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Reviewed By: <input type="text"/>		Participant ID: _____	
		First Name _____ M.I. _____	
		Last Name _____	
Contact Type:	<input type="checkbox"/> ₁ Phone <input type="checkbox"/> ₂ Mail <input type="checkbox"/> ₃ Visit <input type="checkbox"/> ₈ Other	Visit Type:	<input type="checkbox"/> ₃ Annual <input type="checkbox"/> ₄ Non-Routine # <input type="text"/>
OFFICE USE ONLY			

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.

The first questions are about your usual physical activity and exercise. This includes walking and sports, household chores, and lawn work and gardening.

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)

- ☐ ₀ Rarely or never
☐ ₁ 1 to 3 times each month
☐ ₂ 1 time each week
☐ ₃ 2 to 3 times each week
☐ ₄ 4 to 6 times each week
☐ ₅ 7 or more times each week

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

- 1.1 For how many minutes do you usually walk?

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

- 1.2 What is your usual speed?

- ☐ ₂ Casual strolling or walking (less than 2 miles an hour)
☐ ₃ Average or normal (2-3 miles an hour)
☐ ₄ Fairly fast (3-4 miles an hour)
☐ ₅ Very fast (more than 4 miles an hour)
☐ ₉ Don't know

Go to the next page.

2. Not including walking outside the home, how often each week (7 days) do you usually do the exercises listed below?

- 2.1 STRENUOUS OR VERY HARD EXERCISE (You work up a sweat and your heart beats fast.) For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.

☐₀ Rarely or never
☐₁ 1 day per week
☐₂ 2 days per week
☐₃ 3 days per week
☐₄ 4 days per week
☐₅ 5 or more days per week

- 2.2 How long do you usually exercise like this at one time?

☐₁ Less than 20 minutes
☐₂ 20 to 39 minutes
☐₃ 40 to 59 minutes
☐₄ 1 hour or more

- 2.3 MODERATE EXERCISE (Not exhausting). For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular and folk dancing.

☐₀ Rarely or never
☐₁ 1 day per week
☐₂ 2 days per week
☐₃ 3 days per week
☐₄ 4 days per week
☐₅ 5 or more days per week

- 2.4 How long do you usually exercise like this at one time?

☐₁ Less than 20 minutes
☐₂ 20 to 39 minutes
☐₃ 40 to 59 minutes
☐₄ 1 hour or more

- 2.5 MILD EXERCISE. For example, slow dancing, bowling or golf.

☐₀ Rarely or never
☐₁ 1 day per week
☐₂ 2 days per week
☐₃ 3 days per week
☐₄ 4 days per week
☐₅ 5 or more days per week

- 2.6 How long do you usually exercise like this at one time?

☐₁ Less than 20 minutes
☐₂ 20 to 39 minutes
☐₃ 40 to 59 minutes
☐₄ 1 hour or more

3. About how many hours each week do you usually spend doing heavy (strenuous) indoor household chores such as scrubbing floors, sweeping, or vacuuming?

Less than
1 hour

☐₁

1-3
hours

☐₂

4-6
hours

☐₃

7-9
hours

☐₄

10 or more
hours

☐₅

4. About how many months during the year do you usually do things in the yard, such as mowing, raking, gardening, or shoveling snow?

Less than
1 month

☐₁

1-3
months

☐₂

4-6
months

☐₃

7-9
months

☐₄

10 or more
months

☐₅


4.1. When you do these things in the yard, how many hours each week do you do them?

Less than
1 hour

☐₁

1-3
hours

☐₂

4-6
hours

☐₃

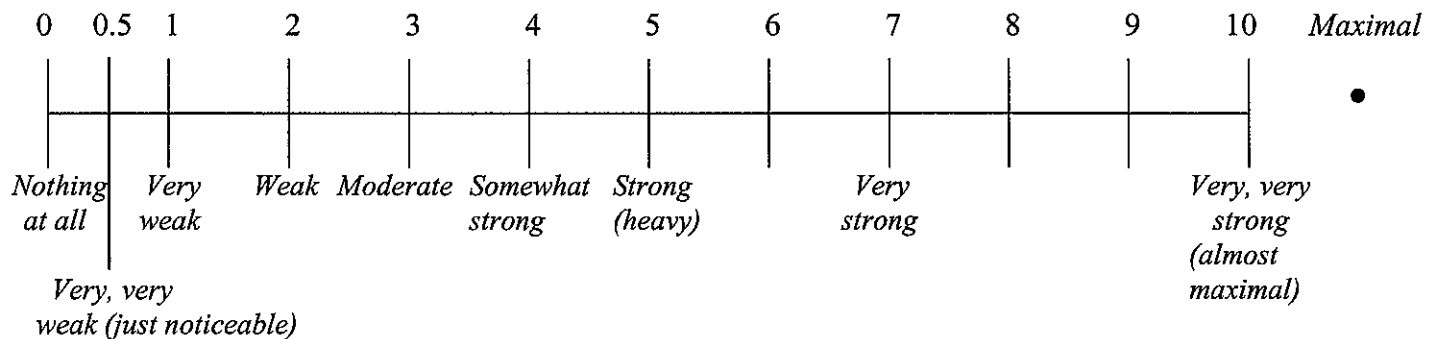
7-9
hours

☐₄

10 or more
hours

☐₅

5. When you exercise or walk in your usual fashion how would you rate your level of exertion (degree of effort)? Please circle one number.



6. Are you able to walk at a normal pace for a half hour (30 minutes) or more?

☐₀ No

☐₁ Yes

7. Are you able to walk slowly for a half hour (30 minutes) or more?

☐₀ No

☐₁ Yes

8. 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.

Less than
4 hours

☐₁

4-5
hours

☐₂

6-7
hours

☐₃

8-9
hours

☐₄

10-11
hours

☐₅

12-13
hours

☐₆

14-15
hours

☐₇

16 or more
hours

☐₈

9. 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.

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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

- 10 About how many hours of sleep did you get on a typical night during the past 4 weeks?

5 hours or less	6 hours	7 hours	8 hours	9 hours	10 or more Hours
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

11. On a typical **WEEKDAY**, how much time do you spend (from when you wake up until you go to bed) doing the following? Please check one answer per question.

	None	15 min. or less	30 min.	1 hours	2 hours	3 hours	4 hours	5 hours	6 hrs. or more
11.1 Sitting while watching television (including videos on VCR/DVD).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
11.2 Sitting while using the computer for non-work activities or playing video games.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
11.3 Sitting while doing non-computer office work or paperwork not related to your job (paying bills, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
11.4 Sitting listening to music, reading a book or magazine, or doing arts and crafts.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
11.5 Sitting and talking on the phone or texting.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
11.6 Sitting in a car, bus, train, or other mode of transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁

12. On a typical **WEEKEND DAY**, how much time do you spend (from when you wake up until you go to bed) doing the following? Please check one answer per question.

	None	15 min. or less	30 min.	1 hours	2 hours	3 hours	4 hours	5 hours	6 hrs. or more
12.1 Sitting while watching television (including videos on VCR/DVD).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
12.2 Sitting while using the computer for non-work activities or playing video games.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
12.3 Sitting while doing non-computer office work or paperwork not related to your job (paying bills, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
12.4 Sitting listening to music, reading a book or magazine, or doing arts and crafts.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
12.5 Sitting and talking on the phone or texting.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁
12.6 Sitting in a car, bus, train, or other mode of transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁

13. **These questions ask about how concerned you are about the possibility of falling. When you usually do each of these activities, how concerned are you that you might fall? (If you currently don't do the activity, think about how concerned about falling you would be IF you did the activity.)**

	Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned
13.1 Getting dressed or undressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13.2 Taking a bath or shower	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13.3 Getting in or out of a chair	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13.4 Going up or down stairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13.5 Reaching for something above your head or on the ground	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13.6 Walking up or down a slope	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13.7 Going out to a social event (e.g., religious service, family gathering, or club meeting)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

14. If you fell when moving around inside your home, how confident are you that someone would be able to quickly help you?

- ☐₁ Not at all confident
☐₂ Somewhat confident
☐₃ Very confident
☐₉ Don't Know/Not Sure

15. If you fell when you are away from your home, how confident are you that someone would be able to quickly help you?

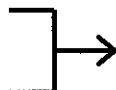
- ☐₁ Not at all confident
☐₂ Somewhat confident
☐₃ Very confident
☐₉ Don't Know/Not Sure

16. Do you ever use a cane, walker, or similar device to assist you when you are walking?

- ☐₁ Never
☐₂ Occasionally
☐₃ Frequently or all the time

17. Does the place where you live require you to climb stairs, either inside or outside the home?

- ☐₀ No
☐₁ Yes, there are 1 to 4 stairs
☐₂ Yes, there are 5 or more stairs



17.1 Do all or most of these stairs have handrails?

- ☐₀ No
☐₁ Yes

18. Are you currently doing, or have you ever done, a falls prevention program?

- ☐₀ No
☐₁ Yes



18.1 What did the program provide? (Mark all that apply.)

- ☐₁ Exercises, such as physical therapy
☐₂ Assessment of fall hazards in the home
☐₃ Written materials and/or discussion about preventing falls
☐₄ Review of medications
☐₅ Use of devices (better footwear, hip protectors, cane, etc.)
☐₆ Other: _____

Go to the next page.

