

Date: _____

Grade: _____

Gender (Circle one): Male / Female

Date of Birth: _____

School: _____



RSG! Pre-Survey

1. How many times a week do you exercise?

2. How important is it to eat fruits and vegetables every day? (*Circle One*)

Not Very Important / *Important* / *Very Important*

3. Do you drink more than 4 cups of water per day?

Yes / No

4. Do you know what the Fitnessgram test is? (*Circle one*)

Yes / No

5. Do you know what the different parts of the Fitnessgram test are? (*Circle one*)

Yes / No

If you answered **Yes**, please write down the parts of the Fitnessgram that you know...

6. Do you know what the Olympic Games are?

Yes / No

7. Do you like to exercise?

Yes / No

8. What is your favorite exercise?
