

7-Day Physical Activity Recall

SSN _____

PAR#: 1 2 3 4 5 6 7

Participant Interview # 3

Interviewer _____ Today is _____ Today's Date _____

1. Were you employed in the last seven days? 0. No (Skip to Q#4) 1. Yes
2. How many days of the last seven did you work? 2 days
3. How many total hours did you work in the last seven days? 10 hours last week
4. What two days do you consider your weekend days? Sat Sun
(mark days below with a squiggle)

WORKSHEET

DAYS

		Tues.	Wed	Th	Fri	Sat	Sun	Mon	
SLEEP		1 <u>9.0</u> 11p-8a	2 <u>9.0</u> 11p-8a	3 <u>9.0</u> 11p-8a	4 <u>9.0</u> 11p-8a	5 <u>9.0</u> 11p-8a	6 <u>9.0</u> 11p-8a	7 <u>7.0</u> 12a-7a	
MORNING	Moderate								
	Hard								
	Very Hard	<u>.50</u> stairs	<u>1.50</u> surf	<u>1.50</u> surf				<u>1.0</u> surf	
AFTERNOON	Moderate		<u>.75</u> walk					<u>.25</u> surf	
	Hard								
	Very Hard				<u>.75</u> stairs				<u>.50</u> surf
EVENING	Moderate	<u>.25</u> walk							
	Hard								
	Very Hard			<u>.50</u> stairs					
Total Min Per Day	Strength:	<u>20</u>		<u>20</u>	<u>20</u>	<u>5</u>	<u>5</u>	<u>20</u>	
	Flexibility:	<u>10</u>	<u>10</u>	<u>20</u>	<u>10</u>	<u>5</u>	<u>5</u>	<u>10</u>	

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 2. Less <u>3. About the same</u>	6. Do you think this was a valid PAR interview? <u>1. Yes</u> 0. No If NO, go to the back and explain.
5. Were there any problems with the PAR interview? <u>0. No</u> 1. Yes If YES, go to the back and explain.	7. Were there any special circumstances concerning this PAR ? <u>0. No</u> 1. 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: