



Participant ID:

Participant Initials:

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PHYSICAL ACTIVITY

Think about the types of activities you did in a **typical week in the past month**. For each activity, note which of these activities you did in a typical week by **checking YES or NO**. For each item you mark as **YES**, check the number of **DAYS** in a typical week you did these activities and the **AVERAGE TIME** per day in hours and minutes you did these activities.

| | |
|--------------------------|--|
| Intensity Levels: | |
| Light: | Easy effort |
| Moderate: | Harder than light but not all-out effort |
| Heavy: | All-out effort |

| Activities | Yes / No | Days / week | Hours / Day | Minutes / Day |
|--|--|---|---|---|
| Example: | | | | |
| Conditioning Activities | <input checked="" type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₁ 1 day | <input checked="" type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| <u>Moderate Effort:</u> | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| Low impact aerobics, slow bicycling, rowing, leisurely swimming, health club machines – moderate intensity | | <input checked="" type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| [In this example, the activity was done 3 days per week, 1 hour and 30 minutes per day.] | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input checked="" type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |

In a typical week in the past month, did you do:

Household Chores

| Activities | Yes / No | Days / week | Hours / Day | Minutes / Day |
|--|---|---|--|---|
| 1. <u>Light Effort:</u> Such as cooking, dishes, ironing, straightening up, laundry, shopping | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |
| 2. <u>Moderate or Heavy Effort:</u> Such as heavy cleaning, scrubbing, mopping, home repairs, washing car, vacuuming | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |



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PHYSICAL ACTIVITY

In a typical week in the past month, did you do:

Lawn/Yard/Garden/Farm

| Activities | Yes / No | Days / week | Hours / Day | Minutes / Day |
|--|---|---|--|---|
| 3. <u>Moderate Effort</u> : Such as weeding, mowing grass, raking, cleaning garage, sweeping | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |
| 4. <u>Heavy Effort</u> : Such as digging dirt, shoveling snow, mending fences, chopping wood | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |

Care of Children/Adults

| | | | | |
|--|---|---|--|---|
| 5. <u>Light Effort</u> : Such as bathing, feeding, changing diapers, playing with child | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |
| 6. <u>Moderate Effort</u> : Such as lifting and carrying, pushing wheelchair or stroller | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |



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PHYSICAL ACTIVITY

In a typical week in the past month, did you do:

Transportation

| Activities | Yes / No | Days / week | Hours / Day | Minutes / Day |
|--|---|--|--|--|
| 7. Drive or ride in car, ride the bus/subway, including travel to work | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| | | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| | | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |

Walking (not at work)

| | | | | |
|--|---|--|--|--|
| 8. Walking to get places – to the bus, car, work, into the store | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| | | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| | | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |
| 9. Walking for exercise, pleasure, social reasons, walking during work breaks, walking the dog | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| | | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| | | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |

Dancing/Sport Activities

| | | | | |
|--|---|--|--|--|
| 10. Dancing in church ceremonies or for pleasure | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| | | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| | | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |



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In a typical week in the past month, did you do:

Dancing/Sport Activities.....continued

| Activities | Yes / No | Days / week | Hours / Day | Minutes / Day |
|--|---|---|--|---|
| 11. Team sports – softball, volleyball, basketball, soccer | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |
| 12. Dual sports – tennis, racquetball, paddleball | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |
| 13. Individual activities – golf, bowling, yoga, T'ai Chi | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |

Conditioning Activities

| | | | | |
|--|---|---|--|---|
| 14. Moderate Effort: Low impact aerobics, slow bicycling, rowing, leisurely swimming, health club machines – moderate intensity | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ 1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₁ 5 min <input type="checkbox"/> ₂ 10 min <input type="checkbox"/> ₃ 15 min <input type="checkbox"/> ₄ 20 min <input type="checkbox"/> ₅ 30 min <input type="checkbox"/> ₆ 40 min <input type="checkbox"/> ₇ 45 min <input type="checkbox"/> ₈ 50 min |
|--|---|---|--|---|



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PHYSICAL ACTIVITY

In a typical week in the past month, did you do:

Conditioning Activities.....continued

| Activities | Yes / No | Days / week | Hours / Day | Minutes / Day |
|---|---|--|--|--|
| 15. Heavy Effort: High impact aerobics, fast bicycling, running, jogging, fast swimming, health club machines – vigorous intensity, judo, kickboxing, karate | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| | | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |

