

7-Day Physical Activity Recall

SSN _____

PAR#: 1 2 3 4 5 6 7

Participant Interview #1

Interviewer _____ Today is _____ Today's Date _____

1. Were you employed in the last seven days? 0. No (Skip to Q#4) Yes
2. How many days of the last seven did you work? 1 days
3. How many total hours did you work in the last seven days? 2 hours last week
4. What two days do you consider your weekend days? Sat. Sun
(mark days below with a squiggle)

WORKSHEET

DAYS

		Tue.	Wed	Th	Fri	Sat	Sun	Mon
SLEEP		1 <u>8.0</u> <small>12a-9a</small>	2 <u>9.5</u> <small>12a-9:30a</small>	3 <u>7.0</u> <small>1a-9a</small>	4 <u>7.0</u> <small>1a-9a</small>	5 <u>6.0</u> <small>2:30a-9:30a</small>	6 <u>9.0</u> <small>12:30a-9:30a</small>	7 <u>8.0</u> <small>12a-9a</small>
MORNING	Moderate	.25 <small>walk</small>	.25 <small>walk</small>	.25 <small>walk</small>	.25 <small>walk</small>	.25 <small>walk</small>		.25 <small>walk</small>
	Hard					}	}	
	Very Hard							
AFTERNOON	Moderate	.25 <small>walk</small>	.25 <small>walk</small>	.25 <small>walk</small>	2.0 <small>yardwork</small> .25 <small>walk</small>	.25 <small>walk</small>		.25 <small>walk</small>
	Hard					}	}	
	Very Hard							
EVENING	Moderate		.50 <small>walk</small>	.25 <small>walk</small>			1.0 <small>walk</small>	.25 <small>walk</small>
	Hard					1.0 <small>dance</small>	}	
	Very Hard							
Total Min Per Day	Strength:							
	Flexibility:							

4a. Compared to your physical activity over the past 3 months, was last week's physical activity more, less, or about the same? 1. More <input type="radio"/> 2. <u>Less</u> <input checked="" type="radio"/> 3. About the same <input type="radio"/>	6. Do you think this was a valid PAR interview? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, go to the back and explain.
5. Were there any problems with the PAR interview? <input checked="" type="radio"/> No <input type="radio"/> Yes If YES, go to the back and explain.	7. Were there any special circumstances concerning this PAR ? <input checked="" type="radio"/> No <input type="radio"/> Yes, If YES, what were they?(circle) 1. Injury all week 2. Illness all week 3. Illness part week 4. Injury part week 5. Pregnancy 6. Other: