

HALT-C Trial

**Physical Activity – Risk Factors AS**

Form # 140 Version B: 12/03/2001

**SECTION A: GENERAL INFORMATION**

A1. Affix ID Label Here →

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

A2. Patient initials: \_\_\_\_\_

A3. Visit number: \_\_\_\_\_

A4. Visit Date: MM / DD / YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

A5. Initials of person completing Section A: \_\_\_\_\_

**Note:** This is a patient administered form.

HALT-C wishes to find out whether physical activity affects liver disease due to hepatitis C and if treatment for hepatitis C affects physical activity.

**SECTION B: NON-RECREATIONAL ACTIVITY (WORK-RELATED)**

*The following questions are about your non-recreational activity. Non-recreational activity is what you consider your main day to day activity, at work or at home, whether you get paid or not.*

B1. Circle the level of activity that best describes your usual non-recreational activity.

1. **Vigorous or strenuous activity:**

(involves heavy lifting, digging, handling heavy tools or equipment, or any other activity causing you to work up a sweat or get out of breath)

2. **Moderate activity:**

(requires moderate-paced walking on a flat surface, heavy one-arm work or moderate two-arm work, such as picking, sweeping, lifting light objects or heavy housework)

3. **Light activity:**

(involves sitting down with one hand movement, moderate one-arm work or light two arm work, with occasional walking or standing such as office work, filing or sorting or light or moderate housework)

B2. On average, how much time each day do you spend at this level of activity?

\_\_\_\_\_ Hours

B3. On average, how many hours each day do you spend sitting down?

\_\_\_\_\_ Hours

**SECTION C: RECREATIONAL ACTIVITY (NON-WORK-RELATED)**

***The following questions are about the recreational activities you spend at least 15 minutes doing each week. You should count walking or biking to work and any other activities outside of work. Next to each activity that you participate in, write in how many total hours or minutes you do that activity on an average week. Mark the spaces for hours and minutes only for the activities you participate in.***

<b>For each activity that you engage in for at least 15 minutes per week, please circle the activity and write the number of hours or minutes that you do that activity per week.</b>	
1. Swimming	Hours: ____ Minutes: ____
2. Jogging	Hours: ____ Minutes: ____
3. Running	Hours: ____ Minutes: ____
4. Brisk walking	Hours: ____ Minutes: ____
5. Bicycling on hills	Hours: ____ Minutes: ____
6. Bicycling on flat surfaces	Hours: ____ Minutes: ____
7. Hiking or climbing	Hours: ____ Minutes: ____
8. Yard work / Gardening	Hours: ____ Minutes: ____
9. Aerobics	Hours: ____ Minutes: ____
10. Dancing	Hours: ____ Minutes: ____
11. Calisthenics	Hours: ____ Minutes: ____
12. Weight lifting, using weight machines, or heavy lifting	Hours: ____ Minutes: ____
13. Treadmill or Stairmaster	Hours: ____ Minutes: ____

**For each activity that you engage in for at least 15 minutes per week, please circle the activity and write the number of hours or minutes that you do that activity per week.**

14. Chopping wood	Hours: ____ Minutes: ____
15. Painting / Woodworking	Hours: ____ Minutes: ____
16. Housecleaning	Hours: ____ Minutes: ____
17. Golfing	Hours: ____ Minutes: ____
18. Singles tennis, racquetball , or other court sports	Hours: ____ Minutes: ____
19. Doubles tennis, racquetball or other court sports	Hours: ____ Minutes: ____
20. Basketball	Hours: ____ Minutes: ____
21. Football, soccer, or other field sports	Hours: ____ Minutes: ____
22. Skiing	Hours: ____ Minutes: ____
23. Bowling	Hours: ____ Minutes: ____
OTHERS (write in the name of activity):	
24. Name of activity _____	Hours: ____ Minutes: ____
25. Name of activity _____	Hours: ____ Minutes: ____
26. Name of activity _____	Hours: ____ Minutes: ____

Thank you for completing this questionnaire.