

Section 7: Physical Activity

Questionnaire

Based on the International Physical Activity Questionnaire for Young and Middle-aged Adults (IPAQ-YMAA-L1-D2)

I will now ask you some questions about your physical activity during the week. I will ask you to answer each question even if you don't consider yourself to be an active person. To this end, consider the physical activity involved: in your work; in getting from one place to another; in recreational and sports activities; and in household chores; for example, gardening, carpentry work, physical labor or other activities necessary for household maintenance.

7.1	How many days per week do you walk briskly for at least 10 minutes to get from one place to another, engage in sports or recreation?	1. Days per week			
		2. Don't care to respond		<input type="checkbox"/>	
		3. Don't know		<input type="checkbox"/>	
7.2	On days that you walk, how long do you walk?	a. Hours			
		b. Minutes			
7.3	Typically (ordinarily, usually), how many days per week do you perform moderate physical activities for a period of at least 10 minutes, such as: riding a bicycle at a normal speed; swim at a normal speed; rake or pick up leaves; or sweep floors (please do not include walking in your response)?	1. Days per week			
		2. Don't care to respond		<input type="checkbox"/>	
		3. Don't know		<input type="checkbox"/>	
7.4	On days when you do these types of physical activity, how much time do you spend doing them?	1. Hours			
		2. Minutes			
7.5	Typically (ordinarily, usually), how many days per week do you perform vigorous physical activities for a period of at least 10 minutes, such as digging, jogging, high-speed cycling, fast swimming, playing soccer, or shoveling snow?	1. Days per week			
		2. Don't care to respond		<input type="checkbox"/>	
		3. Don't know		<input type="checkbox"/>	
7.6	On days you do these types of physical activity, how long do you spend doing them?	1. Hours			
		2. Minutes			
7.7	Do you think that physical exercise is good for your health?	1. Yes	<input type="checkbox"/>	3. Don't know/not sure No	<input type="checkbox"/>
		2. No	<input type="checkbox"/>		



7.8	Has a doctor, nurse or other health professional ever advised you to exercise?	1. Yes	<input type="checkbox"/>	3. Don't know/not sure No	<input type="checkbox"/>	→ 7.10
		2. No	<input type="checkbox"/>			
7.9	What is the main reason your doctor has recommended that you do physical exercise?	1. To keep healthy		<input type="checkbox"/>		
		2. To maintain or control body weight		<input type="checkbox"/>		
		3. As a supplemental treatment for a specific physical ailment I have		<input type="checkbox"/>		
		4. Other reason		<input type="checkbox"/>		
		5. Don't know why/not sure No		<input type="checkbox"/>		
7.10	If you decided to start a program of physical exercise, or you already do so now, do you know of a place where you can go to get advice/help on how to go about it?	1. Yes	<input type="checkbox"/>	3. Don't recall/not sure	<input type="checkbox"/>	
		2. No	<input type="checkbox"/>			
7.11	If you decided to start a program of physical exercise, or you already do so now, do you feel that there are adequate facilities (space, specific areas, sufficient security) in place for this purpose?	1. Yes	<input type="checkbox"/>	4. Don't recall/not sure	<input type="checkbox"/>	
		2. No	<input type="checkbox"/>			

