

ACTIVITY QUESTIONNAIRES

ADPR No.: _____

Date: _____

In the following questions, we are interested in your current activities that involve your thinking skills.

For each of the activities listed below, please indicate on average, how often you have performed the activity <u>in the last 12 months</u>						
Cognitive activities during the last 12 months	Once a month or less	2-3 times a month	1-2 times per week	3-4 times per week	5-6 times per week	Every day
Read newspapers. Examples include: Post Bulletin, Minneapolis Star-Tribune, St. Paul Pioneer Press, Chicago or New York times, Wall Street journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read magazines. Examples include: Business, sports, arts, hobby magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books. Examples include: novels, fiction, non-fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play games. Examples include: Playing cards, crossword puzzles, other puzzles, bridge, checkers, other board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Music. Examples include: Playing a musical instrument, being in a choir, playing in an orchestra or a band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic activities. Examples include: Painting, drawing, sculpting, other arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craft activities. Examples include: Woodworking, pottery, ceramics, quilting, quilling, sewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group activity. Examples include: Bible study, book club, stock club, other organized discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities. Examples include: Going to the theater, movies, concerts, going out with friends, travel, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer activities. Examples include: Use of Internet, email, computer games, conducting web searches/ research, on-line purchases, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<1 hour	1-2 hours	3-4 hours	5-6 hours	7-8 hours	> 8 hours
Television. How many hours <u>per day</u> did you spend watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ACTIVITY QUESTIONNAIRES

ADPR No.: _____

Date: _____

We are interested in understanding how **physical, mental, and social** activities we perform influence our memory and thinking skills as we get older. We would appreciate your help in answering the following questions regarding your current physical, mental, and social activities. We would like to ask you the same questions again by mail in about a week to see how your responses agree. The information you give us will help us make the questions simpler and easier to answer.

The following questions ask about your current physical activities.

For each of the physical activities listed below, please indicate on average, how often you have performed the activity in the last 12 months						
Physical activities in the last 12 months	Once a month or less	2-3 times a month	1-2 times per week	3-4 times per week	5-6 times per week	Every day
Light activities like laundry, vacuuming, making beds, dusting, light yard-work, repairs, or home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light exercise like bowling, walking leisurely, stretching, golfing with a golf cart, slow dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate activities like scrubbing floors, washing windows, shoveling or snow-blowing light snow, digging, gardening, moving boxes, furniture, or garbage cans, raking leaves, painting, carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate exercise like brisk walking, hiking, aerobics, strength training, golfing without a golf cart, swimming, tennis doubles, moderate use of exercise machines (exercise bike), yoga, martial arts, weight lifting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy activities like carrying heavy objects/masonry, farm work, heavy digging, pushing a mower, shoveling or snow-blowing moderate or heavy snow, hard manual labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vigorous exercise like jogging, backpacking, bicycling uphill, tennis singles, racquetball, intense/extended use of exercise machines, skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently participate in any regular activity or program (either on your own or in a formal class) designed to obtain exercise or improve your physical fitness? Yes No

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