

Questions about exercising

* Indicates required question

1. How many days did you exercise this week? *
- Give your answer as a whole number.

2. How many hours did you spend this week exercising? *
- Give your answer in whole hours.

3. Is the Gym the primary place where you exercise?

Mark only one oval.

☐ Yes

☐ No

4. Do you listen to music while you exercise?

Mark only one oval.

☐ Yes

☐ No

5. What motivates you to exercise?

Check all that apply.

Tick all that apply.

- ☐ Health benefits
- ☐ Weight management
- ☐ Stress relief
- ☐ Social reasons

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