

## **General Practice Physical Activity Questionnaire**

Date.....

Name.....

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

a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full- time carer etc.)	Please mark one box only
b	I spend most of my time at work sitting (such as in an office)	
с	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.)	
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.)	
е	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

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* 

		None	Some but	1 hour but	3 hours or
			less than	less than	more
			1 hour	3 hours	
	Physical exercise such as swimming,				
а	jogging, aerobics, football, tennis, gym				
	workout etc.				
b	Cycling, including cycling to work and				
	during leisure time				
с	Walking, including walking to work,				
	shopping, for pleasure etc.				
d	Housework/Childcare				
е	Gardening/DIY				

Please mark one box only on each row

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)	Steady average pace	
Brisk pace	Fast pace (i.e. over 4mph)	