



7-Day Physical Activity Recall

ID: _____

Visit: Pre-Randomization 05

6 month 08

18 month 10

Date: ___ / ___ / ___

1. Day of the week form was completed:.....
- Sunday 1
 - Monday 2
 - Tuesday 3
 - Wednesday 4
 - Thursday 5
 - Friday 6
 - Saturday 7

2. What days of the week do you consider to be your weekend or non-work days? (for most people, this would be Saturday or Sunday, but this may be different for you)
- Sunday 1
 - Monday 1
 - Tuesday 1
 - Wednesday 1
 - Thursday 1
 - Friday 1
 - Saturday 1

ID: _____

Yesterday

One week ago

Days of the Week		_____		_____		_____		_____		_____		_____	
		HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
Sleep		_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
M O R N I N G	Moderate	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
	Hard	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
	Very Hard	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
A F T E R N O O N	Moderate	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
	Hard	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
	Very Hard	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
E V E N I N G	Moderate	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
	Hard	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:
	Very Hard	_____		_____		_____		_____		_____		_____	
		___	:	___	:	___	:	___	:	___	:	___	:

Was this a typical week in terms of your usual pattern of activity or exercise?..... Yes 1 No 2

If no, were you more or less active in the past week than you usually are?...More 1 Less 2

Types of Activities

Think about the kinds of physical activities you have engaged in during the past 3 months.

A. Which of the following types of activities have you done? Which have you done the most often?

To answer these questions, put a check mark next to all the activities that you have done. Then identify up to three activities you have done most often by putting a number 1 next to the activity you have done most often, a number 2 next to the activity done next most often, and a number 3 next to the activity done third most often, for up to 3 activities. If you haven't done 3 activities, number either the 1 or 2 activities that you have done.

Activity	Check if done	Number up to 3 done most often
1. Aerobics or dance aerobics	<input type="checkbox"/>	
2. Jogging or running, or jogging or running on a treadmill	<input type="checkbox"/>	
3. Riding a bicycle or an exercise bicycle	<input type="checkbox"/>	
4. Stair climbing for exercise or using a stair-stepping machine	<input type="checkbox"/>	
5. Stretching exercises	<input type="checkbox"/>	
6. Swimming for exercise (for example, laps)	<input type="checkbox"/>	
7. Walking for exercise or walking on a treadmill	<input type="checkbox"/>	
8. Weight training	<input type="checkbox"/>	
9. Baseball or softball	<input type="checkbox"/>	
10. Basketball	<input type="checkbox"/>	
11. Bowling	<input type="checkbox"/>	
12. Cross-country skiing or using a skiing machine	<input type="checkbox"/>	
13. Downhill skiing	<input type="checkbox"/>	
14. Football	<input type="checkbox"/>	
15. Golf	<input type="checkbox"/>	
16. Handball, racquetball, or squash	<input type="checkbox"/>	
17. Rowing or using a rowing machine	<input type="checkbox"/>	
18. Soccer	<input type="checkbox"/>	

Activity	Check if done	Number up to 3 done most often
19. Social dancing	<input type="checkbox"/>	
20. Tae Kwon Do, Karate, or similar martial arts	<input type="checkbox"/>	
21. Tai Chi	<input type="checkbox"/>	
22. Tennis or badminton	<input type="checkbox"/>	
23. Volleyball	<input type="checkbox"/>	
24. Water skiing	<input type="checkbox"/>	
25. Active household chores and home maintenance (for example, scrubbing floors or windows, moving boxes or furniture, cleaning gutters, carpentry)	<input type="checkbox"/>	
26. Active gardening (for example, planting shrubs, digging or spading dirt, hauling and spreading mulch)	<input type="checkbox"/>	
27. Active yard work (for example, raking leaves, mowing the lawn, trimming shrubs or trees, shoveling snow)	<input type="checkbox"/>	
28. Other: _____	<input type="checkbox"/>	
29. Other: _____	<input type="checkbox"/>	

B. How often did you use special exercise equipment when you engaged in physical activity?

(Exercise equipment includes treadmills, exercise bicycles, stair-stepping machines, rowing machines, skiing machines, weight training machines, free weights, and other equipment used in fitness centers or sold for home use.)

