



* Used for Visits # 2, 3, 4, 5, & 6

Diet And Physical Activity Sub-Study Past Week Physical Activity Form

Form Code: PWA
Version A 2/19/2001

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIAL:

DATE OF TODAY'S VISIT:

Instructions:

[Read to participant] "Hello, my name is _____ and I work with the Jackson Heart Study Diet and Physical Activity Sub-Study. Now, I would like to ask you some questions about your physical activity during the past 7 days. [Emphasize the past 7 days.]

[Show the participant a calendar of the past month with the past 7 days highlighted.] "Here is a calendar for the past month with the 7 days highlighted that I would like you to think about. Today is _____ [point to today's date]. The past 7 day recall period starts on _____ [point to the first day of the past 7 days] and ends yesterday [point to the date for yesterday]. When you are recalling your activities, do not include the physical activities you did today."

Do you have any questions about the days of the week we would like you to think about?" [IF YES ... repeat the example above. If NO ... continue.]

Start of the Questionnaire:

[Read to the participant]: "In thinking about your physical activity during the ***past 7 days***,

1. Did you work or do volunteer work?..... Yes Y--- **Go to Item 3**
No

2. In the ***past 7 days*** when you were at work or doing your volunteer work, which of the following best describes what you did? Would you say:

Mostly sitting or standing	A
Mostly walking	B
Mostly heavy labor or physically demanding work	C

[Read to participant]: "I am now going to ask you about moderate activities you may have done for at least 10 minutes at a time in the past 7 days."

3. In the ***past 7 days***, did you do moderate activities ***for at least 10 minutes at a time***, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?..... Yes Y
No N--- **Go to Item 6**

4. If yes, how many days ***in the past 7 days*** did you do these moderate activities ***for at least 10 minutes at a time***?

Days per week = _____ (Record: 1 to 7 only)

[NOTE: If they say none, then go back and change response to Item 3 to NO and go to Item 6.]

5. On days when you did these moderate activities ***for at least 10 minutes at a time***, how much total time did you spend doing these activities?

5a. _____ hours
5b. _____ minutes per day

[Read to participant]: "I am now going to ask you about vigorous activities you may have done in the past 7 days for at least 10 minutes at a time."

6. ***In the past 7 days***, did you do vigorous activities ***for at least 10 minutes at a time***, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

Yes Y
No N—Go to Item 9

[NOTE: Encourage participant to refer to the calendar while trying to recall any vigorous activities.]

7. If yes, how many days ***in the past 7 days*** did you do these vigorous activities ***for at least 10 minutes at a time***?

Days per week = _____ (Record: 1 to 7 only)

[NOTE: If they say they did these activities but not for at least 10 minutes at a time, go back to Item 6 and change the response to NO and skip to Item 9.]

8. On days when you did vigorous activities ***for at least 10 minutes at a time***, how much total time did you spend doing these activities?

8a. ___ hours
8b. ___ minutes per day.

[NOTE: Encourage participant to refer to the calendar as they recall if they walked during the past 7 days.]

9. ***In the past 7 days***, did you walk ***for at least 10 minutes at a time*** while at work, for recreation, exercise, to get to and from places, or for any other reason?

Yes Y
No N—Go to Item 12

10. If yes, how many days in the past 7 days did you walk ***for at least 10 minutes at a time***?

Days per week = _____ (0 to 7)

11. On days when you walked ***for at least 10 minutes at a time***, how much total time did you spend walking?

11a. ___ hours
11b. ___ minutes per day.

12. Last week, did you do any activities to increase muscle strength or tone, such as lifting weights, pull-ups, push-ups, or sit-ups?

Yes Y
No N—STOP

13. If yes, how many days in the past 7 days did you do these activities?

Days per week = _____ (1 to 7 only)

Thank you for coming in today and giving us this information about your physical activity.

14. Did the participant record step counts during the week preceding this visit?

Yes Y
No N

NOTE: The response will always be NO for visit 2. Participants will be asked to record step counts for visits 3, 4, and 5 (possibly 6 if they missed one of the earlier visit and are willing to make this up for the final visit).

1.1 Administrative Information

ID of person completing this form : _____