

International Physical Activity Questionnaire - Short Form

 **OVERVIEW**

- This measure assesses the types of intensity of physical activity and sitting time that people do as part of their daily lives are considered to estimate total physical activity in MET-min/week and time spent sitting.

 **SUBSCALES**

- None
- Sample items from the scale:
 - » During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

 **STEPPING UP THEME(S) & OUTCOME(S)**

- **Health & Wellness**
 - » Youth are physically healthy

 **GOOD TO KNOW**

- Used by the Ontario Trillium Foundation
- [Click here for Guidelines for Data Processing and Analysis of the International Physical Activity Questionnaire \(IPAQ\) - Short Form](#)

 **PSYCHOMETRICS**

- **Reliability**
 - Test-retest reliability indicated good stability
 - High reliability ($\alpha < .80$)
- **Validity**
 - Predictive validity
 - Concurrent validity
 - Convergent validity
 - Criterion validity
 - Discriminant validity

 **TARGET POPULATION**

- Youth 15 years of age and older

 **LENGTH & HOW IT IS MEASURED**

- 7 items
- Open-ended questions surrounding individuals' last 7-day recall of physical activity
- Self-report, paper-pencil version or orally
- Available in: English and many other languages

 **DEVELOPER**

- International Physical Activity Questionnaire, 1998

 **LEARN MORE**

- International Physical Activity Questionnaire. (2016). Home. Retrieved from <https://sites.google.com/site/theipaq/>
- C.L. Craig, A. Marshall, M. Sjostrom, A. Bauman, M. Booth, B. Ainsworth, *et al.* International Physical Activity Questionnaire: 12-country reliability and validity. *Med Sci Sports Exerc*, 35 (2003), pp. 1381–1395
- Lee, P.H., Macfarlane, D.J., Lam, T.H., Stewart, S.M. (2011). *Validity of the international physical activity questionnaire short form (IPAQ-SF): A systematic review.* *International Journal of Behavioral Nutrition and Physical Activity*. 8:115.
- van Poppel MNM, Chinapaw MJM, Mokkink LB, van Mechelen W, Terwee CB: Physical activity questionnaires for adults: A systematic review of measurement properties. *Sports Medicine*. 2010, 40: 565-600. 10.2165/11531930-000000000-00000.

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (August 2002)

SHORT LAST 7 DAYS SELF-ADMINISTERED FORMAT

FOR USE WITH YOUNG AND MIDDLE-AGED ADULTS (15-69 years)

The International Physical Activity Questionnaires (IPAQ) comprises a set of 4 questionnaires. Long (5 activity domains asked independently) and short (4 generic items) versions for use by either telephone or self-administered methods are available. The purpose of the questionnaires is to provide common instruments that can be used to obtain internationally comparable data on health-related physical activity.

Background on IPAQ

The development of an international measure for physical activity commenced in Geneva in 1998 and was followed by extensive reliability and validity testing undertaken across 12 countries (14 sites) during 2000. The final results suggest that these measures have acceptable measurement properties for use in many settings and in different languages, and are suitable for national population-based prevalence studies of participation in physical activity.

Using IPAQ

Use of the IPAQ instruments for monitoring and research purposes is encouraged. It is recommended that no changes be made to the order or wording of the questions as this will affect the psychometric properties of the instruments.

Translation from English and Cultural Adaptation

Translation from English is supported to facilitate worldwide use of IPAQ. Information on the availability of IPAQ in different languages can be obtained at www.ipaq.ki.se. If a new translation is undertaken we highly recommend using the prescribed back translation methods available on the IPAQ website. If possible please consider making your translated version of IPAQ available to others by contributing it to the IPAQ website. Further details on translation and cultural adaptation can be downloaded from the website.

Further Developments of IPAQ

International collaboration on IPAQ is on-going and an ***International Physical Activity Prevalence Study*** is in progress. For further information see the IPAQ website.

More Information

More detailed information on the IPAQ process and the research methods used in the development of IPAQ instruments is available at www.ipaq.ki.se and Booth, M.L. (2000). *Assessment of Physical Activity: An International Perspective*. Research Quarterly for Exercise and Sport, 71 (2): s114-20. Other scientific publications and presentations on the use of IPAQ are summarized on the website.

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ **days per week**

No vigorous physical activities → **Skip to question 3**

2. How much time did you usually spend doing **vigorous** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ **days per week**

No moderate physical activities → **Skip to question 5**

4. How much time did you usually spend doing **moderate** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

_____ **days per week**

No walking → **Skip to question 7**

6. How much time did you usually spend **walking** on one of those days?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

_____ **hours per day**

_____ **minutes per day**

Don't know/Not sure

This is the end of the questionnaire, thank you for participating.

Cardiomyopathy Questionnaire (Kansas City) (KCCQ-12)

The following questions refer to your **heart failure** and how it may affect your life. Please read and complete the following questions. There are no right or wrong answers. Please mark the answer that best applies to you.

1. **Heart failure** affects different people in different ways. Some may mainly feel shortness of breath while others mainly fatigue. Please indicate how much you have been limited by **heart failure** (for example, shortness of breath or fatigue) in your ability to do the following activities over the past 2 weeks.

Please place an **X** in one box on each line

Activity	Extremely limited	Quite a bit limited	Moderately limited	Slightly limited	Not at all limited	Limited for other reasons or did not do the activity
Showering/Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking 1 block on level ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging or hurrying (as if to catch a bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Over the past 2 weeks, how many times did you have **swelling** in your feet, ankles or legs when you woke up in the morning?

Every morning	3 or more times a week, but not every day	1-2 times a week	Less than once a week	Never over the past 2 weeks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Over the past 2 weeks, on average, how many times has **fatigue** limited your ability to do what you wanted?

All of the time	Several times a day	At least once a day	3 or more times a week but not every day	1-2 times a week	Less than once a week	Never over the past 2 weeks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Over the past 2 weeks, on average, how many times has **shortness of breath** limited your ability to do what you wanted?

All of the time	Several times a day	At least once a day	3 or more times a week but not every day	1-2 times a week	Less than once a week	Never over the past 2 weeks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of **shortness of breath**?

- | | | | | |
|--------------------------|---|--------------------------|--------------------------|-----------------------------|
| Every night | 3 or more times a week, but not every night | 1-2 times a week | Less than once a week | Never over the past 2 weeks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Over the past 2 weeks, how much has your **heart failure** limited your enjoyment of life?

- | | | | | |
|--|--|---|---|---|
| It has extremely limited my enjoyment of life | It has limited my enjoyment of life quite a bit | It has moderately limited my enjoyment of life | It has slightly limited my enjoyment of life | It has not limited my enjoyment of life at all |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. If you had to spend the rest of your life with your **heart failure** the way it is right now, how would you feel about this?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Completely dissatisfied | Mostly dissatisfied | Fairly satisfied | Mostly satisfied | Completely satisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. How much does your **heart failure** affect your lifestyle? Please indicate how your **heart failure** may have limited your participation in the following activities over the past 2 weeks.

Please place an **X** in one box on each line

Activity	Extremely limited	Quite a bit limited	Moderately limited	Slightly limited	Not at all limited	Limited for other reasons or did not do the activity
Hobbies, recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working or doing household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting family or friends out of your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>