deciding that girls under age 8 would find it difficult to complete the written, self-report questionnaire, but keeping as many girls as possible in the analysis.

Simple descriptive statistics were conducted for all responses using the FREQ procedure in SAS. The MEANS procedure was used in the few instances that a question asked for a response that was continuous, such as minutes spent engaging in physical activity.

## **c. Trainer Survey**

### **1. File creation**

The data collected from the trainer web-survey were received as a single file, which did not require merging. The final data received, however, included “test” responses from those working on the project. These seven “test” observations were excluded from the analysis, based on the email addresses provided. One observation indicated that they did not participate in the training (an employee had participated) and was therefore excluded from the analysis. In addition, six observations completed the survey prior to changes to a series of questions, so their responses for these seven questions were set to missing and excluded from the analysis. This resulted in a total of 167 observations; 36% of the n=468 trained trainers responded.

### **2. Data analysis**

Since data were collected at a single point in time, the majority of the analyses included simple descriptive statistics using the FREQ procedure in SAS. The MEANS procedure was also used to calculate means for continuous variables when appropriate. A secondary analysis was run calculating *chi*-squares to assess differences in responses between groups, for instance, whether those who were more satisfied with the training were more likely to implement *BodyWorks* with parents.

## **2. Qualitative Data Analysis**

Altarum coded each of the six key-informant interviews to the evaluation questions. Given the small number of interviews, this high-level of coding was sufficient for identifying trends among sites as well as their unique aspects.

## **3. *BodyWorks* Tracking Database**

These data, which were stored in an Excel spreadsheet, were cleaned and simple frequency analyses using pivot tables were conducted.

## **4. Triangulation of Data**

This evaluation used a multimethod approach for data collection. Although this made for a richer understanding of the process and outcome results, it also sometimes led to discrepancies among the sources. Each data source had its own limitations, which are described above. The results section is careful to list the data source while also weaving the sources together to tell one complete narrative.



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## Appendix D. Data Tables

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## CHAPTER 3 TABLES

Table 3-1: Type of Organization

Type of Organization	N	Percent
Government Employee	38	24%
Community Based Organization	32	20%
University/Medical School	25	16%
Community Health Center	25	16%
School	14	9%
Private Doctor's Office, Medical Center, or Hospital	10	6%
Nonprofit	6	4%
Health Plan	3	2%
Other	4	3%
<b>Total</b>	<b>157</b>	<b>100%<sup>1</sup></b>

Source: Trainer Survey

Table 3-2: Discipline of Respondents

Discipline	N	Percent
Health Education	58	35%
Nutrition and/or Dietetics	47	28%
Nursing (RN, NP, CNM)	26	16%
Social work and/or counseling	11	7%
Physician	7	4%
Education	6	4%
Public Health	6	4%
Administration	5	3%
Peer Education	2	1%
Other	10	6%

*Note: One or more responses were given by each respondent*

Source: Trainer Survey

---

<sup>1</sup> Not all Totals will sum to 100% due to rounding

**Table 3-3: Years Providing General Health Education**

Years	N	Percent
0	17	10%
1-5	40	24%
6-10	21	19%
10-15	20	12%
15-20	27	17%
20+	29	18%
<b>Total</b>	<b>154</b>	<b>100%</b>

**Mean number of years providing health education: 12**

**Source: Trainer Survey**

**Table 3-4: Years of Experience in Providing Education by Topic and Audience**

Topic and Audience	N	Never Done Before	Under 2 Years	2-5 Years	Over 5 Years
		Percent	Percent	Percent	Percent
Nutrition education or guidance to adults	165	18%	16%	19%	47%
Physical activity guidance to adults	163	24%	18%	19%	39%
Education or guidance to parents/caregivers to help them change nutrition in their families	164	21%	17%	21%	41%
Nutrition education or guidance to young adolescent girls	165	29%	19%	22%	30%
Physical activity guidance to young adolescent girls	165	31%	19%	23%	27%
Physical activity guidance to parents/caregivers to help them change physical activity levels in their families	162	29%	17%	21%	33%

*Note: One or more responses were given by each respondent*

**Source: Trainer Survey**

**Table 3-5: Gender of Respondents**

Gender	N	Percent
Female	164	99%
Male	2	1
<b>Total</b>	<b>166</b>	<b>100</b>

**Source: Trainer Survey**

**Table 3-6: Race/Ethnicity of Respondents**

	N	Percent
Non-Hispanic White	100	61%
Non-Hispanic Black	22	13%
Hispanic	20	12%
Non-Hispanic Asian/Pacific Islander	12	7%
Non-Hispanic Asian I/AN	3	2%
Non- Hispanic multiple races	7	4%
<b>Total</b>	<b>164</b>	<b>100%</b>

Source: Trainer Survey

**Table 3-7: Persons Providing Training**

Persons Providing Training	N	Percent
Office on Women's Health or Mary Lou Rife Ph.D.	106	64%
Regional Representative from OWH	26	16%
Someone from another organization in my community or State	19	11%
Someone from my organization	5	3%
Other	12	7%

Note: One or more responses were given by each respondent

Source: Trainer Survey

**Table 3-8. Other Materials Used**

Toolkits, Programs, or Curricula	N	Percent
I have not used other nutrition/physical toolkits, programs or curricula before <i>BodyWorks</i>	113	68%
We Can!	20	12%
Diabetes specific curriculum	22	13%
Power Panther	12	7%
Media Smart Youth	10	6%
Team up at Home: Team Nutrition Activity Booklet	7	4%
The Body Image	5	3%
Weight Management for Teens: Non-diet approach to health and fitness for adolescents	5	3%
No Body's Perfect	2	1%
Teens & Diets No Weigh	3	2%
PHAT( Hip Hop Approach to fitness)	1	1%
The Body Positive	2	1%
Other*	33	20%

\*Nine respondents developed own materials and four respondents used "Shapedown".

Note: One or more responses were given by each respondent

Source: Trainer Survey

**Table 3-9: Persons Who Decided that Respondent Would Attend**

Persons Who Decided	N	Percent
Self	104	63%
Supervisor	61	37%
A non-supervisory staff member	10	6%
Administrator or manager, other than supervisor	12	7%
Other	5	3%

*Note: One or more responses was given by each respondent*

**Source: Trainer Survey**

**Table 3-10: Reasons for Attending BodyWorks Training**

Reasons for Attending	N	Percent
The <i>BodyWorks</i> Toolkit seemed like it would be helpful to parents and caregivers	94	57%
The appeal of free materials to use with parents and adolescents	65	39%
Respondent's organization asked him/her to attend	64	39%
Looking for a nutrition education/physical activity curriculum to use with parents	59	36%
Looking for a curriculum that parents/caregivers could use with their families	59	36%
Looking for a curriculum that would be useful to adolescent girls	55	33%
Other	20	12%

*Note: One or more responses were given by each respondent*

**Source: Trainer Survey**

**Table 3-11: Length of Training**

Length of Training	N	Percent
Less than 6 hours	30	19%
6-8 hours	119	73%
9-12 hours	6	4%
More than 12 hours	5	3%
<b>Total</b>	<b>160</b>	<b>100%</b>

