

Physical Activity Questionnaire

The next set of questions asks about what physical activity you currently do.

Please think about your physical activity in the last week.

Last week did you do any of the following types of activity for at least 20 minutes? (<i>Tick one or more boxes</i>)	For each of the activity types which you have ticked, could you <i>please write the name of the activity</i> in the corresponding box below (e.g. brisk walking)	How much time in the past week have you spent doing the physical activities mentioned? (<i>write time spent in hours and minutes in the box below</i>)
Routine activity (e.g. brisk walking, dancing, gardening) <input type="checkbox"/>	hoursmins
Structured exercise (e.g. aerobics, jogging, weight training) <input type="checkbox"/>	hoursmins
Competitive individual sport (e.g. squash, competitive running) <input type="checkbox"/>	hoursmins
Competitive team sport (e.g. football, hockey) <input type="checkbox"/>	hoursmins

Last week, compared to other people of your age would you say you had been (*tick one box*):

- Very physically active
- Fairly physically active
- Not very physically active
- Not at all physically active