

mSQUASH

Questionnaire - Physical Activity

Date:

Name/study number:

Country:

INSTRUCTION - Please read the instructions carefully before you start

Consider a normal week in the past month. Please indicate the following:

- the number of days per week you performed the activities as described below
- the average time it took to do each activity
- how physical demanding each activity was

EXAMPLE

Commute to/from work or school	Not applicable	Number of days per week	Average time per day	Physical demand
1. Walking as part of commute to/from work or school	<input type="radio"/>	5 days	0 hours30 minutes	<input checked="" type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high

Classification of the level of physical demand

Slow/light: Normal heart rate and normal breathing pattern
Moderate: Increased heart rate and increased breathing pattern
Fast/high: Increased heart rate, rapid breathing and sweating

START OF QUESTIONNAIRE

Commute to/from work or school (unpaid/paid work or school/study)	Not applicable	Number of days per week	Average time per day	Physical demand
1. Walking as part of commute to/from work or school	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
2. Cycling to/from work or school	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
Commute to/from other destinations (e.g. visiting someone, sports club or running errands)	Not applicable	Number of days per week	Average time per day	Physical demand
3. Walking to/from other destinations	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
4. Cycling to/from other destinations	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
Work (paid/unpaid) or school/study			Not applicable	Number of hours per week
5. How many hours per week do you work and/or go to school?			<input type="radio"/>	___hours
6. How many of those hours involve physical intensive work? (e.g. regularly carrying heavy objects)			<input type="radio"/>	___hours

INSTRUCTION
Consider a normal week in the past month.

Classification of the level of physical demand
Slow/light: Normal heart rate and normal breathing pattern
Moderate: Increased heart rate and increased breathing pattern
Fast/high: Increased heart rate, rapid breathing and sweating

Household activities	Not applicable	Number of days per week	Average time per day	Physical demand
7. Light to moderate household tasks (e.g. cooking, dishwashing, tidying up)	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
8. Highly intensive household tasks (e.g. making beds, lifting children, bathroom cleaning, carrying heavy groceries)	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
Leisure activities	Not applicable	Number of days per week	Average time per day	Physical demand
9. Taking a stroll	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
10. Cycling	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
11. Gardening	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
12. Home maintenance	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
13. Shopping	<input type="radio"/>	___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
Sports and exercise (e.g. going to the gym, physical therapy exercises, running, tennis, soccer, swimming, dancing)	Not applicable	Number of days per week	Average time per day	Physical demand
14. _____	<input type="radio"/>	___ days	___ hours ___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
15. _____		___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
16. _____		___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high
17. _____		___ days	___ hours___ minutes	<input type="radio"/> Slow/light <input type="radio"/> Moderate <input type="radio"/> Fast/high

End of the questionnaire.
Please make sure you have completed all questions.
Thank you very much for your participation!