

Please answer the following questions about your daughter who is in the New Moves program:

This school year, with the help of New Moves...		Strongly Disagree	Disagree	Agree	Strongly Agree	I am not sure
1.	my daughter has increased the amount of time she is physically active most days.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2.	my daughter has eaten more fruits and vegetables most days.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	my daughter has reduced the amount of time she watches TV.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	my daughter has decreased the amount of soda pop she drinks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	my daughter has eaten breakfast more regularly.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	my daughter is more aware of the portion sizes of the food she eats.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7.	my daughter goes on diets less often.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

8. Has your daughter talked with you about things she learned in the New Moves program?

1 No, not at all 2 Yes, but rarely 3 Yes, sometimes 4 Yes, a lot

9. Did you receive the New Moves postcards?

1 YES 0 NO

10. Did you read the New Moves postcards?

0 No 1 Yes, a few of them 2 Yes, most of them 3 Yes, all of them

11. If you read the New Moves postcards, how helpful did you find the tips and ideas?

1 Not at all helpful 2 A little helpful 3 Very helpful 4 Did not read

12. Overall, how satisfied do you think YOUR DAUGHTER was with New Moves?

1 Very satisfied 2 Satisfied 3 Unsatisfied 4 Very unsatisfied

Why?

13. Overall, how satisfied were YOU with New Moves?

1 Very satisfied 2 Satisfied 3 Unsatisfied 4 Very unsatisfied

Why?

14. Would you recommend that other girls participate in New Moves?

1 YES 0 NO

Why or why not?

15. Please provide any other thoughts about New Moves:

16. **What is your relationship with your daughter who is participating in New Moves?**

- 1 Mother
- 2 Stepmother
- 3 Other female guardian
- 4 Father
- 5 Stepfather
- 6 Other male guardian
- 7 Other: _____

17. **Do you think of yourself as**
(you may select more than one)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Hispanic or Latino
- 7 Other: _____

18. **How far did you go in school?** (indicate the highest level)

- 1 Did not finish high school
- 2 Finished high school or got GED
- 3 Did some college or training after high school
- 4 Graduated from a college or university
- 5 Professional training beyond a four-year college degree

19. **Please mark one box: Right now I am...**

- 1 Working full time
- 2 Working part-time only
- 3 Not working outside the home

Thank You! Please return this survey in the envelope provided.