

## MDRF PHYSICAL ACTIVITY QUESTIONNAIRE (MPAQ)

Name : \_\_\_\_\_

Volunteer code

Age:    yrs    Sex: M  F

Interview        
Date                  Month                  Year

Height:    .  cms    Weight:    .  Kgs    Body fat:   .  %

BP:    /

*In this section, you will be asked about the time spent doing different types of physical activity. Please answer these questions even if you do not consider yourself to be a physically active person*

**SECTION I – PHYSICAL ACTIVITY AT WORK:** *This section applies only to those who are employed and students. Housewives, retired people and those who are unemployed (for 1 year) can skip this section and go to (Q. no 13ai).*

1	Does your work involve Seasonal Activity	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>
2a	Specify Primary or Full Time Occupation: _____	
2b	Specify Seasonal* or Part-time Occupation**, if any _____ (Write 99 if not applicable)	
Indicate your duration of occupation <b>per year</b>		
3a	Full Time Occupation Months <input type="text"/> <input type="text"/> /Year	3b      Seasonal* / Part-Time Occupation** Months <input type="text"/> <input type="text"/> Year
Indicate your duration of occupation <b>per Week</b>		
4a	Full Time Occupation Days <input type="text"/> / Week <b>OR</b> Days <input type="text"/> <input type="text"/> / Month	4b      Seasonal* /Part-Time Occupation** Days <input type="text"/> / Week <b>OR</b> Days <input type="text"/> <input type="text"/> / Month
On an average, how many hours <b>per day</b> do you spend at work place?		
5a	Full Time Occupation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / Day Hours : Minutes	5b      Seasonal* / Part Time Occupation** <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / Day Hours : Minutes

\*Seasonal                      - Typically reflects changes in occupation due to monsoon or winter  
\*\*Part-time                    - The second job

At the <u>work place</u> , how many hours per day do you spend on the following:					
Full Time Occupation / Day		Duration (Hrs: mins)	Seasonal* / Part –Time Occupation** / Day		Duration (Hrs: mins)
6a	Skilled occupational activities – (professional activities like crèche care taker, heavy vehicle driving, tailoring, laundering, house-keeping etc.,)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	6b	Skilled occupational activities - (professional activities like crèche care taker, heavy vehicle driving, tailoring, laundering, house-keeping etc.,)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
7a	An activity more strenuous than walking (like planting, manual agricultural work, carrying heavy load, professional sports person etc.,)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	7b	An activity more strenuous than walking (like planting, manual agricultural work, carrying heavy load, professional sports person etc.,)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
8a	Standing	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	8b	Standing	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
9a	Walking at varying paces without a load	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	9b	Walking at varying paces without a load	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
10a	Climbing stairs / Walking uphill	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	10b	Climbing stairs / Walking uphill	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
11a	Light vehicle driving during office hours	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	11b	Light vehicle driving during office hours	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
12a	Sitting (Office work like typing, reading, computer work)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	12b	Sitting (Office work like typing, reading, computer work)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

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**SECTION II – PHYSICAL ACTIVITY –GENERAL WEEKDAY (Other than work related)**  
**In this section you will be asked about physical activity in general (other than work related) like domestic chores, personal care etc.,**

Q.no	<b>Weekday activity - General</b>							13	Do you have seasonal* changes in activity? Yes-1 No -2 : <input type="checkbox"/>				
								14	If yes, for how many months does this change apply? <input type="text"/>				
	<b>Activity</b>	<b>Duration / day (Hrs: mins)</b>	Daily	Weekly	Monthly	Yearly	Never		<b>Duration / day (Hrs: mins)</b>	Daily	Weekly	Monthly	
15a	Sleeping (Regular hours of sleep usually at night) and Nap(short break of sleep - day time)	Night <input type="text"/> <input type="text"/> <input type="text"/>						15b	Night <input type="text"/> <input type="text"/> <input type="text"/>				
16a		Day <input type="text"/> <input type="text"/> <input type="text"/>						16b	Day <input type="text"/> <input type="text"/> <input type="text"/>				
17a	Personal care - brushing, toilet , showering, dressing etc.,	<input type="text"/> <input type="text"/> <input type="text"/>						17b	<input type="text"/> <input type="text"/> <input type="text"/>				
18a	Eating (Include all meals, snacks & coffee/tea drinks ) except that reported in the work section	<input type="text"/> <input type="text"/> <input type="text"/>						18b	<input type="text"/> <input type="text"/> <input type="text"/>				
19a	Cooking – (including pre-preparation of meals, snacks and beverages)	<input type="text"/> <input type="text"/> <input type="text"/>						19b	<input type="text"/> <input type="text"/> <input type="text"/>				
20a	Collecting water/ wood (by manual means like well, hand pumping)	<input type="text"/> <input type="text"/> <input type="text"/>						20b	<input type="text"/> <input type="text"/> <input type="text"/>				
21a	Climbing steps / walking uphill	<input type="text"/> <input type="text"/> <input type="text"/>						21b	<input type="text"/> <input type="text"/> <input type="text"/>				
22a	Non-mechanized domestic chores (like -sweeping, washing clothes and dishes by hand)	<input type="text"/> <input type="text"/> <input type="text"/>						22b	<input type="text"/> <input type="text"/> <input type="text"/>				
23a	Toddler care (age < 5 years includes feeding, bathing and playing etc.,)	<input type="text"/> <input type="text"/> <input type="text"/>						23b	<input type="text"/> <input type="text"/> <input type="text"/>				

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**SECTION III – PHYSICAL ACTIVITY- Commutation (WEEK DAYS)**  
**In this section you will be asked about the usual way you travel to and from places like self-driving, cycling, commuting to different places etc.,**

Q.no	<b>Weekday activity - Transport</b>	24	Do you have seasonal* changes in activity? Yes-1 No -2 : <input type="checkbox"/>										
		25	If yes, for how many months does this change apply? <input type="text"/>										
<b>Activity</b>		<b>Duration / day (Hrs: mins)</b>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>	<b>Never</b>	<b>Duration / day (Hrs: mins)</b>		<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	
26a	Self driving–work and other places (car/bike/scooter)	<input type="text"/> <input type="text"/>						26b	<input type="text"/> <input type="text"/>				
27a	Commuting by bus / auto /pillion rider (to work & other places)	<input type="text"/> <input type="text"/>						27b	<input type="text"/> <input type="text"/>				
28a	Travel by cycling (excludes cycling as an exercise)	<input type="text"/> <input type="text"/>						28b	<input type="text"/> <input type="text"/>				
29a	Walking to and fro places (excludes walking as an exercise)	<input type="text"/> <input type="text"/>						29b	<input type="text"/> <input type="text"/>				

**SECTION IV – PHYSICAL ACTIVITY- LEISURE (WEEK DAYS)**  
**This section excludes the work and transport activities that you have already mentioned. You will be asked about sports, fitness and recreational activities (leisure) like watching TV, chatting, reading etc**

Q.no	<b>Weekday activity - Leisure</b>	30	Do you have seasonal* changes in activity? Yes-1 No -2 : <input type="checkbox"/>										
		31	If yes, for how many months does this change apply? <input type="text"/>										
<b>Activity - Light</b>		<b>Duration / day (Hrs: mins)</b>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>	<b>Never</b>	<b>Duration / day (Hrs: mins)</b>		<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	
32a	Slow walking (Example- Shopping, going to a worship place)	<input type="text"/> <input type="text"/>						32b	<input type="text"/> <input type="text"/>				
33a	Playing a musical Instrument/ Singing (as a hobby)	<input type="text"/> <input type="text"/>						33b	<input type="text"/> <input type="text"/>				
34a	Others specify _____	<input type="text"/> <input type="text"/>						34b	<input type="text"/> <input type="text"/>				
35a	Others specify _____	<input type="text"/> <input type="text"/>						35b	<input type="text"/> <input type="text"/>				

