



# PHYSICAL ACTIVITY

## SECTION A: AEROBIC ACTIVITIES

1. Are you currently involved in a routine of regular exercise (moderate continuous exertion of at least 20 minutes duration on at least 3 days each week)? If NO, go to SECTION B – MUSCLE STRENGTHENING ACTIVITIES  Yes  No
2. How long have you been exercising regularly? \_\_\_\_ Yrs. \_\_\_\_ Mos. \_\_\_\_ Wks.
3. For the LAST MONTH which of the following activities have you performed regularly? (Please check YES for all that apply and NO if you do not perform the activity; provide an estimate of the amount of activity for all marked YES. Please be as complete as possible.)

### WALKING

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### JOGGING OR RUNNING

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### TREADMILL (Walking or Running)

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### BICYCLING (OUTDOORS)

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### STATIONARY CYCLING OR OTHER AEROBIC MACHINE

 YES  NO

Type of machine? \_\_\_\_\_

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### SWIMMING LAPS

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### AEROBIC DANCE OR FLOOR EXERCISES

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### RACQUET SPORTS (e.g. Racquetball, Tennis)

 YES  NO

Types? \_\_\_\_\_

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

**SECTION B: MUSCLE STRENGTHENING ACTIVITIES**

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1. Are you currently involved in a muscle strengthening program?  Yes  No  
If YES, what type? (Check those that apply below)

Calisthenics  Free Weights  Weight Training Machines  Other (specify)\_\_\_\_\_

How many days per week do you do these exercises? \_\_\_\_Days per week

Average duration of workout? \_\_\_\_ (minutes)

**SECTION C: OCCUPATION RELATED PHYSICAL ACTIVITY**

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How active are you at work on most days? (Please check one of the following):

- Sedentary (mostly sitting or standing)
- Moderately Active (walking, light lifting, light packing, etc., some of the time)
- Active (walking, light-moderate lifting / carrying, half of the time or more)
- Very Active (brisk walking more than half the time, lifting / carrying heavy objects, shoveling, etc.)