**Source: Trainer Survey**



**Table 3-12: Topics Covered in Training and Categorization of Time Spent**

Topics	N	Not Covered	Covered, And The Amount of Time Was...		
			Too Little	Just About Right	Too Much
Percent					
<b>Substantive</b>					
a. Nutrition information	152	3%	11%	85%	1%
b. Physical activity information	151	4%	17%	79%	0%
e. Media influences	148	11%	18%	70%	1%
c. Environmental checklist	145	14%	19%	67%	0%
g. Role of culture on food and physical activity	150	12%	23%	65%	0%
d. Advocacy in schools and communities	150	15%	25%	59%	1%
f. Community and school gardens	149	38%	28%	34%	0%
<b>Instructional Methods</b>					
i. How to get participants to set realistic and achievable goals	148	1%	13%	84%	2%
l. How to use adult learning techniques (role plays, group discussion, food demonstrations, and case studies)	147	2%	18%	79%	1%
k. How to motivate family participation through various incentives and activities ( <i>prizes, raffles, reporting "successes" during the week, etc</i> )	148	4%	20%	76%	0%
m. How to facilitate a discussion that enhances peer support or group cohesion	146	4%	20%	75%	1%
j. How to promote family communications about nutrition and physical activity	147	3%	23%	74%	0%
h. How to use behavior change theories to identify participants' stage, and tailor methods to meet their individual needs.	149	3%	24%	72%	1%
<b>Training Implementation</b>					
r. How to order more of the <i>BodyWorks Toolkit</i>	147	1%	7%	92%	0%
n. Number of sessions to hold	149	2%	13%	82%	3%
q. Reporting back to OWH about number of sessions held, number of trainees, etc.	148	3%	15%	82%	0%
p. Using motivators (incentives, raffles, reporting back to group)	146	4%	21%	75%	0%
s. Expectations on training other trainers to use <i>BodyWorks</i> with parents/caregivers	149	5%	21%	74%	0%
o. How to recruit and retain participants	147	3%	37%	60%	0%

Source: Trainer Survey

**Table 3-13: Have You Trained Anyone Else to Deliver BodyWorks Since You Were Trained?**

Trained Trainers	N	Percent
Yes	28	19%
No	118	81%
<b>Total</b>	<b>146</b>	<b>100%</b>

Source: Trainer Survey

**Table 3-14: Reasons for Not Training Others**

Reasons For Not Training Others	N	Percent
Did not have the time	37	31%
Did not facilitate caregiver group yet	27	23%
Did not have the resources	17	14%
Never intended to train others	16	14%
My supervisor did not prioritize this activity	11	9%
No interest among other staff	8	7%
Not comfortable training colleagues or peers	6	5%
Didn't like the <i>BodyWorks</i> Toolkit curriculum	1	1%
Other (See Table 21)	41	35%

*Note: one or more responses were given by each respondent*

Source: Trainer Survey

**Table 3-15: Number of Trainers Who the Respondent Trained**

Number Trained	N	Percent
1-2	6	21%
3-10	8	29%
11-20	8	29%
21-30	2	7%
31+	4	14%
<b>Total</b>	<b>28</b>	<b>100%</b>

Source: Trainer Survey

**Table 3-16: Participants in Most Recent Training**

Training Participants	N	Percent
Providers outside of my organization (not health educators)	18	64%
Health Educators outside of my organization	13	46%
Providers within my organization (not health educators – doctors, nurses, social workers)	13	46%
Health Educators within my organization	9	32%
Health Administrators	3	11%
Other	6	21%
<i>Note: One or more responses were given by participants</i>		

Source: Trainer Survey

**Table 3-17: Of Those Trained by the Respondent, How Many Have Previously Facilitated Parent/Caregiver Groups**

	DON'T KNOW	NONE	FEW	SOME	ALL
N	10	10	6	1	2
Percent	34%	34%	21%	4%	7%

Source: Trainer Survey

**Table 3-18: Did You Facilitate Parents/Caregivers Groups to Use The BodyWorks Toolkit?**

	N	PERCENT
Yes	31	21%
No	115	79%
Total	146	100%

Source: Trainer Survey

**Table 3-19: Number of Series Facilitated**

NUMBER OF SERIES	N	PERCENT
1	16	52%
2	5	16%
3	4	13%
4	2	6%
Total	27	100%

Source: Trainer Survey

**Table 3-20: Reasons Why Your Organization Decided To Use the Bodyworks Toolkit**

REASON	N	PERCENT
Overweight, obesity, and diabetes are big issues in our community	29	94%
The materials were free	23	74%
We needed a structured curriculum to work with parents/caregivers	16	52%
Parents/caregivers were asking us for education or assistance around their family's nutrition or physical activity patterns	14	45%

Note: One or more responses were given by each respondent

Source: Trainer Survey

**Table 3-21: Reasons Respondent Didn't Facilitate Parents/Caregivers Groups**

Reason	N=125	
	n	Percent
Did not have the time	41	35%
Did not have the resources	18	16%
Supervisor did not prioritize this activity	15	13%
I do not deliver health education	6	5%
Did not like the BodyWorks Training and Toolkit	1	1%
Other (see Table 27)	45	39%

Note: One or more responses were given by each respondent

Source: Trainer Survey

**Table 3-22: Other Reasons Respondent Did Not Facilitate Parent/Caregivers Group**

**Still planning (22)**

Will be exploring new opportunities for the upcoming Fall season

Still in our future, very near future

I hope I am able to do it in the future

I hope to be able to get the group together in the fall at the beginning of school. Our workshop time with the dormitory staff is very limited because of staffing schedules. I was also hoping to do some weekend stuff with staff and students together but not as many weekends on campus as in the past.

I did not have the time or funds to teach during the school year but am scheduled to begin teaching BodyWorks this summer after receiving a grant to do so

It did not fit into our fiscal year plan yet, but still working on it

Just am getting this set up/coordinated with the school district for Fall 2007

We are currently gathering a group to conduct the first session

We are in the planning stages and will be doing this

We are starting the first Body Works class in the area on July 10. The other trained facilitators will start their classes in September after school starts. We have contacts in the schools and pediatrician offices who will be referring families to the classes

Training is set for July

Opting to train during the fall semester

It is upcoming

Have not yet had the opportunity, although we are actively seeking community partners on this

Have since received funding and will be offering the workshops

Haven't had the opportunity yet

Haven't had the opportunity yet. We're scheduling the programs for 2008.

I am currently trying to recruit a group of parents

I am hoping too - coordination to get a group together has been tough

Still working on it

Still in the planning phase - have had two trainings cancel on me

### Not within job description/never intended to train parents directly (14)

Not working with families and young girls

Was just a DTR student

I do not deliver direct service to parents/caregivers

Do train nurses, teachers, other health professionals, but currently have not been permitted to offer training. I am 100% funded by USDA and this is not an allowable activity in my Scope of Work. We are seeking permission for train-the-trainers workshops.

Had trainers present and provided the resources and example of tools at large conference to caregivers

Was given the info presented in a seminar and to utilized the information, not to necessarily become a trainer

Job doesn't call for it

I went to training for information how school counselors might possibly be involved. I do not work directly with student and parents.

Did not intent to facilitate group, rather review only for Indian communities

In my position as Regional Women's Health Coordinator I increase the number of trainers; therefore more people in my Region can be exposed to BodyWorks.

My role is to help train other trainers; I will not be one of the trainers

My job is to disseminate programs like this throughout the state by training trainers, not to lead the parent groups directly

Plan to train facilitators from UPMC Health Plan

We were the train the trainers for medical providers to host this within their offices/organizations

See my previous comments. There are 5 people in Luzerne Co. PA trained as trainers and I am trying to have one or more of our partners implement the program.

