

**STRICTLY
CONFIDENTIAL**

Activity Questionnaire

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
Unit for Lifelong Health and Aging at UCL
33 Bedford Place
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ACTIVITY STUDY 2015

Activity questionnaire

Version: 13/03/15

This questionnaire is about your participation in physical activity, both now and in the past, and your bone and joint health.

When completing the questionnaire please use a pen to circle the appropriate response(s) to each question and provide further details when requested either in the boxes or space provided.

All information you give us will be treated in the strictest confidence. If you have any queries please do not hesitate to telephone us on 0800 9520 249 or 020 7670 5705 or email us at: mrclha.enquiries@ucl.ac.uk.

Please return this completed questionnaire along with the activity monitor, belt and time sheet using the pre-paid envelope provided. Thank you very much for your time and co-operation.

Please enter the date you completed the questionnaire:

AQINTD15 **AQINTM15**
 Day Month 2015

Office Use Only

Date Received:

Signed in:

Comments:

AQCOMM15

AQRECD15 **AQRECM15** **AQRECY15**

Questions 1 to 4 are about your **current physical activity**.

1. Do you make regular journeys every day or most days either walking or cycling?

CYCWLK15	No	0
	Yes, I walk	1
	Yes, I cycle	2
	Yes, I walk and cycle	3

2. How many times during a typical day do you walk up a flight of stairs?
(1 flight of stairs = 10 steps)

WLKUPS15	None	0
	1 – 2 times	1
	3 – 4 times	2
	5 – 10 times	3
	More than 10 times	4

3. Which of the following best describes your walking speed?

WLKSPD15	Unable to walk	1
	Very slow	2
	Stroll at an easy pace	3
	Normal speed	4
	Fairly brisk	5
	Fast	6

4a. Over the past 7 days, have you taken part in any physical activities?

ACTY15	Yes	1	
	No	0	→ If No, please go to Q5 on page 6

Physical activity in the last 7 days

4b. If yes, please indicate how much time you spent doing each activity you participated in during the last 7 days.

Please leave the row blank if you have not participated in the specified activity in the last 7 days.

		Less than an hour	1-2 hours	2-4 hours	More than 4 hours
a. Aerobics	AERO15	1	2	3	4
b. Aqua aerobics	AAERO15	1	2	3	4
c. Badminton	BADMNT15	1	2	3	4
d. Bowls	BWLS15	1	2	3	4
e. Cycling	CYCLE15	1	2	3	4
f. Dancing	DANCNG15	1	2	3	4
g. Football/hockey	FOOTBL15	1	2	3	4
h. Gardening, light (e.g. pruning, watering)	LGRD15	1	2	3	4
i. Gardening, heavy (e.g. digging, mowing)	HGRD15	1	2	3	4
j. Golf	GOLF15	1	2	3	4
k. Gym	GYM15	1	2	3	4
l. Hiking	HIKE15	1	2	3	4
m. Housework	HWK15	1	2	3	4
n. Jogging/running	RUN15	1	2	3	4
o. Snow skiing	SKIING15	1	2	3	4
p. Squash	SQUASH15	1	2	3	4
q. Swimming	SWIM15	1	2	3	4
r. Tennis	TENNIS15	1	2	3	4
s. Tai Chi/ Yoga/ Pilates	YOGA15	1	2	3	4
t. Walking	WALK15	1	2	3	4
u. Water sports (e.g. windsurfing)	WSPORT15	1	2	3	4
v. Exercises with weights (in a gym or at home)	HLIFT15	1	2	3	4
w. Other physical activity (please specify)	ACTYO15	1	2	3	4
.....					

4c. You have just been asked about your physical activity in the past 7 days. Were these 7 days normal as compared to the rest of the year?

- PACTY15 Yes 1 → If Yes, please go to Q5
 No, I did more 2 → please go to Q4d
 No, I did less 3 → please go to Q4e

4d. No, I did more because of:

- PACTMW15 the weather 1
 PACTMH15 holiday 2
 PACTMO15 other (please specify) 3
-

4e. No, I did less because of:

- PACTLW15 the weather 1
 PACTLH15 holiday 2
 PACTLO15 other (please specify) 3
 PACTLI15 *Illness, unwell* 4
-

Questions 5 and 6 are about your **past physical activity**.