19. Have you made modifications to your home to reduce your risk of falling?

☐₀ No

☐₁ Yes →

19.1 What have you done? (Mark all that apply.)

☐₁ Grab bars or handrails anywhere in the home

☐₂ Bath mat or nonskid strips in bathroom areas

☐₃ Better lighting

☐₄ Removed rugs or taped them down to the floor

☐₅ Other: _____

20. 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

☐₀ No → Go to Question 27.

☐₁ Yes

21. How many times have you fallen in the **past 12 months**? (If you are unsure, make your best guess.):

☐₁ One time

☐₂ Two or three times

☐₃ Four or five times

☐₄ Six or more times

22. At the time of your most recent fall , were you:	Yes	No
22.1 Walking outside the home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
22.2 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.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
22.3 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.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
22.4 Doing mild exercise? For example, slow dancing, bowling, or golf.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
22.5 Doing other exercise (not previously listed)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
22.6 Doing strenuous indoor household chores (such as scrubbing floors, sweeping, or vacuuming)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
22.7 Working in the yard (such as mowing, raking, gardening, or shoveling snow)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

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

- ☐₀ No → Go to Question 27.
☐₁ Yes →

23.1 Please indicate what types of injuries. (Mark all that apply.)

- ☐₁ Fracture
☐₂ Laceration/Cut
☐₃ Bruising
☐₄ Sprained or strained joint (wrist, knee, ankle, etc.)
☐₅ Other injury (Please specify: _____)

23.2 Did you injure your head?

- ☐₀ No
☐₁ Yes

24. Did you receive treatment from a doctor for an injury from a fall in the **past 12 months**?

- ☐₀ No
☐₁ Yes →

24.1 Did you stay in a hospital overnight for treatment of an injury from a fall?

- ☐₀ No
☐₁ Yes

25. Did you limit your usual activities for more than a day because of an injury from a fall in the **past 12 months**?

- ☐₀ No
☐₁ Yes

26. When you were injured from falling in the <u>past 12 months</u> , were you:	Yes	No
26.1 Walking outside the home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
26.2 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.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

26. When you were injured from falling in the <u>past 12 months</u> , were you:	Yes	No
26.3 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.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
26.4 Doing mild exercise? For example, slow dancing, bowling, or golf.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
26.5 Doing other exercise (not previously listed)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
26.6 Doing strenuous indoor household chores (such as scrubbing floors, sweeping, or vacuuming)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
26.7 Working in the yard (such as mowing, raking, gardening, or shoveling snow)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

27. When was the house/structure you live in originally built?

- ☐₁ Before 1946
☐₂ 1946-1973
☐₃ 1974 to 1994
☐₄ 1995 to present
☐₉ Don't know

28. Is your neighborhood primarily:

- ☐₁ Residential
☐₂ Commercial or a mix of residential and commercial
☐₉ Don't know

29. How much do you agree or disagree with these statements:	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
29.1 There is a high crime rate in my neighborhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
29.2 The crime rate in my neighborhood makes it unsafe to go on walks <u>during the day</u> .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
29.3 The crime rate in my neighborhood makes it unsafe to go on walks <u>at night</u> .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

This set of questions are to help us understand the full range of activities you are doing. These questions are about activities that you may have done in the past 4 weeks. The questions on the following pages are similar to the example shown below.

If you **DID NOT** do the activity:

- Check the **NO** box and move to the next question

If you **DID** the activity in the past 4 weeks:

Step #1 Check the **YES** box.

Step #2 Think about how many TIMES a week you usually did it, and write your response in the space provided.

Step #3 Circle how many TOTAL HOURS in a typical week you did the activity.

Here is an example of how Mrs. Jones would answer the first question: Mrs. Jones usually visits her friends Maria and Olga twice a week. She usually spends one hour on Monday with Maria and two hours on Wednesday with Olga. Therefore, the total hours a week that she visits with friends is 3 hours a week.

