

ID Number

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PHYSICAL ACTIVITY QUESTIONNAIRE

This questionnaire is designed to find out about your physical activity in your everyday life.

Please try to answer every question, except when there is a specific request to skip a section.

Your answers will be treated as strictly confidential and will be used only for medical research

THE QUESTIONNAIRE IS DIVIDED INTO 3 SECTIONS

- **Section A** asks about your physical activity patterns in and around the house.
- **Section B** is about travel to work and your activity at work.
It may be skipped by people who have not worked at any stage during the last 12 months.
- **Section C** asks about recreations that you may have engaged in during the last 12 months.

What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day		month		year			

What is today's date?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day		month		year			

Your sex (Please tick (✓) appropriate box)?

Male Female

Section A HOME ACTIVITIES

GETTING UP AND GOING TO BED

Please put a time in **each** box

	Average over the past year	
	At what time do you normally get up?	At what time do you normally go to bed?
On a weekday	<input type="text"/>	<input type="text"/>
On a weekend day	<input type="text"/>	<input type="text"/>

GETTING ABOUT — Apart from going to work

Which form of transport do you use **most often** apart from your journey to and from work?

Please tick (✓) one box **ONLY** per line

Distance of journeys	Usual mode of transport			
	Car	Walk	Public transport	Cycle
less than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1–5 mile(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 5 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TV OR VIDEO VIEWING

Please put a tick (✓) on **every** line

Hours of TV or Video watched per day	Average over the last 12 months					
	None	less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
On a weekday before 6 pm						
On a weekday after 6 pm						
On a weekend day before 6 pm						
On a weekend day after 6 pm						

STAIR CLIMBING AT HOME

Please put a tick (✓) on **every** line

Number of times you climbed up a flight of stairs (approx 10 steps) each day at home	Average over the last 12 months					
	None	1 to 5 times a day	6 to 10 times a day	11 to 15 times a day	16 to 20 times a day	More than 20 times a day
On a weekday						
On a weekend day						

ACTIVITIES IN AND AROUND THE HOME

Please put a tick (✓) on **every** line

Approximate number of hours each week	Average over the last 12 months						
	None	Less than 1 hour a week	1 to 3 hours a week	3 to 6 hours a week	6 to 10 hours a week	10 to 15 hours a week	More than 15 hours a week
Preparing food, cooking and washing up							
Shopping for food and groceries							
Shopping and browsing in shops for other items (e.g. clothes, toys)							
Cleaning the house							
Doing the laundry and ironing							
Caring for pre-school children or babies at home (not as paid employment)							
Caring for handicapped, elderly or disabled people at home (not as paid employment)							

Section B

ACTIVITY AT WORK

Please answer this section **only** if you have been in paid employment at any time during the last 12 months or you have done regular, organised voluntary work.

If not please go to page 9

TYPES OF WORK DURING THE LAST TWELVE MONTHS

- We would like to know what full or part-time jobs you have done in the last 12 months.
- You may have held a single job or have held two jobs at once.
- If you have changed jobs with the same employer, you should enter it as a change of job **only** if it entailed a substantial change in physical effort.

EXAMPLE

Someone who worked full-time for 6 months, then retired, rested for 3 months and then started a voluntary job for 6 hours a week, would complete the questions as follows.

	Job 1	Job 2
Name of occupation	nurse	shop work
How many hours per week did you usually work?	38	6
For how many months in the last 12 months did you do this work?	6	3

ACTIVITY LEVELS AT YOUR WORK

Now we would like you to take the total number of hours you worked per week in each job and divide them up according to your activity level.

Please complete EACH line

	Job 1			Job 2		
	No	Yes	Hours per week	No	Yes	Hours per week
Sitting — light work e.g. desk work, or driving a car or truck		✓	6	✓		
Sitting — moderate work e.g. working heavy levers or riding a mower or forklift truck	✓				✓	2
Standing — light work e.g. lab technician work or working at a shop counter		✓	30		✓	4
Standing — light/moderate work e.g. light welding or stocking shelves		✓	2	✓		

The number of hours in each activity should add up to the number of hours that you worked in each job e.g. $6+30+2=38$ (nurse)

What jobs have you held in the last 12 months, and how many months in the year did you do them?

Please complete EACH line

	Job 1	Job 2
Name of occupation		
How many hours per week did you usually work?		
For how many months in the last 12 months did you do this work?		

ACTIVITY LEVELS AT YOUR WORK

Now we would like you to take the total number of hours you worked per week in each job and divide them up according to your activity level.

