

PEDS-C

Physical Activity Assessment Form

PDC 13
Rev 0
12/23/2004
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Please Use Black Pen To Fill Out Form.

5890

Week # week	Date of Assessment assessdte	Patient ID idn	Patient Letter Code letcode	corrfix Correction
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
	mm dd yyyy			

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** ☐ ☐ ☐ ☐

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, racketball, figure skating, paddle ball, lacrosse, touch football, rowing

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CRA Use
Only

Signature: _____

Certif. #:

staffid1 -