

**FIGURE 1**

## The General Practice Physical Activity Questionnaire

**General Practice Physical Activity Questionnaire**

Date.....

Name.....

1. Please tell us the type and amount of physical activity involved in your work.

|   |                                                                                                                                                                                                        | Please mark one box only |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| a | I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)                                                                                                    |                          |
| b | I spend most of my time at work sitting (such as in an office)                                                                                                                                         |                          |
| c | I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)              |                          |
| d | My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.) |                          |
| e | My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)                                                    |                          |

2. During the
- last week
- , how many hours did you spend on each of the following activities?
- 
- Please answer whether you are in employment or not

Please mark one box only on each row

|   |                                                                                           | None | Some but less than 1 hour | 1 hour but less than 3 hours | 3 hours or more |
|---|-------------------------------------------------------------------------------------------|------|---------------------------|------------------------------|-----------------|
| a | Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc. |      |                           |                              |                 |
| b | Cycling, including cycling to work and during leisure time                                |      |                           |                              |                 |
| c | Walking, including walking to work, shopping, for pleasure etc.                           |      |                           |                              |                 |
| d | Housework/Childcare                                                                       |      |                           |                              |                 |
| e | Gardening/DIY                                                                             |      |                           |                              |                 |

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace  
(i.e. less than 3 mph)

Brisk pace

Steady average pace

Fast pace  
(i.e. over 4mph)