



Date

Name

1. Please tell us the type and amount of physical activity involved in your work.

	Please mark one box only
a I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	<input type="checkbox"/>
b I spend most of my time at work sitting (such as in an office)	<input type="checkbox"/>
c I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	<input type="checkbox"/>
d My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	<input type="checkbox"/>
e My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	<input type="checkbox"/>

2. During the last week, how many hours did you spend on each of the following activities? Please answer whether you are in employment or not.

Please mark one box only on each row

	None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Cycling, including cycling to work and during leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Walking, including walking to work, shopping, for pleasure etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Housework / Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Gardening / DIY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How would you describe your usual walking pace?

Please mark one box only

Slow pace <i>(i.e. less than 3 mph)</i>	<input type="checkbox"/>	Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>	Fast pace <i>(i.e. over 4 mph)</i>	<input type="checkbox"/>

Thank you for completing this questionnaire. Your answers will help your GP or nurse give you personalised physical activity advice.