



3 Day Physical Activity Recall

3DPAR Instructions and Intensity Scale

Instructions: The purpose of this questionnaire is to approximate the amount of physical activity that you perform. The name of each day that you will describe is in the top left-hand corner of each Activity Time Sheet.

1. For **each** time period, write in the activity number that corresponds to the **main** activity you actually performed during that particular time period. If you did more than one activity during the 30 minutes, record the activity that you did for **most** of the time. The activity numbers are found on the **Coding Instructions Sheet**. Note that the first eighteen (18) activities are shaded.
2. If the activity is shaded on the **Coding Instructions Sheet** then you do not need to fill out any of the remaining columns and you should go to the next time period. Otherwise, proceed with 3-5 below.
3. For activities 19-71, rate how physically **hard** each activity was. Place a "✓" in the timetable to indicate one of the four intensity levels for each non-shaded activity.
4. Indicate **where** you performed each non-shaded activity by writing in the corresponding number found on the **Coding Instructions Sheet**.
5. Finally, write the corresponding number for **with whom** you performed the non-shaded activity.

Intensity Scale:

- Light - Slow breathing, little or no movement.



- Moderate - Normal breathing and some movement.



- Hard - Increased breathing and moderate movement.



- Very Hard - Hard breathing and quick movement.



Sample Activity Time Sheet

The table below shows the correct way to fill out the activity time sheets. Note that only **one** intensity level is checked for each physical activity.

	Activity Number	Light	Moderate	Hard	Very Hard	Where	With Whom
6:00-6:30	16						
6:30-7:00	15						
7:00-7:30	14						
7:30-8:00	23		√			2	1
8:00-8:30	18						
8:30-9:00	18						
9:00-9:30	21			√		2	3
9:30-10:00	21			√		2	3
10:00-10:30	18						
10:30-11:00	18						
11:00-11:30	18						
11:30-12:00	1						

Coding Instructions Sheet

'Activity' Numbers:

EATING

1. Eating a meal
2. Snacking

AFTER SCHOOL/SPARE TIME/HOBBIES

3. Church
4. Hanging around
5. Homework
6. Listening to music
7. Music lesson/playing instrument
8. Playing video games/surfing internet
9. Reading
10. Shopping
11. Talking on phone
12. Watching TV or movie

SLEEP/BATHING

13. Getting dressed
14. Getting ready (hair, make-up, etc.)
15. Showering/bathing
16. Sleeping

SCHOOL

17. Lunch/free time/study hall
18. Sitting in class
19. Club, student activity
20. Marching band/flag line
21. P.E. Class

TRANSPORTATION

22. Riding in a car/bus
23. Travel by walking
24. Travel by bicycling

WORK

25. Working (e.g., part-time job, child care)
26. Doing house chores (e.g., vacuuming, dusting, washing dishes, animal care, etc.)
27. Yard Work (e.g., mowing, raking)

PHYSICAL ACTIVITIES

28. Aerobics, jazzercise, water aerobics, taeko
29. Basketball
30. Bicycling, mountain biking
31. Bowling
32. Broomball
33. Calisthenics / Exercises (push-ups, sit-ups, jumping jacks)
34. Cheerleading, drill team
35. Dance (at home, at a class, in school, at a party, at a place of worship)
36. Exercise machine (cycle, treadmill, stair master, rowing machine)
37. Football
38. Frisbee

39. Golf / Mini-golf
40. Gymnastics / Tumbling
41. Hiking
42. Hockey (ice, field, street, or floor)
43. Horseback riding
44. Jumping rope
45. Kick boxing
46. Lacrosse
47. Martial arts (karate, judo, boxing, tai kwan do, tai chi)
48. Playground games (tether ball, four square, dodge ball, kick ball)
49. Playing catch
50. Playing with younger children
51. Roller blading, ice skating, roller skating
52. Riding scooters
53. Running / Jogging
54. Skiing (downhill, cross country, or water)
55. Skateboarding
56. Sledding, tobogganing, bobsledding
57. Snowboarding
58. Soccer
59. Softball/baseball
60. Surfing (body or board) / Skimboarding
61. Swimming (laps)
62. Swimming (play, pool games – Marco Polo, water volleyball, snorkeling)
63. Tennis, racquetball, badminton, paddleball
64. Trampoline
65. Track & field
66. Volleyball
67. Walking for exercise
68. Weightlifting
69. Wrestling
70. Yoga, stretching
71. Other

'Where' Numbers:

- 1 – HOME / NEIGHBORHOOD** (yours or a friend's)
- 2 – SCHOOL** (including gym and grounds)
- 3 – COMMUNITY FACILITY** (for example: Park, Playground, Rec Center, Church, Dance Studio, Field or Gym)
- 4 – OTHER OUTDOOR PUBLIC AREA** (for example: Beach, River, Levee, Ski Area, Camping Area)
- 5 – OTHER** (for example: Mall, Doctor's Office, Movies)

'With Whom' Numbers:

- 0 – BY YOURSELF**
- 1 – WITH 1 OTHER PERSON**
- 2 – WITH SEVERAL PEOPLE** (but NOT an organized program, class or team)
- 3 – WITH AN ORGANIZED PROGRAM, CLASS or TEAM**

Insert Day Form:

Coding Instructions Sheet

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SLEEP/BATHING

13. Getting dressed
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18. Sitting in class
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TRANSPORTATION

22. Riding in a car/bus
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25. Working (e.g., part-time job, child care)
26. Doing house chores (e.g., vacuuming, dusting, washing dishes, animal care, etc.)
27. Yard Work (e.g., mowing, raking)

PHYSICAL ACTIVITIES

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32. Broomball
33. Calisthenics / Exercises (push-ups, sit-ups, jumping jacks)
34. Cheerleading, drill team
35. Dance (at home, at a class, in school, at a party, at a place of worship)
36. Exercise machine (cycle, treadmill, stair master, rowing machine)
37. Football
38. Frisbee

39. Golf / Mini-golf
40. Gymnastics / Tumbling
41. Hiking
42. Hockey (ice, field, street, or floor)
43. Horseback riding
44. Jumping rope
45. Kick boxing
46. Lacrosse
47. Martial arts (karate, judo, boxing, tai kwan do, tai chi)
48. Playground games (tether ball, four square, dodge ball, kick ball)
49. Playing catch
50. Playing with younger children
51. Roller blading, ice skating, roller skating
52. Riding scooters
53. Running / Jogging
54. Skiing (downhill, cross country, or water)
55. Skateboarding
56. Sledding, tobogganing, bobsledding
57. Snowboarding
58. Soccer
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61. Swimming (laps)
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Thank you for completing our survey.