### Problems recruiting parents or locating parents to participate (8)

We tried to get groups started but could not get parents involved in actually coming

Tried - could not recruit parents

Never really found an audience

Just started a group. It's been difficult trying to find a group of moms with adolescent girls who are willing to meet for 10 consecutive meetings.

Put up fliers but parents said they didn't have the time to commit to that many sessions and days

Low participant response rate

Still searching for a group of parents to offer the program to

Haven't figured out a time to train when folks can attend. Focus is on training school district staff that have very little opportunity to be out of the classroom.

### Waiting on Spanish or Native American version (3)

Need for a program for Spanish speaking parents

I work with Latinos basically, I need the information in Spanish

Waiting for the Native American version of the toolkits!

Source: Trainer Survey

**Table 3-23: Average Attendance of 15 BodyWorks Class Series**

Week 1	81%
Week 2	82%
Week 3	67%
Week 4	66%
Week 5	67%
Week 6	72%
Week 7	59%
Week 8	55%
Week 9	66%
Week 10	72%

Source: Trainer Records

**Table 3-24: Perception of Cohesiveness of the Parent/Caregivers**

	Not At All Cohesive	Somewhat Cohesive	Very Cohesive
Percent	3%	58%	39%

Number of Respondents: 24

Source: Trainer Survey

**Table 3-25: Usefulness of BodyWorks Toolkit Components as Reported by Trainers**

Toolkit Item	Used Item	Usefulness Ranked By Trainers Who Used The Component with Parents/Caregivers (N=28)				
		Very Useful	Useful	Not sure if useful	Not very useful	Not at all Useful
Teen Handbook	24	23%	27%	36%	14%	0%
My Journal	23	14%	23%	36%	23%	5%
Pedometer	21	39%	11%	39%	0%	11%
Body Basics	26	54%	25%	13%	8%	0%
Magnetic Food Calendar	20	16%	58%	16%	5%	5%
Shopping List	23	24%	29%	38%	5%	5%
Recipe Book	25	42%	21%	33%	0%	4%
Family Food and Fitness Journal Pad	21	15%	25%	40%	15%	5%
DVD	19	33%	17%	33%	17%	0%
Companion Piece: Eating Disorders and Obesity	14	21%	14%	36%	14%	14%

Source: Trainer Survey

**CHAPTER 4 TABLES**

**Table 4-1: Demographics of Parents/Caregivers in the Intervention and Comparison Groups**

Survey Items	Groups	TOTAL	OVERALL		COMPARISON		INTERVENTION		P-value
		N	N	%	N	%	N	%	
Sex	Female	129	125	97%	35	100%	90	96%	0.5739
Race/ Ethnicity	Non-Hispanic White	126	66	52%	24	69%	42	46%	0.1562
	Non-Hispanic Black		35	28%	8	23%	27	30%	
	Hispanic		14	11%	1	3%	13	14%	
	Non-Hispanic Other Races		11	9%	2	6%	9	9%	
Highest LOE	High School/GED or less	129	23	18%	10	29%	13	14%	0.1040
	Some college, tech, trade school		55	43%	11	31%	44	47%	
	4-year college degree or more		51	40%	14	40%	37	39%	
Highest LOE of spouse	No Spouse or Partner	121	17	14%	3	9%	14	16%	0.5271
	High School/GED or less		25	21%	8	25%	17	19%	
	Some college, tech, trade school		38	31%	8	25%	30	34%	
	4-year college degree		41	34%	13	41%	28	31%	
Working for pay	No	128	30	23%	8	23%	22	24%	0.2044
	Yes, part-time		37	29%	14	40%	23	25%	
	Yes, full-time		61	48%	13	37%	48	52%	
Spouse working for pay	No Spouse or Partner	122	18	15%	2	6%	16	18%	0.3640
	No		12	10%	3	9%	9	10%	
	Yes, part-time		6	5%	2	6%	4	5%	
	Yes, full-time		86	70%	27	79%	59	67%	
Programs	Previously part. in health program	129	49	38%	13	37%	36	38%	1.0000
Household income	Less than \$15,000	121	15	12%	3	9%	12	14%	0.6794
	\$15,001 – \$35,000		18	15%	4	11%	14	16%	
	\$35,001 – \$50,000		18	15%	5	14%	13	15%	
	\$50,000 +		70	58%	23	66%	47	55%	

**Survey Items:** PRE Q1-Q10

\*Percentages may not add to 100 due to rounding.

Source: Parents/Caregivers survey



Table 4-2: Characteristics of Daughters

Survey Items	OVERALL		COMPARISON		INTERVENTION		P-value
	N	<i>mean</i>	N	<i>mean</i>	N	<i>mean</i>	
Age	129	11.9	35	12.3	94	11.7	0.2741
Grade	126	6.4	35	6.9	91	6.2	0.1979

**Survey Items:** "Daughter's Age" (not numbered), PRE Q23

Source: Parents/Caregivers survey

**Table 4-3: General Satisfaction with the BodyWorks Workshop and Suggestions for Improvements**

Survey Items	Scale	INTERVENTION		
		N	mean / %	
How satisfied with the <i>BodyWorks</i> training program?	<b>MEAN (based on scale below)</b>	<b>100</b>	<b>1.4</b>	
	Completely satisfied (1)	79	79%	
	Somewhat satisfied (2)	12	12%	
	Neutral (3)	3	3%	
	Somewhat dissatisfied (4)	1	1%	
	Completely dissatisfied (5)	5	5%	
How well did your trainer teach you how to use the <i>BodyWorks</i> Toolkit?*	<b>MEAN (based on scale below)</b>	<b>98</b>	<b>3.6</b>	
	Not at all well (1)	1	1%	
	Not very well (2)	0	0%	
	Quite well (3)	33	33%	
	Very well (4)	64	65%	
	Not sure	1	1%	
What would make the training more effective?***	Follow-up physical activity projects	82	28	34%
	More sessions with the girls		24	29%
	Samples of food		22	27%
	More demonstrations		22	27%
	More sessions		21	26%
	Working with/hearing from health care provider		16	20%
	More role play		15	18%
	Follow-up community action projects		14	17%
	Longer sessions		12	15%
	More tools		11	13%
	Other		10	12%
	Different time of day		9	11%
	More discussion with facilitator		8	10%
	More discussion with other caregivers		8	10%
	Working one-on-one instead of in group		7	9%
	Fewer sessions		5	6%
	Larger groups		4	5%
	Smaller groups		4	5%
	Shorter sessions		3	4%
More explanation of how to use toolkit	3	4%		
A different leader	1	1%		

**Survey Items:** POST Q31-32, Q39

\* “Not Sure” responses were not included in the mean.

\*\*\*These items are not mutually exclusive. Respondents were allowed to select more than one response.

