



WHI Form 521 - Physical Activity Questionnaire

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These questions ask about physical activity and other habits that may affect your health. Please answer each question as accurately as possible. There are no right or wrong answers.

1. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? **Mark only one.**

- ☐ Rarely or never
- ☒ 1 to 3 times each month
- ☐ 1 time each week
- ☐ 2 to 3 times each week
- ☐ 4 to 6 times each week
- ☐ 7 or more times each week

reset

When you walk outside the home for more than 10 minutes without stopping,

1.1 For how many minutes do you usually walk?

- ☐ Less than 20 minutes
- ☐ 20 to 39 minutes
- ☐ 40 to 59 minutes
- ☐ 1 hour or more

reset

1.2 What is your usual speed?

- ☐ Casual strolling or walking (less than 2 miles an hour)
- ☐ Average or normal (2-3 miles an hour)
- ☐ Fairly fast (3-4 miles an hour)
- ☐ Very fast (more than 4 miles an hour)
- ☐ Don't know

reset

This question is about walking intentionally for at least 5 minutes. Think about how often you intentionally walked for at least 5 minutes without stopping. The walking could be outdoors or indoors.

2. In a typical week during the past 4 weeks, did you walk for at least 5 minutes?

- ☐ No
☒ Yes

reset

2.1 How many times per day?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

2.2 How many days per week?

- ☐ 1-2
☐ 3-4 hours
☐ 5 hours
☐ 6-7 hours

reset

This next question is about your walking in general.

3. How many days per week, in general, do you walk outside for any reason or any amount of time?

- ☐ 0 days
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4 days
☐ 5 days
☐ 6 days
☐ 7 days

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This next set of questions are about activities that you may have done in the past 4 weeks. The questions are similar to the example below.

If you did not do the activity: Mark "No" and move to the next question.

If you did the activity in the past 4 weeks:

Step #1 Mark "Yes".

Step #2 Think about how many times a week you usually did it and mark one answer.

Step #3 Mark one answer to show the total hours in a typical week you did the activity.

Example: Mrs. Jones usually visits her friends Maria and Olga twice a week. She spends 1 hour on Monday with Maria and 2 hours on Wednesday with Olga. The total hours a week that she visits with friends is 3 hours.

Visit with friends or family (other than those you live with?)	<input type="radio"/> No <input checked="" type="radio"/> Yes	reset
How many TIMES a week? Think in terms of days	<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3-4 <input type="radio"/> 5 or more	reset
How many TOTAL <u>hours a week</u> did you usually do it?	<input type="radio"/> Less than 1 hour <input type="radio"/> 1-2.5 hours <input checked="" type="radio"/> 3-4.5 hours <input type="radio"/> 5-6.5 hours <input type="radio"/> 7-8.5 hours <input type="radio"/> 9 or more hours	reset

4. In a typical week during the past 4 weeks, did you...

4.1 Jog or run (including use of treadmill)?

- ☐ No
☒ Yes

reset

4.1.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.1.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.2 Walk uphill or hike uphill (count only uphill part; include use of treadmill)?

- ☐ No
☒ Yes

reset

4.2.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.2.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.3 Walk fast or briskly for exercise (do not count walking leisurely or uphill; include use of treadmill)?

- ☐ No
☒ Yes

reset

4.3.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.3.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.4 Walk to do errands, such as to/from a store (count walk time only)?

- ☐ No
☒ Yes

reset

4.4.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.4.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.5 Walk leisurely for exercise or pleasure?

☐ No

☒ Yes

[reset](#)

4.5.1 How many times a week?

☐ 1

☐ 2

☐ 3-4

☐ 5 or more

[reset](#)

4.5.2 How many total hours a week did you usually do it?

☐ Less than 1 hour

☐ 1-2.5 hours

☐ 3-4.5 hours

☐ 5-6.5 hours

☐ 7-8.5 hours

☐ 9 or more hours

[reset](#)

4.6 Ride a bicycle or stationary cycle?

☐ No

☒ Yes

[reset](#)

4.6.1 How many times a week?

☐ 1

☐ 2

☐ 3-4

☐ 5 or more

[reset](#)

4.6.2 How many total hours a week did you usually do it?

☐ Less than 1 hour

☐ 1-2.5 hours

☐ 3-4.5 hours

☐ 5-6.5 hours

☐ 7-8.5 hours

☐ 9 or more hours

[reset](#)

4.7 Do other aerobic machines such as rowing, or step machines (do not count treadmill or stationary cycle)?

- ☐ No
☒ Yes

reset

4.7.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.7.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.8 Do water exercises (do not count other swimming)?

