

Appendix A. Physical Activity Checklist

We are interested in the physical activities that you performed today. For each activity, circle Yes if you performed the activity today. Circle No if you did not.

<b>DAY</b> _____ <b>DATE</b> _____	<b>YES or NO</b>	
Walk more than 5 minutes at a time	YES	NO
Walk dog <input type="checkbox"/> I do not have a dog	YES	NO
Walk in a grocery store	YES	NO
Unload groceries from car and carry them into home	YES	NO
Walk in a mall or store like Home Depot	YES	NO
Perform an errand (go to the post office, bank, dry cleaner)	YES	NO
Go to a medical appointment	YES	NO
Visit with relatives or friends	YES	NO
Prepare your own meal	YES	NO
Climb up stairs	YES	NO
Dig in yard or garden, chop wood, or shovel snow	YES	NO
Exercise at a gym (swim, bike, treadmill, weights)	YES	NO
Exercise at home (bike, treadmill, weights)	YES	NO
Pick up mail from the mailbox	YES	NO
Play with grandchildren <input type="checkbox"/> I do not have grandchildren	YES	NO
Wash and fold laundry, sweep floors, or make the bed	YES	NO
Travel in a car, bus, or train	YES	NO