**Source:** Parents/Caregivers survey

**Table 4-4: Trainer Satisfaction with BodyWorks Training and Materials**

	Trainer Respondents (N=31)	
	Strongly Agree or Agree	Strongly Disagree or Disagree
There were too many training sessions for parents/caregivers	54%	46%
Parents/Caregivers liked the toolkit contents	100%	0%
The Bodyworks toolkit was too complicated for parents	19%	81%
The toolkit was highly relevant	100%	0%
Parents like group sessions	89%	11%
Parents like talking about nutrition	93%	8%
Parents did not like talking about physical activity	15%	85%
It was hard for parents to set goals	37%	63%
Parents found it straightforward to talk to adolescent daughter about physical activity	54%	46%

**Source: Trainer Survey**

Table 4-5: Impact on the Caregiver's Ability to Translate Knowledge and Skills Learned Through BodyWorks Into Practice: Changing Habits and Skills

Survey Items	Scale	INTERVENTION	
		n	mean / %
Based on parents/caregivers responses to the following statements: "HOW HELPFUL WAS BODYWORKS WITH HELPING YOU TO..."			
Cook with less fat	MEAN (based on scale below)	97	4.4
	(1) Not at all helpful	0	0%
	(2) Somewhat unhelpful	0	0%
	(3) Neither helpful nor unhelpful	10	10%
	(4) Somewhat helpful	43	44%
	(5) Very helpful	44	45%
Be more physically active	MEAN (based on scale below)	96	4.4
	(1) Not at all helpful	0	0%
	(2) Somewhat unhelpful	1	1%
	(3) Neither helpful nor unhelpful	6	6%
	(4) Somewhat helpful	46	48%
	(5) Very helpful	43	45%
Change how much I eat	MEAN (based on scale below)	97	4.4
	(1) Not at all helpful	0	0%
	(2) Somewhat unhelpful	0	0%
	(3) Neither helpful nor unhelpful	8	8%
	(4) Somewhat helpful	41	42%
	(5) Very helpful	48	49%
Shop for healthier foods	MEAN (based on scale below)	97	4.6
	(1) Not at all helpful	0	0%
	(2) Somewhat unhelpful	0	0%
	(3) Neither helpful nor unhelpful	0	0%
	(4) Somewhat helpful	35	36%
	(5) Very helpful	62	64%
Make healthier food choices	MEAN (based on scale below)	96	4.6
	(1) Not at all helpful	0	0%
	(2) Somewhat unhelpful	0	0%
	(3) Neither helpful nor unhelpful	2	2%
	(4) Somewhat helpful	31	32%
	(5) Very helpful	63	66%

Survey Items	Scale	INTERVENTION	
		n	mean / %
Try to make school or community changes	<b>MEAN (based on scale below)</b>	<b>97</b>	<b>3.4</b>
	(1) Not at all helpful	11	11%
	(2) Somewhat unhelpful	5	5%
	(3) Neither helpful nor unhelpful	35	36%
	(4) Somewhat helpful	22	23%
	(5) Very helpful	24	25%
Learn a lot that is new to me about nutrition	<b>MEAN (based on scale below)</b>	<b>97</b>	<b>4.3</b>
	(1) Not at all helpful	1	1%
	(2) Somewhat unhelpful	0	0%
	(3) Neither helpful nor unhelpful	14	14%
	(4) Somewhat helpful	36	37%
	(5) Very helpful	46	47%
Learn a lot that is new to me about physical activity	<b>MEAN (based on scale below)</b>	<b>97</b>	<b>4.1</b>
	(1) Not at all helpful	2	2%
	(2) Somewhat unhelpful	0	0%
	(3) Neither helpful nor unhelpful	18	19%
	(4) Somewhat helpful	40	41%
	(5) Very helpful	37	38%
Help my daughter be physically active	<b>MEAN (based on scale below)</b>	<b>97</b>	<b>4.3</b>
	(1) Not at all helpful	1	1%
	(2) Somewhat unhelpful	1	1%
	(3) Neither helpful nor unhelpful	15	15%
	(4) Somewhat helpful	35	36%
	(5) Very helpful	45	46%
Help my daughter make healthy food choices	<b>MEAN (based on scale below)</b>	<b>96</b>	<b>4.5</b>
	(1) Not at all helpful	1	1%
	(2) Somewhat unhelpful	1	1%
	(3) Neither helpful nor unhelpful	3	3%
	(4) Somewhat helpful	39	41%
	(5) Very helpful	52	54%
Do more active things with my daughter	<b>MEAN (based on scale below)</b>	<b>96</b>	<b>4.4</b>
	(1) Not at all helpful	1	1%
	(2) Somewhat unhelpful	1	1%
	(3) Neither helpful nor unhelpful	12	13%
	(4) Somewhat helpful	31	32%
	(5) Very helpful	51	53%

**Survey Items:** POST Q38

\*Percentages may not add to 100 due to rounding.

Source: Parents/Caregivers survey

Table 4-6: Satisfaction with the BodyWorks Toolkit and Likelihood of Continued Use

Survey Item	Scale	INTERVENTION	
		N	%/mean
How satisfied with the <i>BodyWorks</i> Toolkit?	MEAN (based on scale below)	99	1.5
	Completely satisfied (1)	73	74%
	Somewhat satisfied (2)	14	14%
	Neutral (3)	3	3%
	Somewhat dissatisfied (4)	4	4%
	Completely dissatisfied (5)	5	5%
Continue use of the <i>BodyWorks</i> Toolkit?	MEAN (based on scale below)	99	1.5
	Completely likely (1)	60	61%
	Somewhat likely (2)	30	30%
	Neutral (3)	4	4%
	Somewhat unlikely (4)	4	4%
	Completely unlikely (5)	1	1%

**Survey Items:** POST Q33-34

Source: Parents/Caregivers survey

Table 4-7: Parts of the Toolkit That Parents/Caregivers Used and Found Helpful

Survey Item	Scale	N	INTERVENTION	
			N	mean / %
Body Basics	MEAN (based on scale below)	94	89	2.6
	Used it		89	95%
	(1) Not at all helpful		0	0%
	(2) Somewhat helpful		34	38%
	(3) Very helpful		55	62%
Family Food and Fitness Journal	MEAN (based on scale below)	96	85	2.6
	Used it		85	89%
	(1) Not at all helpful		0	0%
	(2) Somewhat helpful		37	44%
	(3) Very helpful		48	56%
My Journal: A Girl's Food and Fitness Diary	MEAN (based on scale below)	91	68	2.5
	Used it		68	75%
	(1) Not at all helpful		0	0%
	(2) Somewhat helpful		34	50%
	(3) Very helpful		34	50%
The BodyWorks DVD	MEAN (based on scale below)	94	67	2.5
	Used it		67	71%
	(1) Not at all helpful		4	6%
	(2) Somewhat helpful		27	40%
	(3) Very helpful		36	54%

Survey Item	Scale	N	INTERVENTION	
			N	mean / %
The Pedometer	MEAN (based on scale below)	95	87	2.6
	Used it		87	92%
	(1) Not at all helpful		4	5%
	(2) Somewhat helpful		24	28%
	(3) Very helpful		59	68%
Weekly Planner	MEAN (based on scale below)	94	85	2.6
	Used it		85	90%
	(1) Not at all helpful		3	4%
	(2) Somewhat helpful		30	35%
	(3) Very helpful		52	61%
Recipe Book	MEAN (based on scale below)	98	90	2.7
	Used it		90	92%
	(1) Not at all helpful		0	0%
	(2) Somewhat helpful		28	31%
	(3) Very helpful		62	69%
Shopping Lists	MEAN (based on scale below)	97	82	2.6
	Used it		82	85%
	(1) Not at all helpful		4	5%
	(2) Somewhat helpful		27	33%
	(3) Very helpful		51	62%
BodyWorks 4Teens	MEAN (based on scale below)	90	68	2.6
	Used it		68	76%
	(1) Not at all helpful		1	1%
	(2) Somewhat helpful		28	41%
	(3) Very helpful		39	57%

Survey Items: POST Q35

Source: Parents/Caregivers survey

\*Percentages may not add to 100 due to rounding.

