

Physical Activity Assessment Form

Please Use Black Pen To Fill Out Form.

5890

Week #
week

Date of Assessment
assessdft
mm / dd / yyyy

Patient ID
idn

Patient Letter Code
letcode

corrfix
Correction

1. In comparison to other children the same age and sex, is the patient :

A lot less active A little less active About average A little more active A lot more active
 paactiv

CRA Use Only

2. **Instructions:** The interviewer, parent / guardian, and patient should work together to complete this item. The total for each day should add up to 24 hours. Time should be filled out to the nearest half (0.5) hour.

On a usual weekday and a usual weekend day during the past month, how much time did the patient spend at each activity level listed below?

1. Weekday (hours/day)

2. Weekend day (hours/day)

A. **Sleeping:**

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B. **Sedentary or seated activities:**

- Eating
- TV, radio, music, videos, etc.
- Reading
- Cards, board games
- Playing musical instruments
- Computer activities
- Other seated activities

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C. **Light or casual activities:**

- Household chores
- Standing, walking, activities which require standing or walking
- Volleyball, ping pong, boating, sailing, bowling, fishing, horseback riding, archery
- Easy bike riding
- Playing on swings or jungle gym
- General play

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D. **Moderate or stop / start activities:**

- Heavy yard chores
- Calisthenics
- Skate boarding
- Fast walking, hiking, hard bike riding, carrying heavy objects
- Frisbee, playing catch, softball, golf, recreational skating, recreational swimming, dancing, aerobics, ballet, gymnastics, cheerleading, surfing, water skiing, weight lifting, shooting baskets or basketball half-court, doubles tennis
- All sports participation with start/stop rather than sustained activity level

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E. **Intense or sustained activities (for entire time):**

- Running, swimming laps, jogging, jump rope, cross country or downhill skiing, basketball full court, soccer, field hockey, ice hockey, singles tennis, raquetball, figure skating, paddle ball, lacrosse, touch football, rowing

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Signature: _____

Certif. #: _____

staffid1 - _____