

## Student Health Profile PE Teacher Survey

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

1. How many minutes do you think you exercise every day? \_\_\_\_\_

2. What physical activities do you do on a regular basis:

Example: I walk/ride my bike to school every day.

I play at the park 2-3 times a week.

I walk my dog every day for ½ an hour.

I go to dance/gymnastics class once a week.

I play on a sports team 2 times a week.

\_\_\_\_\_

3. How good a shape are you in or how fit are you? **Pick one**

Amazing athlete  Athlete  Like to be active  Need to be better  Don't exercise at all

4. What type of activities do you and your family do together? \_\_\_\_\_

\_\_\_\_\_

5. How many hours (on average) of TV/Computer/Video Game time combined do you do on a **weeknight**?

None      1      2      3      4      5      5+

6. How many hours (on average) of TV/Computer/Video Game time combined do you do over the **weekend**?

None      1-2      3-4      5-6      6-7      7-8      9-10      10+      20+

General Comments: