



NEXT Generation  
Health Study

## ***7DPAR Instructions and Intensity Scale***

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### Instructions for completing the 7DPAR

- Please read the instructions carefully.
- Please be as accurate as possible.
- If you have questions, please call The NEXT Research Team at toll-free **1-866-864-9972**.

## 7DPAR Instructions and Intensity Scale

**Instructions:** The purpose of this questionnaire is to approximate the amount of physical activity that you perform. The name of each day that you will describe is in the top left-hand corner of each time sheet.

1. For **each** time period, write in the activity number that corresponds to the **main** activity you actually performed during that particular time period. If you did more than one activity during the 30 minutes, record the activity that you did for **most** of the time. The activity numbers are found on the **Coding Instructions Sheet**. Note that the first eighteen (18) activities are shaded.
2. Check Column H if you wore the Actiwatch and Column I if you wore the accelerometer during this time period.
3. Fill in the time you woke up and the time you went to sleep in Column J. Before each time you enter, add "A" for awake or "S" for sleep.
4. If the activity is shaded on the **Coding Instructions Sheet**, then you do not need to fill columns B through G and you should go to the next time period. Otherwise, proceed with 5 to 7 below.
5. For activities 19-71, rate how physically **hard** each activity was. Place a "✓" in the timetable to indicate one of the following intensity levels for each non-shaded activity.
6. Indicate **where** you performed each non-shaded activity by writing in the corresponding number found on the **Coding Instructions Sheet**.
7. Write the corresponding number for **with whom** you performed the non-shaded activity.

### **Intensity Scale:**



#### • **Moderate** - Normal breathing and some movement.



#### • **Hard** - Increased breathing and moderate movement.



### Sample activity time sheet

The table below shows the correct way to fill out the activity time sheets. Note that only **one** intensity level is checked for each **unshaded, physical activity**. Please check Column H if you were wearing the accelerometer (on) during each time period. Fill in what time you woke up in the morning and what time you went to bed at night in Column I.

	A	B	C	D	E	F	G	H	I	J
	Activity Number	Light	Moderate	Hard	Very Hard	Where	With Whom	Acti-watch On	Accelerometer On	Awakening Sleeping (A=awake; S=sleep)
5:00-5:30	17							✓		
5:30-6:00	17							✓		
6:00-6:30	17							✓		
6:30-7:00	15							✓	✓	A-6:35
7:00-7:30	14							✓	✓	
7:30-8:00	23		✓			2	1	✓	✓	
8:00-8:30	18							✓	✓	
8:30-9:00	18							✓	✓	
9:00-9:30	21			✓		2	3	✓	✓	
9:30-10:00	21			✓		2	3	✓	✓	
10:00-10:30	18							✓	✓	
10:30-11:00	62		✓			2	3	✓		
11:00-11:30	17							✓	✓	S-11:20
11:30-12:00	17							✓		
12:00-12:30	17							✓		A-12:25
12:30-1:00	1							✓	✓	

## Coding Instructions Sheet

### 'Activity' Numbers:

#### **EATING**

1. Eating a meal
2. Snacking

#### **AFTER SCHOOL/SPARE TIME/HOBBIES**

3. Church
4. Hanging around
5. Homework
6. Listening to music
7. Music lesson/playing instrument
8. Playing video games/surfing internet (Xbox; Playstation)
9. Texting/emailing
10. Reading
11. Shopping
12. Talking on phone
13. Watching TV or movie videos

#### **SLEEP/BATHING**

14. Getting dressed
15. Getting ready (hair, make-up, etc.)
16. Showering/bathing
17. Sleeping/napping

#### **SCHOOL**

18. Lunch/free time/study hall
19. Sitting in class
20. Club/student activity
21. Marching band/flag line
22. P.E. Class

#### **TRANSPORTATION**

23. Riding in a car/bus/airplane/trolley/boat
24. Travel by walking
25. Travel by bicycling

#### **WORK**

26. Working (e.g., part-time job, child care)
27. Doing house chores (e.g., vacuuming, dusting, washing dishes, animal care, etc.)
28. Yard Work (e.g., mowing, raking)

#### **PHYSICAL ACTIVITIES**

29. Aerobics, jazzercise, water aerobics, taebo
30. Basketball
31. Bicycling, mountain biking
32. Bowling
33. Broomball
34. Calisthenics / Exercises (push-ups, sit-ups, jumping jacks)
35. Cheerleading, drill team
36. Dance (at home, at a class, in school, at a party, at a place of worship)
37. Exercise machine (cycle, treadmill, stair master, rowing machine)
38. Football
39. Frisbee

40. Golf / Mini-golf
41. Gymnastics / Tumbling
42. Hiking
43. Hockey (ice, field, street, or floor)
44. Horseback riding
45. Jumping rope
46. Kick boxing
47. Lacrosse
48. Martial arts (karate, judo, boxing, tai kwan do, tai chi)
49. Playground games (tether ball, four square, dodge ball, kick ball)
50. Playing catch
51. Playing with younger children
52. Roller blading, ice skating, roller skating
53. Riding scooters
54. Running / Jogging
55. Skiing (downhill, cross country, or water)
56. Skateboarding
57. Sledding, tobogganing, bobsledding
58. Snowboarding
59. Soccer
60. Softball/baseball
61. Surfing (body or board) / Skimboarding
62. Swimming (laps)
63. Swimming (play, pool games – Marco Polo, water volleyball, snorkeling)
64. Tennis, racquetball, badminton, paddleball
65. Trampolining
66. Track & field
67. Volleyball
68. Walking for exercise
69. Weightlifting
70. Wrestling
71. Yoga, stretching
72. Wii or Dance, Dance, Revolution
73. Other

### 'Where' Numbers:

- 1 – HOME / NEIGHBORHOOD** (yours or a friend's)
- 2 – SCHOOL** (including gym and grounds)
- 3 – COMMUNITY FACILITY** (for example: Park, Playground, Rec Center, Church, Dance Studio, Field or Gym)
- 4 – OTHER OUTDOOR PUBLIC AREA** (for example: Beach, River, Levee, Ski Area, Camping Area)
- 5 – OTHER** (for example: Mall, Doctor's Office, Movies)

### 'With Whom' Numbers:

- 0 – BY YOURSELF**
- 1 – WITH 1 OTHER PERSON**
- 2 – WITH SEVERAL PEOPLE** (but NOT an organized program, class or team)
- 3 – WITH AN ORGANIZED PROGRAM, CLASS or TEAM**

# The Next Generation Health Study

## Physical Activity Diary Instruction Script

Hello. My name is \_\_\_\_\_ and I am a health researcher from the NEXT Generation Health Study team. I am going to give you a Physical Activity Diary. Using this diary, we need you to write down everything you do from 6:00AM through 12:00AM at night. You will complete this diary every day that you are wearing the activity monitor and sleep watch. This means you will complete the diary for 7 FULL days beginning tomorrow.

We want to know what types of activities you do, how intense these activities are, and where and with whom you do them. We also want to know if you are wearing the activity monitor and the sleep watch. I'll explain what those are after we review the diary. Finally, each day, we also want to know what time you woke up and what time you went to bed.

Let's go through the instructions for completing the diary:

***[Read instructions provided in the protocol].***

The Intensity Scale is a guide to help you rate how physically hard each activity was for you. Keep in mind that the pictures are only a guide. The intensity at which a person plays basketball, for example, may vary greatly from person to person based on energy level, athletic ability, motivation, etc. The best indicator of intensity is how hard you are breathing while doing that activity – your level of exertion. Indicate the activity level that you feel best represents how physically hard each activity was for you, “Light”, “Moderate”, “Hard” or “Very Hard”.

***[Sweep finger across pictures as you read the levels of intensity].***

Now, I would like to go over the list of activities with you. What activities do you do most often?

***[Highlight the codes most likely used by the participant]***

In determining the appropriate code for all other activities, first consider which of these headings the activity falls into, and then identify the code that best fits your situation.

Do you have any questions?

Let's practice. First let's review the examples provided in the booklet. (*Review example provided in the booklet*). Now, I am going to ask that you complete a practice activity time sheet based on what you did from the time you woke up yesterday until 1:00 pm yesterday afternoon. Remember, only one activity per line, no ditto marks, arrows, and no words in the columns. (*Hand participant a pencil*).

**If there are errors:** Good job, just remember... ***[Identify and correct errors appropriately].***

**No errors:** Good job! Remember to fill out your Physical Activity Diary every day for the next 7 days, starting tomorrow, and feel free to call the NEXT toll-free number if you have any questions while you are doing it!