PERSONAL BACKGROUND

1. In which area do you teach?
   a. Urban
   b. Suburban
   c. Rural

2. What is your undergraduate background?
   a. Bachelors degree in Kinesiology
   b. Bachelors degree in Human Kinetics
   c. Other: please specify___________________________________________

3. How many years have you been instructing physical activity in schools?
   a. Less than 1 year
   b. 1-5 years
   c. 5-10 years
   d. More than 10 years

4. What age group do you teach?
   a. Primary
   b. Intermediate
   c. Middle
   d. Junior
   e. Senior

5. Do you specifically teach a Strength and Conditioning class?
   a. Yes
   b. No

6. Do you run to stay fit?
   a. Yes
   b. No

7. How many times per week do you participate in activity outside of your job?

8. How many hours do you participate in physical activity per week? (0-1 hour; 1-3 hours; 3-5 hours; 5+ hours)

9. What types of activities are you involved in? (ie. Do you play any sports? Do you consistently run for exercise?)
STUDENT MEDICAL HISTORY

1. Do parents fill out a medical history form prior to the start of the school year and their gym class?
   a. Yes
   b. No
   c. Other ______________________________________________________

2. If yes, are these forms updated throughout the school year or semester?
   a. Yes
   b. No

3. Can you please provide a copy of the medical history form? If this is not available, can you comment on how the severity of the chronic disease is communicated?
   ___________________________________________________________________
   ___________________________________________________________________

4. If there is no form, how do students disclose any medical condition that they may have?
   ___________________________________________________________________
   ___________________________________________________________________

5. Are all physical education teachers aware of all students with medical conditions?
   a. Yes
   b. No

6. How is this information communicated to substitute teachers?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

RUNNING CURRICULUM

1. How much of the semester or school year is focused on running? (Answer in weeks)
   ___________________________________________________________________

2. Are students educated on proper running form?
   a. Yes
   b. No

3. What does this include? Please circle all that apply.
   a. Appropriate body position
b. Warm-up  
c. Cool-down  
d. Different types of running (ie. sprinting vs. intervals vs. sustained)  
e. Potential injury areas (ie. knee pain; low back pain)  

4. Do students carry out the different types of running activities in class (ie. endurance versus sprinting)?  
   a. Yes  
   b. No  

5. Are students required to have or is there a discussion about specific shoes for running?  
   a. Yes  
   b. No  

If yes, what is discussed with students?  
__________________________________________________________________________  
__________________________________________________________________________  

6. Are students taught about the benefits of running as a lifelong activity? If yes, please explain briefly what is included in the curriculum.  
   a. Yes  
   b. No  

__________________________________________________________________________  

7. Is there a structured increase in distance and/or speed over the semester?  
   a. Yes  
   b. No  

8. Is this individualized?  
   a. Yes  
   b. No  

9. Does the student keep a record of their running progress?  
   a. Yes  
   b. No  

10. Is a warm up included in the running sessions?  
    a. Yes  
       i. How long? ________________  
    b. No  

11. If yes, what is included?  
    a. Stretching  
       i. Static (stationary)  
       ii. Dynamic (mobility drills with stretching)
b. Slow running

c. Other: please specify

GRADING AND EVALUATION

1. Are students graded on the speed or distance covered in a time period?
   a. Yes
   b. No

2. How are students evaluated? Please describe.

Grading and Evaluation

3. Is the beep test used as an evaluation tool?
   a. Yes
   b. No
   c. Used as a teaching tool but not an evaluation tool

4. If a student has a medical condition known to affect the ability to run (eg. Heart, lung, neurologic), is the running program modified?
   a. Yes
   b. No

5. Is a student with a known medical condition evaluated on the same scale as a student without a known medical condition?

Thank you for participating in this survey.
BACKGROUND INFORMATION

1. How old are you? ______________
2. What grade are you in? ______________
3. On what days do you have gym class? Please circle:
   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday
4. How long is your gym class? ______________
5. Do you take gym class every term or semester?
   a. Yes
   b. No
   c. Gym class is for the whole year
6. What is your sex?
   a. Male
   b. Female
7. In which area do you live?
   a. Urban (in a city e.g. Vancouver)
   b. Suburban (just outside a city e.g. Delta)
   c. Rural (far from the city e.g. Prince George)
8. Do you have a long-lasting health condition that affects you when you exercise?
   a. Yes
   b. No
   If yes, what is the name of the condition? If no, please go to question 13.
   ___________________________________________________________________
   ___________________________________________________________________
   ____________________________________________
9. Do you take medicine for this condition?
   a. Yes
   b. No
   If yes, what is the name of the medicine?
   ___________________________________________________________________
   ___________________________________________________________________
   ____________________________________________
10. Do you visit a doctor or specialist about this long-lasting health condition once or more per year?
    a. Yes
    b. No
11. Has your doctor ever advised you to stop or lower your activity because of your health condition?
   a. Yes
   b. No

12. Has your doctor or specialist recommended running as a form of exercise for you?
   a. Yes
   b. No

13. Do you fill out a medical form before taking part in your gym class?
   a. Yes
   b. No

14. How often do you update this medical form?
   a. Every month
   b. Every semester
   c. Every year
   d. Other: please specify

RUNNING CURRICULUM

1. How much of the term, semester or school year is focused on running? (Answer in weeks)

2. Do you run outside of school?
   a. Yes
   b. No
If no, please list what activities you take part in outside of school to keep fit:

3. Are you shown how to run with proper form in gym class?
   a. Yes
   b. No

4. What does this include? Please circle all that apply.
   a. Appropriate body position
   b. Warm-up
   c. Cool-down
   d. Different types of running (ie. sprinting vs. intervals vs. sustained)
   e. Potential injury areas (ie. knee pain; low back pain)
5. Have you received information on the correct footwear for running?
   a. Yes
   b. No

6. Are you taught and/or carry out the different types of running (i.e. endurance versus sprinting)?
   a. Yes
   b. No

7. Are you taught about how running enhances fitness? If yes, please explain briefly what is included in your gym class and the curriculum.
   a. Yes
   b. No

8. Are you taught to try to increase your distance and/or speed over the semester?
   a. Yes
   b. No

9. If yes, do you keep a record of your improvements?
   a. Yes
   b. No

10. Do you warm-up prior to running?
    a. Yes
    b. No

11. What type of stretching do you carry out before and/or after running?
    a. Static stretching (i.e. stretching in stationary position)
    b. Dynamic stretching (i.e. warm-up drills with stretching)
    c. Slow running
    d. Other: please specify

GRADING AND EVALUATION

1. Have you been graded at school based on your running performance?
   a. Yes
   b. No

2. Are you graded on the speed or distance covered in a time period?
   a. Yes
   b. No

   If yes, please go to question 3. If no, please go to question 5.
3. How are you evaluated? Please describe (for example, is the beep test used?)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
____________________________  ____________________________

4. If you have a long-lasting health condition, are you graded the same as other students using these running evaluations (as described above)?
   a. Yes
   b. No
If no, please explain:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

5. Do you think there needs to be any changes to your gym class and/or the current running curriculum? Why?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Thank you for participating in this survey.