



Florida State University
Thagard Student Health Center

STEP (SUNN Team Exercise Program) Application

The STEP Program is a safe, confidential, and supportive opportunity to increase your physical activity and foster a supportive workout relationship with a fellow FSU peer. By completing this application you will be paired up with a trained SUNN (Students for Understanding Nutrition Now) peer advocate from Thagard Student Health Center. Once you have been assigned a workout buddy of the same sex, you and your fitness partner will schedule a convenient time and location to workout.

Name: _____

E-mail: _____

Local Phone Number: _____

What year are you? (Freshman, etc): _____

Briefly describe your physical activity patterns within the past 6 months:

Are you involved with an athletic or intramural sport?

Yes / No If yes, which ones _____

On average, how many days per week do you currently participate in physical activity?

- Less than 3 days
 3-5 days
 6-7 days

How many hours (on average) do you spend participating in regimented physical activity per week?

- 0 - 1 4 - 7
 1 ½ - 3 more than 7

What level of intensity do you typically prefer? (check all that apply)

- Light (You are able to have a conversation with a friend without being winded.)
 Moderate (You can still have a conversation with a friend, although somewhat labored.)
 Hard (You can not carry on conversation and your breathing is labored.)

Where do you like to go to participate in physical activity? (check all that apply)

- Off campus Outdoors (Other): _____
 On campus Indoors



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How many servings of fruits and vegetables do you usually have per day (1 serving = 1 medium piece of fruit, ½ cup chopped, cooked or canned fruits/vegetables, ¾ cup fruit/vegetable juice, small bowl of salad greens or ½ cup dried fruit)?

- I don't eat fruits and vegetables 0-2 3-4 5 or more

How comfortable are you with your body?

- Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

Do feelings about your weight, body and/or body image contribute to:

- Feeling things are hopeless Feeling overwhelmed Feeling exhausted
 Feeling very sad Feeling depressed None

Have you visited a Registered Dietitian at Thagard Student Health Center?

Yes / No

What are your expectations of the STEP Program?

How did you hear about the STEP Program?

- Thagard Web site Pamphlets, fliers, signs, etc Word of Mouth
 Other: _____

How serious are you about working out?

- Not very serious Somewhat serious Serious Very serious

What is your goal (Check all that apply)

- Keep in shape; weight maintenance Weight gain
 Train for marathon or other event Weight loss
 Sport training Stress management, fun, or social activity

Types of activity that you enjoy (Check all that apply)

- Racquetball, tennis Weight lifting
 Basketball, football Cross training
 Walking, light jogging Aerobics
 Running Cycling
 Other team sports (kickball, softball) Other _____