

## Girls in Motion Physical Activity Survey

Please fill out the following survey as honestly as you can. There are no right or wrong answers. Do not put your name on the survey.

	None	One Time	2-3 Times	4-6 Times	Everyday
1. In the last 7 days, did you do sports, or play games in which you were very active <u>RIGHT AFTER SCHOOL</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last 7 days, did you play sports, dance, or play games in which you were very active in the <u>EVENINGS</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>THIS PAST WEEKEND</u> , how many times did you play sports, dance, or play games in which you were very active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. On average, how many hours of television do you watch between the time you come home from school and the time you go to bed?

☐ < 1 Hour

☐ 1-2 Hours

☐ 2 - 3 Hours

☐ 3-4 Hours

☐ > 4 Hours

	False	Mostly False	Sometimes False/Sometimes True	Mostly True	True
5. In general, I like the way I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall, I have a lot to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A lot of things about me are good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I do something I do it well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I like the way I look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Sometimes	Most of the Time	Always
10. I like being a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When it comes to being physically active, I can be a role model to other girls my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am interested in participating in recreational physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If you answered never or sometimes to Question 12 above, check as many of the answers below that apply:

- ☐ I don't like physical activity
- ☐ I feel embarrassed in front of my friends
- ☐ I don't know what is available
- ☐ I can't afford to participate

Thank you for taking the time to fill out this survey.

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- ☐ Other (please explain) \_\_\_\_\_

14. If you answered most of the time or always to question 12, mark as many of the answers below that apply:

- ☐ My parents support me in my involvement  
☐ My friends are involved in the activities  
☐ I am good at recreational physical activities  
☐ I feel good when I participate in recreational physical activities  
☐ Other (please explain) \_\_\_\_\_

	Not At All Confident	A lit bit Confident	Somewhat Confident	Quite Confident	Very Confident
15. I can fit physical activity into my life each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When I spend time with friends, we can do physical activities together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I can find recreational activities in my community that I enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can be a leader among my friends in promoting physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I can be physically fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I can maintain a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. I know how to find out what recreational activities are available in my community.

- ☐ **No knowledge**      ☐ **Some knowledge**      ☐ **Quite a bit of knowledge**      ☐ **A lot of knowledge**

22. It is important for me to be physically active every day

- ☐ **Not at all important**      ☐ **Somewhat important**      ☐ **Quite important**      ☐ **Very important**

23. For physical activities, do you prefer:

- ☐ Girls only activities?  
☐ Mixed/co-ed activities?

24. How old are you?

\_\_\_\_\_ years old

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