

Subject ID: _____

Date (MM/DD/YY): ___/___/____

Time (HH:MM): ___/___ am/pm

**Visual Analogue Scale (VAS) for CFS Symptoms #1: Administered on the day of the clinic visit
(before the baseline of the cognition testing)**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

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Subject ID: _____

Date (MM/DD/YY): ___/___/_____

Time (HH:MM): ___/___ am/pm

**Visual Analogue Scale (VAS) for CFS Symptoms #2: Administered before bedtime
(~6-12 hours after the admission)**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

Subject ID: _____

Date (MM/DD/YY): ___/___/_____

Time (HH:MM): ___/___ am/pm

Visual Analogue Scale (VAS) for CFS Symptoms #3: 24 hours after the admission to this study

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

Subject ID: _____

Date (MM/DD/YY): ___/___/_____

Time (HH:MM): ___/___ am/pm

Visual Analogue Scale (VAS) for CFS Symptoms #4: 48 hours after the admission

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

Subject ID: _____

Date (MM/DD/YY): ___/___/_____

Time (HH:MM): ___/___ am/pm

Visual Analogue Scale (VAS) for CFS Symptoms #5: Administered on the 4th-day after the clinic visit

(~96 hours after the admission to this study)

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. The left end of the line represents feeling good (experiencing no symptoms), while the right end of the line represents feeling your worst (experiencing your most severe symptoms).

PLEASE PLACE “X” THROUGH THE LINE FOR THE FOLLOWING SYMPTOMS.

	NOT AT ALL	MOST EXTREME
Physical Fatigue	_____	_____
Mental Fatigue or Mental Fog	_____	_____
Muscle Aches	_____	_____
Joint Aches	_____	_____
Headache	_____	_____
Muscle Weakness	_____	_____
Light Headedness	_____	_____
	_____	_____

Subject ID: _____

Date (MM/DD/YY): ___/___/____

Time (HH:MM): ___/___ am/pm

**EQ-5D-Y #1: Administered on the day of the clinic visit
 (before the baseline of the cognition testing)**

Health Questionnaire

Describing your health today	
Under the heading, mark the ONE box that best describes your health TODAY	
A. Mobility (walking about)	
I have <u>no</u> problems walking about	1 <input type="checkbox"/>
I have <u>some</u> problems walking about	2 <input type="checkbox"/>
I have <u>a lot</u> of problems walking about	3 <input type="checkbox"/>
B. Looking after myself	
I have <u>no</u> problems with washing or dressing myself	1 <input type="checkbox"/>
I have <u>some</u> problems with washing or dressing myself	2 <input type="checkbox"/>
I have <u>a lot</u> of problems with washing or dressing myself	3 <input type="checkbox"/>
C. Doing Usual Activities (for example, going to school, hobbies, sport, playing, doing things with family or friends)	
I have <u>no</u> problems doing my usual activities	1 <input type="checkbox"/>
I have <u>some</u> problems doing my usual activities	2 <input type="checkbox"/>
I have <u>a lot</u> of problems doing my usual activities	3 <input type="checkbox"/>
D. Having pain or discomfort	
I have <u>no</u> pain or discomfort	1 <input type="checkbox"/>
I have <u>some</u> pain or discomfort	2 <input type="checkbox"/>
I have <u>a lot</u> of pain or discomfort	3 <input type="checkbox"/>
E. Feeling worried, sad or unhappy	
I am <u>not</u> worried, sad or unhappy	1 <input type="checkbox"/>
I am <u>a bit</u> worried, sad or unhappy	2 <input type="checkbox"/>
I am <u>very</u> worried, sad or unhappy	3 <input type="checkbox"/>

~ The end of EQ-5D-Y #1 ~

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EQ-5D-Y #2: Administered on the first day after the clinic visit

(~24 hours after the admission to this study)