5. How often did/do you take part in sports and leisure time exercise involving weight bearing activity? (e.g. running, racquet sports, football, rugby and hockey – not including walking, cycling or swimming)

Please circle your best approximation for each age category

	None	Occasionally (once a month)	Frequently (once a week)	Very frequently (more than once a week)
a. Up to age 18 EXER1815	0	1	2	3
b. When you were aged 18-29 EXER2915		1	2	3
c. When you were aged 30-49 EXER4915		1	2	3
d. Since you were 50 EXER5015	0	1	2	3

6. Considering 20 minutes of brisk walking is about 1 mile, how many miles did/do you usually walk each day?

Please circle your best approximation for each age category

		Under 1 mile	1 to 2 miles	3 to 5 miles	More than 5 miles
a. Up to age 18	WLKD1815	1	2	3	4
b. When you were aged 18-29	WLKD2915		2	3	4
c. When you were aged 30-49	WLKD4915		2	3	4
d. Since you were 50	WLKD5015	1	2	3	4

Questions 7 to 11 are about **falls and your joints and bones.**

7. On a scale of 1 to 10, with 1 being not confident at all and 10 being very confident, how confident are you that you can do each of the following activities without falling?

Please circle the appropriate responses to indicate your confidence of not falling while doing each of the listed activities

		NOT confident										VERY confident									
		1 ←—————→ 10																			
a. Take a bath or shower	FALLA15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
b. Reach into cabinets or closets	FALLB15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
c. Walk around the house	FALLC15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
d. Prepare meals not requiring carrying heavy or hot objects	FALLD15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
e. Get in and out of bed	FALLE15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
f. Answer the door or telephone	FALLF15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
g. Get in and out of a chair	FALLG15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
h. Get dressed and undressed	FALLH15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
i. Personal grooming (e.g. washing your face)	FALLI15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
j. Get on and off the toilet	FALLJ15	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

8a. Do you regularly use any aids to help you get around?

- Yes 1
 No **WAD15** 0 → *If No, please go to Q9*

8b. If yes, what aids do you use? (please circle all that apply)

- Walking stick 1 **WADSTK15**
 Zimmer frame 2 **WADZFR15**
 Trolley/frame 3 **WADTRL15**
 Mobility scooter 4 **WADMBS15**
 Wheelchair 5 **WADCHR15**
 Other (*please specify*) 6 **WADO15**
-

9. Do you have a noticeable limp?

- Yes 1
 No **LIMP15** 0

10a. Have you had a joint replacement?

- Yes 1
 No **JTRT15** 0 → *If No, please go to Q11a*

10b. If yes, please circle the appropriate number(s) to indicate which joint was replaced and how long ago.

Please leave the row blank if you have not had the specified joint replaced.

Joint replaced	Time since replacement			
	Less than 6 months	6-12 months	1-2 years	More than 2 years ago
a. Right Hip JTRH15	1	2	3	4
b. Left Hip JTLH15	1	2	3	4
c. Right Knee JTRK15	1	2	3	4
d. Left Knee JTLK15	1	2	3	4

11a. Is your ability to walk restricted due to pain?

Yes		1
No	WLKPAIN15	0

11b. If yes, please circle the appropriate number(s) indicating where the pain occurs and the time walked before you have to stop as a result of pain

Please leave the row blank if you do not experience pain in the specified location.

	Time walked before being interrupted by pain				
	Less than 1 minute	1 to 5 minutes	5 to 10 minutes	10 to 20 minutes	More than 20 minutes
a. Right Hip PAINRH15	1	2	3	4	5
b. Left Hip PAINLH15	1	2	3	4	5
c. Right Knee PAINRK15	1	2	3	4	5
d. Left Knee PAINLK15	1	2	3	4	5
e. Right Ankle PAINRA15	1	2	3	4	5
f. Left Ankle PAINLA15	1	2	3	4	5
g. Back PAINB15	1	2	3	4	5

Thank you for taking the time to complete this questionnaire.