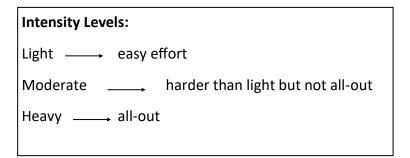


Participant ID #:			Acrostic:				
Technician ID:		Date	Month	Di	/	Yea	r

By what mode was the questionnaire completed?

- O Interviewer-administered
- O Self-administered (either on paper or digitally)

Think about the types of activities you did in a typical week in the past month. Please indicate whether you did or did not perform each of the following activities in a typical week. For each item that you respond 'yes', you will be asked for the number of days in a typical week you did these activities and the average amount of time per day in hours and minutes.



Example:			
<b>Conditioning Activities</b>	Days/Week	Hours/Day	Minutes/Day
Moderate Effort: Low impact aerobics,	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
slow bicycling, rowing, leisurely	$\circ \circ \bullet \circ \circ \circ \circ$	• 0 0 0 0 0	0 0 • 0
swimming, health club machines—			

Y N

moderate intensity

• 0

In this example, the activity was done 3 days per week, 1 hour and 30 minutes per day.

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

Household chores	Days/Week	Hours/Day	Minutes/Day				
1. Light Effort: Such as cooking, dishes,	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45				
ironing, straightening up, laundry,	0000000	000000	0000				
shopping							
Y N							
0 0							



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

Household chores	Days/Week	Hours/Day	Minutes/Day
<ul> <li>2. Moderate or Heavy Effort: Such as heavy cleaning, scrubbing, mopping, home repairs, washing car, vacuuming</li> <li>Y N</li> <li>O</li> </ul>	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
Lawn/Yard/Garden/Farm			
3. Moderate Effort: Such as weeding, mowing grass, raking, cleaning garage, sweeping  Y N	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
4. <u>Heavy Effort:</u> Such as digging dirt, shoveling snow, mending fences, chopping wood  Y N O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
Care of Children/Adults			
5. <u>Light Effort:</u> Such as bathing, feeding, changing diapers, playing with child  Y N O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
<ul><li>6. Moderate Effort: Such as lifting and carrying, pushing wheelchair or stroller</li><li>Y N</li><li>O</li></ul>	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
Transportation			
7. Drive or ride in car, ride the bus/ subway, including travel to work  Y N O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45 O O O O



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

Walking (not at work)	Days/Week	Hours/Day	Minutes/Day
<ul><li>8. Walking to get places—to the bus, car, work, into the store</li><li>Y N</li><li>O</li></ul>	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45 O O O O
<ul> <li>9. Walking for exercise, pleasure, social reasons, walking during work breaks, walking the dog</li> <li>Y N</li> <li>O</li> <li>Dancing/Sport Activities</li> </ul>	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
10. Dancing in church, ceremonies or for pleasure  Y N O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
11. Team sports—softball, volleyball, basketball, soccer  Y N  O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
12. Dual sports—tennis, racquetball, paddleball  Y N O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
13. Individual activities—golf, bowling, yoga, T'ai Chi  Y N  O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45

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

<b>Conditioning Activities</b>	Days/Week	Hours/Day	Minutes/Day
14. Moderate Effort: Low impact aerobics, slow bicycling, rowing, leisurely swimming, health club machines—moderate intensity  Y N O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45 O O O
15. Heavy Effort: High impact aerobics, fast bicycling, running, jogging, fast swimming, health club machines—vigorous intensity  Y N O O Leisure Activities	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45 O O O
16. Sit or recline and watch TV  Y N  O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45
17. Read, knit sew, visit, do nothing, non-work recreational computer  Y N O O	1 2 3 4 5 6 7	1 2 3 4 5 5+	5 15 30 45

## **Occupational Activities**

18. Do you work to earn money? (if no, skip to Q24)

Y N

0 0

19. How many days per week and hours per day do you work in all jobs?

Days/Week	Hours/Day	
1 2 3 4 5 6 7	<1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
000000	0000000000000000	

Fill in the circles for the time you spent in ach activity at work. The hours per day for all activities should equal the total hours per day you work.

At work did you do:

0 0

20. <u>Light Effort:</u> While sitting (e.g. in								Н	ours	s/D	ау						
an office, laboratory, child care, etc.)	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Y N O O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. <u>Light Effort:</u> While standing (e.g.								Н	ours	s/D	ay						
filing copying, clerking, assembly, nursing, farming, etc.)  Y N O O	<1 O												12			15 O	16 O
22. <u>Moderate Effort:</u> While standing								Н	ours	s/D	ay						
and/or walking (e.g. nursing, custodian, housekeeping), lifting & pushing, sustained walking (e.g. making deliveries)	<1 O	1	2	3	-								12		14	15 O	16
Y N O O																	
23. <u>Heavy Effort:</u> Manual labor, ranch								Н	ours	s/D	ay						
hand, farm labor, lifting, carrying, climbing, loading/unloading trucks	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Y N O O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Volunteer Activities																	
24. Do you work as a volunteer and/or at chu (if no, skip to Q28)	rch in	acti	viti	es y	ou/	hav	e no	ot y	et n	nen	itior	ned o	on th	nis sı	urve	y?	
Y N																	



Did your volunteer work include:

25. <u>Light Effort:</u> Sitting or standing	Days/Week	Hours/Day
Y N	1 2 3 4 5 6 7	1 2 3 4 5 5+
0 0	000000	00000
26. Moderate Effort: Standing or	1 2 3 4 5 6 7	1 2 3 4 5 5+
walking	000000	00000
Y N O O		
27. Heavy Effort: Pushing, lifting,	1 2 3 4 5 6 7	1 2 3 4 5 5+
carrying, climbing	000000	00000
Y N		
0 0		

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

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

29. Questionnaire completed by:

- O Participant
- O Proxy