Health Questionnaire

Describing your health today	
Under the heading, mark the ONE box that best describes your health TODAY	
A. Mobility (walking about)	
I have <u>no</u> problems walking about	1 <input type="checkbox"/>
I have <u>some</u> problems walking about	2 <input type="checkbox"/>
I have <u>a lot</u> of problems walking about	3 <input type="checkbox"/>
B. Looking after myself	
I have <u>no</u> problems with washing or dressing myself	1 <input type="checkbox"/>
I have <u>some</u> problems with washing or dressing myself	2 <input type="checkbox"/>
I have <u>a lot</u> of problems with washing or dressing myself	3 <input type="checkbox"/>
C. Doing Usual Activities (<i>for example, going to school, hobbies, sport, playing, doing things with family or friends</i>)	
I have <u>no</u> problems doing my usual activities	1 <input type="checkbox"/>
I have <u>some</u> problems doing my usual activities	2 <input type="checkbox"/>
I have <u>a lot</u> of problems doing my usual activities	3 <input type="checkbox"/>
D. Having pain or discomfort	
I have <u>no</u> pain or discomfort	1 <input type="checkbox"/>
I have <u>some</u> pain or discomfort	2 <input type="checkbox"/>
I have <u>a lot</u> of pain or discomfort	3 <input type="checkbox"/>
E. Feeling worried, sad or unhappy	
I am <u>not</u> worried, sad or unhappy	1 <input type="checkbox"/>
I am <u>a bit</u> worried, sad or unhappy	2 <input type="checkbox"/>
I am <u>very</u> worried, sad or unhappy	3 <input type="checkbox"/>

~ The end of EQ-5D-Y #2 ~

EQ-5D-Y #3: Administered on the 2nd day after the clinic visit**(~48 hours after the admission to this study)****Health Questionnaire**

Describing your health today	
Under the heading, mark the ONE box that best describes your health TODAY	
A. Mobility (walking about)	
I have <u>no</u> problems walking about	1 <input type="checkbox"/>
I have <u>some</u> problems walking about	2 <input type="checkbox"/>
I have <u>a lot</u> of problems walking about	3 <input type="checkbox"/>
B. Looking after myself	
I have <u>no</u> problems with washing or dressing myself	1 <input type="checkbox"/>
I have <u>some</u> problems with washing or dressing myself	2 <input type="checkbox"/>
I have <u>a lot</u> of problems with washing or dressing myself	3 <input type="checkbox"/>
C. Doing Usual Activities (for example, going to school, hobbies, sport, playing, doing things with family or friends)	
I have <u>no</u> problems doing my usual activities	1 <input type="checkbox"/>
I have <u>some</u> problems doing my usual activities	2 <input type="checkbox"/>
I have <u>a lot</u> of problems doing my usual activities	3 <input type="checkbox"/>
D. Having pain or discomfort	
I have <u>no</u> pain or discomfort	1 <input type="checkbox"/>
I have <u>some</u> pain or discomfort	2 <input type="checkbox"/>
I have <u>a lot</u> of pain or discomfort	3 <input type="checkbox"/>
E. Feeling worried, sad or unhappy	
I am <u>not</u> worried, sad or unhappy	1 <input type="checkbox"/>
I am <u>a bit</u> worried, sad or unhappy	2 <input type="checkbox"/>
I am <u>very</u> worried, sad or unhappy	3 <input type="checkbox"/>
F. Compared to the day before the clinic visit, how would you rate your level of function now?	
About the same as the day before the clinic visit	1 <input type="checkbox"/>
Somewhat worse now than the day before the clinic visit	2 <input type="checkbox"/>
Much worse now than the day before the clinic visit	3 <input type="checkbox"/>

~ The end of EQ-5D-Y #3 ~

EQ-5D-Y #4: Administered on the 4th-day after the clinic visit

(~96 hours after the admission to this study)

