

Teen Adventure Pre-Program Survey 2

	None	1-10 times	11-20 times	21-29 times	30 or more
How many times did you exercise in the last 30 days?					
On average how long did you exercise each time?	10 minutes	15 minutes	20 minutes	25 minutes	30 or more
How many times in the last 30 days did you:	None	1-20 times	11-20 times	21-30 times	31 or more
Spend time on FaceBook, YouTube or social media					
Do other things on the computer					
Text					
Watch TV					
Read					
How much time per day do you spend:	None	15 minutes	30 minutes	1 hour	2 hours or more
On FaceBook, YouTube or social media					
Doing other things on the computer					
Texting					
Watching TV					
Reading					
How often in the last 30 days have you experienced physical symptoms from cancer/treatment:	None	1-10 times	11-20 times	21-29 times	30 or more
Fatigue					
Nausea					
Pain					
Diarrhea					
Other					

Describe Other: _____

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How often in the last 30 days have you eaten healthy meals?

How often in the last 30 days have you eaten junk food?

How often in the last 30 days have you eaten a meal cooked from scratch?

How often in the last 30 days have you eaten veggies?

How often in the last 30 days have you eaten fruit?

How often in the last 30 days have you drank soda?

None	1-10 times	11-20 times	21-30 times	31 or more

Your name: _____