Please complete EACH line

	Job 1			Job 2		
	No	Yes	Hours per week	No	Yes	Hours per week
Sitting — light work e.g. desk work, or driving a car or truck						
Sitting — moderate work e.g. working heavy levers or riding a mower or forklift truck						
Standing — light work e.g. lab technician work or working at a shop counter						
Standing — light/moderate work e.g. light welding or stocking shelves						
Standing — moderate work e.g. fast rate assembly line work or lifting up to 50 lbs every 5 minutes for a few seconds at a time						
Standing — moderate/heavy work e.g. masonry/painting or lifting more than 50 lbs every 5 minutes for a few seconds at a time						
Walking at work — carrying nothing heavier than a briefcase e.g. moving about a shop						
Walking — carrying something heavy						
Moving, pushing heavy objects objects weighing over 75lbs						

STAIR OR STEP CLIMBING AT WORK

Please put a tick (✓) on EACH line where appropriate

Number of times you climbed up a flight of stairs (10 steps) at work	AVERAGE OVER THE LAST 12 MONTHS					
	None	1 to 5 times a day	6 to 10 times a day	11 to 15 times a day	16 to 20 times a day	More than 20 times a day
Job 1						
Job 2						

Please put a tick (✓) on EACH line where appropriate

Number of times you climbed up a ladder at work	AVERAGE OVER THE LAST 12 MONTHS					
	None	1 to 5 times a day	6 to 10 times a day	11 to 15 times a day	16 to 20 times a day	More than 20 times a day
Job 1						
Job 2						

KNEELING AND SQUATTING AT WORK IN JOB 1

In an average working day in Job 1 did you

kneel for more than one hour in total?

No Yes Don't know

squat for more than one hour in total?

No Yes Don't know

get up from kneeling or squatting more than 30 times?

No Yes Don't know

KNEELING AND SQUATTING AT WORK IN JOB 2

In an average working day in Job 2 did you

kneel for more than one hour in total?

No Yes Don't know

squat for more than one hour in total?

No Yes Don't know

get up from kneeling or squatting more than 30 times?

No Yes Don't know

TRAVEL TO AND FROM WORK

JOB 1

Please complete EVERY line

Roughly how many miles was it from home to Job 1?	
How many times a week did you travel from home to Job 1?	

Please tick (✓) one box ONLY per line

How did you normally travel to Job 1?	Always	Usually	Occasionally	Never or rarely
By car				
By works or public transport				
By bicycle				
Walking				

JOB 2 (if appropriate)

Please complete EVERY line

Roughly how many miles was it from home to Job 2?	
How many times a week did you travel from home to Job 2?	

Please tick (✓) one box ONLY per line

How did you normally travel to Job 2?	Always	Usually	Occasionally	Never or rarely
By car				
By works or public transport				
By bicycle				
Walking				

Section C

RECREATION

The following questions ask about how you spent your leisure time.

Please indicate how often you did each activity on average over the last 12 months.

For activities that are seasonal, e.g. cricket or mowing the lawn, please put the average frequency during the season when you did the activity.

Please indicate the average length of time that you spent doing the activity on each occasion.

EXAMPLE

If you had mowed the lawn every fortnight in the grass cutting season and took 1 hour and 10 minutes on each occasion.

If you went walking for pleasure for 40 minutes once a week.

You would complete the table below as follows:

Please give an answer for the AVERAGE TIME you spent on each activity and the NUMBER OF TIMES you did that activity in the past year.

	Number of times you did the activity in the last 12 months							Average time per episode		
	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins
Mowing the lawn				✓					1	10
Walking for pleasure					✓					40

Now please complete the table on pages 10 and 11

Please give an answer for the **NUMBER OF TIMES** you did the following activities in the last 12 months and the **AVERAGE TIME** you spent on each activity.

Please complete **EACH** line

	Number of times you did the activity in the last 12 months								Average time per episode	
	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or more	Hours	Mins
Swimming — competitive										
Swimming — leisurely										
Backpacking or mountain climbing										
Walking for pleasure — you should not include walking as a means of transportation as this was included in Sections A & B										
Racing or rough terrain cycling										
Cycling for pleasure — you should not include cycling as a means of transportation										
Mowing the lawn — during the grass cutting season										
Watering the lawn or garden in the summer										
Digging, shovelling or chopping wood										
Weeding or pruning										
DIY e.g. carpentry, home or car maintenance										
High impact aerobics or step aerobics										
Other types of aerobics										
Exercises with weights										
Conditioning exercises e.g. using an exercise bike or rowing machine										

Please continue on the next page

Please complete EACH line

	Number of times you did the activity in the last 12 months								Average time per episode	
	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or more	Hours	Mins
Floor exercises e.g. stretching, bending, keep fit or yoga										
Dancing e.g. ballroom or disco										
Competitive running										
Jogging										
Bowling — indoor, lawn or 10 pin										
Tennis or badminton										
Squash										
Table tennis										
Golf										
Football, rugby or hockey (during the season)										
Cricket (during the season)										
Rowing										
Netball, volleyball or basketball										
Fishing										
Horse-riding										
Snooker, billiards or darts										
Musical instrument playing or singing										
Ice-skating										
Sailing, wind-surfing or boating										
Martial arts, boxing or wrestling										

You have finished the questionnaire — Thank you