Table 4-8: Parent/Caregiver’s Knowledge of Nutrition and Physical Activity Related Information Gained Over the Past Month

Survey Item	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
<b>Based on parents/caregivers responses to the following statements: “IN THE PAST MONTH...”</b>										
I learned a lot that is new to me about nutrition.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>2.5</b>	<b>35</b>	<b>2.7</b>	<b>92</b>	<b>3.0</b>	<b>93</b>	<b>3.9</b>	<b>&lt;.0001</b>
	(1) Strongly disagree	8	23%	7	20%	13	14%	4	4%	
	(2) Disagree	8	23%	9	26%	16	17%	2	2%	
	(3) Neither agree nor disagree	14	40%	11	31%	28	30%	11	12%	
	(4) Agree	4	11%	5	14%	26	28%	54	58%	
	(5) Strongly agree	1	3%	3	9%	9	10%	22	24%	
I learned a lot that is new to me about physical activity.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>2.5</b>	<b>35</b>	<b>2.5</b>	<b>92</b>	<b>3.0</b>	<b>92</b>	<b>3.6</b>	<b>&lt;.0001</b>
	(1) Strongly disagree	7	20%	7	20%	12	13%	6	7%	
	(2) Disagree	8	23%	9	26%	18	20%	7	8%	
	(3) Neither agree nor disagree	15	43%	13	37%	31	34%	25	27%	
	(4) Agree	4	11%	5	14%	22	24%	38	41%	
	(5) Strongly agree	1	3%	1	3%	9	10%	16	17%	
Summated Scale	<b>MEAN: range = low (2) – high (10)</b>	<b>35</b>	<b>5.0</b>	<b>35</b>	<b>5.2</b>	<b>92</b>	<b>6.0</b>	<b>93</b>	<b>7.5</b>	<b>&lt;.0001</b>

**Survey Items:** PRE Q40G-H/POST Q24G-H

\*Percentage may not add to 100 due to rounding.

Source: Parents/Caregivers survey



**Table 4-9: Parent/Caregiver's Knowledge of Nutrition and Physical Activity Related Information for Themselves and Their Families**

Survey Item	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
<b>Based on parents/caregivers responses to the following statements: 'I KNOW HOW...'</b>										
To help her understand why eating healthy foods is important.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>0.8</b>	<b>35</b>	<b>0.9</b>	<b>92</b>	<b>0.7</b>	<b>94</b>	<b>0.9</b>	<b>0.5731</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	6	17%	2	6%	26	28%	9	10%	
	Somewhat agree/Strongly agree (1)	29	83%	33	94%	66	72%	85	90%	
To make changes in my home to support her health	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>0.9</b>	<b>35</b>	<b>1.0</b>	<b>92</b>	<b>0.7</b>	<b>93</b>	<b>0.9</b>	<b>0.5033</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	5	14%	1	3%	27	29%	6	6%	
	Somewhat agree/Strongly agree (1)	30	86%	34	97%	65	71%	87	94%	
I can help my daughter change her eating habits.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>0.7</b>	<b>34</b>	<b>0.7</b>	<b>91</b>	<b>0.5</b>	<b>94</b>	<b>0.8</b>	<b>0.0955</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	10	29%	11	32%	41	45%	18	19%	
	Somewhat agree/Strongly agree (1)	25	71%	23	68%	50	55%	76	81%	
To set realistic physical activity goals for myself.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>0.7</b>	<b>35</b>	<b>0.7</b>	<b>91</b>	<b>0.6</b>	<b>94</b>	<b>0.9</b>	<b>0.0539</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	11	31%	9	26%	32	35%	12	13%	
	Somewhat agree/Strongly agree (1)	24	69%	26	74%	59	65%	82	87%	
To set realistic nutrition goals for my family.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>0.7</b>	<b>35</b>	<b>0.8</b>	<b>92</b>	<b>0.5</b>	<b>94</b>	<b>0.9</b>	<b>0.0227</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	9	26%	8	23%	42	46%	9	10%	
	Somewhat agree/Strongly agree (1)	26	74%	27	77%	50	54%	85	90%	

Survey Item	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
<b>Based on parents/caregivers responses to the following statements: 'I KNOW HOW...'</b>										
To plan weekly meals for my family.	<b>MEAN (based on scale below)</b>	<b>34</b>	<b>0.8</b>	<b>35</b>	<b>0.9</b>	<b>91</b>	<b>0.6</b>	<b>94</b>	<b>0.9</b>	<b>0.8528</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	7	21%	4	11%	38	42%	11	12%	
	Somewhat agree/Strongly agree (1)	27	79%	31	89%	53	58.%	83	88%	
To create a weekly shopping list.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>0.8</b>	<b>35</b>	<b>0.9</b>	<b>92</b>	<b>0.7</b>	<b>94</b>	<b>0.9</b>	<b>0.8168</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	8	23%	3	9%	26	28%	10	11%	
	Somewhat agree/Strongly agree (1)	27	77%	32	91%	66	72%	84	89%	
To plan physical activities for the week for my family.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>0.6</b>	<b>35</b>	<b>0.6</b>	<b>92</b>	<b>0.5</b>	<b>94</b>	<b>0.8</b>	<b>0.0046</b>
	Strongly disagree/Somewhat disagree/Not Sure (0)	15	43%	15	43%	49	53%	20	21%	
	Somewhat agree/Strongly agree (1)	20	57%	20	57%	43	47%	74	79%	

Source: Parents/Caregivers survey

**Table 4-10: Changes or Improvements in Attitudes and Self-Efficacy Toward Healthy Eating After Participation in the BodyWorks Program or Receipt of the BodyWorks Toolkit**

Survey Items	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
Based on parents/caregivers responses to the following statements: "IF YOU WANTED TO, HOW SURE ARE YOU THAT YOU COULD EAT HEALTHY FOODS WHEN YOU ARE..."										
At the mall	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>3.0</b>	<b>34</b>	<b>2.9</b>	<b>91</b>	<b>2.9</b>	<b>94</b>	<b>3.1</b>	<b>0.5721</b>
	(1) Not at all	2	6%	7	21%	6	7%	4	4%	
	(2) Not very	7	20%	3	9%	20	22%	15	16%	
	(3) Somewhat	17	49%	12	35%	47	52%	46	49%	
	(4) Very	8	23%	10	29%	12	13%	24	26%	
	(5) Extremely	1	3%	2	6%	6	7%	5	5%	
Hungry after work	<b>MEAN (based on scale below)</b>	<b>34</b>	<b>3.3</b>	<b>32</b>	<b>3.5</b>	<b>91</b>	<b>3.1</b>	<b>92</b>	<b>3.2</b>	<b>0.4812</b>
	(1) Not at all	2	6%	0	0	5	5%	3	3%	
	(2) Not very	6	18%	4	13%	16	18%	13	14%	
	(3) Somewhat	10	29%	13	41%	42	46%	41	45%	
	(4) Very	12	35%	11	34%	22	24%	29	32%	
	(5) Extremely	4	12%	4	13%	6	7%	6	7%	
Hanging out with friends	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>3.0</b>	<b>34</b>	<b>3.2</b>	<b>91</b>	<b>3.0</b>	<b>93</b>	<b>3.3</b>	<b>0.8901</b>
	(1) Not at all	1	3%	3	9%	6	7%	1	1%	
	(2) Not very	9	26%	5	15%	16	18%	11	12%	
	(3) Somewhat	14	40%	10	29%	48	53%	43	46%	
	(4) Very	10	29%	13	38%	18	20%	31	33%	
	(5) Extremely	1	3%	3	9%	3	3%	7	8%	

