



# In-Depth Physical Activity Survey

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

1. How many hours per day do you usually watch TV and/or play video/computer games?

Weekdays: \_\_\_\_\_ Weekend: \_\_\_\_\_

2. How often outside of gym class are you so active playing, exercising, or in sports, that your heart beats fast and you breathe hard for 20 minutes or more at a time? (Check the one that applies)

- Every day
- 5-6 days each week
- 3-4 days each week
- 1-2 days each week
- Less than 2 days per week

3. What activities do you generally participate in at school and outside of school? (i.e. sports teams, classes, lessons)

Activity	At School	Outside of School
a. _____	<input type="radio"/>	<input type="radio"/>
b. _____	<input type="radio"/>	<input type="radio"/>
c. _____	<input type="radio"/>	<input type="radio"/>
d. _____	<input type="radio"/>	<input type="radio"/>
e. _____	<input type="radio"/>	<input type="radio"/>
f. _____	<input type="radio"/>	<input type="radio"/>

4. Which of the following items do you have in your home, yard, or apartment complex?  
(Please check all those that apply)

- |                                                                              |                                                                |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| Stationary exercise equipment (treadmill, cycle, etc.) <input type="radio"/> | Step or slide aerobic <input type="radio"/>                    |
| Bike <input type="radio"/>                                                   | Ice skates <input type="radio"/>                               |
| Dog <input type="radio"/>                                                    | Rollerblades and/or roller-skates <input type="radio"/>        |
| Trampoline <input type="radio"/>                                             | Sports equipment (racquets, balls, etc.) <input type="radio"/> |
| Running shoes / Sneakers <input type="radio"/>                               | Canoe, row boat, kayak <input type="radio"/>                   |
| Swimming pool <input type="radio"/>                                          | Skis (snow or water) <input type="radio"/>                     |
| Weight lifting equipment <input type="radio"/>                               | Swimming or scuba equipment <input type="radio"/>              |
|                                                                              | Aerobic workout videos or audio tapes <input type="radio"/>    |

5. Do any of the following prevent you from exercising? (Please check all those that apply)

- |                                                        |                       |                                                    |                       |
|--------------------------------------------------------|-----------------------|----------------------------------------------------|-----------------------|
| Self conscious about my looks when I do activities     | <input type="radio"/> | Lack of knowledge on how to do physical activities | <input type="radio"/> |
| Lack of interest in physical activity                  | <input type="radio"/> | Lack of a convenient place to do physical activity | <input type="radio"/> |
| Lack of self discipline (will power)                   | <input type="radio"/> | I am too heavy                                     | <input type="radio"/> |
| Lack of time                                           | <input type="radio"/> | Physical activity is boring                        | <input type="radio"/> |
| Lack of energy                                         | <input type="radio"/> | My friends don't like to exercise                  | <input type="radio"/> |
| I do not have anyone to do physical activities with me | <input type="radio"/> | My friends tease me during exercise or sports      | <input type="radio"/> |
| I do not enjoy physical activity                       | <input type="radio"/> | I am chosen last for teams                         | <input type="radio"/> |
| Lack of equipment                                      | <input type="radio"/> | I don't like to sweat                              | <input type="radio"/> |
| The weather is too bad                                 | <input type="radio"/> | Physical activity messes up my appearance          | <input type="radio"/> |
| Lack of skills                                         | <input type="radio"/> | I don't want to get too strong or muscular         | <input type="radio"/> |
| I am too tired to exercise                             | <input type="radio"/> | Homework                                           | <input type="radio"/> |

6. Please check off any of the following that get in the way of you being physically active:

At home there aren't enough supplies and pieces of sports equipment (like balls, bicycles, & skates) to use for physical activity.

There are no playgrounds, parks, or gyms close to my home or that I can easily get to.

It is not safe to walk or jog alone in my neighborhood during the day.

It is difficult to walk or jog in my neighborhood because of things like traffic, no sidewalks, dogs, and so on.

Other? Please explain: