

Activity Assessment

Occupation:

- Employed Full-Time
- Employed Part-Time
- Homemaker Retired
- Student

Exercise Equipment:

- Treadmill Stationary bicycle Elliptical trainer
- Other machine _____
- Videos/DVDs _____
- Video game exercise program _____
- Resistance Bands Gym membership
- Weights (Machine/Free Weights)

Please place an X in the box next to the activities that you routinely have done in the past year

Self-care/Home Care	Occupational/Hobbies	Recreational	Physical Conditioning	Level of Activity
<input type="checkbox"/> Bathing, dressing <input type="checkbox"/> Computer/desk work <input type="checkbox"/> Washing dishes <input type="checkbox"/> Cooking <input type="checkbox"/> Driving (auto)	<input type="checkbox"/> Sitting (clerical) <input type="checkbox"/> Standing <input type="checkbox"/> Driving <input type="checkbox"/> Machine operator (seated)	<input type="checkbox"/> Hand crafts <input type="checkbox"/> Billiards <input type="checkbox"/> Golf (cart) <input type="checkbox"/> Fishing <input type="checkbox"/> Bingo/cards	<input type="checkbox"/> Walking (2 mph) <input type="checkbox"/> Stationary bike (low tension) <input type="checkbox"/> Very light resistance training/weights	Very Light (<3 METS)
<input type="checkbox"/> Cleaning <input type="checkbox"/> Raking/weeding <input type="checkbox"/> Lawn (power mowing) <input type="checkbox"/> Vacuuming <input type="checkbox"/> Laundry <input type="checkbox"/> Grocery shopping <input type="checkbox"/> Carrying 15-30 pounds	<input type="checkbox"/> Stocking Shelves <input type="checkbox"/> Light welding <input type="checkbox"/> Light carpentry <input type="checkbox"/> Machine assembly <input type="checkbox"/> Auto repair <input type="checkbox"/> Climbing	<input type="checkbox"/> Dancing <input type="checkbox"/> Golf (walking) <input type="checkbox"/> Sailing/boating <input type="checkbox"/> Horseback riding <input type="checkbox"/> Tennis (doubles) <input type="checkbox"/> Hunting <input type="checkbox"/> Bowling	<input type="checkbox"/> Walking (3-4 mph) <input type="checkbox"/> Bicycling (level ground or slow pace) <input type="checkbox"/> Light resistance training/ weights	Light (3-5 METS)
<input type="checkbox"/> Gardening <input type="checkbox"/> Climbing stairs (slow) <input type="checkbox"/> Lawn mowing (hills) <input type="checkbox"/> Carrying 30-60 pounds	<input type="checkbox"/> Carpentry (exterior building) <input type="checkbox"/> Shoveling <input type="checkbox"/> Operating pneumatic tools	<input type="checkbox"/> Downhill skiing <input type="checkbox"/> XC Skiing level <input type="checkbox"/> Tennis (singles) <input type="checkbox"/> Horseback riding (gallop) <input type="checkbox"/> Video/Fitness Program	<input type="checkbox"/> Walking (4-5 mph) <input type="checkbox"/> Swimming (breaststroke) <input type="checkbox"/> Bicycling (moderate pace or up small hills)	Moderate (5-7 METS)
<input type="checkbox"/> Sawing wood <input type="checkbox"/> Heavy shoveling <input type="checkbox"/> Climbing steps (moderate pace) <input type="checkbox"/> Carrying 60-90 pounds	<input type="checkbox"/> Heavy digging or shoveling <input type="checkbox"/> Large machine repair	<input type="checkbox"/> Canoeing <input type="checkbox"/> Hiking (hills)	<input type="checkbox"/> Jogging (5 mpg) <input type="checkbox"/> Swimming (freestyle) <input type="checkbox"/> Rowing (machine)	Heavy (7-9 METS)
<input type="checkbox"/> Carrying >90 pounds <input type="checkbox"/> Shoveling heavy snow <input type="checkbox"/> Climbing stairs (quickly)	<input type="checkbox"/> Heavy laborer	<input type="checkbox"/> Vigorous basketball <input type="checkbox"/> Racquetball <input type="checkbox"/> X-country skiing	<input type="checkbox"/> Running (>6 mph) <input type="checkbox"/> Bicycling (fast pace or up steep hill) <input type="checkbox"/> Heavy lifting/ power lifting	Very Heavy (>9 METS)



Your Name _____