Survey Items	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
Based on parents/caregivers responses to the following statements: "IF YOU WANTED TO, HOW SURE ARE YOU THAT YOU COULD EAT HEALTHY FOODS WHEN YOU ARE..."										
At a fast food restaurant	MEAN (based on scale below)	35	2.5	34	2.6	91	2.5	93	2.8	0.3459
	(1) Not at all	6	17%	4	12%	14	15%	14	15%	
	(2) Not very	12	34%	9	26%	29	32%	11	12%	
	(3) Somewhat	12	34%	16	47%	37	41%	49	53%	
	(4) Very	4	11%	5	15%	9	10%	14	15%	
	(5) Extremely	1	3%	0	0	2	2%	5	5%	
Alone	MEAN (based on scale below)	35	3.1	34	3.4	92	3.1	93	3.3	0.3693
	(1) Not at all	2	6%	2	6%	6	7%	10	11%	
	(2) Not very	7	20%	3	9%	19	21%	6	6%	
	(3) Somewhat	15	43%	12	35%	34	37%	39	42%	
	(4) Very	9	26%	13	38%	24	26%	25	27%	
	(5) Extremely	2	6%	4	12%	9	10%	13	14%	
Having dinner w/ family	MEAN (based on scale below)	35	3.8	34	4.1	92	3.6	94	3.8	0.1158
	(1) Not at all	0	0%	0	0%	3	3%	4	4%	
	(2) Not very	3	9%	0	0%	5	5%	2	2%	
	(3) Somewhat	8	23%	6	18%	32	35%	18	19%	
	(4) Very	16	46%	18	53%	39	42%	54	57%	
	(5) Extremely	8	23%	10	29%	13	14%	16	17%	
Summated Scale – situational eating	MEAN: Range = 3 (low self-efficacy) to 30 (high self-efficacy)	35	18.6	34	19.6	93	17.9	94	19.4	0.9374
Stressed out	MEAN (based on scale below)	35	2.4	34	2.5	92	2.4	94	2.6	0.3770
	(1) Not at all	8	23%	5	15%	20	22%	13	14%	
	(2) Not very	11	31%	13	38%	31	34%	29	31%	
	(3) Somewhat	10	29%	9	26%	26	28%	37	39%	
	(4) Very	5	14%	7	21%	10	11%	11	12%	
	(5) Extremely	1	3%	0	0	5	5%	4	4%	

Survey Items	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
Based on parents/caregivers responses to the following statements: "IF YOU WANTED TO, HOW SURE ARE YOU THAT YOU COULD EAT HEALTHY FOODS WHEN YOU ARE..."										
Feeling down	MEAN (based on scale below)	35	2.4	34	2.6	91	2.5	92	2.6	0.7792
	(1) Not at all	7	20%	5	15%	18	20%	15	16%	
	(2) Not very	12	34%	13	38%	31	34%	26	28%	
	(3) Somewhat	11	31%	8	24%	28	31%	32	35%	
	(4) Very	5	14%	8	24%	11	12%	16	17%	
	(5) Extremely	0	0	0	0	3	3%	3	3%	
Summated scale – emotional eating	MEAN: Range = 1 (low self-efficacy) to 10 (high self-efficacy)	35	4.8	34	5.1	92	4.9	94	5.2	0.8897

Source: Parents/Caregivers survey

\*Percentages may not add to 100 due to rounding.

**Table 4-11: Parent/Caregiver Relationship with Daughter**

*How often can you or do you do each of the following with your daughter?*

		Comparison				Intervention				p-value
Survey Items	Scale/List	Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
Discuss your beliefs with her without feeling restrained or embarrassed	<b>MEAN (based on scale below)*</b>	<b>34</b>	<b>3.2</b>	<b>35</b>	<b>3.3</b>	<b>89</b>	<b>3.5</b>	<b>91</b>	<b>3.5</b>	<b>0.6450</b>
	Almost Never (1)	1	3%	1	3%	1	1%	2	2%	
	Once in a While (2)	9	26%	3	9%	8	9%	6	6%	
	Often (3)	7	20%	14	40%	28	31%	26	28%	
	Almost Always (4)	17	49%	17	49%	52	58%	57	61%	
	Not Sure	1	3%	0	0%	1	1%	3	3%	
She tells you how she is feeling without you asking	<b>MEAN (based on scale below)*</b>	<b>35</b>	<b>2.8</b>	<b>33</b>	<b>3.1</b>	<b>87</b>	<b>2.9</b>	<b>90</b>	<b>2.9</b>	<b>0.0999</b>
	Almost Never (1)	2	6%	0	0%	2	2%	5	5%	
	Once in a While (2)	9	26%	7	20%	27	29%	20	21%	
	Often (3)	17	49%	16	46%	39	42%	47	50%	
	Almost Always (4)	7	20%	10	29%	19	21%	18	19%	
	Not Sure	0	0%	2	6%	5	5%	4	4%	
Are you very satisfied with how you and she talk together?	<b>MEAN (based on scale below)*</b>	<b>30</b>	<b>3.2</b>	<b>33</b>	<b>3.2</b>	<b>81</b>	<b>3.1</b>	<b>85</b>	<b>3.2</b>	<b>0.4838</b>
	Almost Never (1)	0	0%	0	0%	1	1%	3	3%	
	Once in a While (2)	7	20%	6	17%	17	19%	11	12%	
	Often (3)	11	31%	13	37%	36	40%	39	42%	
	Almost Always (4)	12	34%	14	40%	27	30%	32	34%	
	Not Sure	5	14%	2	6%	10	11%	8	9%	
She keeps feelings to herself rather than talk about them with you	<b>MEAN (based on scale below) *</b>	<b>33</b>	<b>2.0</b>	<b>31</b>	<b>2.1</b>	<b>82</b>	<b>2.3</b>	<b>83</b>	<b>2.1</b>	<b>0.9937</b>
	Almost Never (1)	7	20%	6	17%	14	15%	13	14%	
	Once in a While (2)	22	63%	20	57%	40	44%	52	57%	
	Often (3)	1	3%	2	6%	19	21%	11	12%	
	Almost Always (4)	3	9%	3	9%	9	10%	7	8%	
	Not Sure	2	6%	4	11%	9	10%	9	10%	
When she is	<b>MEAN (based on scale below) *</b>	<b>33</b>	<b>1.8</b>	<b>32</b>	<b>2.0</b>	<b>84</b>	<b>2.1</b>	<b>83</b>	<b>2.0</b>	<b>0.4577</b>

