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)

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<tr>
<th>Activity</th>
<th>At School</th>
<th>Outside of School</th>
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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.)
- Bike
- Dog
- Trampoline
- Running shoes / Sneakers
- Swimming pool
- Weight lifting equipment
- Step or slide aerobic
- Ice skates
- Rollerblades and/or roller-skates
- Sports equipment (racquets, balls, etc.)
- Canoe, row boat, kayak
- Skis (snow or water)
- Swimming or scuba equipment
- Aerobic workout videos or audio tapes
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
- Lack of interest in physical activity
- Lack of self discipline (will power)
- Lack of time
- Lack of energy
- I do not have anyone to do physical activities with me
- I do not enjoy physical activity
- Lack of equipment
- The weather is too bad
- Lack of skills
- I am too tired to exercise
- Lack of knowledge on how to do physical activities
- Lack of a convenient place to do physical activity
- I am too heavy
- Physical activity is boring
- My friends don’t like to exercise
- I am chosen last for teams
- I don’t like to sweat
- Physical activity messes up my appearance
- I don’t want to get too strong or muscular
- Homework

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 job in my neighborhood because of things like traffic, no sidewalks, dogs, and so on.
- Other? Please explain: