

PHYSICAL ACTIVITY IN YOUR SPARE TIME

9. The following activities refer to physical activities that are not related to work. Have you done any of the following physical activities in the past 12 months?

Please indicate whether you have done each activity listed below. Then for those activities which you have done, please complete the number of times done each month, and the average time spent on each occasion (not counting travel time, changing etc.).

	No	Yes	Number of times each month												Average time per occasion	
			Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	hrs	min
walking for exercise	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
bicycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
jogging or running	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
home exercises	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
exercise class, aerobics	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_

	No	Yes	J	F	M	A	M	J	J	A	S	O	N	D	hrs	min
ice skating	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
cross-country skiing	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
downhill skiing	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
ice hockey	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
swimming	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_

	No	Yes	J	F	M	A	M	J	J	A	S	O	N	D	hrs	min
gardening, yard work	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
golf	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
tennis	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
weight training	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
baseball, softball	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_

	No	Yes	J	F	M	A	M	J	J	A	S	O	N	D	hrs	min
popular or social dance	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
ballet, modern or jazz dance	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
square or folk dance	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_
bowling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	_ _ _ _ _ _ _ _ _ _ _ _												_	_

Please refer to the Physical Activity Reference Card and list any other activities that you have done in the past 12 months.

		J	F	M	A	M	J	J	A	S	O	N	D	hrs	min
_____	20	_ _ _ _ _ _ _ _ _ _ _ _												_	_
_____	21	_ _ _ _ _ _ _ _ _ _ _ _												_	_
_____	22	_ _ _ _ _ _ _ _ _ _ _ _												_	_
_____	23	_ _ _ _ _ _ _ _ _ _ _ _												_	_
_____	24	_ _ _ _ _ _ _ _ _ _ _ _												_	_