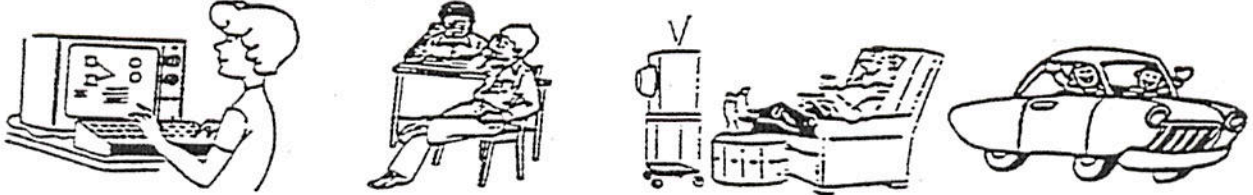


ACTIVITIES SCALE

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:

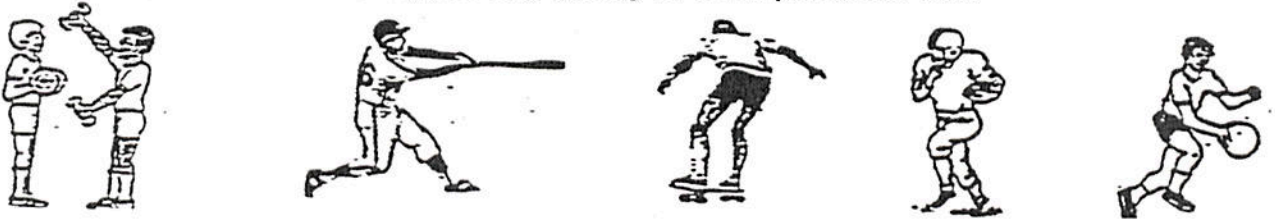
Very Light – Slow breathing, little or no movement.



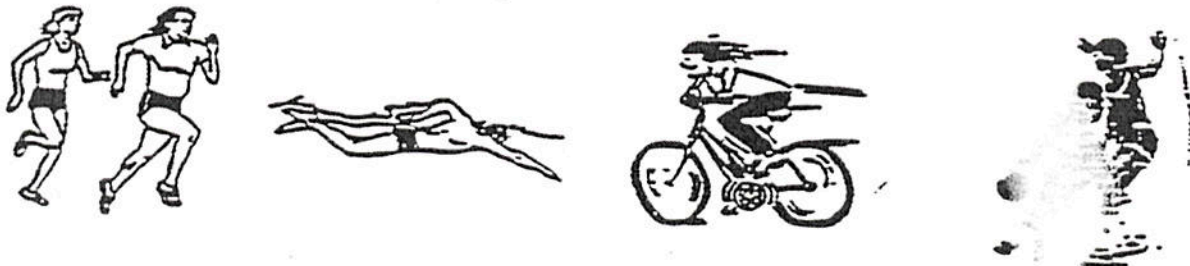
Light – Normal breathing, regular movement.



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.

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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) _____

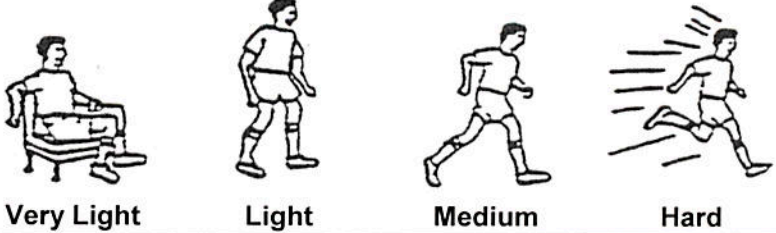
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Circle the day of the week that you did these activities
M T W Th F Sa Su

Put Activity 1. Numbers in this column.

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



		M	T	W	Th	F	Sa	Su	Activity Numbers	Very Light	Light	Medium	Hard
Afternoon	3:00												
	3:30												
	4:00												
	4:30												
Supper	5:00												
	5:30												
	6:00												
	6:30												
Evening	7:00												
	7:30												
	8:00												
	8:30												
	9:00												
Night	9:30												
	10:00												
	10:30												
	11:00												

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