



Physical Activity and Disability Scale

DEMOGRAPHICS

NAME: _____ **DATE:** _____

AGE: _____ years

GENDER

- Male
- Female

TYPE OF DISABILITY _____

ASSISTIVE DEVICES (Check all that apply)

- Walker
- Braces
- Cane
- Wheelchair

USE OF ARMS (Check one)

- Full
- Partial
- No Use

USE OF LEGS

- Full
- Partial
- No Use

Directions: On the following pages are a list of questions related to physical activity and exercise. There are no right or wrong answers and your responses will be kept anonymous. Note that your answers to certain questions in the survey may cause your browser to skip other questions and move to a later item in the survey. Don't worry--this is how the survey was designed in order to save time. Please answer each presented question as accurately and as completely as possible. When you have finished the survey, press the "Submit" button. Your survey responses will be checked and used to create scores reflecting your level of physical activity. A window presenting your scores will then appear.

1. EXERCISE

1.00 Do you currently exercise?

- Yes
- No

↳ IF NO, PLEASE GO TO THE LEISURE ACTIVITY SECTION.

1.01 What kind of exercise do you do?

Directions: List up to four (4) activities below that you do on a regular basis for primary purpose of increasing or maintaining fitness. Aerobics are done for a sustained period of time and result in an increase in your heart rate and breathing rate. Examples include walking, jogging, attending an aerobics class, and bicycling. Strength activities include lifting weights or using elastic bands or weight training machines. Flexibility refers to activities that involve muscle stretching

Activity Type

- | | |
|-------|----------------------|
| Code: | Description |
| A: | Aerobic Exercise |
| S: | Strength Exercise |
| F: | Flexibility Exercise |

Activity Type (check one)	Activity	Days/Week	Minutes/Day	Months/Year
<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F				
<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F				
<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F				
<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F				

1.02 Have you been exercising for more than one year or less than one year?

- More than one year
- Less than one year

1.03 How would you describe the average intensity of your exercise program?

- Light exercise: Don't sweat or breathe heavily
- Moderate exercise: Breathe a little harder and may sweat
- Vigorous: Breathe hard and sweat

2. LEISURE ACTIVITY

2.0 Do you engage in leisure time physical activity?

Yes

No



IF NO, GO TO THE GENERAL ACTIVITY SECTION ON THE NEXT PAGE.

2.1 What type of activities do you do?

Directions: List up to four (4) activities below that you do for leisure or recreation. These activities can be done on a regular or irregular basis and may not necessarily result in sustained increases in heart rate and breathing rate. Examples include hiking, boating, skiing, dancing and sports activities. Please indicate whether the activity is an endurance activity or a Non-Endurance activity. Examples of endurance activities include: hiking, tennis, dancing, skiing. Non-endurance activities include boating, softball and horseback riding. Do not list activities here that you already listed under exercise.

Activity Type

Code	Description
E	Endurance
NE	Non-Endurance

Activity Type (check one)	Activity	Days/Week	Minutes/Day	Months/Year
<input type="checkbox"/> E <input type="checkbox"/> NE				
<input type="checkbox"/> E <input type="checkbox"/> NE				
<input type="checkbox"/> E <input type="checkbox"/> NE				
<input type="checkbox"/> E <input type="checkbox"/> NE				

3. GENERAL ACTIVITY

3.00 From Monday through Friday, how many waking hours a day do you usually spend inside your home?

- Less than 6 hours a day
- 6 to 10 hours a day
- More than 10 hours a day

3.01 On Saturday and Sunday, how many waking hours a day do you usually spend inside your home?

- Less than 6 hours a day
- 6 to 10 hours a day
- More than 10 hours a day

3.02 On average, how many hours a day do you sleep including naps?

_____ hours

3.03 On average, how many hours a day are you sitting or lying down, excluding sleeping?

_____ hours

3.04 Are most of your indoor household activities done by you or someone Else?

- Done by you
- Done by someone else

↳ IF DONE BY SOMEONE ELSE, GO TO QUESTION 3.06.

3.05 Please list up to four (4) indoor household activities you do and the number of minutes a week you spend on each activity.

Activity	Minutes/Week

3.06 Do you do any outdoor household activities such as gardening?

- Yes
- No



IF NO, GO TO QUESTION 3.08.

3.07 Please list up to four (4) outdoor household activities you do and the number of minutes a week you spend on each activity.

Activity	Days/Week	Minutes/Day	Months/Year

3.08 How much assistance do you need to perform activities of daily living such as dressing and bathing?

- No assistance
- Some assistance
- Full assistance

4. THERAPY

4.00 Do you currently receive physical or occupational therapy?

Yes

No



IF NO, GO TO EMPLOYMENT SECTION ON THE NEXT PAGE.

4.01 How many days a week do you receive therapy?

_____ Days.

4.02 How long does each therapy session usually last?

_____ Minutes

6. WHEELCHAIR USERS

6.00 Do you use a wheelchair?

Yes

No



IF NO, STOP HERE.

6.01 How many years have you used a wheelchair? _____ years?

6.02 During the time that you are awake, how much time do you spend in your wheelchair?

All day

Most of the day

A few hours

6.03 What type of wheelchair do you primarily use?

Manual wheelchair

Powered wheelchair



IF POWERED WHEELCHAIR, STOP HERE.

6.04 Who usually pushes your wheelchair?

Myself

Someone else



IF SOMEONE ELSE, STOP HERE.

6.05 On average, how many minutes a day do you push yourself in your wheelchair?

Less than 60 minutes

Sixty minutes or more

Thank you for completing this survey!