

# BEFORE YOU START THE DAILY MILE PLEASE COMPLETE THIS SHORT PHYSICAL ACTIVITY SURVEY.

## Brent's Daily Mile

Name: \_\_\_\_\_

Class: \_\_\_\_\_



**PLEASE CIRCLE YOUR ANSWER**

**1. IN THE LAST 7 DAYS WHICH DAYS DID YOU GO FOR A RUN OR JOG?**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**2. IN THE LAST 7 DAYS WHICH DAYS DID YOU GO FOR A WALK?**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**3. DO YOU ENJOY RUNNING OR JOGGING?**

Yes

No

**4. HOW FIT DO YOU FEEL?**

Very fit

Fit

Unfit

Very unfit

**5. HOW DID YOU TRAVEL TO SCHOOL TODAY?**

Car

Bus

Walk

Cycle

Scooter

Other

(If other, please specify) \_\_\_\_\_