

Physical Activity Assessment

Section I.

1. **Moderate physical activities** are of moderate intensity, such as fast walking 3-4 miles per hour. Which of the following moderate activities did you do for **at least 10 minutes at a time without stopping** during the last 7 days? (*Circle all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Walking fast (3-4 mph) | <input type="checkbox"/> Walking downstairs | <input type="checkbox"/> Aerobics (low impact) |
| <input type="checkbox"/> Bicycling (Less than 12 mph; <150W) | <input type="checkbox"/> Bowling | <input type="checkbox"/> Calisthenics (light) |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Dancing | <input type="checkbox"/> Fishing (while standing) |
| <input type="checkbox"/> Gardening (planting, raking, weeding) | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Housework (mopping, sweeping, vacuuming) | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Horseback riding |
| <input type="checkbox"/> Lifting, turning, carrying less than 50 pounds | <input type="checkbox"/> Mowing lawn (power mower) | <input type="checkbox"/> Ping pong |
| <input type="checkbox"/> Playing with children (walking, kneeling, lifting) | <input type="checkbox"/> Rowing, Sailing | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Tai Chi, Qi gong | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Yoga, vigorous stretching |
| <input type="checkbox"/> Water Aerobics | <input type="checkbox"/> Washing or working on car | <input type="checkbox"/> Weight lifting |

2. During the last 7 days, on how many days did you do a moderate physical activity for **at least 10 minutes at a time** without stopping? _____ **days**
3. On those days that you did moderate physical activities, how much time did you spend **on average** doing the activities? _____ **minutes per day**

Section II.

4. **Vigorous physical activities** are of more vigorous intensity, such as jogging or running. Which of the following vigorous activities did you do for **at least 10 minutes at a time without stopping** during the last 7 days? (*Circle all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Jogging, Running | <input type="checkbox"/> Walking upstairs | <input type="checkbox"/> Aerobics (high impact) |
| <input type="checkbox"/> Carrying loads more than 50 pounds | <input type="checkbox"/> Basketball | <input type="checkbox"/> Calisthenics (vigorous) |
| <input type="checkbox"/> Bicycling fast (more than 12mph; >150W) | <input type="checkbox"/> Judo, Karate, Kick Boxing | <input type="checkbox"/> Jumping rope |
| <input type="checkbox"/> Roller skating, roller blading | <input type="checkbox"/> Stair Climbing/Stairmaster | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Ski machine (Nordic Track) | <input type="checkbox"/> Swimming laps | <input type="checkbox"/> Tennis, Racquetball |

5. During the last 7 days, on how many days did you do a vigorous physical activity for **at least 10 minutes at a time** without stopping? _____ **days**
6. On those days that you did vigorous physical activities, how much time did you spend **on average** doing the activities? _____ **minutes per day**
7. Compared to how physically active you have been over the last 3 months, how would you describe the last 7 days: (*Check one*)
- _____ **More active**
- _____ **Less active**
- _____ **About the same**

Section III.

8. Circle 'Yes' or 'No' for each of the following:

Yes	No	a. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
Yes	No	b. Do you feel pain in your chest when you do physical activity?
Yes	No	c. In the past month, have you had chest pain when you were not doing physical activity?
Yes	No	d. Do you lose your balance because of dizziness, or do you ever lose consciousness?
Yes	No	e. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Yes	No	f. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
Yes	No	g. Do you know of any reason why you should not do physical activity?

Section IV.

9. To be considered physically active, **you must get at least:**
- 30 minutes of moderate physical activity on 5 or more days a week, **OR**
 - 20 minutes of vigorous physical activity on 3 or more days a week, **OR**
 - 150 minutes of moderate and physical activity combined each week

Given this definition of physically active, how physically active do you plan to be over the next 6 months? (Choose the best answer and check only one.)

- I am not currently active and do not plan to become physically active in the next 6 months.
- I am thinking about becoming more physically active.
- I intend to become more physically active in the next 6 months.
- I have been trying to get more physical activity.
- I am currently physically active and have been for the last 1-5 months.
- I have been regularly physically active for the past 6 months or more.

10. What are the 3 biggest reasons why you would consider increasing your physical activity? (Circle the 3 reasons that matter most to you)

- Improve my health
- Control my weight
- Look better
- Feel better
- Feel good about taking care of myself
- Set a good example for my family or friends
- Get my partner, child, friend to be more active with me
- Teach my family and friends the importance of physical activity

- Make more time for myself
- Lower my stress
- Improve my fitness
- Lower my risk of heart disease
- Lower my blood pressure
- Lower my cholesterol
- Control my diabetes
- Other: _____

11. Would any of your family, friends, or coworkers encourage you or help you get regular physical activity, perhaps by helping you take care of some of your other responsibilities? (*Circle one*)

Yes No

If yes, who can help you? _____

How can they help? _____

12. How confident are you that you could increase your physical activity if you decided to do so? (*Circle one*)

Very confident

Fairly confident

Somewhat confident

Not at all confident