- Always 1
- Usually 2
- Occasionally 3
- Seldom 4
- Never 5

C. Think about your usual activity level. In a typical week, how often do you do vigorous physical activity for at least 20 minutes?

(Vigorous activity is about the same intensity as running. Some other Activities that can be vigorous are jogging, stair stepping, aerobics classes, swimming laps, and singles tennis).

- Never 1
- Once a week 2
- Twice a week 3
- Three or more times a week 4

Office use only:

Interviewer Assessment

This page is to be completed by the interviewer after the 7-day physical activity recall is complete.

1. Were there any problems with the 7-day PAR interview?: Yes ¹
No ²

1a. If yes, please explain:

2. Do you think this was a valid 7-day PAR interview?: Yes ¹
No ²

3. Please list below any activities reported by the participant that you did not know how to classify:

Interviewer (staff ID):	_____
Reviewed by (staff ID):	_____
Entered by (staff ID):	_____

Overview

This form is designed to capture information about the quantity and type of physical activity done by the participant. The form has two parts: an interview plus a self-administered questionnaire. The interview portion must be completed by a certified interviewer. See MOP chapter 22 for information about the interview process and certification requirements.

Note: in a few cases, the previous week's activity may be extremely atypical (the participant was in the hospital or in bed, or there was a family crisis, work crisis, or travel. It is permissible in these cases to go to the week prior to the previous week. **The coordinating center must be notified when such an exception is made.** Fax the CC a copy of the completed form and a note explaining why the exception was made.

Administration Instructions

Using a blue or black pen, check the appropriate box to designate which visit this form (#18) was administered: Pre-Randomization, 6, or 18 month.

The interviewer should complete question 1 on page 1 and the top of page 2 before the participant arrives. Question 2 on page 1 and the rest of page 2 are completed during the course of the PAR interview. Then the participant can fill out pages 3 and 4 on their own. Pages 3 and 4 could also be interviewer-administered. After the participant is done, the interviewer completes page 5.

<u>Page</u>	<u>Question</u>	<u>Special administration instructions</u>
1	1	Check the current day of the week.
	2	Indicate which days the participant considers their "weekend." If the participant does not work or does not have a "weekend", do not check any of the items, and add a note in the margin to show that the answer is not applicable rather than missing. For each day selected by the participant, place a "W" on page 2 above that day as a reminder.
2	days	Fill out the day names for yesterday through a week ago across the top of the page before the participant arrives. Leave any day/time/activity level sections where no activities took place blank (do not fill out as zero). You can put a line or arrow through these sections from top to bottom as a reminder that they are intentionally left blank. Mark one response for both questions at the bottom of the page.
	grid	See MOP Chapter 22 for instructions. Also see the sample form on page 8.
3-4	A1-29	Participant should check any activity they did even once in the last 3 months. Then participant should indicate their top 3 activities. If participant says that 2 or all 3 of the activities are done equally, push them to see if they can make a decision. If not, code ties as the average of the rankings. If participant does 3 activities equally, each should be coded as a 2. If participant does their top two activities equally, they should each be coded as 1.5. If participant does their 2nd and 3rd activities equally, they should each be coded as 2.5.
4	B	Only one response should be marked.

Page Question Special administration instructions

- C Only one response should be marked. If participants ask about the example activities given, you can use the following information to clarify: Jogging is considered a vigorous activity at any pace, except combination walking/jogging. Aerobics is considered a vigorous activity, except low impact aerobics. Swimming laps, stair-stepping, and singles tennis are considered vigorous activities at any pace. If participants ask about a particular activity, and whether or not it counts as vigorous, use the Compendium of Physical Activities in Chapter 22 of the MOP to look up the METs. Anything above 6.0 counts as vigorous.

Coding Instructions

Interviewer Assessment section (page 5)

Question Instructions

- 1 List any and all problems that occurred during the interview. These could include issues like: participant did not understand the questions, participant had trouble quantifying their activity, participant had trouble categorizing activity levels, interview was interrupted or cut short, etc.