Leisure Activities

| | | | | |
|--|---|--|--|--|
| 16. Sit or recline and watch TV | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| | | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |
| 17. Read, knit, sew, visit, do nothing, non-work recreational computer | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ 1 hour | <input type="checkbox"/> ₁ 5 min |
| | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 2 hours | <input type="checkbox"/> ₂ 10 min |
| | | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 3 hours | <input type="checkbox"/> ₃ 15 min |
| | | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 4 hours | <input type="checkbox"/> ₄ 20 min |
| | | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 5 hours | <input type="checkbox"/> ₅ 30 min |
| | | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5+ hours | <input type="checkbox"/> ₆ 40 min |
| | | <input type="checkbox"/> ₇ 7 days | | <input type="checkbox"/> ₇ 45 min |
| | | | | <input type="checkbox"/> ₈ 50 min |



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Occupational Activities

18. Do you work to earn money? ₁ Yes ₀ No

[If YES, continue to Question #19. If NO, Go to Volunteer Activities.]

| Activities | Days / week | Hours / Day | |
|---|--|---|---|
| 19. How many days per week and hours per day do you work in all jobs? | <input type="checkbox"/> ₁ 1 day | <input type="checkbox"/> ₁ <1 hour | <input type="checkbox"/> ₁₀ 9 hours |
| | <input type="checkbox"/> ₂ 2 days | <input type="checkbox"/> ₂ 1 hour | <input type="checkbox"/> ₁₁ 10 hours |
| | <input type="checkbox"/> ₃ 3 days | <input type="checkbox"/> ₃ 2 hours | <input type="checkbox"/> ₁₂ 11 hours |
| | <input type="checkbox"/> ₄ 4 days | <input type="checkbox"/> ₄ 3 hours | <input type="checkbox"/> ₁₃ 12 hours |
| | <input type="checkbox"/> ₅ 5 days | <input type="checkbox"/> ₅ 4 hours | <input type="checkbox"/> ₁₄ 13 hours |
| | <input type="checkbox"/> ₆ 6 days | <input type="checkbox"/> ₆ 5 hours | <input type="checkbox"/> ₁₅ 14 hours |
| | <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₇ 6 hours | <input type="checkbox"/> ₁₆ 15 hours |
| | | <input type="checkbox"/> ₈ 7 hours | <input type="checkbox"/> ₁₇ 16 hours |
| | | <input type="checkbox"/> ₉ 8 hours | |

Check boxes for the time you spent in each activity at work. The hours per day for all activities should equal the total hours per day you work.

At work, did you do:

| Activities | Yes / No | Hours / Day | |
|--|---|---|---|
| 20. <u>Light Effort</u> : While sitting (e.g. in an office, laboratory, child care, etc.) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₁ <1 hour | <input type="checkbox"/> ₁₀ 9 hours |
| | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₂ 1 hour | <input type="checkbox"/> ₁₁ 10 hours |
| | | <input type="checkbox"/> ₃ 2 hours | <input type="checkbox"/> ₁₂ 11 hours |
| | | <input type="checkbox"/> ₄ 3 hours | <input type="checkbox"/> ₁₃ 12 hours |
| | | <input type="checkbox"/> ₅ 4 hours | <input type="checkbox"/> ₁₄ 13 hours |
| | | <input type="checkbox"/> ₆ 5 hours | <input type="checkbox"/> ₁₅ 14 hours |
| | | <input type="checkbox"/> ₇ 6 hours | <input type="checkbox"/> ₁₆ 15 hours |
| | | <input type="checkbox"/> ₈ 7 hours | <input type="checkbox"/> ₁₇ 16 hours |
| | | <input type="checkbox"/> ₉ 8 hours | |
| 21. <u>Light Effort</u> : While standing (e.g. filing, copying, clerking) assembly, nursing, farming, etc. | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₁ <1 hour | <input type="checkbox"/> ₁₀ 9 hours |
| | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₂ 1 hour | <input type="checkbox"/> ₁₁ 10 hours |
| | | <input type="checkbox"/> ₃ 2 hours | <input type="checkbox"/> ₁₂ 11 hours |
| | | <input type="checkbox"/> ₄ 3 hours | <input type="checkbox"/> ₁₃ 12 hours |
| | | <input type="checkbox"/> ₅ 4 hours | <input type="checkbox"/> ₁₄ 13 hours |
| | | <input type="checkbox"/> ₆ 5 hours | <input type="checkbox"/> ₁₅ 14 hours |
| | | <input type="checkbox"/> ₇ 6 hours | <input type="checkbox"/> ₁₆ 15 hours |
| | | <input type="checkbox"/> ₈ 7 hours | <input type="checkbox"/> ₁₇ 16 hours |
| | | <input type="checkbox"/> ₉ 8 hours | |



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PHYSICAL ACTIVITY

| Activities | Yes / No | Hours / Day | |
|---|---|--|---|
| 22. <u>Moderate Effort</u> : While standing and/or walking (e.g. nursing, custodian, housekeeping), lifting & pushing, sustained walking (e.g. making deliveries) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ <1 hour <input type="checkbox"/> ₂ 1 hour <input type="checkbox"/> ₃ 2 hours <input type="checkbox"/> ₄ 3 hours <input type="checkbox"/> ₅ 4 hours <input type="checkbox"/> ₆ 5 hours <input type="checkbox"/> ₇ 6 hours <input type="checkbox"/> ₈ 7 hours <input type="checkbox"/> ₉ 8 hours | <input type="checkbox"/> ₁₀ 9 hours <input type="checkbox"/> ₁₁ 10 hours <input type="checkbox"/> ₁₂ 11 hours <input type="checkbox"/> ₁₃ 12 hours <input type="checkbox"/> ₁₄ 13 hours <input type="checkbox"/> ₁₅ 14 hours <input type="checkbox"/> ₁₆ 15 hours <input type="checkbox"/> ₁₇ 16 hours |
| 23. <u>Heavy Effort</u> : Manual labor, ranch hand, farm labor, loading/unloading trucks | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ <1 hour <input type="checkbox"/> ₂ 1 hour <input type="checkbox"/> ₃ 2 hours <input type="checkbox"/> ₄ 3 hours <input type="checkbox"/> ₅ 4 hours <input type="checkbox"/> ₆ 5 hours <input type="checkbox"/> ₇ 6 hours <input type="checkbox"/> ₈ 7 hours <input type="checkbox"/> ₉ 8 hours | <input type="checkbox"/> ₁₀ 9 hours <input type="checkbox"/> ₁₁ 10 hours <input type="checkbox"/> ₁₂ 11 hours <input type="checkbox"/> ₁₃ 12 hours <input type="checkbox"/> ₁₄ 13 hours <input type="checkbox"/> ₁₅ 14 hours <input type="checkbox"/> ₁₆ 15 hours <input type="checkbox"/> ₁₇ 16 hours |

Volunteer Activities

24. Did you work as a volunteer and/or at church in activities you have not yet mentioned on this survey?

₁ Yes ₀ No

[If **YES**, continue to Question #25. If **NO**, skip to Question #28.]

Did your volunteer work include:

| Activities | Yes / No | Days / week | Hours / Day |
|---|---|---|---|
| 25. <u>Light Effort</u> : Sitting or standing | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ <1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours |



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

PHYSICAL ACTIVITY

| Activities | Yes / No | Days / week | Hours / Day |
|--|---|---|---|
| 26. <u>Moderate Effort</u> : Standing or walking | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ <1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours |
| 27. <u>Heavy Effort</u> : Pushing, lifting, carrying, climbing | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₁ 1 day <input type="checkbox"/> ₂ 2 days <input type="checkbox"/> ₃ 3 days <input type="checkbox"/> ₄ 4 days <input type="checkbox"/> ₅ 5 days <input type="checkbox"/> ₆ 6 days <input type="checkbox"/> ₇ 7 days | <input type="checkbox"/> ₁ <1 hour <input type="checkbox"/> ₂ 2 hours <input type="checkbox"/> ₃ 3 hours <input type="checkbox"/> ₄ 4 hours <input type="checkbox"/> ₅ 5 hours <input type="checkbox"/> ₆ 5+ hours |

28. When you walk outside of your home, what is your usual pace?

- ₀ No walking at all
- ₁ Casual strolling (up to 2 mph)
- ₂ Average or normal (2-3 mph)
- ₃ Fairly briskly (4-5 mph)
- ₄ Brisk or striding (more than 5 mph)

For Research Coordinator use only: CRF was: ₁ Self-administered ₂ Interviewer-administered