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<b>Activity -Moderate</b>		<b>Duration / day (Hrs: mins)</b>	Daily	Weekly	Monthly	Yearly	Never		<b>Duration / day (Hrs: mins)</b>	Daily	Weekly	Monthly	
36a	Brisk walking as an exercise	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							36b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
37a	Cricket	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							37b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
38a	Jogging / slow running	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							38b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
39a	Dancing / aerobics/ yoga (asanas)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							39b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
40a	Swimming	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							40b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
41a	Cycling including static cycling	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							41b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
42a	Others specify _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							42b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
43a	Others specify _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							43b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>Activity - Vigorous</b>		<b>Duration / day (Hrs: mins)</b>	Daily	Weekly	Monthly	Yearly	Never		<b>Duration / day (Hrs: mins)</b>	Daily	Weekly	Monthly	
44a	Conditioning exercises (like muscle strengthening exercises, using a rowing machine, free weights etc.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							44b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
45a	Running / sprinting	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							45b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
46a	Football, basket ball, tennis, volleyball etc.,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							46b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
47a	Others specify _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							47b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
48a	Others specify _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							48b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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	Activity -Sedentary	Duration / day (Hrs: mins)	Daily	Weekly	Monthly	Yearly	Never		Duration / day (Hrs: mins)	Daily	Weekly	Monthly
49a	Watching TV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						49b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
50a	Bhajans /prayer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						50b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
51a	Watching movies/shows/ concerts	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						51b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
52a	Yoga as relaxation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						52b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
53a	Chatting, reading, sitting, listening to music etc.,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						53b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
54a	Others specify _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						54b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
55a	Others specify _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						55b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

**SECTION V – PHYSICAL ACTIVITY- WEEKEND ACTIVITY: List all the activities that you do in weekend and are not mentioned in the earlier**

56	Week end includes 1 day -----1 1 ½ days----2 2 days -----3 <input type="checkbox"/> / Week or Days <input type="text"/> /month
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	WEEKEND –General Activity	Duration /day (Hrs: mins)	Monthly (Indicate the frequency)
57	Regular hours of sleep usually at night) and	Night sleep <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
58	Nap(short break of sleep - day time)	Day sleep <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
59	Cooking	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
60	Collecting water/wood/climbing steps/walking uphill	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
61	Non-mechanized domestic chores (example-sweeping, washing clothes and dishes by hand)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
62	Toddler care (age <5 years includes feeding, bathing, playing etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
63	Personal care (brushing, toilet, showering, dressing etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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<b>WEEKEND -Transport</b>		Duration /day (Hrs: mins)	Monthly (Indicate the frequency)
64	Self driving –work and other places (car/bike/scooter)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
65	Commuting by bus / auto /pillion rider (to work & other places)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
66	Travel by cycling (excludes cycling as an exercise)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
67	Walking to and fro places (excludes walking as an exercise)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>WEEKEND – Leisure Light Activity</b>		Duration /day (Hrs: mins)	Monthly (Indicate the frequency)
68	Slow walking (example- shopping, going to a worship place)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
69	Playing a musical instrument/ singing (as a hobby)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>WEEKEND – Leisure Moderate Activity</b>		Duration /day (Hrs: mins)	Monthly (Indicate the frequency)
70	Brisk walking as an exercise	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
71	Cricket	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
72	Dancing / aerobics / yoga (asanam)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
73	Swimming	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
74	Jogging / running	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
75	Cycling including static cycling	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>WEEKEND – Leisure Vigorous Activity</b>		Duration /day (Hrs: mins)	Monthly (Indicate the frequency)
76	Conditioning exercises e.g. muscle strengthening exercises like using a rowing machine / free weights etc.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
77	Running / sprinting	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
78	Football, basket ball, tennis, volleyball etc.,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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<b>WEEKEND – Leisure Sedentary Activity</b>		Duration /day (Hrs: mins)	Monthly (Indicate the frequency)
79	Watching TV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
80	Bhajans/Prayer at temple	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
81	Watching movies at theatre	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
82	Yoga as relaxation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
83	Chatting, reading, sitting, listening to music etc.,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>WEEKEND – Leisure Other Activity</b>		Duration /day (Hrs: mins)	Monthly (Indicate the frequency)
84	----- -----	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
85	----- -----	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
86	----- -----	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
87	----- -----	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
88	<b>COMMENTS:</b>		

Interviewer name and code -----

Verified & Approved by (Field Supervisors):-----

Date keyed on: -----

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 \*\*Part-time - The second job