- 2 This asks for the interviewer's subjective impression of whether or not the PAR was valid. This response should be based on the interviewer's feelings regarding whether or not the participant was being truthful during the recall and could conceptualize what was being asked during the interview. Sometimes the answer will be obvious. For example, if the participant reports no or little sleep, or they insist that something generally thought of as a light activity was hard or very hard, then the interview is probably not valid. Interviews with problems reported in answer to question 1 may also be invalid. Interviewers should use their overall impression of the interview to reach a decision.

- 3 List any activities which could not be found in the Compendium reference in MOP Chapter 22. Fax a copy of any form with unclassified activities to the Data Clerk at the coordinating center. Note on the cover sheet what the problem was and ask for a coding decision. The coordinating center will forward these forms to a physical activity expert for a decision.

Review Instructions

Ideally the reviewer should be a person who is certified as a PAR interviewer.

Check the following items:

- Form should be filled out in blue or black pen (including page 2). Corrections should be initialed, dated, and a reason given.
- Page 1 should be dated, and pages 1-5 should have an ID label attached.
- Make sure that the date on page 1, the day indicated on question 1 of page 1, and the days listed across the top of page 2 are consistent.
- All questions on pages 1, 3, 4, and 5 should be answered.
- The two questions at the bottom of page 2 should be answered.
- Review the grid on page 2 to be sure all information is legible.

Additional Instructions

Do not enter this form until all coding issues have been resolved.

On page 2, only enter the items where a number of hours/minutes was indicated, skip over the other fields.

Yesterday W W

One week ago

Sample Form

Days of the Week		SUN	SAT	FRI	THUR	WED	TUES	MON
		HRS MIN	HRS MIN	HRS MIN	HRS MIN	HRS MIN	HRS MIN	HRS MIN
Sleep		10 P - 7 A	10:30 P - 8 A	10:30 P-6:45 A	10 P - 7 A	10 P - 7 A	10 P - 7 A	10 P - 7 A
		<u>0</u> <u>9</u> : <u>0</u> <u>0</u>	<u>0</u> <u>9</u> : <u>0</u> <u>0</u>	<u>0</u> <u>8</u> : <u>1</u> <u>5</u>	<u>0</u> <u>9</u> : <u>0</u> <u>0</u>	<u>0</u> <u>9</u> : <u>0</u> <u>0</u>	<u>0</u> <u>9</u> : <u>0</u> <u>0</u>	<u>0</u> <u>9</u> : <u>0</u> <u>0</u>
M O R N I N G	Moderate	lifting/stacking <u>0</u> <u>0</u> : <u>2</u> <u>0</u>	mop <u>0</u> <u>0</u> : <u>2</u> <u>0</u>	 : :	 : :	 : :	walk <u>0</u> <u>0</u> : <u>1</u> <u>0</u>	 : :
	Hard	 : :	 : :	 : :	 : :	 : :	 : :	 : :
	Very Hard	 : :	 : :	 : :	 : :	 : :	 : :	 : :
A F T E R N O O N	Moderate	lifting/stacking <u>0</u> <u>0</u> : <u>2</u> <u>0</u>	 : :	 : :	walk <u>0</u> <u>0</u> : <u>2</u> <u>0</u>	 : :	 : :	 : :
	Hard	 : :	 : :	 : :	 : :	 : :	 : :	 : :
	Very Hard	 : :	 : :	 : :	 : :	 : :	 : :	 : :
E V E N I N G	Moderate	walk <u>0</u> <u>0</u> : <u>2</u> <u>0</u>	 : :	 : :	 : :	 : :	 : :	 : :
	Hard	 : :	 : :	 : :	 : :	 : :	 : :	 : :
	Very Hard	 : :	 : :	 : :	 : :	 : :	 : :	 : :

Was this a typical week in terms of your usual pattern of activity or exercise?..... Yes 1 No 2

If no, were you more or less active in the past week than you usually are?... More 1 Less 2