

Physical Activity

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:

Walking fast, with a purpose

Aerobics, low impact
Baseball, softball
Bicycling (less than 12 mph)
Bowling
Calisthenics, light
Carpentry
Dancing
Fishing, standing
Frisbee

Walking downstairs

Gardening: planting, raking, weeding
Golf
Gymnastics
Horseback riding
Housework: mopping, sweeping, vacuuming
Lifting or carrying moderate loads (5 to 15 lb)
Mowing lawn, power mower
Ping-pong
Playing with children: kneeling, lifting

Rowing, sailing

Skateboarding
Tai chi, qigong
Vigorous stretching
Volleyball
Yoga
Washing car
Water aerobics
Weight lifting
Working on car

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:

Jogging, running

Aerobics, high impact (Jazzercise)
Basketball
Bicycling, fast (more than 12 mph)
Calisthenics, vigorous

Walking upstairs

Carrying heavy loads
Jumping rope
Judo, karate, kickboxing
Roller skating, rollerblading

Soccer

Ski machine (Nordic Track)
Stair climbing (StairMaster)
Swimming laps
Tennis, racquetball

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

continued

Figure 1. Tool for assessing patients' physical activity.

Figure courtesy of Rebecca A. Meriwether, 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?
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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.
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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 | 9. Have time for me |
| 2. Control my weight | 10. Lower my stress |
| 3. Look better | 11. Improve my fitness |
| 4. Feel better | 12. Lower my risk of heart disease |
| 5. Feel good about taking care of myself | 13. Lower my blood pressure |
| 6. Set a good example for my family or friends | 14. Lower my cholesterol |
| 7. Get my partner, child, friend to be more active with me | 15. Control my diabetes |
| 8. Teach my family, friends the importance of physical activity | 16. Other: _____ |
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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