- ☐ No
☒ Yes

reset

4.8.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.8.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.9 Swim moderately or fast?

☐ No

☒ Yes

reset

4.9.1 How many times a week?

☐ 1

☐ 2

☐ 3-4

☐ 5 or more

reset

4.9.2 How many total hours a week did you usually do it?

☐ Less than 1 hour

☐ 1-2.5 hours

☐ 3-4.5 hours

☐ 5-6.5 hours

☐ 7-8.5 hours

☐ 9 or more hours

reset

4.10 Swim gently?

☐ No

☒ Yes

reset

4.10.1 How many times a week?

☐ 1

☐ 2

☐ 3-4

☐ 5 or more

reset

4.10.2 How many total hours a week did you usually do it?

☐ Less than 1 hour

☐ 1-2.5 hours

☐ 3-4.5 hours

☐ 5-6.5 hours

☐ 7-8.5 hours

☐ 9 or more hours

reset

4.11 Do stretching or flexibility exercises (do not count yoga or Tai-chi)?

- ☐ No
☒ Yes

reset

4.11.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.11.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.12 Do yoga or Tai-chi?

- ☐ No
☒ Yes

reset

4.12.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

reset

4.12.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

reset

4.13 Do aerobics or aerobic dancing?

☐ No

☒ Yes

reset

4.13.1 How many times a week?

☐ 1

☐ 2

☐ 3-4

☐ 5 or more

reset

4.13.2 How many total hours a week did you usually do it?

☐ Less than 1 hour

☐ 1-2.5 hours

☐ 3-4.5 hours

☐ 5-6.5 hours

☐ 7-8.5 hours

☐ 9 or more hours

reset

4.14 Do moderate to heavy strength training, such as hand-held weights of more than 5 lbs., weight machines, or push-ups?

☐ No

☒ Yes

reset

4.14.1 How many times a week?

☐ 1

☐ 2

☐ 3-4

☐ 5 or more

reset

4.14.2 How many total hours a week did you usually do it?

☐ Less than 1 hour

☐ 1-2.5 hours

☐ 3-4.5 hours

☐ 5-6.5 hours

☐ 7-8.5 hours

☐ 9 or more hours

reset

4.15 Do light strength training, such as hand-held weights of 5 lbs. or less or elastic bands?

- ☐ No
☒ Yes

[reset](#)

4.15.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

[reset](#)

4.15.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

[reset](#)

4.16 Do general conditioning exercises, such as light calisthenics or chair exercises (do not count strength training)?

- ☐ No
☒ Yes

[reset](#)

4.16.1 How many times a week?

- ☐ 1
☐ 2
☐ 3-4
☐ 5 or more

[reset](#)

4.16.2 How many total hours a week did you usually do it?

- ☐ Less than 1 hour
☐ 1-2.5 hours
☐ 3-4.5 hours
☐ 5-6.5 hours
☐ 7-8.5 hours
☐ 9 or more hours

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The next question is about the degree of effort you feel when walking or exercising.

5. When you exercise or walk in your usual fashion how would you rate your level of exertion (degree of effort)? **Mark only one.**

- ☐ Nothing at all
- ☐ Very, very weak (just noticeable)
- ☐ Very weak
- ☐ Weak
- ☐ Moderate
- ☐ Somewhat strong
- ☐ Strong (heavy)
- ☐ Very strong
- ☐ Very, very strong (almost maximal)
- ☐ Maximal

Please respond to the next 3 questions about where you live.

6. There are major barriers to walking in my local area that make it hard to get from place to place.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree

[reset](#)

7. There are many places to go within easy walking distance of my home.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree

[reset](#)

8. Are there places that you can walk to that help you relax, clear your mind, and reduce stress?

- ☐ No
- ☐ Yes
- ☐ Prefer not to answer
- ☐ Don't know

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These questions are about sitting and lying down.

9. During a usual day and night, about how many hours do you spend sitting? Be sure to include the time you spend sitting at work, sitting at the table eating, driving or riding in a car or bus, and sitting up watching TV or talking. **Mark only one.**

- ☐ Less than 4 hours
- ☐ 4-5 hours
- ☐ 6-7 hours
- ☐ 8-9 hours
- ☐ 10-11 hours
- ☐ 12-13 hours
- ☐ 14-15 hours
- ☐ 16 or more hours

10. Everybody sits throughout the day, but they do so in different patterns. Some people often sit for very long periods of time without getting up. Other people frequently get up and sit back down. Think about your sitting pattern. **Mark only one.**

Where do you fall on a scale from 0 to 10?