In a typical week during the <u>past 4 weeks</u> , did you ...	No	Yes	How many TIMES a week?	How many TOTAL <u>hours a week</u> 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
Visit with friends or family (other than those you live with)?	<input type="checkbox"/> _0	<input checked="" type="checkbox"/> _1 →	<u>0</u> <u>2</u> →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input checked="" type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

30. In a typical week during the <u>past 4 weeks</u> , did you ...	No	Yes	How many TIMES a week?	How many TOTAL <u>hours a week</u> 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
30.1 Visit with friends or family (other than those you live with)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<u> </u> <u> </u> →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.2 Go to the senior center?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<u> </u> <u> </u> →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.3 Do volunteer work?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<u> </u> <u> </u> →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.4 Attend church or take part in church activities?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<u> </u> <u> </u> →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.5 Attend other club or group meetings?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<u> </u> <u> </u> →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

In a typical week during the <u>past 4 weeks</u> , did you ...	No	Yes	How many TIMES a week?		How many TOTAL hours a week did you usually do it?					
					Less than 1 hour	1 to 2.5 hours	3 to 4.5 hours	5 to 6.5 hours	7 to 8.5 hours	9 or more hours
30.6 Use a computer?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.7 Dance (such as square, folk, line, ballroom) (do <u>not</u> count aerobic dance here)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.8 Do woodworking, needlework, drawing, or other arts or crafts?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.9 Play golf, carrying or pulling your equipment (count walking time only)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.10 Play golf, riding a cart (count <u>walking</u> time only)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.11 Attend a concert, movie, lecture, or sport event?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.12 Play cards, bingo, or board games with other people?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.13 Shoot pool or billiards?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.14 Play singles tennis (do <u>not</u> count doubles)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.15 Play doubles tennis (do <u>not</u> count singles)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.16 Skate (ice, roller, in-line)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.17 Play a musical instrument?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.18 Read?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.19 Do heavy work around the house (such as washing windows, cleaning gutters)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	→	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

In a typical week during the <u>past 4 weeks</u> , did you ...	No	Yes	How many TIMES a week?	How many TOTAL hours a week did you usually do it?					
				Less than 1 hour	1 to 2.5 hours	3 to 4.5 hours	5 to 6.5 hours	7 to 8.5 hours	9 or more hours
30.20 Do light work around the house (such as sweeping or vacuuming)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.21 Do heavy gardening (such as spading, raking)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.22 Do light gardening (such as watering plants)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.23 Work on your car, truck, lawn mower, or other machinery?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.24 Jog or run (including use of treadmill)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.25 Walk uphill or hike uphill (count only uphill part; include use of treadmill)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.26 Walk <u>fast or briskly</u> for exercise (do <u>not</u> count walking leisurely or uphill; include use of treadmill)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.27 Walk <u>to do errands</u> (such as to/from a store or to take children to school (<u>count walk time only</u>)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.28 Walk <u>leisurely</u> for exercise or pleasure?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.29 Ride a bicycle or stationary cycle?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
30.30 Do other aerobic machines such as rowing, or step machines (do <u>not</u> count treadmill or stationary cycle)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁ →	<input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

In a typical week during the <u>past 4 weeks</u> , did you ...	No	Yes	How many TIMES a week?	How many TOTAL <u>hours a week</u> did you usually do it?					
				Less than 1 hour	1 to 2.5 hours	3 to 4.5 hours	5 to 6.5 hours	7 to 8.5 hours	9 or more hours
30.31 Do water exercises (do <u>not</u> count other swimming)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.32 Swim moderately or fast?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.33 Swim gently?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.34 Do stretching or flexibility exercises (do <u>not</u> count yoga or Tai-chi)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.35 Do yoga or Tai-chi?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.36 Do aerobics or aerobic dancing?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.37 Do moderate to heavy strength training (such as hand-held weights of <u>more than 5 lbs.</u> , weight machines, or push-ups)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.38 Do light strength training (such as hand-held weights of <u>5 lbs. or less</u> or elastic bands)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.39 Do general conditioning exercises, such as light calisthenics or chair exercises (do <u>not</u> count strength training)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.40 Play basketball, soccer, or racquetball (do <u>not</u> count time on sidelines)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6
30.41 Do other types of physical activity not previously mentioned (please specify)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1 →	<input type="checkbox"/> _2 →	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

31. What is the date you finished this form?

 - -
month day year

OFFICE USE ONLY	
Form Administration	
<input type="checkbox"/>	1 Self
<input type="checkbox"/>	2 Group
<input type="checkbox"/>	3 Interview
<input type="checkbox"/>	4 Assistance