		Comparison				Intervention				p-value
Survey Items	Scale/List	Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
upset it is difficult to figure out what she is feeling	Almost Never (1)	10	29%	9	26%	20	22%	23	26%	
	Once in a While (2)	20	57%	17	49%	46	51%	44	49%	
	Often (3)	2	6%	4	11%	8	9%	10	11%	
	Almost Always (4)	1	3%	2	6%	10	11%	6	7%	
	Not Sure	2	6%	3	9%	7	8%	7	8%	
She admits making mistakes without trying to hide anything	<b>MEAN (based on scale below) †</b>	<b>33</b>	<b>2.5</b>	<b>29</b>	<b>2.7</b>	<b>85</b>	<b>2.4</b>	<b>87</b>	<b>2.4</b>	<b>0.8909</b>
	Almost Never (1)	3	9%	3	9%	11	12%	10	11%	
	Once in a While (2)	15	43%	10	29%	42	46%	40	43%	
	Often (3)	9	26%	10	29%	17	19%	25	27%	
	Almost Always (4)	6	17%	6	17%	15	16%	12	13%	
	Not Sure	2	6%	6	17%	6	7%	5	5%	
You and she come up with a solution when you talk about a problem	<b>MEAN (based on scale below) †</b>	<b>33</b>	<b>2.9</b>	<b>32</b>	<b>3.1</b>	<b>88</b>	<b>3.0</b>	<b>91</b>	<b>3.3</b>	<b>0.2105</b>
	Almost Never (1)	1	3%	0	0%	3	3%	1	1%	
	Once in a While (2)	10	29%	7	20%	19	21%	12	13%	
	Often (3)	13	37%	16	46%	43	47%	40	43%	
	Almost Always (4)	9	26%	9	26%	23	25%	38	41%	
	Not Sure	2	6%	3	9%	4	4%	2	2%	
Summated scale – relationship with daughter	<b>MEAN (range = 5-28)</b>	<b>35</b>	<b>19.6</b>	<b>35</b>	<b>19.7</b>	<b>92</b>	<b>19.0</b>	<b>94</b>	<b>19.6</b>	<b>0.7112</b>
	Weak relationship (5-14)	5	14%	6	17%	11	12%	15	16%	
	Moderate relationship (15-21)	16	46%	15	43%	53	58%	45	48%	
	Strong relationship (22-28)	14	40%	14	40%	28	30%	34	36%	

Source: Parents/Caregivers survey

\*“Not sure responses” were excluded from the mean. Percentages may not add to 100 due to rounding.

Table 4-12: The Frequency with which Parents/Caregivers Eat Certain Foods on a NORMAL Day

Survey Items	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
Soda or pop	MEAN (based on scale below)	35	0.83	33	0.91	92	0.85	94	0.55	0.0101
	0 times	24	69%	20	61%	57	62%	68	72%	
	1 time	5	14%	7	21%	14	15%	13	14%	
	2 times	0	0%	1	3%	7	8%	4	4%	
	3 times	2	6%	2	6%	8	9%	6	6%	
	4 times	2	6%	0	0%	4	4%	2	2%	
	5+ times	2	6%	3	9%	2	2%	1	1%	
Diet soda or pop	MEAN (based on scale below)	32	0.63	32	0.56	88	0.66	90	0.54	0.3085
	0 times	25	78%	20	63%	54	61%	59	66%	
	1 time	1	3%	7	22%	20	23%	20	22%	
	2 times	2	6%	4	13%	9	10%	6	7%	
	3 times	2	6%	1	3%	2	2%	4	4%	
	4 times	1	3%	0	0%	1	1%	0	0%	
	5+ times	1	3%	0	0%	2	2%	1	1%	
Fruits	MEAN (based on scale below)	35	1.8	35	1.9	92	2.2	94	2.4	0.3611
	0 times	5	14%	4	11%	8	9%	6	6%	
	1 time	11	31%	10	29%	22	24%	22	23%	
	2 times	12	34%	9	26%	30	33%	22	23%	
	3 times	3	9%	9	26%	18	20%	25	27%	
	4 times	2	6%	2	6%	8	9%	11	12%	
	5+ times	2	6%	1	3%	6	7%	8	9%	
Vegetables	MEAN (based on scale below)	35	2.1	35	2.0	94	2.2	94	2.4	0.0393
	0 times	1	3%	2	6%	4	4%	2	2%	
	1 time	13	37%	8	23%	20	21%	19	20%	
	2 times	8	23%	16	46%	40	43%	28	30%	
	3 times	9	26%	7	20%	21	22%	35	37%	



	4 times	2	6%	2	6%	5	5%	6	6%	
	5+ times	2	6%	0	0%	4	4%	4	4%	

**Survey Items:** PRE Q15/POST Q5 \*Percentages may not add to 100 due to rounding.

Source: Parents/Caregivers survey

Table 4-13: Parent/Caregiver's Nutrition and Physical Activity Related Behavior Over the Past Month

Survey Items	Scale	COMPARISON				INTERVENTION				P-value
		Pre		Post		Pre		Post		
		N	%/mean	N	%/mean	N	%/mean	N	%/mean	
I cooked with less fat.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>3.8</b>	<b>35</b>	<b>3.6</b>	<b>93</b>	<b>3.6</b>	<b>93</b>	<b>4.1</b>	<b>0.0042</b>
	(1) Strongly disagree	2	6%	1	3%	6	6%	4	4%	
	(2) Disagree	2	6%	3	9%	9	10%	3	3%	
	(3) Neither agree nor disagree	7	20%	12	34%	21	23%	13	14%	
	(4) Agree	14	40%	12	34%	37	40%	35	38%	
	(5) Strongly agree	10	29%	7	20%	20	22%	38	41%	
I was more physically active.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>3.6</b>	<b>35</b>	<b>3.4</b>	<b>92</b>	<b>3.2</b>	<b>93</b>	<b>3.9</b>	<b>0.0271</b>
	(1) Strongly disagree	2	6%	1	3%	10	11%	6	6%	
	(2) Disagree	2	6%	6	17%	22	24%	5	5%	
	(3) Neither agree nor disagree	10	29%	8	23%	15	16%	12	13%	
	(4) Agree	14	40%	17	49%	30	33%	36	39%	
	(5) Strongly agree	7	20%	3	9%	15	16%	34	37%	
I changed how much I ate.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>3.2</b>	<b>35</b>	<b>3.3</b>	<b>93</b>	<b>3.4</b>	<b>91</b>	<b>4.0</b>	<b>0.0002</b>
	(1) Strongly disagree	2	6%	1	3%	3	3%	4	4%	
	(2) Disagree	4	11%	7	20%	12	13%	2	2%	
	(3) Neither agree nor disagree	15	43%	10	29%	26	28%	8	9%	
	(4) Agree	12	34%	14	40%	46	49%	51	56%	
	(5) Strongly agree	2	6%	3	9%	6	6%	26	29%	
I shopped for healthier foods.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>3.7</b>	<b>34</b>	<b>3.5</b>	<b>90</b>	<b>3.7</b>	<b>92</b>	<b>4.3</b>	<b>0.0003</b>
	(1) Strongly disagree	1	3%	1	3%	4	4%	3	3%	
	(2) Disagree	3	9%	7	21%	8	9%	2	2%	
	(3) Neither agree nor disagree	9	26%	4	12%	18	20%	4	4%	
	(4) Agree	16	46%	17	50%	45	50%	43	47%	
	(5) Strongly agree	6	17%	5	15%	15	17%	40	43%	

