

# ENRGISE PILOT STUDY: PHYSICAL ACTIVITIES QUESTIONNAIRE

Visit Date //  
Completed

Staff ID

Rev: \_\_\_\_\_

DE: \_\_\_\_\_

Date: \_\_\_\_\_

*Pre-interview instructions for the participant:*

***I am going to read a list of activities. Please tell me which activities you have done in the past 2 weeks.***

<i>In the past 2 weeks have you done any...</i>	<i>If the activity was done during the past two weeks, ask the following questions.</i>		
	<i>How often have you name of activity in the last 2 weeks?</i>	<i>What is the average amount of time that you spent per session?</i>	<i>How many months per year do you name of activity?</i>
1. Walking for exercise? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<input type="text"/> <input type="text"/> # times	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> hr      min	<input type="text"/> <input type="text"/> # months
2. Moderately strenuous household chores (like scrubbing or vacuuming)? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<input type="text"/> <input type="text"/> # times	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> hr      min	<input type="text"/> <input type="text"/> # months
3. Mowing the lawn? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<input type="text"/> <input type="text"/> # times	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> hr      min	<input type="text"/> <input type="text"/> # months
4. Raking the lawn? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<input type="text"/> <input type="text"/> # times	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> hr      min	<input type="text"/> <input type="text"/> # months
5. Gardening? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<input type="text"/> <input type="text"/> # times	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> hr      min	<input type="text"/> <input type="text"/> # months
6. Hiking? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<input type="text"/> <input type="text"/> # times	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> hr      min	<input type="text"/> <input type="text"/> # months
7. Jogging? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<input type="text"/> <input type="text"/> # times	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> hr      min	<input type="text"/> <input type="text"/> # months

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<i>In the past 2 weeks have you done any...</i>	<i>If the activity was done during the past two weeks, ask the following questions.</i>		
	How often have you <i>name of activity</i> in the last 2 weeks?	What is the average amount of time that you spent per session?	How many months per year do you <i>name of activity</i> ?
8. Biking? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
9. Exercise Cycle? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
10. Dancing? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
11. Aerobics/aerobic dance? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
12. Bowling? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
13. Golf? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
14. Calisthenics/general exercise? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
15. Swimming? 1 <input type="checkbox"/> Yes→ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months

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16. Have you done any other physical activities during the past 2 weeks in addition to those listed above?

1  Yes → Continue

2  No → Go to Q17

3  Refused → Go to Q17

		How often have you <i>name of activity</i> in the last 2 weeks?	What is the average amount of time that you spent per session?	How many months per year do you <i>name of activity</i> ?
1 <input type="checkbox"/> Other ( <i>specify</i> ) → <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <span>-</span> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
1 <input type="checkbox"/> Other ( <i>specify</i> ) → <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <span>-</span> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months
1 <input type="checkbox"/> Other ( <i>specify</i> ) → <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Refused	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # times	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <span>-</span> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> hr      min	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> # months

17. Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk?

<sub>1</sub>  Blocks  
 <sub>2</sub>  Miles

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

- <sub>1</sub> No walking at all
- <sub>2</sub> Casual strolling (greater than 0 to 2.0 mph)
- <sub>3</sub> Average to normal (greater than 2.0 to 3.0 mph)
- <sub>4</sub> Fairly briskly (greater than 3.0 to 4.0 mph)
- <sub>5</sub> Brisk or striding (greater than 4 mph)
- <sub>6</sub> Unknown

19. Think about how often you use stairs. Include stairs you use outside your home and stairs at other places in the last week, about how many flights of stairs do you climb up? (Ten steps = one flight of stairs)

Flights of stairs

20. How would you describe your level of activity in the last year? (Since we saw you last year?)

- <sub>1</sub> A lot less active
- <sub>2</sub> A little less active
- <sub>3</sub> About as active
- <sub>4</sub> A little more active
- <sub>5</sub> A lot more active
- <sub>6</sub> Unknown

21. In a usual 24 hour period, how many hours do you spend seated or lying down? Include all the time spent sleeping, resting, and lying down, and also include all time spent watching TV, eating, reading, and other time sitting down.

# of Hours