



Trials of Hypertension Prevention
(TOHP), supported by the National
Heart, Lung, and Blood Institute,
National Institutes of Health

Visit _____

ID number _____

Initials _____

Visit Date ____/____/____

TRIALS OF HYPERTENSION PREVENTION
Physical Activity Questionnaire

THE FOLLOWING QUESTIONS ASK ABOUT YOUR USUAL LEVEL OF PHYSICAL ACTIVITY.

1. How many flights of stairs (1 flight = 10 steps) do you usually climb up each day? _____ flights per day

2. How many city blocks or their equivalent (12 blocks = 1 mile) do you walk each day? _____ blocks per day

3. How many times per week do you engage in any regular activity such as brisk walking, jogging, bicycling, etc., long enough to work up a sweat? _____ times per week

4. Would you say that during the *PAST WEEK* you were less active, more active, or about as active as usual?
More active ____ (1)
Less active ____ (2)
As active ____ (3)

5. Compared with other people your age and sex, how would you rate your physical activity during the *PAST YEAR* (CHECK ONE NUMBER ONLY)

____ (1) ____ (2) ____ (3) ____ (4) ____ (5)
Physically Inactive Moderately Active Very Active

6. On an average weekday and weekend day during the *PAST MONTH*, how much time did you spend on each of the following kinds of activities? (THE TOTAL FOR EACH DAY SHOULD ADD UP TO 24 HOURS)

	WEEKDAY	WEEKEND DAY
	Hours/Day	Hours/Day
	(to nearest ¼ hour)	(to nearest ¼ hour)

a. Vigorous activity (digging in garden, strenuous sports, jogging, heavy carpentry, bicycling on hills etc.) _____

b. Moderate activity (housework, light sports, walking, yard work, ward nursing, painting, light carpentry, bicycling on level ground, etc.) _____

c. Light activity (sitting, office work, driving a car, eating, personal care, etc.) _____

d. Sleep _____

TOTAL 24 HOURS 24 HOURS

Staff ID _____

Editor ID _____