



## In-Depth Physical Activity Survey

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

- How many hours per day do you usually watch TV and/or play video/computer games?  
Weekdays: \_\_\_\_\_ Weekend: \_\_\_\_\_
- 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 ☐

- 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"/>

- 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: ☐