



PRE-SURVEY

Name:	Date:
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Instructions: Please circle, mark, or write in your answers to each of the questions below. There are no right or wrong answers, and your responses will be used to figure out the impact of the program. Thanks!

Part 1: Your Current Physical Activity Level

- Which of the following statements most closely reflects your activity status?
“Active” = 150 minutes per week of activity at least as hard as walking.
 - I am currently not *active*, and I do not intend to be *active* in the next 6 months.
 - I am currently not *active*, but I am thinking about starting in the next 6 months.
 - I am *active* sometimes, but not regularly.
 - I am currently *active*, but I have only begun in the last 6 months.
 - I am currently *active*, and I have done so for longer than 6 months.
- The neighborhood where I live** is safe for walking outdoors.
 - Yes
 - No
- Most of the important people who I know** in my community engage in physical activity for at least 150 minutes a week.
 - strongly disagree
 - disagree
 - agree
 - strongly agree
- How much could you count on **those close to you for support** and help if you wanted to become more physically active?
 - not at all,
 - very little
 - somewhat
 - a lot
- How much money would you be willing to pay **per year** in taxes to support improving access for physical activity such as parks, bicycle trails, sidewalks, recreation programs, etc? (write 0 or “none” if you are not willing to support such things with taxes)
\$ _____



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Part 2: General Health

1. Please rate your general health:

- Excellent
- Very good
- Good
- Fair
- Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_____ Number of days

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_____ Number of days

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Number of days



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Part 3: Exercise Thoughts

We are interested in thoughts you may have had about exercising during the past week. Below is a list of thoughts that people sometimes have when they consider whether or not to exercise. It is important that you read each thought carefully. Next to each thought, **please indicate how frequently you had that thought during the past week**. Use the following scale:

1	2	3	4	5
Not at all	Sometimes	Moderately often	Often	All

the time

1. ___ I'm too tired to exercise.
2. ___ I need to sleep.
3. ___ I would rather get some sleep.
4. ___ There are more important things I have to do.
5. ___ I'm too busy.
6. ___ I haven't got time.
7. ___ It's not that important right now.
8. ___ I'd rather relax.
9. ___ I'd rather watch tv.
10. ___ I'd rather socialize.
11. ___ I'd rather do something else.
12. ___ I have social obligations.
13. ___ I don't feel good enough to exercise.
14. ___ Exercising will only make me more tired.
15. ___ It will take a lot of energy.
16. ___ It will take too long.
17. ___ I'm just not motivated enough to exercise.
18. ___ I don't feel like exercising.
19. ___ I'll make it up later.
20. ___ I'll do it tomorrow.
21. ___ I'll do it later.
22. ___ I'll work out extra hard tomorrow.
23. ___ I'll cut down on eating instead.
24. ___ Missing one day won't make that much of a difference.
25. ___ I can afford to miss one day.



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Part 4: Barriers to Exercise

For each item, indicate how often it interferes with or prevents you from being physically active. The response options are:

- 1 = never
- 2 = rarely
- 3 = sometimes
- 4 = often
- 5 = very often

How often does each of the following interfere with or prevent you from being physically active?

- _____ 1. not having someone to do physical activity with you
- _____ 2. having other people discourage you
- _____ 3. feeling self-conscious about your looks
- _____ 4. being afraid of injury
- _____ 5. not having time
- _____ 6. feeling too tired
- _____ 7. not having a safe place to be physically active
- _____ 8. caring for children

