

Exercise Habits

PID: 0	Acrostic: 0		Visit:
	Date Form		Administration Type: admin
Completed: d_form	<input type="text"/>		<input type="text"/>
Reviewed by: compby		Language: language	<input type="text"/>
<input type="text"/>			<input type="text"/>

Exercise Habits

Please answer these questions about the previous week.

- First, we are interested in the number of stairs you climbed on average **EACH DAY** in this past week. We only want to know the number of flights you climb going UP - not down.

One flight = 10 steps if you know the number of steps.

ehfts Flights per day

- Next, we want to know how many city blocks or their equivalent you walked on average **EACH DAY** in this past week. We are only interested in walking done out of doors and walking done indoors for the sole purpose of exercise. We do not want walking done around the house or at work.

Consider that 12 city blocks = 1 mile.

ehblks Blocks per day

- Were there any sports, fitness, or recreational activities in which you participated during the past week? We are interested only in time that you were physically active.

(Note: all walking should only be included in question 2)

	Sport, Fitness or Recreation	Times per Week	Time per Episode	Office Use Only
a.	ehact1 <input type="text"/>	ehact1_wk <input type="text"/>	ehact1_tm <input type="text"/> minutes	ehact1_of <input type="text"/>
b.	ehact2 <input type="text"/>	ehact2_wk <input type="text"/>	ehact2_tm <input type="text"/> minutes	ehact2_of <input type="text"/>
c.	ehact3 <input type="text"/>	ehact3_wk <input type="text"/>	ehact3_tm <input type="text"/> minutes	ehact3_of <input type="text"/>
d.	ehact4 <input type="text"/>	ehact4_wk <input type="text"/>	ehact4_tm <input type="text"/> minutes	ehact4_of <input type="text"/>
e.	ehact5 <input type="text"/>	ehact5_wk <input type="text"/>	ehact5_tm <input type="text"/> minutes	ehact5_of <input type="text"/>
f.	ehact6 <input type="text"/>	ehact6_wk <input type="text"/>	ehact6_tm <input type="text"/> minutes	ehact6_of <input type="text"/>

- At least once per week, do you engage in regular activity akin to brisk walking, jogging, bicycling, etc. long enough to work up a sweat, get your heart thumping, or get out of breath?

ehregact

- 1 Yes
- 2 No

→ If yes, ehregact_tm times per week

Activity: ehregact_sp

EXERCISE HABITS SUBSTUDY

Interviewer Administered

Patient ID	[affix ID label here]	Date Form Completed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
		Month	Day	Year			
Administration Type	<input type="text"/>	Visit Code	<input type="text"/> <input type="text"/>	Reviewed by	<input type="text"/> <input type="text"/>	Language	<input type="text" value="E"/>

Exercise Habits

Please answer these questions about the previous week.

1. First, we are interested in the number of flights of stairs you climbed on average **EACH DAY** in this past week. We only want to know the number of flights you climb going UP- not down.

One flight = 10 steps if you know the number of steps.

Flights per day

2. Next, we want to know how many city blocks or their equivalent you walked on average **EACH DAY** in this past week. We are only interested in walking done out of doors and walking done indoors for the sole purpose of exercise. We do not want walking done around the house or at work.

Consider that 12 city blocks = 1 mile.

Blocks per day

3. Were there any sports, fitness, or recreational activities in which you participated during the past week? We are interested only in time that you were physically active.
(Note: all walking should only be included in Question 2)

Sport, Fitness, or Recreation	Times per Week	Average Time per Episode	Office Use Only
a.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Minutes	<input type="text"/>
b.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Minutes	<input type="text"/>
c.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Minutes	<input type="text"/>
d.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Minutes	<input type="text"/>

Additional activities should be recorded on a separate sheet.

4. At least once per week, do you engage in regular activity akin to brisk walking, jogging, bicycling, etc. long enough to work up a sweat, get your heart thumping, or get out of breath?

1 Yes → times per week; Activity:

2 No