

Diabetes Prevention Program
NHANES III PHYSICAL ACTIVITY SCALE

This interview administered form is to be completed at Screening Step 3 - Start.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

<input type="text"/>	<input type="text"/>
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 CLINIC

2. Screening number

S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 SCREEN

3. Participant's initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 INTIS
first last

4. Participant's date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 DOB
month day year

B. Visit Information

1. Date of visit

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 NVSTDT
month day year

C. Instructions For Administration

Complete the form on the following 3 pages (interview administered).

Initials of person completing form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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first last

Form entered in computer?

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / NHANES III PHYSICAL ACTIVITY SCALE

NWALKYN

Yes No

1. In the past month did you walk a mile or more at a time without stopping?

1	2
<input type="checkbox"/>	<input type="checkbox"/>

If **YES**,
 a. times per
 number

day week month

 NWALDWM

The following questions are about your leisure time physical activity during the past month. We are interested in the following exercises, sports, or physically active hobbies that you might have done.

2. In the past month did you jog or run?

1	2
<input type="checkbox"/>	<input type="checkbox"/>

NJOGYN

If **YES**,
 a. times per
 number

day week month

 NJOGDWM

3. In the past month did you ride a bicycle or an exercise bicycle?

1	2
<input type="checkbox"/>	<input type="checkbox"/>

NBIKEYN

If **YES**,
 a. times per
 number

day week month

 NBIKDWM

4. In the past month did you swim?

1	2
<input type="checkbox"/>	<input type="checkbox"/>

NSWIMYN

If **YES**,
 a. times per
 number

day week month

 NSWIDWM

5. In the past month did you do aerobics or aerobic dancing?

1	2
<input type="checkbox"/>	<input type="checkbox"/>

NAERYN

If **YES**,
 a. times per
 number

day week month

 NAERDWM

6. In the past month did you do other dancing?

1	2
<input type="checkbox"/>	<input type="checkbox"/>

NDANCYN

If **YES**,
 a. times per
 number

day week month

 NDANDWM

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / NHANES III PHYSICAL ACTIVITY SCALE(continued)

7. In the past month did you do calisthenics or exercises?

Yes	No
1 <input type="checkbox"/>	2 <input type="checkbox"/>
NEXERYN	

If **YES**,

NEXERTX a. times per

day	week	month
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NEXEDWM		

8. In the past month did you garden or do yard work?

Yes	No
1 <input type="checkbox"/>	2 <input type="checkbox"/>
NYARDYN	

If **YES**,

NYARDTX a. times per

day	week	month
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NYARDWM		

9. In the past month did you lift weights?

Yes	No
1 <input type="checkbox"/>	2 <input type="checkbox"/>
NLIFTYN	

If **YES**,

NLIFTTX a. times per

day	week	month
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NLIFDWM		

10. In the past month have you done any other exercises, sports or physically active hobbies not mentioned?

Yes	No
1 <input type="checkbox"/>	2 <input type="checkbox"/>

If **YES**,

a. PROBE: What? _____ NPROBA

NPROATX times per

day	week	month
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NPROADW		

b. PROBE: Any others? _____

NPROBTX times per

day	week	month
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NPROBDN		

c. PROBE: Any others? _____

NPROCTX times per

day	week	month
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NPROCDW		

d. PROBE: Any others? _____

NPRODTX times per

day	week	month
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NPRODDW		

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

Part II / NHANES III PHYSICAL ACTIVITY SCALE(continued)

	More Active	Less Active	About the Same	Do Not Know
11. How does the amount of activity that you reported for the <u>past month</u> compare with your physical activity for the <u>past 12 months</u> ? During the past month, were you more active, less active, or about the same?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		NCOMOTH		
12. Compared with most people your age and sex, would you say that you are more active, less active, or about the same?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		NCOMAGE		
13. Participant's age.	<input type="checkbox"/> 1			
		UNDER 30 YEARS		
	NAGE	<input type="checkbox"/> 2		
		30 + YEARS		
14. Compared with yourself <u>10 years ago</u> , would you say that you are more active now, less active now, or about the same?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		NCOMSEL		