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OMB#: 0925-0584  
Exp. 2/28/2011

# HCHS/SOL Physical Activity Questionnaire

ID NUMBER:

FORM CODE: PAE  
VERSION: A 9/21/07

Contact Occasion

SEQ #

Acrostic: \_\_\_\_\_

## ADMINISTRATIVE INFORMATION

0a. Completion Date:

/ /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

*I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think about the activities you do at work, to get from place to place, and in your spare time for recreation, exercise or sport.*

### A. Physical Activity at Work

*Think about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, volunteer work, study/training, farming and harvesting food/crops, fishing or hunting for food, seeking employment, and any other unpaid work that you do outside your home.*

*Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family.*

*First, think about all the vigorous activities that take hard physical effort that you do as part of your work. Vigorous activities make you breathe much harder than normal. These may include things like heavy lifting, digging, heavy construction work, shoveling dirt or snow, or climbing up stairs. Think about only those vigorous physical activities that you do for at least 10 minutes at a time.*

1. Does your work involve vigorous intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously?

No 0  → **GO TO QUESTION 4**  
Yes 1

2. In a typical week, on how many days do you do vigorous-intensity activities as part of your work?

Days a week

3. How much time do you spend doing vigorous-intensity activities at work, or as part of your work, on a typical day when you do vigorous-intensity activities as part of your work?

Hr.  Min.

*Now think about activities that take moderate physical effort that you do as part of you work. Moderate physical activities make you breathe somewhat harder than normal and may include activities like carrying light loads. Include brisk walking. Again, think about only those moderate physical activities that you do for at least 10 minutes at a time.*

4. Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?

No      0  → **GO TO QUESTION 7**  
 Yes     1

5. In a typical week, on how many days do you do moderate-intensity activities as part of your work?

Days a week

6. How much time do you spend doing moderate-intensity activities at work, or as part of your work, on a typical day when you do moderate-intensity activities as part of your work?

Hr.  Min.

**B. Walking or Bicycling for Transportation**

*The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places, for example to work, for shopping, to market, to place of worship.*

7. Do you walk or bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?

No      0  → **GO TO QUESTION 10**  
 Yes     1

8. In a typical week, on how many days do you walk or bicycle to get to and from places?

Days a week

9. On a typical day when you walk or bicycle to get to and from places, how much total time do you spend walking or bicycling to get to and from places?

Hr.  Min.

**C. Leisure Time Physical Activity**

*Now I would like to ask you about sports, fitness, and recreational (leisure) activities. The next questions exclude the work and transportation activities you have already mentioned. Please do not include any activities you have already mentioned.*

10. Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate such as running, soccer, football, or basketball for at least 10 minutes continuously?

No      0  → **GO TO QUESTION 14**  
 Yes     1

11. What are some of those activities? (*Read all activities*)

	No	Yes
a. American football	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Basketball	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Boxing	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Fencing	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Handball	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. High Intensity Aerobics	0 <input type="checkbox"/>	1 <input type="checkbox"/>
g. Hockey (ice or field)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
h. Lacrosse	0 <input type="checkbox"/>	1 <input type="checkbox"/>
i. Hard Lap swimming	0 <input type="checkbox"/>	1 <input type="checkbox"/>
j. Racquetball	0 <input type="checkbox"/>	1 <input type="checkbox"/>
k. Running	0 <input type="checkbox"/>	1 <input type="checkbox"/>
l. Soccer/football	0 <input type="checkbox"/>	1 <input type="checkbox"/>
m. Volleyball (competitive)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
n. Water Polo	0 <input type="checkbox"/>	1 <input type="checkbox"/>
o. Weight lifting (hard training)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
p. Indoor cycling/spinning	0 <input type="checkbox"/>	1 <input type="checkbox"/>
q. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>

*Please specify:* \_\_\_\_\_

12. In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?

Days a week

13. How much time do you spend doing vigorous-intensity sports, fitness or recreational (leisure) activities on a typical day when you do vigorous-intensity sports, fitness or recreational (leisure) activities?

Hr.   Min.

14. Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause small increases in breathing or heart rate such as brisk walking, cycling, swimming, volleyball or karate for at least 10 minutes continuously?

No      0  → **GO TO QUESTION 18**  
 Yes     1

15. What are some of those activities? (*Read all activities*)

	No	Yes
a. Aerobic dance/Step/Taibo	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Baseball/softball	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Brisk walking	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Canoeing/kayaking	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Coaching sports	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Cricket	0 <input type="checkbox"/>	1 <input type="checkbox"/>
g. Light cycling (including stationary)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
h. Dance	0 <input type="checkbox"/>	1 <input type="checkbox"/>
i. Exercise machines	0 <input type="checkbox"/>	1 <input type="checkbox"/>
j. Frisbee play	0 <input type="checkbox"/>	1 <input type="checkbox"/>
k. Hunting and fishing	0 <input type="checkbox"/>	1 <input type="checkbox"/>
l. Jai alai	0 <input type="checkbox"/>	1 <input type="checkbox"/>
m. Karate/judo/other martial arts	0 <input type="checkbox"/>	1 <input type="checkbox"/>
n. Rock climbing	0 <input type="checkbox"/>	1 <input type="checkbox"/>
o. Skating (roller or ice)/Roller blading	0 <input type="checkbox"/>	1 <input type="checkbox"/>
p. Skin/Scuba diving	0 <input type="checkbox"/>	1 <input type="checkbox"/>
q. Surfing	0 <input type="checkbox"/>	1 <input type="checkbox"/>
r. Swimming laps	0 <input type="checkbox"/>	1 <input type="checkbox"/>
s. Table tennis	0 <input type="checkbox"/>	1 <input type="checkbox"/>
t. Tai chi	0 <input type="checkbox"/>	1 <input type="checkbox"/>
u. Tennis (singles or doubles)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
v. Volleyball (includes beach volleyball)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
w. Weight lifting for fitness	0 <input type="checkbox"/>	1 <input type="checkbox"/>
x. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>

*Please specify:* \_\_\_\_\_

16. In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?

Days a week

17. How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day when you do moderate-intensity sports, fitness or recreational (leisure) activities?

Hr.   Min.

**D. Sedentary**

*The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in a car, bus, train, reading, playing cards, watching television, movies or videos, but do not include time spent sleeping.*

18. How much time do you usually spend sitting or reclining on a typical day?

Hr.   Min.