



University of the Witwatersrand
Department of Paediatrics and Child Health

**BIRTH TO TWENTY Medical school SITE: 18TH YEAR
THE SUB-SAHARAN AFRICA ACTIVITY QUESTIONNAIRE**

DATE: Day Month Year

BTT ID NUMBER:

BONE ID NUMBER:

SECTION 1 & 2: OCCUPATIONAL ACTIVITIES; WALKING/CYCLING TO WORK (PAST YEAR)

Job name	Code	Date at start and finish (mm/yy)		Months held	Cycle to work	Walk to work (min/day)		Job schedule			Cat A,B,C	
		Start	finish			min/day	slow (pace)	brisk	mo./year	d/week		hr/day
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SECTION 3: LEISURE-TIME ACTIVITIES

In the table below, Please tick all the activities the **subject** (participant) did at least 6 times over the past year. Do not include activities related to his/her work

1. House hold	14. Hunting	27. Gymnastics	40. Sexual intercourse
2. Needle work	15. Fishing	28. Karate/wrestling	41. Playing music
3. Hair dressing	16. Teaching (at home)	29. Football	42. Singing
4. Home repairs	17. Reading/writing	30. Handball	43. Weight training (machine)
5. Gardening (around the house)	18. Type writing/computer work	31. Basketball	44. Free weights
6. Light farming	19. Video game	32. Volleyball	45. Treadmill
7. Intense farming	20. Indoor games	33. Lawn tennis	46. Stationary bike
8. Wood splitting	21. Cinema/video/TV watching	34. Table tennis	47. Stair-climbing
9. Animal rearing	22. Discussions (meetings)	35. Cycling	48. Aerobics
10. Driving	23. Aerobic dancing	36. Horse riding	49. Spinning
11. Carpentry	24. Swimming	37. Classical dance	50. Kick-boxing
12. Painting	25. Leisure walking	38. Light traditional dance	51.
13. Construction work	26. Jogging	39. Vigorous traditional dance	52.

2.1 PAST YEAR

Write down the number of sessions per week, the number of months per year and the mean duration of a session for each activity performed over the past year.

2.2 PAST MONTH

Write down the number of sessions over the past month and the mean duration of a session for each activity performed during this Period of time.

PAST YEAR					PAST MONTH	
Activity	Code	Month/year	Sessions/week	Min./session	Sessions/week	Min./session
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SECTION 4: PERSONAL EVALUATION OF PHYSICAL ACTIVITY

- How would you describe your physical activity of the past year?

Intense Moderate Light Null

- Would you like to do (more, less, the same)?

More Less The same Doesn't know

Interviewer:

Date:

Quality Check:

Date: