Attachment 18

| **Harvard Lifestyle Questionnaire** | **OMB#: ####-#### EXP.DATE: ##/##/####** |
|---|---|

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN:PRA (####-####).

# Lifestyle Validation Study - Physical Activity Questionnaire

**Please use an ordinary pencil to answer all questions. Fill in the appropriate response circles completely. If you have comments, please write them on a separate piece of paper.**


**1. How much do you weigh?** **YOUR WEIGHT WITHOUT SHOES**

**DIRECTIONS:** *Weigh yourself without your shoes or heavy clothing.*

| POUNDS | | |
|---|---|---|
| 0 | 0 | 0 |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |

**2. Your resting pulse rate: (please take after sitting for 5 min.)**

- ◯ Unsure
- ◯ <55/min ◯ 55-59 ◯ 60-64 (1)
- ◯ 65-69 ◯ 70-74 ◯ 75-79 (2)
- ◯ 80-84 ◯ 85-89 ◯ 90-99
- ◯ 100 or more

**3. What is your usual walking pace outdoors?** ◯ Unable to walk eight blocks or climb a flight of stairs due to physical impairment. (3)
◯ Easy, casual (less than 2 mph) ◯ Normal, average (2–2.9 mph) ◯ Brisk pace (3–3.9 mph) ◯ Very brisk/striding (4 mph or faster)

**4. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.)** (4)
◯ No flights ◯ 1–2 flights ◯ 3–4 flights ◯ 5–9 flights ◯ 10–14 flights ◯ 15 or more flights

**5. During the past year, what was your average total time per week at each activity?** (5)

| | AVERAGE TOTAL TIME PER WEEK | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NONE | 1–4 Min. | 5–19 Min. | 20–39 Min. | 40–80 Min. | 1.5 Hrs. | 2–3 Hrs. | 4–6 Hrs. | 7–10 Hrs. | 11–20 Hrs. | 21–30 Hrs. | 31–40 Hrs. | 40+ Hrs. | |
| Walking to work or for exercise (including golf) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (a) |
| Jogging (slower than 10 minutes/mile) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (b) |
| Running (10 minutes/mile or faster) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (c) |
| Bicycling (including stationary machine) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (d) |
| Biking intensity: ◯ Low ◯ Medium ◯ High | | | | | | | | | | | | | | |
| Lap swimming | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (e) |
| Swimming intensity: ◯ Low ◯ Medium ◯ High | | | | | | | | | | | | | | |
| Tennis | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (f) |
| Tennis intensity: ◯ Low ◯ Medium ◯ High | | | | | | | | | | | | | | |
| Squash or racquetball | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (g) |
| Other aerobic exercise (exercise classes, etc.) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (h) |
| Lower intensity exercise (yoga, stretching, toning) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (i) |
| Moderate outdoor work (e.g., yardwork, gardening) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (j) |
| Heavy outdoor work (e.g., digging, chopping) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (k) |
| Weight training/resistance exercises — arms | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (l) |
| (include machines such as LifeFitness) — legs | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (m) |
| Standing or walking around work | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (n) |
| Standing or walking around home | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (o) |
| Sitting at work or commuting | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (p) |
| Sitting at home while watching TV/VCR/DVD | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (q) |
| Other sitting at home (e.g., desk, eating, computer) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ | (r) |

**6. In an average week, on how many days do you usually exercise (include brisk walking or more strenuous activity)?** (6)
◯ None ◯ 1 day ◯ 2 days ◯ 3 days ◯ 4 days ◯ 5 days ◯ 6 days ◯ 7 days



If you have any questions please do not hesitate to call our study contact at: **1-877-NHS-2010**
Please log-on to our study website at: **www.myNHS2010.org** to let us know you have completed and mailed this questionnaire.

Thank you. Please return to: **Lifestyle Validation Study, 181 Longwood Ave., Boston, MA 02115-5804**

This is your ID