Health Questionnaire

Describing your health today	
Under the heading, mark the ONE box that best describes your health TODAY	
A. Mobility (walking about)	
I have <u>no</u> problems walking about	1 <input type="checkbox"/>
I have <u>some</u> problems walking about	2 <input type="checkbox"/>
I have <u>a lot</u> of problems walking about	3 <input type="checkbox"/>
B. Looking after myself	
I have <u>no</u> problems with washing or dressing myself	1 <input type="checkbox"/>
I have <u>some</u> problems with washing or dressing myself	2 <input type="checkbox"/>
I have <u>a lot</u> of problems with washing or dressing myself	3 <input type="checkbox"/>
C. Doing Usual Activities (for example, going to school, hobbies, sport, playing, doing things with family or friends)	
I have <u>no</u> problems doing my usual activities	1 <input type="checkbox"/>
I have <u>some</u> problems doing my usual activities	2 <input type="checkbox"/>
I have <u>a lot</u> of problems doing my usual activities	3 <input type="checkbox"/>
D. Having pain or discomfort	
I have <u>no</u> pain or discomfort	1 <input type="checkbox"/>
I have <u>some</u> pain or discomfort	2 <input type="checkbox"/>
I have <u>a lot</u> of pain or discomfort	3 <input type="checkbox"/>
E. Feeling worried, sad or unhappy	
I am <u>not</u> worried, sad or unhappy	1 <input type="checkbox"/>
I am <u>a bit</u> worried, sad or unhappy	2 <input type="checkbox"/>
I am <u>very</u> worried, sad or unhappy	3 <input type="checkbox"/>
F. Compared to the day before the clinic visit, how would you rate your level of function now?	
About the same as the day before the clinic visit	1 <input type="checkbox"/>
Somewhat worse now than the day before the clinic visit	2 <input type="checkbox"/>
Much worse now than the day before the clinic visit	3 <input type="checkbox"/>
G. In general, how many days take you back to your usual level of function after physical or mental exertion?	
	_____ Days

~ The end of EQ-5D-Y #4 ~

Multi-Site Clinical Assessment of CFS: Cognition and Exercise

PROMIS SF v1.0 – Physical Function

Subject ID Number: _____

Month and Year of Birth (MM/YY): _____

Date: _____ / _____ / _____ & Time: _____ am/pm
Month Day Year HH:MM

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PROMIS SF v1.0 - Physical Function 12a

Physical Function – Short Form

Please respond to each item by marking one box per row.

The following questions ask about your ability to stand and move with and without support. "Support" means using items such as canes, walking sticks walkers and leg braces, or other people.		Yes	No			
PF_Screener 2	Can you walk 25 feet on a level surface (with or without support)?	<input type="checkbox"/>	<input type="checkbox"/>			
		Yes→ Participant receives all items No→ Participant skips PFC6 to PFB5 and proceeds to PFA55				
		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFC6	Are you able to walk a block on flat ground?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFC29	Are you able to walk up and down two steps?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA39	Are you able to run at a fast pace for two miles?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA25	Are you able to do yard work like raking leaves, weeding, or pushing a lawn mower?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Not at all	Very little	Somewhat	Quite a lot	Cannot do
PFB7	Does your health now limit you in doing strenuous activities such as backpacking, skiing, playing tennis, bicycling or jogging?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFB5	Does your health now limit you in hiking a couple of miles on uneven surfaces, including hills?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA55	Are you able to wash and dry your body?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFC53	Are you able to get in and out of bed?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA9	Are you able to bend down and pick up clothing from the floor?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

PROMIS SF v1.0 - Physical Function 12a

		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA12	Are you able to push open a heavy door?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PF_23	Are you able to reach and get down an object (such as a can of soup) from above your head?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Not at all	Very little	Somewhat	Quite a lot	Cannot do
PFC35	Does your health now limit you in doing eight hours of physical labor?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Subject ID: _____

Date (MM/DD/YY): ____/____/____

Physical Fitness and Exercise

Please identify, by circling your answer, how often you participate in the following types of exercise. Exercise is defined as physical activity.

