

Physical Activity Stages

- **Physical activity** is any activity that increases your heart rate and makes you get out of breath some of the time.
- **Physical activity** can be done in sports, playing with friends, or walking to school.
- Some examples of **physical activity** are running, brisk walking, rollerblading, biking, skateboarding, dancing, swimming, soccer, basketball, football, & surfing.

1. In a typical week, how many days do you do physical activity for 60 minutes or more?

Mark the answer that is true for you.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zero | One | Two | Three | Four |
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> |

(If you answered between "0" and "4" to question 1, go to question 3.)



3. Do you think you will start doing 60 minutes of physical activity 5 or more days a week in the next 6 months?

- | | |
|---|---|
| 1 | <input type="radio"/> No, and I do not intend to in the next six months . |
| 2 | <input type="radio"/> Yes, I intend to in the next six months . |
| 3 | <input type="radio"/> Yes, I intend to in the next 30 days . |

| | |
|-----------------------|-----------------------|
| Five | Six or more |
| 5 | 6+ |
| <input type="radio"/> | <input type="radio"/> |

(If you answered "5" or "6 or more" to question 1, go to question 2.)



2. How many months have you been doing 60 minutes of physical activity on 5 or more days per week?

- | | |
|---|--|
| 1 | <input type="radio"/> Less than 6 months |
| 2 | <input type="radio"/> 6 months or more |

Physical Activity Change Strategies

The following are activities, thoughts, and feelings people use to help them change their physical activity. Think of any similar experiences you may be having or have had in the past month. Then rate HOW OFTEN you do each of the following.

PLEASE:

* **Fill in each circle completely.**

* **Erase all changes completely.**

| | | Never 1 | Almost Never 2 | Sometimes 3 | Often 4 | Many Times 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I look for information about physical activity or sports. | <input type="radio"/> |
| 2. I keep track of how much physical activity I do. | <input type="radio"/> |
| 3. I find ways to get around the things that get in the way of being physically active. | <input type="radio"/> |
| 4. I think about how my surroundings affect the amount of physical activity I do. (Surroundings are things like having exercise equipment at home or a park near by.) | <input type="radio"/> |
| 5. I put reminders around my home to be physically active. | <input type="radio"/> |
| 6. I reward myself for being physically active. | <input type="radio"/> |
| 7. I do things to make physical activity more enjoyable. | <input type="radio"/> |
| 8. I think about the benefits I will get from being physically active. | <input type="radio"/> |
| 9. I try to think more about the benefits of physical activity and less about the hassles of being active. | <input type="radio"/> |
| 10. I say positive things to myself about physical activity. | <input type="radio"/> |
| 11. When I get off track with my physical activity plans, I tell myself I can start again and get right back on track. | <input type="radio"/> |
| 12. I have a friend or family member who encourages me to do physical activity. | <input type="radio"/> |
| 13. I try different kinds of physical activity so that I have more options to choose from. | <input type="radio"/> |
| 14. I set goals to do physical activity. | <input type="radio"/> |
| 15. I make back-up plans to be sure I get my physical activity. | <input type="radio"/> |

Physical Activity Pros & Cons

The following statements are different beliefs about physical activity. Please rate **HOW IMPORTANT** each statement is to your decision to do physical activity. Use the following scale:

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

HOW IMPORTANT IS EACH STATEMENT TO YOU WHEN DECIDING WHETHER OR NOT TO DO PHYSICAL ACTIVITY?

| | | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Not Important | Slightly Important | Moderately Important | Very Important | Extremely Important |
| 1. I would feel embarrassed if people saw me doing physical activity. | <input type="radio"/> |
| 2. Physical activity would help me stay fit. | <input type="radio"/> |
| 3. My parents would be happy if I did physical activity. | <input type="radio"/> |
| 4. There is too much I would have to learn to do physical activity. | <input type="radio"/> |
| 5. I would feel better about myself if I did physical activity. | <input type="radio"/> |
| 6. I would need too much help from my parents to do physical activity. | <input type="radio"/> |
| 7. I do not like the way physical activity and exercise makes me feel. | <input type="radio"/> |
| 8. I would have fun doing physical activity or playing sports with my friends. | <input type="radio"/> |
| 9. I would have more energy if I did physical activity. | <input type="radio"/> |
| 10. Physical activity takes time away from being with my friends. | <input type="radio"/> |

Physical Activity Confidence

There are many things that can get in the way of physical activity. Rate **HOW SURE** you are that you can do physical activity in each situation. Please answer **ALL** questions.

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

| | | I'm sure I can't 1 | I probably can't 2 | Neutral 3 | I probably can 4 | I'm sure I can 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Do physical activity even when you feel sad or stressed? | <input type="radio"/> |
| 2. Set aside time for physical activity on most days of the week? | <input type="radio"/> |
| 3. Do physical activity even when your family or friends want you to do something else? | <input type="radio"/> |
| 4. Get up early, even on weekends, to do physical activity? | <input type="radio"/> |
| 5. Do physical activity even when you have a lot of schoolwork? | <input type="radio"/> |
| 6. Do physical activity even when it is raining or really hot outside? | <input type="radio"/> |

Physical Activity Family Support

During a typical week, how often has a member of your household: (For example, your father, mother, brother, sister, grandparent, or other relatives)

| | | Never 1 | 1-2 days 2 | 3-4 days 3 | 5-6 days 4 | Every day 5 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Watched you participate in physical activity or play sports? | <input type="radio"/> |
| 2. Encouraged you to do sports or physical activity? | <input type="radio"/> |
| 3. Provided transportation to a place where you can do physical activity or play sports? | <input type="radio"/> |
| 4. Done a physical activity or played sports with you? | <input type="radio"/> |

Physical Activity Friend Support

During a typical week, how often:

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

| | | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Never | 1-2 days | 3-4 days | 5-6 days | Every day | |
| 1. Do your friends encourage you to do sports or physical activities? | <input type="radio"/> |
| 2. Do your friends do physical activity or play sports with you? | <input type="radio"/> |
| 3. Do your friends or classmates tease you about not being good at physical activities or sports? | <input type="radio"/> |
| 4. Do your friends ask you to walk or bike to school or to a friend's house? | <input type="radio"/> |
| 5. Do your friends tell you that you are doing well in physical activities or sports? | <input type="radio"/> |

Closest Friend Support

| | | 0 Friends | 1 Friend | 2 Friends | 3 Friends | 4 Friends | 5 Friends |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. How many of your five closest friends are physically active on a regular basis? | <input type="radio"/> |

Physical Activity Enjoyment

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

Strongly agree

Somewhat agree

Neutral

Somewhat disagree

Strongly disagree

1. I enjoy doing physical activity.

Physical Activity Recreation Choices

2. What do you usually do when you have a choice about how you spend recreational time?

Almost always choose activities like TV, reading, listening to music, or computers

Usually choose activities like TV, reading, listening to music or computers

Just as likely choose active or inactive recreation

Usually choose activities like bicycling, dancing, outdoor games or active sports

Almost always choose activities like bicycling, dancing, outdoor games or active sports

Physical Activity Environmental Factors

How much do you agree with the following statements?

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

| | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. At home there are enough supplies and pieces of sports equipment (like balls, bicycles, skates) to use for physical activity. | <input type="radio"/> |
| 2. It is difficult to walk or jog in my neighborhood because of things like traffic, no sidewalks, dogs, gangs and so on. | <input type="radio"/> |
| 3. There are playgrounds, parks, or gyms, close to my home or that I can get to easily. | <input type="radio"/> |
| 4. It is safe to walk or jog in my neighborhood during the day. | <input type="radio"/> |