

## OVERBROOK HIGH SCHOOL HEALTH & FITNESS SURVEY

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### DEMOGRAPHIC INFORMATION:

1. What is your age? \_\_\_\_\_ 2.  Male  Female 3.  Married  Single
4. Do you have children living at home?  Yes  No

### PHYSICAL ACTIVITY: Please check below the category that best describes your physical activity level (other than work) for the previous year:

Note: Moderate vigorous activity implies the following...any aerobic activity which raises your heart rate to a level of 70% of your target heart rate →  $220 - \text{your age} = \text{target Heart Rate}$ .

- No physical activity
- Moderate to vigorous exercise 1 time/week for at least 20 minutes
- Moderate to vigorous exercise 2 times/week for at least 20 minutes each time
- Moderate to vigorous exercise 3 times/week for at least 20 minutes each time
- Moderate to vigorous exercise 5 times/week for at least 20 minutes each time

### In which types of exercise do you normally participate?

- No physical activity       Strength training (weights, push-ups, etc.)
- Cardiovascular (running, cycling, etc.)       Flexibility (stretching, etc.)
- Sports      Please list type: \_\_\_\_\_

### Do you prefer to exercise ...? (check all that apply)

- on your own       with a partner       in a group (i.e. class)

**PROGRAM INTERESTS:** (please check)

- Body Fat Testing
- Back Safety
- Cancer Prevention
- Heart Disease Prevention
- Cholesterol Reduction
- Smoke Cessation
- On-site, Low Impact Exercise Equipment
- Blood Pressure Checks
- Cholesterol Screenings
- Healthy Cooking
- Healthy Eating
- On-site Vending Machines with healthy choices

**GROUP CLASSES**

- Yoga
- Aerobic
- Strength Training
- Stress Reduction
- Grief Counseling
- Pain Management
- Weight Control
- Weight Watchers at Work Program

**Please indicate when you would be interested in participating in a health promotion program:**

Before work

During lunch @ work

After work

Your input is an **IMPORTANT** element to the success of our program. List any suggestions, comments, etc. on things you would like to see implemented in a wellness program in our school.

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What items would you like to see added to the lunch menus and teachers lounge?

- a. Healthy, low-fat, and sugar-free snacks in the vending machines.
- b. Fresh fruits and vegetables.
- c. More lean, baked, and broiled foods.
- d. Remove regular sodas from vending machine.

**THANK YOU FOR YOUR TIME.**

**Please return this survey to Kathy Benton, School Nurse.**