1) I take a walk.	Never	Once a week	2-3 times weekly	Daily
2) I use a bike for exercise.	Never	Once a week	2-3 times weekly	Daily
3) I do specific exercises to improve my strength and/or my flexibility.	Never	Once a week	2-3 times weekly	Daily
4) I do housework or other odd jobs around the house to keep active.	Never	Once a week	2-3 times weekly	Daily
5) I work in the garden/yard.	Never	Once a week	2-3 times weekly	Daily
6) I dance.	Never	Once a week	2-3 times weekly	Daily
7) I swim.	Never	Once a week	2-3 times weekly	Daily
8) Please list any other things you do to keep you physically active: _____ _____				

Please read each statement carefully. Indicate the degree to which you agree or disagree with the statement by circling your answer.

9) I feel the same whether I am physically active or not.	Strongly agree	Agree	Disagree	Strongly disagree
10) I am concerned that I will hurt or strain myself if I am too physically active.	Strongly agree	Agree	Disagree	Strongly disagree
11) I sometimes get tightness in my chest when I exert myself.	Strongly agree	Agree	Disagree	Strongly disagree
12) I have too little time for exercise.	Strongly agree	Agree	Disagree	Strongly disagree
13) I do not have the strength to exercise.	Strongly agree	Agree	Disagree	Strongly disagree
14) If my health were better, I would be more active.	Strongly agree	Agree	Disagree	Strongly disagree
15) I am not interested in exercise.	Strongly agree	Agree	Disagree	Strongly disagree
16) It is difficult to exercise when I ache.	Strongly agree	Agree	Disagree	Strongly disagree
17) It is easy for me to exercise if I feel encouraged.	Strongly agree	Agree	Disagree	Strongly disagree
18) Lack of transportation limits my exercise options.	Strongly agree	Agree	Disagree	Strongly disagree
19) Bad weather prevents me from exercising.	Strongly agree	Agree	Disagree	Strongly disagree
20) I sometimes get short of breath when I exercise.	Strongly agree	Agree	Disagree	Strongly disagree
21) Fear of falling prevents me from exercising.	Strongly agree	Agree	Disagree	Strongly disagree

Subject ID: _____

Date (MM/DD/YY): ____/____/____
Time (HH:MM): ____/____ am/pm

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (October 2002)

LONG LAST 7 DAYS SELF-ADMINISTERED FORMAT

FOR USE WITH YOUNG AND MIDDLE-AGED ADULTS (15-69 years)

The International Physical Activity Questionnaires (IPAQ) comprises a set of 4 questionnaires. Long (5 activity domains asked independently) and short (4 generic items) versions for use by either telephone or self-administered methods are available. The purpose of the questionnaires is to provide common instruments that can be used to obtain internationally comparable data on health-related physical activity.

Background on IPAQ

The development of an international measure for physical activity commenced in Geneva in 1998 and was followed by extensive reliability and validity testing undertaken across 12 countries (14 sites) during 2000. The final results suggest that these measures have acceptable measurement properties for use in many settings and in different languages, and are suitable for national population-based prevalence studies of participation in physical activity.

Using IPAQ

Use of the IPAQ instruments for monitoring and research purposes is encouraged. It is recommended that no changes be made to the order or wording of the questions as this will affect the psychometric properties of the instruments.

Translation from English and Cultural Adaptation

Translation from English is encouraged to facilitate worldwide use of IPAQ. Information on the availability of IPAQ in different languages can be obtained at www.ipaq.ki.se. If a new translation is undertaken we highly recommend using the prescribed back translation methods available on the IPAQ website. If possible please consider making your translated version of IPAQ available to others by contributing it to the IPAQ website. Further details on translation and cultural adaptation can be downloaded from the website.

Further Developments of IPAQ

International collaboration on IPAQ is on-going and an ***International Physical Activity Prevalence Study*** is in progress. For further information see the IPAQ website.

More Information

More detailed information on the IPAQ process and the research methods used in the development of IPAQ instruments is available at www.ipaq.ki.se and Booth, M.L. (2000). *Assessment of Physical Activity: An International Perspective*. Research Quarterly for Exercise and Sport, 71 (2): s114-20. Other scientific publications and presentations on the use of IPAQ are summarized on the website.

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INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

1. Do you currently have a job or do any unpaid work outside your home?

Yes

No →

Skip to PART 2: TRANSPORTATION

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include traveling to and from work.

2. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work**? Think about only those physical activities that you did for at least 10 minutes at a time.

_____ **days per week**

No vigorous job-related physical activity



Skip to question 4

3. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

_____ **hours per day**
_____ **minutes per day**

4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work**? Please do not include walking.

_____ **days per week**

No moderate job-related physical activity



Skip to question 6

Subject ID: _____

Date (MM/DD/YY): ___/___/___
Time (HH:MM): ___/___ am/pm

5. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

_____ **hours per day**
_____ **minutes per day**

6. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **as part of your work**? Please do not count any walking you did to travel to or from work.

_____ **days per week**

No job-related walking



Skip to PART 2: TRANSPORTATION

7. How much time did you usually spend on one of those days **walking** as part of your work?

_____ **hours per day**
_____ **minutes per day**

PART 2: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on.

8. During the **last 7 days**, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?

_____ **days per week**

No traveling in a motor vehicle



Skip to question 10

9. How much time did you usually spend on one of those days **traveling** in a train, bus, car, tram, or other kind of motor vehicle?

_____ **hours per day**
_____ **minutes per day**

Now think **only** about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

10. During the **last 7 days**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

_____ **days per week**

No bicycling from place to place



Skip to question 12

Subject ID: _____

Date (MM/DD/YY): ___/___/_____
Time (HH:MM): ___/___ am/pm

11. How much time did you usually spend on one of those days to **bicycle** from place to place?

_____ **hours per day**
_____ **minutes per day**

12. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

_____ **days per week**

No walking from place to place



***Skip to PART 3: HOUSEWORK,
HOUSE MAINTENANCE, AND
CARING FOR FAMILY***

13. How much time did you usually spend on one of those days **walking** from place to place?

_____ **hours per day**
_____ **minutes per day**

PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

14. Think about **only** those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging **in the garden or yard**?

_____ **days per week**

No vigorous activity in garden or yard



Skip to question 16

15. How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?

_____ **hours per day**
_____ **minutes per day**

16. Again, think about **only** those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?

_____ **days per week**

No moderate activity in garden or yard



Skip to question 18

Subject ID: _____

Date (MM/DD/YY): ___/___/_____
Time (HH:MM): ___/___ am/pm

17. How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

_____ **hours per day**
_____ **minutes per day**

18. Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside your home**?

_____ **days per week**

No moderate activity inside home



***Skip to PART 4: RECREATION,
SPORT AND LEISURE-TIME
PHYSICAL ACTIVITY***

19. How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

_____ **hours per day**
_____ **minutes per day**

PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

This section is about all the physical activities that you did in the **last 7 days** solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

20. Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?

_____ **days per week**

No walking in leisure time



Skip to question 22

21. How much time did you usually spend on one of those days **walking** in your leisure time?

_____ **hours per day**
_____ **minutes per day**

22. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming **in your leisure time**?

_____ **days per week**

No vigorous activity in leisure time



Skip to question 24

Subject ID: _____

Date (MM/DD/YY): ___/___/_____
Time (HH:MM): ___/___ am/pm

23. How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

_____ **hours per day**
_____ **minutes per day**

24. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time**?

_____ **days per week**

No moderate activity in leisure time

➔ **Skip to PART 5: TIME SPENT SITTING**

25. How much time did you usually spend on one of those days doing **moderate** physical activities in your leisure time?

_____ **hours per day**
_____ **minutes per day**

PART 5: TIME SPENT SITTING

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.

26. During the **last 7 days**, how much time did you usually spend **sitting** on a **weekday**?

_____ **hours per day**
_____ **minutes per day**

27. During the **last 7 days**, how much time did you usually spend **sitting** on a **weekend day**?

_____ **hours per day**
_____ **minutes per day**

This is the end of the questionnaire, thank you for participating.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.