

Identification code of person reviewing completed form				Form entered in computer?	
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Participant ID	Nickname	Outcome Visit	DPP-OS Q03.2
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Part II / MODIFIABLE ACTIVITY QUESTIONNAIRE

1. Please circle all activities listed below that you have done more than 10 times in the past year:

1. Jogging (outdoors, treadmill)	14. Racquetball/Handball/Squash	27. Stair Master
2. Swimming (laps/snorkeling)	15. Horseback Riding	28. Fencing
3. Bicycling (indoor & outdoor)	16. Hunting	29. Hiking
4. Softball/Baseball	17. Fishing	30. Tennis
5. Volleyball	18. Aerobic Dance/Step Aerobic	31. Golf
6. Bowling	19. Water Aerobics	32. Canoeing/Rowing/Kayaking
7. Basketball	20. Dancing (Square, Line, Ballrm)	33. Water Skiing
8. Wood chopping/Water hauling	21. Gardening or Yardwork	34. Jumping Rope
9. Skating (roller, ice, blading)	22. Badminton	35. Cross Country Skiing
10. Martial Arts	23. Strength/Weight Training	36. Snow Skiing (Downhill)
11. Tai Chi	24. Rock Climbing	37. Yoga
12. Calisthenics/Toning Exercises	25. Scuba Diving	38. Other
13. Football/Soccer	26. Walking (Outdoor, Treadmill, Mall)	

List each activity that you circled in the "Activity" box below. Check the months you did each activity over the past year (12 months) and then estimate the average amount of time spent in that activity.

	Сс	ode	Activity	JAN	FEB	MAR	APR	MAY	NUL	JUL	AUG	SEP	OCT	NOV	DEC	Ti	Ave mes	rage Per	e # α Moi	of hth	Av Mi	nut€	ge # es Ea ne	of ch
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	PART II / MODIFIABLE ACTIVITY QUESTIONNAIRE (continued)	
2.	In general, how many HOURS per DAY do you usually spend watching television?	S
3.	Over the past year, have you spent more than one week confined to a bed or chair as Yes No Yes No REDY	2 ′N
4.	If YES, a. How many weeks over this past year were you confined to a bed or chair? Do you have difficulty doing any of the following activities?	
	a. getting in or out of a bed or chair?	0 2
	b. walking across a small room without resting? KDIFSWK ¹	2
	c. walking for 10 minutes without resting? KDIFLWK 1	2
5.	Did you ever compete in an individual or team sports (not including any time spent in Yes 1 No Sports performed during school physical education classes)?	2 RT
	lf YES,	
	a. How many total years did you participate in	

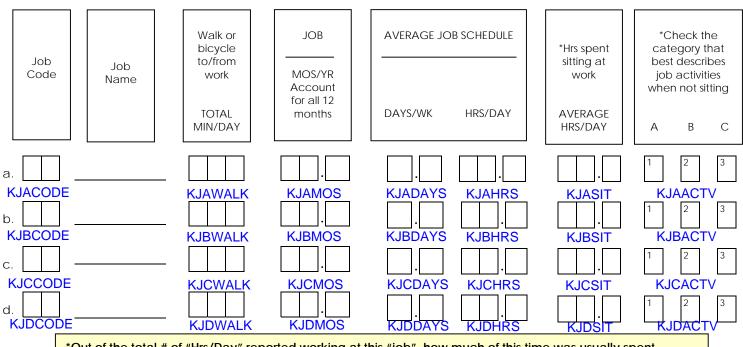
competitive sports?

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Part II / MODIFIABLE ACTIVITY QUESTIONNAIRE (continued)

6. Have you had a job for more than one month over this past year from ______ to this _____?

List all JOBS that the individual held over the past year for more than one month. Account for all 12 months of the past year. If unemployed/disabled/retired/housewife during all or part of the past year, list as such and probe for job activities of a normal 8 hour, 5 day week.



*Out of the total # of "Hrs/Day" reported working at this "job", how much of this time was usually spent sitting? Enter this # in the "Hrs Sitting" column, then place an "X" in the category which best describes their activities when not sitting.

JOB CODES

Employed (or volunteer)

6. Armed Services

8. Non-office Worker

7. Office Worker

Not employed outside of the home

- 1. Student
- 2. Home Maker
- 3. Retired
- 4. Disabled
- 5. Unemployed

<u>Category A</u> (include all sitting activities)

Sitting

Standing still w/o heavy lifting Light cleaning, ironing, cooking, washing, dusting Driving a tractor, harvester, bus, taxi Jewelry making/weaving General office work Occasional/Short distance walking

<u>Category B</u> (include most indoor activities)

Carrying light loads Continuous walking Heavy cleaning-mopping, sweeping, scrubbing, vacuuming Gardening-planting, weeding Painting/plastering Plumbing/Welding Electrical work Sheep herding

<u>Category C</u> (heavy industrial work, outdoor construction, farming) Carrying moderate to heavy loads Heavy construction Farming-hoeing, digging, mowing raking Digging ditches, shoveling Chopping (ax), sawing wood Tree/pole climbing Water/coal/wood hauling