

# Physical Activity Pre-Survey

## About You

1. How old are you?  Years old      2. When is your birthday (Month, Day, Year)?
3. What grade are you in? *If it is summer break, which grade will you be starting in the fall?*  Grade
4. Which of the following best describes your gender?  
 Male (Boy)       Female (Girl)       I don't want to say
5. Which of the following best describes your race and ethnicity? (Check all that apply)  
 American Indian or Alaskan Native       Native Hawaiian/ Other Pacific Islander  
 Asian       White or Caucasian  
 Black or African American       I don't know  
 Hispanic or Latino

## Physical activity (exercise):

These questions ask about your physical activity, such as running, sports, biking, dance and other activities.

6. In the last 7 days... (Circle an answer in each row)

a.	...how often were you very active during PE class (playing hard, running, jumping, throwing)?	I don't do PE	Hardly Ever	Sometimes	Quite Often	Always
b.	...what did you do most of the time during recess?	Sat down (talking, reading)	Stood around or walked around	Ran and played a little bit	Ran and played quite a bit	Ran and played hard most of the time
c.	...what did you normally do at lunch (besides eating lunch)?	Sat down (talking, reading)	Stood around or walked around	Ran and played a little bit	Ran and played quite a bit	Ran and played hard most of the time
d.	...how many times outside of school did you do sports, dance or play games in which you were active?	None	1 time last week	2-3 times last week	4-5 times last week	6 + more times last week
e.	...how much of your free time was spent doing physical things?	Little time (none)	Sometimes (1-2 times)	Often (3-4 times)	Quite often (5-6 times)	Very often (7+ times)

7. Were you sick last week, or did anything prevent you from doing your usual physical activities? (Check one)

- No       Yes      If yes, what prevented you? \_\_\_\_\_

## Physical Activity and You:

These questions ask about what you think about physical activity.

8. Mark the box next to each sentence that is true for you. (Mark one box per row)

		Definitely No	Somewhat No	Somewhat Yes	Definitely Yes
a.	I can do many types of physical activities if I work hard and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I'd be very upset if something stopped me from doing a sport/exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I love to exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I feel confident when I am physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I know I can get better at sports or exercise with practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I really like to be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Physical activity is important for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I can set a physical activity goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I can reach my physical activity goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	When I do physical activity, I enjoy it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	When I do physical activity, my body feels good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you!**