



KITSUMKALUM HEALTH

Adult Physical Activity, Nutrition & General Health Survey

Purpose: This survey is used for health program planning and evaluation. Results will help guide community-based health programs and measure changes in health behaviors over time. Responses are confidential.

Instructions

Please answer the following questions based on your usual behaviors over the past month unless otherwise stated. There are no right or wrong answers.

Section 1: About You

1. Age: ____ years

2. Gender (optional):

Female

Male

Non-binary

Prefer to self-describe: _____

Prefer not to say

3. Employment status:

Employed

Student

Retired

Unemployed

Other: _____

Section 2: Physical Activity & Sedentary Behaviour

4. In the past 7 days, on *how many days* did you do at least **30 minutes of moderate or vigorous physical activity total** (Does not need to be continuous and can be summed shorter duration bouts of activity)?

0 days

1-2 days

3-4 days

5-6 days

7days



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5. What **types of physical activity** do you regularly participate in? (Check all that apply)

- Walking
- Running
- Cycling
- Strength training
- Fitness classes
- Sports
- Active chores
- Other: _____

6. On a typical day, how many *hours* do you spend **sitting or reclining for work** (screens, transport)?

- <4 hours
- 4–6 hours
- 7–9 hours
- 10+hours

7. On a typical day, how many *hours* do you spend **sitting or reclining for non-work and/or recreation** (screens, transport)?

- <4 hours
- 4–6 hours
- 7–9 hours
- 10+ hours

8. What are the **main barriers to physical activity** for you? (Check all that apply)

- Time
- Health
- Cost
- Accessibility
- Transportation
- Motivation
- Weather
- Personal safety
- None



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9. Which statement best describes your **current motivation** to be physically active?

- I am not motivated to be physically active
- I am thinking about becoming more active
- I am motivated but find it difficult to be active
- I am regularly physically active
- I am highly motivated and active most days

10. **What motivates you** to be physically active? (Check all that apply)

- Improving physical health
- Improving mental health or managing stress
- Weight management
- Social connection or being with others
- Enjoyment or recreation
- Managing a health condition
- Being active with family or friends
- Recommendation from a health professional
- Playing sports or games
- Improving athletic skills or performance
- Feeling confident or proud of myself
- Being active outdoors
- Other: _____

Section 3: Nutrition & Dietary Habits

11. How often do you **eat breakfast**?

- Never
- 1-2 days/week
- 3-4 days/week
- 5-7 days/week

12. On a typical day, how many **servings of fruits** do you eat?

- 0
- 1
- 2
- 3+



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13. On a typical day, how many **servings of vegetables** do you eat?

- 0
- 1
- 2
- 3+

14. How often do you consume **sugar-sweetened beverages** (pop, energy-drinks, etc.)?

- Never
- <1/week
- 1-3/week
- 4+/week
- Daily

15. How much **water** do you drink in a day?

- 0-1 cups
- 2-6 cups
- 7-12 cups
- 13+ cups

16. How often do you eat meals **prepared outside the home**?

- Rarely
- 1-2/week
- 3-4/week
- 5+/week

Section 4: Health & Well-being

17. How would you rate your **overall health**?

- Poor
- Fair
- Good
- Very good
- Excellent

18. On average, how many **hours of sleep** do you get per night?

- <6
- 6-7
- 7-8
- >8



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19. How often do you **feel stressed**?

- Rarely
- Sometimes
- Often
- Almost always

20. To manage *stress*, how often do you **use physical activity as a tool**?

- Rarely
- Sometimes
- Often
- Almost always

21. Do you live with a **chronic illness**?

- Yes
- No
- Unsure

22. If you answered Yes to the above question, please indicate *which chronic illness(es)* you live with. (select all that apply) (Optional)

- Heart disease (past heart attack/ MI, stroke/ CVA, congestive heart failure/ CHF)
- other: _____
- Hypertension (High blood pressure >130/80)
- COPD
- Asthma
- Type 2 diabetes
- Type 1 diabetes
- Rheumatoid arthritis
- Osteoarthritis
- Osteoporosis
- Kidney disease
- Mental health disorder (depression, anxiety, etc.)
- Alzheimer's disease
- Dementia
- Parkinson's disease
- Other: _____



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23. Do you feel you have **adequate social support**?

- Yes
- Somewhat
- No

Section 5: Community & Environment

24. Do you feel your **community supports healthy lifestyle choices** (safe places to walk, access to healthy food, etc.)?

- Yes
- Somewhat
- No

25. What *community resources* would **help you be healthier?** (select all that apply)

- Public parks and green spaces
- Walking, hiking, and multi-use trails
- Playgrounds and outdoor fitness equipment
- Sport fields (soccer, baseball, football)
- Outdoor courts (basketball, tennis, pickleball)
- Bike lanes and safe cycling routes
- Community gardens (supports light physical activity)
- Community recreation facilities (indoor basketball/ pickleball/ volleyball/ badminton court, etc.)
- Municipal gyms and fitness rooms passes
- Aquatic centre and swimming pools passes
- Ice rinks and curling clubs passes
- School gyms available after hours
- Indoor walking tracks (malls, community hall)
- Other: _____

Section 6: Participant Feedback (Optional)

26. What changes would **most improve your health?**

- Increased physical exercise
- Improved dietary habits
- Improved sleep hygiene
- Decreased time spent sitting
- Decreased screen time
- Unsure



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27. Additional comments:

For Kitsumkalum Health Centre Planning and Program Evaluation Use Only

This survey is designed to allow repeated administration over time to plan/ inform community-level interventions (i.e. high-impact info sessions, group activities, etc.), track population trends and evaluate program impact. Please forward any questions regarding the survey to Rod (kinesiologist@kitsumkalum.com) or Lennette (amanii@kitsumkalum.com).

PLEASE RETURN BY JANUARY 30, 2026 FOR ENTRY INTO A PRIZE DRAW!