ACTIVITIES SCALE

On the next page is a scale which records the main activities you did yesterday. Please be certain to write on the scale the day of the week that “yesterday” was.

1. For each time period write the number(s) of the main activities you actually did in the boxes on the time scale.

2. Then rate how physically hard these activities were. Place an "X" on the rating scale to indicate if the activities for each time period were:

   - **Very Light – Slow breathing, little or no movement.**

   - **Light – Normal breathing, regular movement.**

   - **Medium – Increased breathing, moving quickly for short periods of time.**

   - **Hard – Hard breathing, moving quickly for 20 minutes or more.**

Please be as accurate as possible but fill out the scale quickly.
Activity Numbers

Eating
1. Meal
2. Snack
3. Cooking

Sleep/Bathing
4. Sleeping
5. Resting
6. Shower/bath

Transportation
7. Ride in car, bus
8. Travel by walking
9. Travel by bike

Work/School
10. Job (list)
11. Homework/paperwork
12. House chores (list)

Spare Time
13. Watch TV
14. Go to movies/concert
15. Listen to music
16. Talk on phone
17. Hang around
18. Shopping
19. Play video games
20. Other (list)

Physical Activities
21. Walk
22. Jog/run
23. Dance (for fun)
24. Aerobic dance
25. Swim (for fun)
26. Swim laps
27. Ride bicycle
28. Lift weights
29. Use skateboard
30. Play organized sport
31. Did individual exercise
32. Did active game outside
33. Other (list)
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<th>Activity Numbers</th>
<th>Very Light</th>
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</table>

Circle the day of the week that you did these activities.

1. Put Activity Numbers in this column.

2. Put an "X" to rate how hard these activities were.

Study Volunteer ID: 

Date: 

IRB APPROVED

APR 11 2013

University of North Texas
Health Science Center