## **EVALUATING MY OWN PHYSICAL ACTIVITY LEVEL**

Name \_\_\_\_\_ Period \_\_\_\_ Assign #

Check each of the statements below that describes your physical activity level:

- \_\_\_\_ I climb stairs when I could take an elevator.
- \_\_\_\_ I walk when I could drive.
- \_\_\_\_ I have some athletic activity almost every day.
- \_\_\_\_ I stand at a job when I could be sitting.
- \_\_\_\_ I walk through the house instead of yelling at someone.
- \_\_\_\_ I park a long way from the stores and walk further.
- \_\_\_\_ I have someone to exercise with me.
- \_\_\_\_ I do exercises during T.V. advertisements.
- \_\_\_\_ I exercise inside my home almost every day.
- \_\_\_\_ I usually use my own muscles instead of relying on electrical devices to save energy.
- \_\_\_\_ I have at least one heavy physical activity I really enjoy.
- \_\_\_\_ My everyday work requires significant physical exertion.
- \_\_\_\_ I walk over to a neighbor's house when I could use the telephone.