- ☐ 0, Sit for very long periods without getting up
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10, Frequently get up and sit down

reset

11. During a usual day and night, about how many hours do you spend sleeping or lying down with your feet up? Be sure to include the time you spend sleeping or trying to sleep at night, resting or napping, and lying down watching TV. **Mark only one.**

- ☐ Less than 4 hours
- ☐ 4-5 hours
- ☐ 6-7 hours
- ☐ 8-9 hours
- ☐ 10-11 hours
- ☐ 12-13 hours
- ☐ 14-15 hours
- ☐ 16 or more hours

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These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks.

	No, not in the past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week	
12. Did you have trouble falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
13. Did you wake up several times at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
14. Did you wake up earlier than you planned to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
15. Did you have trouble getting back to sleep after you woke up too early?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
16. Overall, was your typical night's sleep during the <u>past 4 weeks</u> :	<div><input type="radio"/> Very sound or restful</div> <div><input type="radio"/> Sound or restful</div> <div><input type="radio"/> Average quality</div> <div><input type="radio"/> Restless</div> <div><input type="radio"/> Very restless</div>					reset

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These questions ask about falls you might have had.

17. Have you had a fall in the past 12 months? By a "fall", we mean

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

☒ No☐ Yes[reset](#)

Since you answered 'No' to Question 17, you will be taken to Question 20 of this questionnaire.

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These questions ask about falls you might have had.

17. Have you had a fall in the past 12 months? By a "fall", we mean

- Fell all the way to the floor or the ground, or
- Fell and hit an object like a chair or stair

☐ No

☒ Yes

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18. At the time of your most recent fall, were you:

No

Yes

18.1 Walking outside the home?

☐☐

reset

18.2 Doing strenuous exercise (but not walking outside the home)?
Strenuous means you work up a sweat and would be exhausted by prolonged participation. For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.

☐☐

reset

18.3 Doing moderate exercise (but not walking outside the home)?
Moderate means exercise that is not exhausting. For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular and folk dancing.

☐☐

reset

18.4 Doing mild exercise? For example, slow dancing, bowling, or golf.

☐☐

reset

18.5 Doing other exercise (not previously listed)?

☐☐

reset

18.6 Doing strenuous indoor household chores (such as scrubbing floors, sweeping, or vacuuming)?

☐☐

reset

18.7 Working in the yard (such as mowing, raking, gardening, or shoveling snow)?

☐☐

reset

19. Were you injured as a result of any fall in the **past 12 months**?

☐ No

☒ Yes

reset

19.1 Please indicate what types of injuries. **Mark all that apply.**

☐ Fracture

☐ Laceration/cut

☐ Bruising

☐ Sprained or strained joint (wrist, knee, ankle, etc.)

☐ Other injury

19.2 Did you injure your head?

☐ No

☐ Yes

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These questions are about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	
20. You felt depressed (blue or down)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Your sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
22. You enjoyed life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
23. You had crying spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
24. You felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
25. You felt that people disliked you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
26. In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?	<input type="radio"/> No <input type="radio"/> Yes				reset

27. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

☐ No

☒ Yes

reset

27.1 Have you felt depressed or sad much of the time in the past year?

☐ No

☐ Yes

reset

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This set of questions asks about your feelings in general. Please answer the following questions honestly and quickly using the scale below:

	0, Not at all true of me	1	2	3	4	5	6, Very true of me
28. When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I tend to feel compassion for people, even though I do not know them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reset

reset

30. One of the activities that provide me with the most meaning to my life is helping others in the world when they need help.

☐☐☐☐☐☐☐

reset

31. I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me.

☐☐☐☐☐☐☐

reset

32. I often have tender feelings toward people (strangers) when they seem to be in need.

☐☐☐☐☐☐☐

reset

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Close survey

Thank you for submitting your form. Once it's submitted you cannot make any changes. If you are unsure about an answer or would like to change an answer, please contact the WHI Clinical Coordinating Center at {1-800-218-8415} or email us at participant@whi.org.

Has your phone number changed in the last year?

If it has, please contact your Regional Center, Fred Hutch at 888-555-1234