

Name \_\_\_\_\_

Date \_\_\_\_\_

Term \_\_\_\_\_

## Beaver Strides Pre-test

Demographics: (please check)

Female	___	Student	___	Age:	18-24	___	39-45	___
Male	___	Staff	___		25-31	___	46-51	___
Transgender	___	Faculty	___		32-38	___	51+	___

Please **CIRCLE** the **ONE** number that corresponds to the statement below which best indicates your current level of physical activity.

- 1 I don't do regular vigorous or moderate exercise now, and I don't intend to start in the next 6 months.**
- 2 I don't do regular vigorous or moderate exercise now, but I have been thinking of starting in the next 6 months.**
- 3 I'm trying to start doing vigorous or moderate exercise, but I don't do it regularly.**
- 4 I'm doing vigorous exercise less than 3 times per week OR moderate exercise less than 5 times per week.**
- 5 I've been doing 30 minutes a day of moderate exercise 5 or more days per week for the last 1-5 months.**
- 6 I've been doing vigorous exercise 3 or more days per week for the last 6 months.**
- 7 I've been doing vigorous exercise 3 or more days per week for the last 1-5 months.**
- 8 I've been doing vigorous exercise 3 or more days per week for the last 6 months or more.**

**Please answer the following questions to the best of your ability.**

1. Are you satisfied with your current level of physical activity? Why or why not?

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2. Have you had any recent or previous injuries that may affect your participation in this program?

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3. Do you have any other health issues that you are concerned about at this time?

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4. Have there been any recent stressors in your life?

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**For the next set of questions, please circle the one number that best corresponds to your selection.**

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1	2	3	4	5
Always	Usually	Sometimes	Rarely	Never

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1. I am motivated to be physically active.

1                      2                      3                      4                      5

2. I set aside time during the week to be physically active.

1                      2                      3                      4                      5

3. I keep track of my physical activity.

1                      2                      3                      4                      5

4. I make healthy food choices.

1                      2                      3                      4                      5

For the next two questions, please **check all that apply**...

1. How did you find out about Beaver Strides?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Barometer     | <input type="checkbox"/> Gazette Times                | <input type="checkbox"/> Flyers        |
| <input type="checkbox"/> Email         | <input type="checkbox"/> Table Tents                  | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> OSU This Week | <input type="checkbox"/> Friend                       | <input type="checkbox"/> Co-Worker     |
| <input type="checkbox"/> Website       | <input type="checkbox"/> Other (please specify) _____ |  |

2. What are your personal barriers to regular physical activity (20 minutes a day/ 3 times a week)?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Lack of time          | <input type="checkbox"/> Lack of Energy               | <input type="checkbox"/> Lack of Motivation    |
| <input type="checkbox"/> Bad weather           | <input type="checkbox"/> Lack of Resources            | <input type="checkbox"/> Access to facilities  |
| <input type="checkbox"/> Lack of Skills        | <input type="checkbox"/> Social Influences            | <input type="checkbox"/> Discomfort or Pain    |
| <input type="checkbox"/> Fear of Injury        | <input type="checkbox"/> Lack of Skill                | <input type="checkbox"/> Fear of Embarrassment |
| <input type="checkbox"/> Family Responsibility | <input type="checkbox"/> Other (please specify) _____ |  |

3. What motivated you to become involved in Beaver Strides?

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4. What do you expect to gain from participating in Beaver Strides?

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5. What are your current fitness goals?

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