

The Phone-FITT

Now I'd like to ask you about some physical activities and find out how often you do them, for how long, and how out of breath you feel.

Household Activities

First, I'd like you to think about activities you did **around your home**, in a **typical week** in the **last month**.

[Interviewer: Ask about each activity listed in the following 2 charts. If respondent answers yes to engaging in activity (Q1), ask Q 2–4 for that activity; otherwise, skip to the next activity. Record answers in charts.]

1. In a **typical week** in the **last month**, did you engage in _____ ?
2. How many times/week did you do this?
3. About how much **time** did you spend on each occasion? [read categories]
4. On average when doing this activity, how did you feel? Were you . . . [read categories]

Activity	(Q1) Participated?	(Q2) Frequency (x/wk)	(Q3) Duration [Mark one only]	(Q4) Intensity [Mark one only]
A. Light housework such as tidying, dusting, laundry, or ironing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
B. Making meals, setting and clearing the table, and washing dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
C. Shopping (for groceries or clothes, for example)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
D. Heavy housework such as vacuuming,	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation

scrubbing floors, mopping, washing windows, or carrying trash bags			<input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
E. Home maintenance such as painting, raking leaves, or shoveling snow	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
F. Caring for another person (such as pushing a wheelchair or helping person in/out of a chair/ bed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

Recreational and Conditioning Activities

Next, I'd like you to think about activities you did for **recreation or conditioning** in a **typical week** in the **last month**.

Activity	(Q1) Participated?	(Q2) Frequency (x/wk)	(Q3) Duration [Mark one only]	(Q4) Intensity [Mark one only]
G. Lifting weights to strengthen your legs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
H. Other exercises designed to strengthen your legs (such as standing up/ sitting down several times in a chair or climbing stairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
I. Lifting weights to strengthen your arms or other exercises to strengthen your arms (such as wall push-ups)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
J. Other home exercises not already mentioned such as stretching or balance exercises	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
K. Walking for exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

L. Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
M. Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
N. Bicycling	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

Seasonal Recreational Activities

Now I would like to ask you about two specific activities that are seasonal and about any other activities that you do.

[Interviewer: Ask about each activity listed in the following chart. If the respondent answers yes to engaging in activity (Q5), ask Q 6–8 for that activity; otherwise skip to the next activity. Record answers in chart.]

5. Do you _____?

6. (a) When you do this activity, how many times in a **typical week** do you do it?

(b) How many months in **this past year** did you do this activity?

7. About how much **time** did you spend on each occasion? [read categories]

8. On average when doing this activity, how did you feel? Were you . . . [read categories]

Activity	(Q5) Participated?	(Q6) Frequency	(Q7) Duration [Read categories, mark one only]	(Q8) Intensity [Read categories, mark one only]
O. Golf Mark: <input type="checkbox"/> use cart <input type="checkbox"/> do not use cart	<input type="checkbox"/> Yes <input type="checkbox"/> No	A. _____ (x/wk) B. _____ (# mo./yr)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
P. Garden	<input type="checkbox"/> Yes <input type="checkbox"/> No	A. _____ (x/wk) B. _____ (# mo./yr)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

Other Physical Activity

Do you participate in any other regular physical activities that we haven't already asked you about?

Activity	(Q6) Frequency	(Q7) Duration [Read categories, mark one only]	(Q8) Intensity [Read categories, mark one only]
Q. _____	A. _____ (×/wk) B. _____ (# mo./yr)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
R. _____	A. _____ (×/wk) B. _____ (# mo./yr)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
S. _____	A. _____ (×/wk) B. _____ (# mo./yr)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation