

Exercise Survey

Please do not put your name here.

Instructions: Put a check into the box that makes the most sense for you.

1 is the lowest, 5 is the highest

**Example: If you exercise more then 30 minutes a day you want to check the “5” box.
If you exercise only 5 minutes a day you want to check the “1” box, select the box that makes the most sense to you.**

Question	1	2	3	4	5
Do you exercise at least 30 minutes every day?					
Do you want to get more exercise then you are now?					
How pressured by others are you to get more exercise that you do not want to do?					
Do you do over 3 hours of exercise a week?					
Do you care about exercising to keep your body healthy?					

If you do not wish to take this survey please explain why here:
