

Name: \_\_\_\_\_

Account: \_\_\_\_\_

Date: \_\_\_\_\_

# Physical Activity Survey

Using the scale to the right please check the box that most closely corresponds to the questions below.

	No	For less than 6 Months	For 6-12 Months	For 1-2 Years	For More Than 2 Years
I make physical activity and exercise a part of my daily routine (taking stairs and/or walking during breaks etc.)					
In my job I look for ways to avoid being sedentary					
I exercise on a consistent basis (most, if not all days of the week)					
Engaging in regular exercise is a priority equal to my meals.					
My exercise is not restricted in a major way by musculoskeletal injury or other disability					
As a general rule, my exercise includes at least 10-20 minutes of stretching, flexibility work and/or yoga					
The majority of my exercise sessions include at least 30 minutes dedicated to cardio at a targeted and sustained pulse rate					
My exercise routine includes at least 2 to 3 sessions per week of maintaining or improving the strength in my lower and upper extremities, and core muscles					
I budget ample time for healthy exercise – a minimum of 1-2 hours on most days of the week					
The quality of my exercise is not adversely affected by prescription drugs					
The quality of my exercise is not adversely affected by alcohol					
The quality of my exercise is not adversely affected by fried foods/refined sugar, etc.					