

# Exploring Physical Literacy Opportunities in Recreation (EXPLOR)

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Leader Name: \_\_\_\_\_

**This questionnaire is divided into 5 sections and is meant to be completed/discussed with a Recreation Leader. Please complete each section to the best of your ability.**

|  |  |                          |
|--|--|--------------------------|
| <b>SELF-REPORTED PHYSICAL ACTIVITY</b>   | 1. In the past 7 days, how many days have you been moderately active (sweating and have some difficulty talking while moving over and above your daily chores)? _____ (days) |                          |
|  | 2. List some activities that you did this last week that you consider moderate intensity: _____<br>1. _____<br>2. _____<br>3. _____  |                          |
|  | 3. For each of these days, approximately how many <u>minutes</u> were you moderately active? _____ (mins)  |                          |
| <b>GOAL</b>  | What is your goal for physical activity? (i.e. increase number or duration of active sessions per week, try new activity, etc.)  |                          |
| <b>PA INTENTIONS</b>   | <b>YES</b>   | <b>NO</b>                |
|  | 4. Do you currently engage in regular physical activity? <input type="checkbox"/>  | <input type="checkbox"/> |
|  | 5. Have you been regularly physically activity for the past 6 months? <input type="checkbox"/>   | <input type="checkbox"/> |
|  | 6. Do you intend to engage in regular physical activity in the next 30 days? <input type="checkbox"/>  | <input type="checkbox"/> |
| 7. Do you intend to engage in regular physical activity in the next 6 months? <input type="checkbox"/> | <input type="checkbox"/>   |                          |
| <b>GOAL</b>  | What strategies can or do you use to keep engaged in physical activity?  |                          |
| <b>NAVIGATING ENVIRONMENTS</b>   | <b>YES</b>   | <b>NO</b>                |
|  | 8. Does your ability to walk on stairs limit your participation in some activities? <input type="checkbox"/>   | <input type="checkbox"/> |
|  | 9. Does your ability to walk on slippery surfaces affect your ability to participate in some activities? <input type="checkbox"/>  | <input type="checkbox"/> |
|  | 10. Would walking on ice or slippery surfaces limit the amount of time you spend outdoors? <input type="checkbox"/>  | <input type="checkbox"/> |
| 11. Do you feel competent to walk on icy surfaces in the winter? <input type="checkbox"/>              | <input type="checkbox"/>   |                          |
| <b>GOAL</b>  | What goals do you have to improve your ability to be active in all weather conditions in your community?   |                          |

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| Over the <u>next week</u> , how confident are you that you can: |   | CONFIDENT                | NOT CONFIDENT            |
|---|---|--------------------------|--------------------------|
| OVERCOMING BARRIERS   | 12. Anticipate problems that might interfere with adding physical activity to your weekly schedule? | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 13. Resume your physical activity when it is interrupted for a week or more?                        | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 14. Participate in physical activity even if you don't feel well?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 15. Participate in physical activity even if you are physically sore or in pain?                    | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 16. Participate in physical activity even if it would cost you money?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| GOAL  | In order to be more active, what strategies to do you have to eliminate barriers?                   |                          |                          |
|   |   | TRUE                     | FALSE                    |
| PHYSICAL LITERACY SELF DESCRIPTION                              | 17. I think being active is important for my health and well-being                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 18. I think being active makes me happier   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 19. My body allows me to participate in any activity that I choose                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 20. I'm confident when doing physical activities  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 21. I have enough skills to participate in any activity I choose                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 22. I worry about trying a new sport or activity  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 23. I can't wait to try new activities or sport   | <input type="checkbox"/> | <input type="checkbox"/> |
| GOAL  | What goals do you have to be a confident and competent and mover in your community?                 |                          |                          |

**THANK YOU!**