

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?

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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

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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
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### 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.  

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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?  

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6. When assigning grades to students for running, what differentiates the grade boundaries?  

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7. Do you think there needs to be any changes to the current running curriculum? Please describe.  

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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
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## RUNNING CURRICULUM

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

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

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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

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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

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#### 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?)

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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:

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

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Thank you for participating in this survey.