

Physical Activity Questionnaire

The questions are about your **physical activities in the past 12 months**, before your breast cancer diagnosis, including:

- **Employment & Volunteer** activities
- **Household & Do-it-yourself** activities
- **Recreation & Leisure** activities

This questionnaire may take about 15-20 minutes to answer.

If you are not sure of how to answer a question, please feel free to contact us:

- Call us in Calgary at: 403-698-8184
- Call us in Edmonton at: 780-492-8274

Directions:

- First, record the types of activities you took part in over the past 12 months.
- Next, record how often you took part in each activity, for how long, and at what intensity level.
- The timing and intensity of your activities may have varied over the 12 months. Do your best to estimate your average or usual activity pattern.
- Do not “double-count” hours – your total activity hours should add up to no more than the hours you are awake.
- In each section, the top pages provide examples of how to fill in the charts. Read through the examples and then fill in your activities on the bottom pages.
- **If a whole page does not apply to you, please write NA in the first column. We will then know you did not miss the page.**

Office use only

L C V QA

Employment & Volunteer Activities

PHYSICAL INTENSITY LEVELS: Choose the one that best describes your experience.

- 1** = Activities done mainly **sitting** down
- 2** = Activities done mainly **standing**, that **do not increase your heart rate** & cause **no sweating**
- 3** = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**
- 4** = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

Activity 1

- In the past 12 months, Sue has been an **office administrator**. **She took 2 weeks of holidays.**
- Her main physical activities = **walking, standing, and sitting.**
- She works **11.5** months a year, **5** days a week, **7.5** hours a day.
- She **walks 1.5** hours a day and rates her physical intensity level as **2**.
- She **stands 1.0** hour a day and rates her physical intensity level as **2**.

Activity 2

- In the past 12 months, Sue has been **volunteering for a foodbank**.
- Her physical activities are **lifting and standing**.
- She volunteers **10** months a year, **1** day a week, **2** hours a day.
- She rates her physical intensity level as **2** because her main activity is **standing**.

Job Title Employment and volunteer work	Main Physical Activities List up to 3 main activities that you did on the job in the past 12 months. <i>e.g. sit, stand, walk, carry loads</i>	Months per year	Days per week	Hours per day	Physical Intensity Level 1,2,3,4 <i>Choose the level for you</i>	OFFICE USE ONLY
Office Administrator	Sit	11.5	5	5.0	1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Office Administrator	Stand, Walk	11.5	5	2.5	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Foodbank volunteer	Standing and Lifting	10	1	2	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Your Employment & Volunteer Activities

- (1) Start a new line for each job that you did in the past 12 months (paid or volunteer).
- (2) Start a new line when the pattern changed, such as when the activities, intensity level, or the number of months, days or hours of the job changed.
- (3) Remember to deduct weeks or months you were on vacation.
- (4) If you are involved in a volunteer or work activity less than once a week, record the days and the appropriate interval in the “Days per week” column, e.g. “Bingo 1 day/month”.

Job Title Employment and volunteer work	Main Physical Activities List up to 3 main activities that you did on the job in the past 12 months <i>e.g. sit, stand, walk, carry loads</i>	Months per year	Days per week	Hours per day	Physical Intensity Level 1,2,3,4 <i>Choose the level for you</i>	OFFICE USE ONLY						
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Walking, biking to and from employment & volunteer activities

PHYSICAL INTENSITY LEVELS: Choose the one that best describes your experience.

- 2** = Activities (walking, biking etc.) that **do not increase your heart rate** & cause **no sweating**
- 3** = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**
- 4** = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

Activity 1

- Sandra works part-time as a **nurse** in a community health centre near her home.
- She **walks** to and from work **5** months of the year, **3** days a week, (**15 minutes each way**); the rest of the year she drives.
- She rates her physical intensity level for **walking** as **2**.

Activity 2

- Sandra also **volunteers** 1 day a week at her children's school 10 months per year.
- **4** months of the year she **bikes** to and from the school (**30 minutes each way**); the rest of the year she drives.
- She rates her physical activity level for **biking** as **3**.

Job Title Employment and volunteer work from page 3	Type of activity To go to and from work or volunteer activity <i>e.g. walk, bike, in-line skate etc.</i>	Months per year	Days per week	<u>Minutes</u> per day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
Nurse	Walk	5	3	30 min	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
School volunteer	Bike	4	1	60 min	3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Your walking, biking to and from employment & volunteer activities

- (1) Start a new line for each job from page 3 (paid or volunteer) that involves walking or biking to and/or from work in the past 12 months.
- (2) Do not include walking that is part of your job *at work*. (Walking *at work* should be recorded on page 3.)
- (3) Include any other means of transportation you use for getting to work, like in-line skating etc.
- (4) Include the time you walk to and from the bus or your car.
- (5) Record your time in minutes. (This is the only section that asks for your answer in minutes – continue to enter your time in hours in the rest of the questionnaire.)
- (6) **OR: If this section does not apply to you, please write NA on the first line.**

Job Title Employment and volunteer work from page 3	Type of activity to go to and from work or volunteer activity <i>e.g. walk, bike, in-line skate etc.</i>	Months per year	Days per week	<u>Minutes</u> per day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
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Household, Childcare & Do-It-Yourself Activities

INCLUDING:

HOUSEWORK (e.g. cook, clean, do laundry, iron, vacuum, shop for groceries)

CHILDCARE (e.g. dress, feed, play with own children)

YARD WORK (e.g. cut grass, shovel snow, wash the car, garden)

DO-IT-YOURSELF JOBS (e.g. do renovations & repairs at home or at a cabin)

For this category, **DO NOT** include activities that are done **SEATED** (e.g. sewing, paying bills).

PHYSICAL INTENSITY LEVELS: Choose the one that best describes your experience.

2 = Activities done mainly **standing**, that **do not increase your heart rate** & cause **no sweating**

3 = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**

4 = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

Activities 1 and 2

- Sandra shares the housework (**meals, dishes and laundry**) and childcare (**feeding, dressing, playing**) with her family.
- She does housework **12** months a year, **7** days a week for an average of **2** hours a day at an intensity level of **2**.
- She cares for her children **12** months a year, **7** days a week for an average of **3** hours a day at an intensity level of **3**.

Activity 3

- Sandra also shares the yard work with her husband (**gardening, cutting grass**).
- She does yard work **5** months a year, **3** days a week, and averages about **1.5** hours a day.
- She rates her physical intensity level for **yard work** as **3**.

Type of Activity	Months per Year	Days per Week	Hours per Day	Physical Intensity Level 2,3,4 Choose the level for you
Meals, dishes, laundry	12	7	2	2
Feed, dress, play with kids	12	7	3	3
Garden, cut grass	5	3	1.5	3

Your Household, Childcare & Do-It-Yourself Activities

- (1) Start a new line when the pattern changed, such as when the intensity level, or the number of months, days or hours changed in the past 12 months.
- (2) Report seasonal activities like gardening or snow shoveling separately from year round activities.
- (3) If you are being paid to provide childcare, report this activity on page 3.

Type of Activity	Months per Year	Days per Week	Hours per Day	Physical Intensity Level 2,3,4 Choose the level for you

Recreation & Leisure Activities

For this category, **DO NOT** include activities that are done **SEATED** (playing cards, reading, etc.).

PHYSICAL INTENSITY LEVELS: Choose the *one* that best describes *your* experience.

2 = Activities done mainly **standing**, that **do not increase your heart rate** & cause **no sweating**

3 = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**

4 = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

Activity 1

- Mary went on a **hiking** trip this past year.
- She went on a **10** day trip.
- She hiked about **4** hours each day.

- For her, hiking is a level **3**.

Activity 2


- Mary also **walks** regularly.
- She walks for **6** months of the year.
- She walks **4** days a week, for **30** minutes.
- For her, walking is a level **3**

Activity 3

- Mary also **cycles** regularly.
- She cycles **8** months of the year.
- She cycles **4** days a month, for **3** hours.
- For her, cycling is a level **4**.

Recreation or Leisure Activity Please be specific when possible	Months per Year	Frequency Please specify how many days •per week •per month or •per year	Hours per Day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
Hiking	--	<u>10</u> days per <u> </u> Year	4	2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Walking	6	<u>4</u> days per <u> </u> Week	0.5	3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cycling	8	<u>4</u> days per <u> </u> Month	3	4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Your Recreation & Leisure Activities

- (1) Start a new line when the pattern changed, such as when the activity, intensity level, or the number of months, days or hours of your recreational activities in the past 12 months changed.
- (2) Do not include walking that you did as part of your job or volunteer activities – this type of walking should be recorded on page 3.
- (3) Before you start, see next page for examples of activities... 

Recreation or Leisure Activity Please be specific when possible	Months per Year	Frequency Please specify how many days •per week •per month or •per year	Hours per Day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
		_____ days per _____			<input type="text"/> <input type="text"/> <input type="text"/>
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Examples of Recreation & Leisure Activities

Aerobics	Handball	Sledding
Aquacize	Hang gliding	Snorkeling
Archery	Hiking	Snow shoeing
Backpacking	Hockey	Snowboarding
Badminton	Horseback riding	Soccer
Basketball	Horseshoe pitching	Softball
Bicycling	Hunting	Squash
Billiards	Ice-skating	Stair climber
Boating	Jogging	Stationary bicycling
Bowling	Judo	Stretching
Boxing	Jujitsu	Surfing
Broomball	Karate	Swimming
Calisthenics	Kayaking	Tai chi
Canoeing	Lacrosse	Telemarking
Circuit training	Motor cross	Tennis
Climbing (rock, wall)	Orienteering	Tobogganing
Coaching	Paddleball	Track & field
Cricket	Ping-pong	Treadmill
Curling	Racquetball	Volleyball
Dancing	Rowing	Walking
Darts	Rugby	Water polo
Deepwater running	Running	Water volleyball
Diving	Sailing	Water skiing
Fishing	Scuba diving	Weight lifting
Football	Shuffleboard	Whitewater rafting
Frisbee	Skateboarding	Wrestling
Golf	Skiing, downhill	Yoga
Gymnastics	Skiing, cross-country	

Tell us what you think!

Your feedback is important to us and will be used as a tool to streamline and improve this survey. In the space below, please record your comments or concerns. If your comment is about a specific question, please refer to it by page number.

As a whole, how easy was this survey to complete?

Not easy at all 1 2 3 4 5 6 7 **Very easy**

Comments (Optional): _____

Date Completed:

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Day Month Year

Thank you very much for answering the Physical Activity Questionnaire!