



**DIETARY INTERVENTION STUDY IN CHILDREN
 PHYSICAL ACTIVITY ASSESSMENT FORM**

ID	_____
NC	_____
VN	_____

1. Date of interview: _____
Month Day Year

2. In comparison to other people of your age and sex, are you:

- | | | | |
|----------------------------|---|---|---------------|
| A lot less active | <input style="width: 50px; height: 20px;" type="text"/> | 1 | ACTIVE |
| A little less active | <input style="width: 50px; height: 20px;" type="text"/> | 2 | |
| About average | <input style="width: 50px; height: 20px;" type="text"/> | 3 | |
| A little more active | <input style="width: 50px; height: 20px;" type="text"/> | 4 | |
| A lot more active | <input style="width: 50px; height: 20px;" type="text"/> | 5 | |

3. Not including gym class during the regular school day, did you take any physical activity classes like dance class, swimming lessons, tennis lessons, etc, during the past 12 months?

Yes
No
1
2

(Probe for after school, weekends and summer)

If YES, answer Item 4.
 If NO, skip to Item 5.

4. What kinds of classes and lessons did you take?

	<i>Classes/Lessons</i>	<i>Code</i>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____

5. Did you take part in any organized sports teams like baseball, soccer, swim team, etc., during the past 12 months?
Yes No
1 2

(Probe for after school, weekends and summer)

If YES, answer Item 6.
If NO, skip to Item 7.

6. What kinds of sports teams were you on?

	<i>Team</i>	<i>Code</i>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____

7. During the past 12 months, have you routinely played sports or taken part in any other physical activities on a regular basis that you haven't already told me about?
Yes No
1 2

(Probe for after school, weekends and summer)

If YES, answer Item 8.
If NO, skip to Item 9.

8. Could you tell me what the sports or other activities were?

	<i>Activity</i>	<i>Code</i>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____

INSTRUCTIONS: The interviewer and participant should work together to complete this item. The total for each day should add up to 24 hours. Time should be filled out to the nearest half (0.5) hours.

9. On a usual weekday and a usual weekend day during the past month, how much time did you spend at each activity level listed below?

	Weekday Hours/day	Weekend Day Hours/day
A. Sleeping (0)	<u><i>COD0WK</i></u>	<u><i>COD0END</i></u>
B. Sedentary or Seated Activities (1)	<u><i>COD1WK</i></u>	<u><i>COD1END</i></u>
Eating TV, radio, music, videos, etc. Reading Cards, board games Playing musical instruments Computer activities Other seated activities		
C. Light or Casual Activities (2)	<u><i>COD2WK</i></u>	<u><i>COD2END</i></u>
Household chores Standing, walking, activities which require standing or walking Volleyball, ping pong, boating, sailing, bowling, fishing, horseback riding, archery Easy bike riding Playing on swings or jungle gym General play		
D. Moderate or Stop/Start Activities (3)	<u><i>COD3WK</i></u>	<u><i>COD3END</i></u>
Heavy yard chores Calisthenics Skate boarding, scooters Fast walking, hiking, hard bike riding, carrying heavy objects Frisbee, playing catch, softball, golf, recreational skating, recreational swimming in pool or at beach, dancing, aerobics, ballet, gymnastics, cheerleading, surfing, water skiing, weight lifting, shooting baskets or basketball half-court, doubles tennis All sports participation with start/stop rather than a sustained activity level		
E. Intense or Sustained Activities (4)	<u><i>COD4WK</i></u>	<u><i>COD4END</i></u>
Running, swimming laps, jogging, jump rope, cross country or downhill skiing, basketball full court, soccer, field hockey, ice hockey, singles tennis, racquetball, figure skating, paddle ball, lacrosse, touch football, rowing Code activities as intense only if you are certain activities are sustained for the entire period of time		
F. Total hours in Items A-E	_____	_____
G. Are the answers to both parts of Item F 24.0?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes 1	No 2

If NO, correct the responses and/or arithmetic before proceeding.

10. A. Signature of interviewer: _____
- B. ID number of interviewer _____

Retain a copy of this form for your files. Mail
the original to the DISC Coordinating Center:

DISC Coordinating Center
Maryland Medical Research Institute
600 Wyndhurst Avenue
Baltimore, Maryland 21210