2005-06 Questionnaire

PHYSICAL ACTIVITY AND PHYSICAL FITNESS – PAQ
Target Group: SPs 2+

BOX 1A

CHECK ITEM PAQ.005:
IF SP AGE =< 16, CONTINUE.
OTHERWISE, GO TO BOX 6.

PAQ.020 The next series of questions are about physical activities that {you/SP} {have/has} done over the past 30 days. First I will ask about activities that are related to transportation. Then I'll ask about {your/his/her} daily activities, and finally, about physical activities that {you do/he/she does} in {your/his/her} leisure time.

Over the past 30 days, {have/has} {you/SP} walked or bicycled as part of getting to and from work, or school, or to do errands?

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

| YES ...................................................... 1 |
| NO ...................................................... 2 (PAQ.100) |
| UNABLE TO DO ACTIVITY.................. 3 (PAQ.100) |
| REFUSED ............................................. 7 (PAQ.100) |
| DON'T KNOW ................................. 9 (PAQ.100) |

PAQ.050 Q/U [Over the past 30 days], how often did {you/SP} do this? [Walk or bicycle as part of getting to and from work, or school, or to do errands.]

PROBE: How many times per day, per week, or per month did {you/s/he} do these activities?

| | | |
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

| REFUSED ............................................. 777 (PAQ.100) |
| DON'T KNOW ................................. 999 (PAQ.100) |

ENTER UNIT

| DAY ..................................................... 1 |
| WEEK ................................................... 2 |
| MONTH ............................................... 3 |
| REFUSED ............................................. 7 (PAQ.100) |
| DON'T KNOW ................................. 9 (PAQ.100) |
On those days when {you/SP} walked or bicycled, about how long did {you/s/he} spend altogether doing this?

[___|___|___]
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED ............................................... 777
DON’T KNOW ............................................ 999

ENTER UNIT

MINUTES .................................................. 1
HOURS ...................................................... 2
REFUSED .................................................. 7
DON’T KNOW ............................................. 9

Over the past 30 days, did {you/SP} do any tasks in or around {your/his/her} home or yard for at least 10 minutes that required moderate or greater physical effort? By moderate physical effort I mean, tasks that caused light sweating or a slight to moderate increase in {your/his/her} heart rate or breathing. such as raking leaves, mowing the lawn or heavy cleaning.

CODE ‘UNABLE TO DO’ ONLY IF RESPONDENT VOLUNTEERS

YES ........................................................... 1
NO ............................................................. 2 (PAQ.180)
UNABLE TO DO ACTIVITY ....................... 3 (PAQ.180)
REFUSED .................................................. 7 (PAQ.180)
DON’T KNOW ............................................. 9 (PAQ.180)

[Over the past 30 days], how often did {you/SP} do these tasks in or around {your/his/her} home or yard, that is tasks requiring at least moderate effort? [Such as raking leaves, mowing the lawn or heavy cleaning] PROBE: How many times per day, per week, or per month did {you/s/he} do these activities?

[___|___|___]
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED ............................................... 777 (PAQ.180)
DON’T KNOW ............................................ 999 (PAQ.180)

ENTER UNIT

DAY .......................................................... 1
WEEK ......................................................... 2
MONTH ....................................................... 3
REFUSED .................................................. 7 (PAQ.180)
DON’T KNOW ............................................. 9 (PAQ.180)
PAQ.160 About how long did {you/SP} do these tasks each time?

IF MORE THAN 1 TASK, ASK FOR TASK DONE MOST OFTEN

[ ] [ ] [ ]
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

ENTER UNIT

MINUTES ...................................................... 1
HOURS ......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

PAQ.180 Please tell me which of these four sentences best describes {your/SP’s} usual daily activities? [Daily activities may include {your/his/her} work, housework if {you are/s/he is} a homemaker, going to and attending classes if {you are/s/he is} a student, and what {you/s/he} normally {do/does} throughout a typical day if {you are/he/she is} a retiree or unemployed.] . . .

HAND CARD PAQ1

{You sit/He/She sits} during the day and
{do/does} not walk about very much; ............ 1
{You stand or walk/He/She stands or walks}
about quite a lot during the day, but
{do/does} not have to carry or lift
things very often; ........................................... 2
{You lift or carry/He/She lifts or carries} light
loads, or {have/has} to climb stairs or
hills often; or .................................................. 3
{You do/He/She does} heavy work or {carry/ carries} heavy loads..................................... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
The next questions are about physical activities including exercise, sports, and physically active hobbies that {you/SP} may have done in {your/his/her} leisure time or at school over the past 30 days.

First I will ask you about vigorous activities that cause heavy sweating or large increases in breathing or heart rate. Then I will ask you about moderate activities that cause only light sweating or a slight to moderate increase in breathing or heart rate.

Over the past 30 days, did {you/SP} do any vigorous activities for at least 10 minutes that caused heavy sweating, or large increases in breathing or heart rate? Some examples are running, lap swimming, aerobics classes or fast bicycling. Here are some other examples of these types of activities. Please do not include house work or yard work that you have already told me about.

HAND CARD PAQ2

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES ................................................................. 1
NO ............................................................... 2 (PAQ.326)
UNABLE TO DO ACTIVITY........................... 3 (PAQ.326)
REFUSED ..................................................... 7 (PAQ.326)
DON'T KNOW ............................................... 9 (PAQ.326)
[Over the past 30 days], what vigorous activities did {you/SP} do?

CODE ALL THAT APPLY

AEROBICS (HIGH IMPACT, E.G., STEP, TAEBO) ........................................ 10
BASKETBALL ................................................ 12
BICYCLING ................................................... 13
FOOTBALL .................................................... 17
HIKING .......................................................... 20
HOCKEY ........................................................ 21
JOGGING ......................................................... 23
KAYAKING ..................................................... 24
RACQUETBALL ............................................ 26
ROLLERBLADING ........................................ 27
ROWING ....................................................... 28
RUNNING ...................................................... 29
SKATING ....................................................... 31
SKIING – CROSS COUNTRY (INCLUDING NORDIC TRACK) .............. 32
SKIING – DOWNHILL ................................... 33
SOCCER ....................................................... 34
STAIR CLIMBING ......................................... 36
SWIMMING ................................................... 38
TENNIS ......................................................... 39
TREADMILL .................................................. 40
VOLLEYBALL ................................................ 41
BOXING ......................................................... 50
MARTIAL ARTS (KARATE, JUDO) .................. 53
WRESTLING .................................................. 54
OTHER (SPECIFY) ........................................ 71
OTHER (SPECIFY) ........................................ 72
OTHER (SPECIFY) ........................................ 73
REFUSED ..................................................... 77 (PAQ.326)
DON'T KNOW ............................................... 99 (PAQ.326)

BOX 1B

LOOP 1:
ASK PAQ.281 AND PAQ.300 FOR EACH ACTIVITY ENTERED IN PAQ.221.
Over the past 30 days, how often did {you/SP} {ACTIVITY}? PROBE: How many times per day, per week, or per month?

CAPI INSTRUCTION:

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

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Over the past 30 days, on average about how long did {you/SP} {ACTIVITY} each time?

ENTER NUMBER (OF MINUTES OR HOURS)

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END LOOP 1:
ASK PAQ.281 AND PAQ.300 FOR NEXT ACTIVITY.
IF NO NEXT ACTIVITY, CONTINUE WITH PAQ.326.
[Over the past 30 days], did {you/SP} do moderate activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing. Here are some other examples of these types of activities. Please do not include house work or yard work that you have already told me about.

HAND CARD PAQ3

CODE ‘UNABLE TO DO’ ONLY IF RESPONDENT VOLUNTEERS

YES ............................................................... 1
NO ............................................................... 2 (PAQ.441)
UNABLE TO DO ACTIVITY ........................... 3 (PAQ.441)
REFUSED ..................................................... 7 (PAQ.441)
DON'T KNOW ............................................... 9 (PAQ.441)

[Over the past 30 days], what moderate activity or activities did {you/SP} do?

CODE ALL THAT APPLY

AEROBICS (LOW IMPACT) ......................... 10
BASEBALL ............................................. 11
BASKETBALL ....................................... 12
BICYCLING ........................................... 13
BOWLING ............................................. 14
DANCE ................................................. 15
FISHING .............................................. 16
FOOTBALL ........................................... 17
GOLF ................................................... 19
HIKING ................................................ 20
HOCKEY ............................................. 21
HUNTING ............................................ 22
JOGGING ............................................. 23
KAYAKING ......................................... 24
ROLLERBLADING .................................. 27
ROWING ............................................ 28
SKATING ........................................... 31
SKIING – DOWNHILL .............................. 33
SOCCER .............................................. 34
SOFTBALL .......................................... 35
STAIR CLIMBING .................................. 36
STRETCHING ....................................... 37
SWIMMING ......................................... 38
TENNIS .............................................. 39
TREADMILL ......................................... 40
VOLLEYBALL ....................................... 41
WALKING ............................................ 42
WEIGHT LIFTING .................................. 43
FRISBEE .............................................. 51
HORSEBACK RIDING .............................. 52
MARTIAL ARTS (KARATE, JUDO) ............ 53
YOGA .................................................. 55
OTHER (SPECIFY) __________________... 71
OTHER (SPECIFY) __________________... 72
OTHER (SPECIFY) __________________... 73
REFUSED ............................................. 77 (PAQ.441)
DON'T KNOW ....................................... 99 (PAQ.441)
BOX 3

LOOP 2:
ASK PAQ.401 AND PAQ.420 FOR EACH ACTIVITY ENTERED IN PAQ.341.

PAQ.401  [Over the past 30 days], how often did (you/SP) (ACTIVITY)?
Q/U PROBE:  How many times per day, per week, or per month?

CAPI INSTRUCTION:

|___|___|___|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

ENTER UNIT

DAY ............................................................... 1
WEEK ............................................................ 2
MONTH ......................................................... 3
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

PAQ.420  [Over the past 30 days], on average about how long did (you/SP) (ACTIVITY) each time?
Q/U

|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

ENTER UNIT

MINUTES ...................................................... 1
HOURS ......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
PAQ.441 Over the past 30 days, did (you/SP) do any physical activities specifically designed to strengthen (your/his/her) muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

CODE ‘UNABLE TO DO’ ONLY IF RESPONDENT VOLUNTEERS

YES ........................................................................ 1
NO ................................................................. 2 (PAQ.500)
UNABLE TO DO ACTIVITY ................. 3 (PAQ.500)
REFUSED ..................................................... 7 (PAQ.500)
DON’T KNOW .................................................. 9 (PAQ.500)

PAQ.460 [Over the past 30 days], how often did (you/SP) do these physical activities? [Activities designed to strengthen (your/his/her) muscles such as lifting weights, push-ups or sit-ups.]

|___|___|___|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSED ..................................................... 777
DON’T KNOW ........................................ 999

ENTER UNIT

PER DAY ..................................................... 1
PER WEEK ................................................... 2
PER MONTH ................................................. 3
REFUSED ..................................................... 7
DON’T KNOW ................................................ 9

PAQ.500 How does the amount of activity that you reported (for SP) for the past 30 days compare with (your/his/her) physical activity for the past 12 months? Over the past 30 days, (were you/was he/she) . . .

more active,................................................... 1
less active, or................................................. 2
about the same?........................................... 3
REFUSED ..................................................... 7
DON’T KNOW .................................................. 9

PAQ.520 Compared with most (men/boys/women/girls) (your/SP’s) age, would you say that (you are/s/he is) . . .

more active,................................................... 1
less active, or................................................. 2
about the same?........................................... 3
REFUSED ..................................................... 7
DON’T KNOW .................................................. 9
BOX 5

CHECK ITEM PAQ.530:
IF SP AGE >= 30, CONTINUE WITH PAQ.540.
OTHERWISE, GO TO BOX 6.

PAQ.540 Compared with {yourself/himself/herself} 10 years ago, would you say that {you are/SP is} . . .

- more active now, ...........................................  1
- less active now, or ........................................  2
- about the same? ..........................................  3
- REFUSED .....................................................  7
- DON'T KNOW ...............................................  9

BOX 6

CHECK ITEM PAQ.550A:
IF SP AGE = 2-11, CONTINUE.
IF SP AGE = >16, GO TO PAQ.591.
OTHERWISE, GO TO END OF SECTION.

PAQ.560 Now I'd like to ask you some questions about {SP's} activities.

How many times per week {does SP} play or exercise enough to make {him/her} sweat and breathe hard?

- IF NEVER, ENTER 0
- IF LESS THAN ONCE PER WEEK, ENTER 1

|___|___|
ENTER NUMBER OF TIMES

- REFUSED .....................................................  77
- DON'T KNOW ...............................................  99
Now I will ask you about TV watching and computer use.

Over the past 30 days, on average how many hours per day did (you/SP) sit and watch TV or videos (outside of work)? Would you say . . .

less than 1 hour, ............................................ 0
1 hour, ........................................................... 1
2 hours, ............................................................ 2
3 hours, ............................................................. 3
4 hours, ............................................................ 4
5 hours or more, ........................................ 5
{none/you do/SP does not watch TV or videos} ........................................ 8
REFUSED ..................................................... 77
DON'T KNOW ................................................. 99

CAPI INSTRUCTION:
{outside of work} {you do/SP does not watch TV or videos outside of work} = SP AGE =>16
{none} = SP AGE = 2-11

Over the past 30 days, on average how many hours per day did (SP) use a computer or play computer games (outside of work)? Would you say . . .

less than 1 hour, ............................................ 0
1 hour, ........................................................... 1
2 hours, ............................................................ 2
3 hours, ............................................................. 3
4 hours, ............................................................ 4
5 hours or more, ........................................ 5
{none/you do/SP does not use a computer outside of work} ........................................ 8
REFUSED ..................................................... 77
DON'T KNOW ................................................. 99

CAPI INSTRUCTION:
{outside of work} {you do/SP does not use a computer outside of work} = SP AGE =>16
{none} = SP AGE = 2-11