Harvard Lifestyle Questionnaire

OMB#: ####-### EXP.DATE: ##/####

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN:PRA (###-####).

Lifestyle Validation Study - Physical Activity Questionnaire

Please use an ordinary pencil to answer all questions. Fill in the appropriate response circles completely. If you have comments, please write them on a separate piece of paper.

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1. How much do you weigh? YOU WITH	R W	EIG SH	HT OES		2.				puls afte			or 5	min.)	
DIRECTIONS: Weigh	POUND	S	1			Οu	Insure							
yourself without your shoes						_	55/min	(55-5	9 (60-6	4		(1)
or heavy clothing.	0	0				_	5-69		70-7		75-7			(2)
or nearly cromming.	1	1				~	0-84		85-8		90-9			
2 2 2 3 3 3 3 4 4 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 9 9 9 9														
				((1									
		0		.\	//	11						-	- 0	
3. What is your usual walking pace outdoors?														3
Easy, casual (less than 2 mph) Normal, ave													faster)	-
How many flights of stairs (not steps) do you No flights 1-2 flights 3-4 flight												ines.)		4
No flights 1-2 flights 3-4 flights 5-9 flights 10-14 flights 15 or more flights During the past year, what was your average AVERAGE TOTAL TIME PER WEEK														(5)
total time per week at each activity?		1-4	5-19	20-39	40-80	1.5	2-3	4-6	7–10		21-30	31_40	40+	
	NONE	Min.	Min.	Min.	Min.	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	
Walking to work or for exercise (including golf)	10	0	0	0	0	0	0	0	0	0	0	0		(a)
Jogging (slower than 10 minutes/mile)	0	0	0	0	0	0	0	0	0	0	0	0	0	(b)
Running (10 minutes/mile or faster)	0	0	0	0	0	0	0	Ó	O	Õ	0	Ŏ	0	(c)
Bicycling (including stationary machine)	0	0	0	0	0	0	0	0	0	0	0	0	0	(d)
Biking intensity:	h										1,00000			O
Lap swimming	0	0	0	0	0	0	0	0	0	0	0	0	0	(0)
Swimming intensity: O Low O Medium O Hig	h													O
Tennis	0	0	0	0	0	0	0	0	0	0	0	0	0	(f)
Tennis intensity:	h													0
Squash or racquetball	0	0	0	0	0	0	0	0	0	0	0	0		g
Other aerobic exercise (exercise classes, etc.)	0	0	0	0	0	0	0	0	0	0	0	0	0	h
Lower intensity exercise (yoga, stretching, toning)		0	0	0	0	0	0	0	0	0	0	0	0	1
Moderate outdoor work (e.g., yardwork, gardening)	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Heavy outdoor work (e.g., digging, chopping)	0	0	0	0	0	0	0	0	0	0	0	0	0	(k)
Weight training/resistance exercises arms		0	0	0	0	0	0	0	0	0	0	0	0	
(include machines such as LifeFitness) legs		0	0	0	0	0	0	0	0	0	0	0	0	m
Standing or walking around work	0	0	0	0	0	0	0	0	0	0	0	0	0	n
Standing or walking around home	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sitting at work or commuting	0	0	0	0	0	0	0	0	0	0	0	0	0	P
Sitting at home while watching TV/VCR/DVD	0	0	0	0	0	0	0	0	0	0	0	0	0	q
Other sitting at home (e.g., desk, eating, computer)	0	0		0	0		0	0	0	0	0	0	0	r
🖔 In an average week, on how many days do yo		2752	-									ity)?		6
○ None ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days														

If you have any questions please do not hesitate to call our study contact at: 1-877-NHS-2010 Please log-on to our study website at: www.myNHS2010.org to let us know you have completed and mailed this questionnaire.

Thank you. Please return to: Lifestyle Validation Study, 181 Longwood Ave., Boston, MA 02115-5804

This is your ID