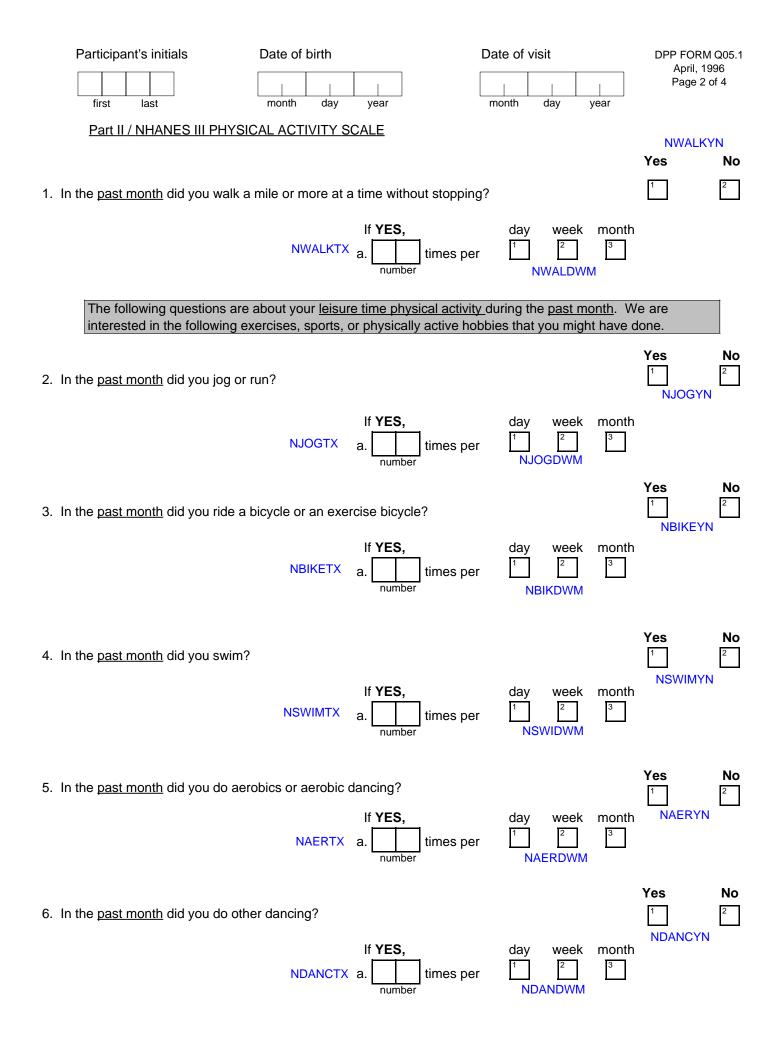
Diabetes Prevention Program

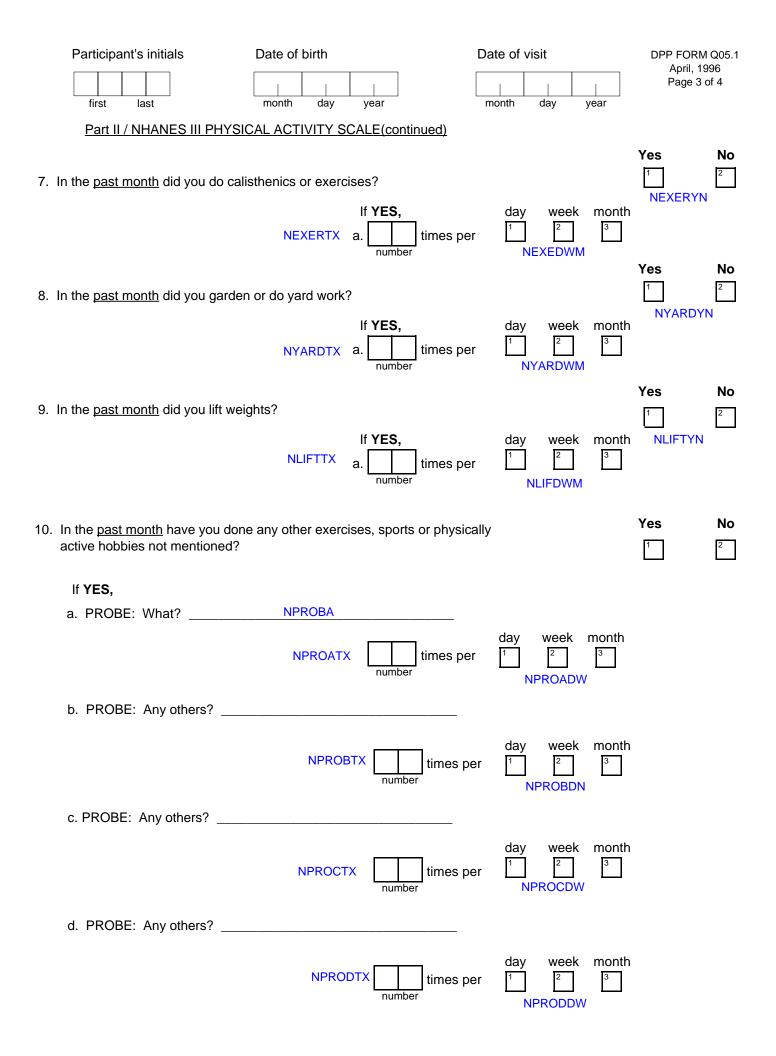
NHANES III PHYSICAL ACTIVITY SCALE

This interview administered form is to be completed at Screening Step 3 - Start. Part I / IDENTIFICATION A. Participant Identification CLINIC 1. Clinic number 2. Screening number S SCREEN INTIS 3. Participant's initials first last 4. Participant's date of birth month day year B. Visit Information NVSTDT 1. Date of visit month day year C. Instructions For Administration

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

		_	
		Form entered in computer?	
first	last	-	
	first	first last	





Participant's initials Date of the participant's initials Date of the part of the part II / NHANES III PHYSICAL AC	,	year GCALE(continued)	Date of visit	year	DPP FORM Q05.1 April, 1996 Page 4 of 4
11. How does the amount of activity that ye		More Active	Less Active	About the Same	Do Not Know
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?	1	NCOMOTH 2	1 3	4	
12. Compared with most people your age a would you say that you are more active active, or about the same?		1	NCOMAGE	3	4
13. Participant's age.	NAGE	¹ UNDEF ² 30 + Y	R 30 YEARS EARS		
 Compared with yourself <u>10 years ago</u>, would you say that you are more active less active now, or about the same? 	now,	1	NCOMSEL 2	3	4