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**Pre-Training Survey**

**Your Name:**

**Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date:** **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** **What is the date you were born?** **\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Are you male or female?** *Please circle* Male (Boy) Female (Girl)

**Circle an answer for each question below. You can skip any questions you do not want to answer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I live:** | In a group home | With my family | In my own home or apartment |
|  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you work?** | Yes | No |
| **When you work:** | It is full time | It is part time | I do not work right now |
| **My health is:** | GreatGrinning Face With Big Eyes on Samsung Experience 9.5 | GoodSlightly Smiling Face on Samsung Experience 9.5 |  OkayNeutral Face on Samsung Experience 9.5 | Not GoodDisappointed Face on Samsung Experience 9.5 |

**Please circle an answer for each question below.**

1. **How many FRUITS and VEGETABLES *should a healthy person* eat every day?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

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1. **How many BOTTLES of WATER *should a healthy person* drink every day?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |



1. **How many days each week *should a healthy person* EXERCISE?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |



**Please indicate whether you agree with each statement. Circle an answer for each question below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have what it takes to reach my health goals.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I make good choices about my health.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **Other people make choices for me about my health.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **It is hard for me to speak up about my health.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I am a leader in my community.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I choose what to eat, like at lunchtime or dinner.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I choose how to be physically active, like running or biking.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I feel confident talking with my doctor about my health.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I feel confident talking to my parent or caregiver about my health.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I feel confident talking to my peers about making healthy choices.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |

**Please circle an answer for each question below.**

**There is no right or wrong answer.**

1. **Yesterday, how many VEGETABLES did you eat?** (Like salads, boiled/baked/mashed potatoes, and all cooked and uncooked vegetables) Do not include French fries or chips.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |



1. **Yesterday, how many FRUITS did you eat?** Do not include fruit juice.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

1. **Yesterday, how many BOTTLES of WATER did you drink?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

1. **LAST WEEK**, **on which DAYS did you exercise/play sports that made your heart beat fast and made you breathe hard** (things like: basketball, jogging, skating, fast dancing, swimming laps, tennis, fast bicycling, or aerobic)**?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |



1. **How much TIME do you usually spend exercising on the days you circled above?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 minutes | 30 minutes | 1 hour | 1 hour and 30 minutes | 2 hours | 3 or more hours |