

PHYSICAL ACTIVITY SURVEY IN MOTION CHALLENGE

www.lakeshore.ca and or www.pucerecentre.com

How have you set the wheels in *motion* in getting physically active?



Recreation Services would love to hear about it!



Complete this quick survey and enter your completed ballot below for a chance to win one of two \$100 gift voucher at the Belle River Source for Sports on how being physically active is now part of your life!

1) **Age bracket:** (circle one)

15- 18 19-29 30-39 40-49 50-59 60-70 71+

2) **Length of time that you have been involved in terms of a consistent routine:** (circle)

1 to 3 months 6 to 12 months 1 year 2 years 3 years+

3) **What type of physical activity(s) are you finding works for you in terms of staying active:**

- | | | | |
|------------------------------|--------------------------|-----------------------------|--------------------------|
| Walking | <input type="checkbox"/> | "At home" exercises | <input type="checkbox"/> |
| Sports program | <input type="checkbox"/> | Boot camp program | <input type="checkbox"/> |
| Local health club membership | <input type="checkbox"/> | Running program | <input type="checkbox"/> |
| Registered fitness program | <input type="checkbox"/> | Strength training (weights) | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | | |

4) **Typically, when you are physically active, approximately how long does the session last ?**

10 minute (increments)___ 30 minutes___ 45 minutes___ 1 hour ___

5) **Have you noticed a difference overall in your health since you've become more consistent in being physically active?**

Significant____ Somewhat____ Minimal_____

If so, what changes are you finding in terms of improvement to your health? (optional)

5) **Since becoming more physically active, have your eating habits changed as a result of:**

- **Awareness** in recommended daily requirements through the Canadian Food Guidelines
- **Your body's requirement** as a result of your commitment towards a healthier lifestyle
- Change in eating habits are required due to **health condition(s)**:

6) **We would love to hear about how you generally feel now that you are active and eating well.**

7) **Are you aware that Lakeshore is an in *motion* community in promoting physical activity and a healthy lifestyle? Yes___No___**

For more information on the in *motion* health promotion strategy throughout the tri county region, visit www.swontarioinmotion.ca



The information in this survey is gathered for statistical purposes only and will not be released to identify any individual who participates in the survey in accordance with the Municipal Freedom of Information and Protection to Privacy Act

ENTER YOUR NAME TO WIN A CHANCE ON ONE OF 2 @ \$100 GIFT VOUCHER FROM THE BELLE RIVER SOURCE FOR SPORTS

Name: _____
Phone No. _____ cell: _____
Email address: _____

Return this completed survey and draw ticket directly to mrenaud@lakeshore.ca or drop off at the Puce Sports and Leisure Centre – 962 Old Tecumseh Road or the Town Hall office at 419 Notre Dame Street

Deadline to submit: September 15th, 2010

THANK YOU FOR CONTRIBUTING TO LAKESHORE'S IN *MOTION* HEALTH PROMOTION INITIATIVE