



Albertans Studying the Connection Between Lifestyle and Cancer

The Physical Activity Questionnaire is one of three questionnaires that will describe your past and current health as you begin to participate in The Tomorrow Project cancer research study.

The questions are about your **physical activities in the past 12 months**, including:

- **Employment & Volunteer** activities
- **Household & Do-it-yourself** activities
- **Recreation & Leisure** activities

This questionnaire may take about 15-20 minutes to answer.

If you are not sure of how to answer a question, please feel free to contact us:

- Call our toll free number: 1.877.919.9292
- Email us: tomorrow@cancerboard.ab.ca

Acknowledgments must be given to Dr. Christine Friedenreich of the Alberta Cancer Board, Canada if this questionnaire is used or modified

Physical Activity Questionnaire

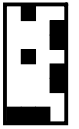
Directions:

- First, record the types of activities you took part in over the past 12 months.
- Next, record how often you took part in each activity, for how long, and at what intensity level.
- The timing and intensity of your activities may have varied over the 12 months. Do your best to estimate your average or usual activity pattern.
- Do not “double-count” hours – your total activity hours should add up to no more than the hours you are awake.
- In each section, the top pages provide examples of how to fill in the charts. Read through the examples and then fill in your activities on the bottom pages.
- **If a whole page does not apply to you, please write NA in the first column. We will then know you did not miss the page.**

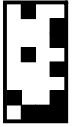


ALBERTA CANCER FOUNDATION

A research initiative of the Alberta Cancer Board



Employment & Volunteer Activities



PHYSICAL INTENSITY LEVELS: Choose the one that best describes your experience.

- 1** = Activities done mainly **sitting** down
- 2** = Activities done mainly **standing**, that **do not increase your heart rate** & cause **no sweating**
- 3** = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**
- 4** = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

Activity 1

- In the past 12 months, Joe's job has been **farming**. He took **2 weeks of holidays**.
- His main physical activities = **drive** equipment, **walk & shovel**.
- He farms **11.5** months a year, **6** days a week, **9.5** hours a day.
- He **drives** and **walks 8.5** hours a day and rates his physical intensity level for those activities as **2**.
- He **shovels 1.0** hours a day and rates his physical intensity level for shoveling as **4**.

Activity 2

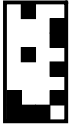
- In the past 12 months Joe has been **volunteering for a 4H Club**.
- His physical activities are **sitting** and **standing**.
- He volunteers **10** months a year, **1** day a week, **2** hours a day.
- He rates his physical intensity level as **1** because his main activity is sitting.

Job Title Employment and volunteer work	Main Physical Activities List up to 3 main activities that you did on the job in the past 12 months <i>e.g. sit, stand, walk, carry loads</i>	Months per Year	Days per Week	Hours per Day	Physical Intensity Level 1,2,3,4 Choose the level for you	OFFICE USE ONLY																				
Farmer	Drive, walk	11.5	6	8.5	2	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
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4H Club volunteer	Sit, stand	10	1	2	1	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

Your Employment & Volunteer Activities

- (1) Start a new line for each job that you did in the past 12 months (paid or volunteer).
- (2) Start a new line when the pattern changed, such as when the activities, intensity level, or the number of months, days or hours of the job changed.
- (3) Remember to deduct weeks or months you were on vacation.
- (4) If you are involved in a volunteer or work activity less than once a week, record the days and the appropriate interval in the "Days per week" column, e.g. "Bingo 1 day/month".

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Job Title Employment and volunteer work	Main Physical Activities List up to 3 main activities that you did on the job in the past 12 months <i>e.g. sit, stand, walk, carry loads</i>	Months per Year	Days per Week	Hours per Day	Physical Intensity Level 1,2,3,4 Choose the level for you	OFFICE USE ONLY												
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Walking, biking to and from employment & volunteer activities

PHYSICAL INTENSITY LEVELS: Choose the one that best describes your experience.

- 2** = Activities (walking, biking etc.) that **do not increase your heart rate** & cause **no sweating**
- 3** = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**
- 4** = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

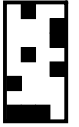
Activity 1

- Sandra works part-time as a **nurse** in a community health centre near her home.
- She **walks** to and from work **5** months of the year, **3** days a week, (**15 minutes each way**); the rest of the year she drives.
- She rates her physical intensity level for **walking** as **2**.

Activity 2

- Sandra also **volunteers** 1 day a week at her children's school 10 months per year.
- **4** months of the year she **bikes** to and from the school (**30 minutes each way**); the rest of the year she drives.
- She rates her physical activity level for **biking** as **3**.

Job Title Employment and volunteer work from page 3	Type of Activity To go to and from work or volunteer activity <i>e.g. walk, bike, in-line skate etc.</i>	Months per Year	Days per Week	Minutes per Day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
Nurse	Walk	5	3	30 min	2	<input type="text"/> <input type="text"/> <input type="text"/>
School Volunteer	Bike	4	1	60 min	3	<input type="text"/> <input type="text"/> <input type="text"/>



Your walking, biking to and from employment & volunteer activities

- (1) Start a new line for each job from page 3 (paid or volunteer) that involves walking or biking to and/or from work in the past 12 months.
- (2) Do not include walking that is part of your job *at work*. (Walking *at work* should be recorded on page 3.)
- (3) Include any other means of transportation you use for getting to work, like in-line skating etc.
- (4) Include the time you walk to and from the bus or your car.
- (5) Record your time in minutes. (This is the only section that asks for your answer in minutes – continue to enter your time in hours in the rest of the questionnaire.)
- (6) **OR: If this section does not apply to you, please write NA on the first line.**

Job Title Employment and volunteer work from page 3	Type of Activity To go to and from work or volunteer activity <i>e.g. walk, bike, in-line skate etc.</i>	Months per Year	Days per Week	<u>Minutes</u> per Day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
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Household, Childcare & Do-It-Yourself Activities



INCLUDING:

- HOUSEWORK (e.g. cook, clean, do laundry, iron, vacuum, shop for groceries)
- CHILDCARE (e.g. dress, feed, play with own children)
- YARD WORK (e.g. cut grass, shovel snow, wash the car, garden)
- DO-IT-YOURSELF JOBS (e.g. do renovations & repairs at home or at a cabin)

For this category, **DO NOT** include activities that are done **SEATED** (e.g. sewing, paying bills).

PHYSICAL INTENSITY LEVELS: Choose the one that best describes your experience.

- 2** = Activities done mainly **standing**, that **do not increase your heart rate** & cause **no sweating**
- 3** = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**
- 4** = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

Activities 1 and 2

- Sandra shares the housework (**meals, dishes and laundry**) and childcare (**feeding, dressing, playing**) with her family.
- She does housework **12** months a year, **7** days a week for an average of **2** hours a day at an intensity level of **2**.
- She cares for her children **12** months a year, **7** days a week for an average of **3** hours a day at an intensity level of **3**.

Activity 3

- Sandra also shares the yard work with her husband (**gardening, cutting grass**).
- She does yard work **5** months a year, **3** days a week, and averages about **1.5** hours a day.
- She rates her physical intensity level for **yard work** as **3**.

Type of Activity	Months per Year	Days per Week	Hours per Day	Physical Intensity Level 2,3,4 Choose the level for you
Meals, dishes, laundry	12	7	2	2
Feed, dress, play with kids	12	7	3	3
Garden, cut grass	5	3	1.5	3

Recreation & Leisure Activities

For this category, **DO NOT** include activities that are done **SEATED** (playing cards, reading, etc.).

PHYSICAL INTENSITY LEVELS: Choose the one that best describes your experience.

2 = Activities done mainly **standing**, that **do not increase your heart rate** & cause **no sweating**

3 = Activities that cause **your heart rate to increase slightly** & cause **some light sweating**

4 = Activities that cause **your heart rate to increase substantially** & cause **heavy sweating**

EXAMPLE:

Activity 1

- Greg went on a **fishing** trip this past year.
- He went on a **10** day trip.
- He fished about **4** hours each day.
- For him, fishing is a level **2**.

Activity 2


- Greg also **walks** regularly.
- He walks for **6** months of the year.
- He walks **4** days a week, for **30** minutes.
- For him, walking is a level **3**.

Activity 3

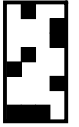
- Greg also **cycles** regularly.
- He cycles **8** months of the year.
- He cycles **4** days a month, for **3** hours.
- For him, cycling is a level **4**.

Recreation or Leisure Activity Please be specific when possible	Months per Year	Frequency Please specify how many days -per week -per month or -per year	Hours per Day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
Fishing	--	<u>10</u> days per <u>Year</u>	4	2	<input type="text"/> <input type="text"/> <input type="text"/>
Walking	6	<u>4</u> days per <u>Week</u>	0.5	3	<input type="text"/> <input type="text"/> <input type="text"/>
Cycling	8	<u>4</u> days per <u>Month</u>	3	4	<input type="text"/> <input type="text"/> <input type="text"/>

Your Recreation & Leisure Activities

- (1) Start a new line when the pattern changed, such as when the activity, intensity level, or the number of months, days or hours of your recreational activities in the past 12 months changed.
- (2) Do not include walking that you did as part of your job or volunteer activities – this type of walking should be recorded on page 3.
- (3) Before you start, see next page for examples of activities... 

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Recreation or Leisure Activity Please be specific when possible	Months per Year	Frequency Please specify how many days -per week -per month or -per year	Hours per Day	Physical Intensity Level 2,3,4 Choose the level for you	OFFICE USE ONLY
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Examples of Recreation & Leisure Activities

Aerobics
Aquacize
Archery
Backpacking
Badminton
Basketball
Bicycling
Billiards
Boating
Bowling
Boxing
Broomball
Calisthenics
Canoeing
Circuit training
Climbing (rock, wall)
Coaching
Cricket
Curling
Dancing
Darts
Deepwater running
Diving
Fishing
Football
Frisbee
Golf
Gymnastics

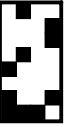
Handball
Hang gliding
Hiking
Hockey
Horseback riding
Horseshoe pitching
Hunting
Ice-skating
Jogging
Judo
Jujitsu
Karate
Kayaking
Lacrosse
Motor cross
Orienteering
Paddleball
Ping-pong
Racquetball
Rowing
Rugby
Running
Sailing
Scuba diving
Shuffleboard
Skateboarding
Skiing, downhill
Skiing, cross-country

Sledding
Snorkeling
Snow shoeing
Snowboarding
Soccer
Softball
Squash
Stair climber
Stationary bicycling
Stretching
Surfing
Swimming
Tai chi
Telemarking
Tennis
Tobogganing
Track & field
Treadmill
Volleyball
Walking
Water polo
Water volleyball
Water skiing
Weight lifting
Whitewater rafting
Wrestling
Yoga

Tell us what you think!

Your feedback is important to us and will be used as a tool to streamline and improve this survey. In the space below, please record your comments or concerns. If your comment is about a specific question, please refer to it by page number.

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As a whole, how easy was this survey to complete?

Not easy at all 1 2 3 4 5 6 7 Very Easy

Comments (optional): _____

Date Survey Completed: _____

Your Current Age: _____

Please fill in the corresponding bubble for your gender: Male Female

Thank you very much for answering the Physical Activity Questionnaire!

Please return the questionnaire in the postage paid envelope at your earliest convenience