**Physical Activity Assessment Tool**

Moderate physical activity is any activity that is *somewhat hard* and makes you feel like you do when you walk *fast* (3–4 mph).

Circle activities you did *during the last 7 days* at a MODERATE LEVEL *nonstop for at least 10 minutes*:

**Examples of activities that can be done at a MODERATE LEVEL:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking, with a purpose</td>
<td>Walking downstairs</td>
</tr>
<tr>
<td>Aerobics, low impact</td>
<td>Gardening: planting</td>
</tr>
<tr>
<td>Baseball, softball</td>
<td>Golf</td>
</tr>
<tr>
<td>Bicycling (less than 12 mph)</td>
<td>Gymnastics</td>
</tr>
<tr>
<td>Bowling</td>
<td>Horseback riding</td>
</tr>
<tr>
<td>Calisthenics, light</td>
<td>Housework: mopping</td>
</tr>
<tr>
<td>Carpentry</td>
<td>Lifting or carrying loads</td>
</tr>
<tr>
<td>Dancing</td>
<td>Mowing lawn, power mower</td>
</tr>
<tr>
<td>Fishing, standing</td>
<td>Ping-pong</td>
</tr>
<tr>
<td>Frisbee</td>
<td>Playing with children</td>
</tr>
</tbody>
</table>

**During the last 7 days, on how many days did you do a Moderate physical activity nonstop for at least 10 minutes at a time?**

_____ Days

**On those days, how much time did you spend on average doing Moderate physical activities?**

_____ Minutes/Day

Vigorous physical activity is any activity that is *hard* and makes you feel like you do when you run or jog.

Circle activities you did *during the last 7 days* at a VIGOROUS LEVEL for *at least 10 minutes at a time without stopping*:

**Examples of activities that can be done at a VIGOROUS LEVEL:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jogging, running</td>
<td>Walking upstairs</td>
</tr>
<tr>
<td>Aerobics, high impact (Jazzercise)</td>
<td>Carrying heavy loads</td>
</tr>
<tr>
<td>Basketball</td>
<td>Jumping rope</td>
</tr>
<tr>
<td>Bicycling, fast (more than 12 mph)</td>
<td>Judo, karate, kickboxing</td>
</tr>
<tr>
<td>Calisthenics, vigorous</td>
<td>Roller skating, rollerblading</td>
</tr>
</tbody>
</table>

**During the last 7 days, on how many days did you do a Vigorous physical activity nonstop for at least 10 minutes at a time?**

_____ Days

**On those days, how much time did you spend on average doing Vigorous physical activities?**

_____ Minutes/Day

Compared with your *Usual Physical Activity* over the last 3 months, was the last seven days' activity:

- _____ More
- _____ Less
- _____ About the same

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**Figure 1.** Tool for assessing patients' physical activity.

*Figure courtesy of Rebecca A. Menwlather, MD, MPH.*
Physical Activity Assessment Tool (continued)

Medical Problems
Please answer the next 7 questions by circling "Y" for "Yes" and "N" for "No".
Y  N  1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
Y  N  2. Do you feel pain in your chest when you do physical activity?
Y  N  3. In the past month, have you had chest pain when you were not doing physical activity?
Y  N  4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
Y  N  5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Y  N  6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
Y  N  7. Do you know of any other reason why you should not do physical activity?

Physical Activity Plans
Please check the ONE answer that best describes your physical activity plans for the next 6 months:
___ A. I do not plan to become physically active in the next 6 months.
___ B. I am thinking about becoming more physically active.
___ C. I intend to become more physically active in the next 6 months.
___ D. I have been regularly physically active for the last 1–5 months.
___ E. I have been regularly physically active for the past 6 months or more.

Benefits of Physical Activity Important to You
Please circle the 3 benefits of physical activity that are Most Important to You:
1. For my health
2. Control my weight
3. Look better
4. Feel better
5. Feel good about taking care of myself
6. Set a good example for my family or friends
7. Get my partner, child, friend to be more active with me
8. Teach my family, friends the importance of physical activity
9. Have time for me
10. Lower my stress
11. Improve my fitness
12. Lower my risk of heart disease
13. Lower my blood pressure
14. Lower my cholesterol
15. Control my diabetes
16. Other: __________________________

Getting Help from Others
Is there someone who would encourage you or help you with some of your responsibilities so you could get regular physical activity?  Yes  No
Who is that? ___________________________ How could they help? ___________________________

Helping Others
Is there a friend or family member you think should get more physical activity?  Yes  No
Who is that? ___________________________ How could you help them? ___________________________

Confidence
How confident are you that you could increase your physical activity if you decided to do so?
(Circle the best answer)
Very Confident  Fairly Confident  A Little Confident  Not at all Confident