SDC Figure: Physical Activity Questionnaire, Women's Health Study

Physical Activity Questionnaire
What is your usual walking pace outdoors?


On average, how many flights of stairs (not individual steps) do you climb daily?
$\square$ None $\square$ 1-2 flights $\square$ 3-4 flights $\square$ 5-9 flights $\square$ 10-14 flights $\square 15$ or more flights

During the past year, what was your approximate time per week spent at each of the following recreational activities?

|  | TIME PER WEEK |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Zero | $\begin{aligned} & 1-19 \\ & \text { min. } \end{aligned}$ | $\begin{aligned} & \hline 20-59 \\ & \text { min. } \end{aligned}$ | One hour | $\begin{aligned} & 1.5 \\ & \text { hours } \end{aligned}$ | $\begin{array}{\|l\|} \hline 2-3 \\ \text { hours } \\ \hline \end{array}$ | $\begin{aligned} & \hline 4-6 \\ & \text { hours } \end{aligned}$ | $7+$ <br> hours |
| Walking or hiking (including walkir to work) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Jogging (slower than 10 minute mild | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Running (10 minute miles or faster) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Bicycling (include stationary bike) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Aerobic exercise / aerobic dance / exercise machines | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Lower intensity exercise / yoga / stretching / toning | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Tennis, squash, racquetball | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Lap swimming | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Weight lifting / strength training | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other: Please specify activity: | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