I made healthier food choices.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>3.5</b>	<b>35</b>	<b>3.5</b>	<b>93</b>	<b>3.5</b>	<b>92</b>	<b>4.2</b>	<b>&lt;.0001</b>
	(1) Strongly disagree	1	3%	1	3%	5	5%	3	3%	
	(2) Disagree	4	11%	7	20%	9	10%	3	3%	
	(3) Neither agree nor disagree	11	31%	5	14%	19	20%	2	2%	
	(4) Agree	14	40%	19	54%	50	54%	46	50%	
	(5) Strongly agree	5	14%	3	9%	10	11%	38	41%	
I tried to make school or community change.	<b>MEAN (based on scale below)</b>	<b>35</b>	<b>2.4</b>	<b>34</b>	<b>2.4</b>	<b>91</b>	<b>2.7</b>	<b>93</b>	<b>2.9</b>	<b>0.0737</b>
	(1) Strongly disagree	10	29%	12	35%	25	27%	17	18%	
	(2) Disagree	8	23%	4	12%	10	11%	16	17%	
	(3) Neither agree nor disagree	12	34%	13	38%	29	32%	30	32%	
	(4) Agree	3	9%	4	12%	21	23%	22	24%	
	(5) Strongly agree	2	6%	1	3%	6	7%	8	9%	
I helped my daughter be PA.	<b>MEAN (based on scale below)</b>	<b>34</b>	<b>3.2</b>	<b>35</b>	<b>3.2</b>	<b>91</b>	<b>3.2</b>	<b>92</b>	<b>3.7</b>	<b>0.0111</b>
	(1) Strongly disagree	4	12%	3	9%	11	12%	6	7%	
	(2) Disagree	4	12%	5	14%	19	21%	6	7%	
	(3) Neither agree nor disagree	11	32%	10	29%	16	18%	16	17%	
	(4) Agree	12	35%	16	46%	34	37%	48	52%	
	(5) Strongly agree	3	9%	1	3%	11	12%	16	17%	
I helped daughter make healthy food choices.	<b>MEAN (based on scale below)</b>	<b>34</b>	<b>3.3</b>	<b>35</b>	<b>3.5</b>	<b>90</b>	<b>3.4</b>	<b>93</b>	<b>4.1</b>	<b>0.0007</b>
	(1) Strongly disagree	2	6%	2	6%	8	9%	5	5%	
	(2) Disagree	6	18%	5	14%	10	11%	0	0%	
	(3) Neither agree nor disagree	9	26%	8	23%	23	26%	4	4%	
	(4) Agree	14	41%	15	43%	35	39%	59	63%	
	(5) Strongly agree	3	9%	5	14%	14	16%	25	27%	
I did more active things w/ daughter.	<b>MEAN (based on scale below)</b>	<b>34</b>	<b>3.0</b>	<b>35</b>	<b>3.1</b>	<b>92</b>	<b>3.1</b>	<b>93</b>	<b>3.6</b>	<b>0.0117</b>
	(1) Strongly disagree	3	9%	3	9%	9	10%	6	6%	
	(2) Disagree	8	24%	4	11%	20	22%	9	10%	
	(3) Neither agree nor disagree	12	35%	16	46%	24	26%	19	20%	

	(4) Agree	8	24%	9	26%	28	30%	39	42%	
	(5) Strongly agree	3	9%	3	9%	11	12%	20	22%	

**Survey Items:** PRE 40A-F,I-K/POST Q24A-F,I-K

\*Percentages may not add to 100 due to rounding.

Source: Parents/Caregivers survey

Table 4-14: Nutrition and Physical Activity Plans for the Following Month. "In the Next Month, I plan to..."

Survey Items	OVERALL		COMPARISON		INTERVENTION		P-value
	N=138	%	N=38	%	N=100	%	
Be more physically active	111	80%	22	58%	89	89%	<.0001
Change how much I eat	75	54%	14	37%	61	61%	0.0132
Make healthier food choices	93	67%	16	42%	77	77%	<.0001
Help my daughter be physically active	78	57%	10	26%	68	68%	<.0001
Help my daughter make healthy food choices	91	66%	15	39%	76	76%	<.0001
Do more active things with my daughter	97	70%	20	53%	77	77%	0.0069

**Survey Items:** POST Q28

Source: Parents/Caregivers survey

Table 4-15: Development of Nutrition or Physical Activity Goals Over the Past Month

Survey Items	TOTAL	OVERALL		COMPARISON		INTERVENTION		P-value
	N	N	%	N	%	N	%	
YES	147	105	71%	13	28%	92	92%	<.0001

**Survey Items:** POST Q25

Source: Parents/Caregivers survey

Table 4-16: Helped Daughter Develop Nutrition or Physical Activity Goals Over the Past Month

Survey Items	TOTAL	OVERALL		COMPARISON		INTERVENTION		P-value
	N	N	%	N	%	N	%	
NO, she did this by herself	145	16	11%	9	20%	7	7%	<.0001
NO, this did not occur		46	32%	25	56%	21	21%	
YES		83	57%	11	24%	72	72%	

**Survey Items:** POST Q26

Source: Parents/Caregivers survey

## Chapter 5 Tables<sup>1</sup>

Table 5-1: Age

Survey Items	N	Percent
10 yrs old or younger	30	44%
11 yrs old	6	9%
12 yrs old	9	13%
13 yrs old	8	12%
14 yrs old	8	12%
15 yrs old	5	7%
16 yrs old or older	2	3%
Total	68	100%

Source: Adolescent survey

Table 5-2: Ethnicity/Race

Survey Items	N	Percent
Non-Hispanic White	34	51%
NH Black or African American	11	16%
Hispanic	11	16%
NH multiple races	8	12%
NH Asian/Pacific Islander	3	4%
Total	67	99%

Source: Adolescent survey

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<sup>1</sup> Percentages in Tables may not add to 100 due to rounding.

**Table 5-3: 4Teens Handbook Utilization**

Survey Items	Scale	N	Percent
Sections read N (49)	All	8	16%
	Some	30	61%
	None	11	22%
Activities completed N (50)	All	7	14%
	Some	18	36%
	None	25	50%
Handbook DVD N (67)	Did not watch	36	54%
	Watched with my parent/caregiver	28	42%
	Watched by myself or with others not parent/caregiver	3	5%
Handbook pedometer N (67)	Never used	15	22%
	Used 1-2 days	21	31%
	Used 3-4 days	13	19%
	Used 5-6 days	2	3%
	Used 7 or more days	10	15%
	Parent/caregiver did not give one to use	6	9%

Source: Adolescent survey

**Table 5-4: Journal Utilization Within Past Week (at time of survey)**

Survey Items	Scale	N (67)	Percent
Used to record food eaten	Never	34	49%
	1-2 days	15	22%
	3-4 days	8	12%
	5-6 days	2	3%
	Every day	9	13%
Used to record physical activities	Never	36	54%
	1-2 days	10	15%
	3-4 days	8	12%
	5-6 days	6	9%
	Every day	7	10%
Used to record mood	Never	36	54%
	1-2 days	13	19%
	3-4 days	9	13%
	5-6 days	3	4%
	Every day	6	9%

Source: Adolescent survey

**Table 5-5: Recommended daily adolescent physical activity**

Survey Items	N	Percent
30 min/day	11	17%
45 min/day	8	12%
60 min/day	39	59%
75 min/day	3	5%
90 min/day	2	3%
90+ min/day	3	5%
Total	66	101%

Source: Adolescent survey