




<input type="checkbox"/> A few posters, pictures, or or books about physical activity displayed in a few rooms	<input type="checkbox"/> Posters, pictures, or books about physical activity are displayed in most rooms	<input type="checkbox"/> Posters, pictures, or books about physical activity are displayed in every room
Children, Parents, and Staff		
<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year
<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year
<input type="checkbox"/> Never <input type="checkbox"/> 1 time per month	<input type="checkbox"/> 2-3 times per month	<input type="checkbox"/> 1 time per week
<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year
<input type="checkbox"/> Available but not followed by most staff	<input type="checkbox"/> Available but followed only by some staff	<input type="checkbox"/> Available and routinely followed by all staff

instrument and the NAP SACC project, please visit

g this instrument: Ammerman, AS, Benjamin, SE, Sommers, Activity Self-Assessment for Child Care (NAP SACC) of Public Health, NC DHHS, Raleigh, NC, and the Center NC-Chapel Hill, Chapel Hill, NC.




 Department of Health and Human Services • Carmen Hooker Odom, Secretary
 Health • NC Healthy Weight Initiative
 and Medicine | UNC Center for Health Promotion and Disease Prevention

APPENDIX 8.A

PDPAR Instrument

3 Day Physical Activity Recall (3DPAR)

Instructions:

The purpose of this questionnaire is to approximate the amount of physical activity that you perform. The name of each day (Monday, Sunday, and Saturday) that you will describe is located in the top right hand corner of each time sheet.

1. For **each** time period, write in the activity number that corresponds to the **main** activity you actually performed during that particular time period.
2. Then rate how physically **hard** each activity was. Place a "✓" in the timetable to indicate one of the following intensity levels for each activity.
3. Indicate **where** you performed the activity by writing in the corresponding number.
4. Write the corresponding number for **with whom** you performed the activity in the last column.

Activities Scale:

• **Light** - Slow breathing, little or no movement.



• **Moderate** - Normal breathing and some movement.



• **Hard** - Increased breathing and moderate movement.



• **Very Hard** - Hard breathing and quick movement.



PAR / Version A / January 15, 2002

(continued)

APPENDIX 8.A (continued)

Sample activity time sheet:

The table below shows the correct way to fill out the activity time sheets.
Note that only **one** intensity level is checked for each activity.

	Activity Number	Light	Moderate	Hard	Very Hard	Where	With Whom
7:00-7:30	22	<input checked="" type="checkbox"/>				6	0
7:30-8:00	21	<input checked="" type="checkbox"/>				6	0
8:00-8:30	18		<input checked="" type="checkbox"/>			5	1
8:30-9:00	28	<input checked="" type="checkbox"/>				1	3
9:00-9:30	28	<input checked="" type="checkbox"/>				1	3
9:30-10:00	26			<input checked="" type="checkbox"/>		1	3
10:00-10:30	26			<input checked="" type="checkbox"/>		1	3
10:30-11:00	58	<input checked="" type="checkbox"/>				1	1

PAR / Version A / January 15, 2002

(continued)

APPENDIX 8.A (continued)

ID _____

MONDAY

Put a "✓" to rate the intensity of each activity.

Write 'Activity' numbers in this column.

Write numbers for 'Where' and 'With Whom' in these columns.

Activity Number	Light	Moderate	Hard	Very Hard	Where	With Whom
7:00-7:30						
7:30-8:00						
8:00-8:30						
8:30-9:00						
9:00-9:30						
9:30-10:00						
10:00-10:30						
10:30-11:00						
11:00-11:30						
11:30-12:00						
12:00-12:30						
12:30-1:00						
1:00-1:30						
1:30-2:00						
2:00-2:30						
2:30-3:00						
3:00-3:30						
3:30-4:00						
4:00-4:30						
4:30-5:00						
5:00-5:30						
5:30-6:00						
6:00-6:30						
6:30-7:00						
7:00-7:30						
7:30-8:00						
8:00-8:30						
8:30-9:00						
9:00-9:30						
9:30-10:00						
10:00-10:30						
10:30-11:00						
11:00-11:30						
11:30-12:00						

Page 1

PAR / Version A / January 15, 2002

(continued)

APPENDIX 8.A (continued)

'Activity' Numbers:

EATING

1. Eating a meal
2. Snacking

WORK

3. Working (e.g., part-time job, child care) (list)
4. Doing house chores (e.g., vacuuming, dusting, washing dishes, animal care, etc.)
5. Yard Work (e.g., mowing, raking)

AFTER SCHOOL/SPARE TIME/HOBBIES

6. Church
7. Hanging around
8. Homework
9. Listening to music
10. Marching band/flag line/drill team
11. Music lesson/playing instrument
12. Playing video games/surfing internet
13. Reading
14. Shopping
15. Talking on phone
16. Watching TV or movie

TRANSPORTATION

17. Riding in a car/bus
18. Travel by walking
19. Travel by bicycling

SLEEP/BATHING

20. Getting dressed
21. Getting ready (hair, make-up, etc.)
22. Showering/bathing
23. Sleeping

SCHOOL

24. Club, student activity
25. Lunch/free time/study hall
26. P.E. Class
27. ROTC
28. Sitting in class

PHYSICAL ACTIVITIES

29. Aerobics, jazzercise, water aerobics, taëbo
30. Basketball
31. Bicycling, mountain biking
32. Bowling
33. Broomball
34. Calisthenics / Exercises (push-ups, sit-ups, jumping jacks)
35. Canoeing, kayaking
36. Cheerleading, drill team
37. Dance (at home, at a class, in school, at a party, at a place of worship)
38. Exercise machine (cycle, treadmill, stair master, rowing machine)
39. Football
40. Frisbee

41. Golf
42. Gymnastics / Tumbling
43. Hiking
44. Hockey (ice, field, street, or floor)
45. Horseback riding
46. Jumping rope
47. Kick boxing
48. Lacrosse
49. Martial arts (karate, judo, boxing, tai kwan do, tai chi)
50. Playground games (tether ball, four square, dodge ball, kick ball)
51. Playing catch
52. Playing with younger children
53. Roller blading, ice skating, roller skating
54. Riding scooters
55. Running / Jogging
56. Softball / Baseball
57. Skiing (downhill, cross country, or water)
58. Skateboarding
59. Sailing
60. Skimboarding
61. Sledding, tobogganing, bobsledding
62. Snorkeling
63. Snowboarding
64. Snowmobiling
65. Snowshoeing
66. Soccer
67. Surfing (body or board)
68. Swimming (laps)
69. Swimming (play, pool games — Marco Polo, water volleyball)
70. Tennis, racquetball, badminton, paddleball
71. Trampoline
72. Tubing / Rafting
73. Track & field
74. Volleyball
75. Walking for exercise
76. Walking for transportation
77. Weightlifting
78. Wrestling
79. Yoga, stretching
80. Other _____

'Where' Numbers:

- 1 - SCHOOL GROUNDS
- 2 - RECREATION CENTER
- 3 - PARK or PLAYGROUND
- 4 - GYM
- 5 - NEIGHBORHOOD
- 6 - HOME
- 7 - AT WORK

'With Whom' Numbers:

- 0 - BY YOURSELF
- 1 - with 1 OTHER PERSON
- 2 - with SEVERAL PEOPLE
- 3 - with a CLASS OR TEA