

CHAMPS Activities Questionnaire for Older Adults

CHAMPS: Community Healthy Activities Model Program for Seniors, Institute for Health & Aging, University of California San Francisco and Stanford Center for Research in Disease Prevention, Stanford University



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This questionnaire is about activities that you may have done in the past 4 weeks. The questions on the following pages are similar to the example shown below.

INSTRUCTIONS

If you DID the activity in the past 4 weeks:

Step #1 Check the YES box.

Step #2 Think about how many TIMES a week you usually did it, and write your response in the space provided.

Step #3 Circle how many TOTAL HOURS in a typical week you did the activity.

Here is an example of how Mrs. Jones would answer question #1: Mrs. Jones usually visits her friends Maria and Olga twice a week. She usually spends one hour on Monday with Maria and two hours on Wednesday with Olga. Therefore, the total hours a week that she visits with friends is 3 hours a week.

<p>In a typical week during the past 4 weeks, did you...</p>							
<p>1. Visit with friends or family (other than those you live with)?</p> <p><input type="checkbox"/> YES How many TIMES a week? _____ →</p> <p><input type="checkbox"/> NO</p>	<p>How many <u>TOTAL hours a week</u> did you usually do it? →</p> <table style="width: 100%; text-align: center;"> <tr> <td>Less than 1 hour</td> <td>1-2½ hours</td> <td>3-4½ hours</td> <td>5-6½ hours</td> <td>7-8½ hours</td> <td>9 or more hours</td> </tr> </table>	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
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If you DID NOT do the activity:

- **Check the NO box and move to the next question**

In a typical week during the past 4 weeks, did you ...							
1. Visit with friends or family (other than those you live with)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
2. Go to the senior center? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
3. Do volunteer work? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
4. Attend church or take part in church activities? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
5. Attend other club or group meetings? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
6. Use a computer? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours

In a typical week during the past 4 weeks, did you ...							
7. Dance (such as square, folk, line, ballroom) (do <u>not</u> count aerobic dance here)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
8. Do woodworking, needlework, drawing, or other arts or crafts? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
9. Play golf, carrying or pulling your equipment (count <u>walking time</u> only)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
10. Play golf, riding a cart (count <u>walking time</u> only)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
11. Attend a concert, movie, lecture, or sport event? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
12. Play cards, bingo, or board games with other people? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours

In a typical week during the past 4 weeks, did you ...							
13. Shoot pool or billiards? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
14. Play singles tennis (do <u>not</u> count doubles)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
15. Play doubles tennis (do <u>not</u> count singles)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
16. Skate (ice, roller, in-line)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
17. Play a musical instrument? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
18. Read? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
19. Do heavy work around the house (such as washing windows, cleaning gutters)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours

In a typical week during the past 4 weeks, did you ...								
20. Do light work around the house (such as sweeping or vacuuming)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many TOTAL hours a week did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours	
21. Do heavy gardening (such as spading, raking)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many TOTAL hours a week did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours	
22. Do light gardening (such as watering plants)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many TOTAL hours a week did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours	
23. Work on your car, truck, lawn mower, or other machinery? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many TOTAL hours a week did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours	

****Please note: For the following questions about running and walking, include use of a treadmill.**

24. Jog or run? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many TOTAL hours a week did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours	
25. Walk uphill or hike uphill (count only uphill part)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many TOTAL hours a week did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours	

In a typical week during the past 4 weeks, did you ...							
26. Walk <u>fast or briskly</u> for exercise (do <u>not</u> count walking leisurely or uphill)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
27. Walk <u>to do errands</u> (such as to/from a store or to take children to school (<u>count walk time only</u>))? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
28. Walk <u>leisurely</u> for exercise or pleasure? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
29. Ride a bicycle or stationary cycle? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
30. Do other aerobic machines such as rowing, or step machines (do <u>not</u> count treadmill or stationary cycle)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
31. Do water exercises (do <u>not</u> count other swimming)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours

In a typical week during the past 4 weeks, did you ...							
32. Swim moderately or fast? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
33. Swim gently? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
34. Do stretching or flexibility exercises (do <u>not</u> count yoga or Tai-chi)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
35. Do yoga or Tai-chi? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
36. Do aerobics or aerobic dancing? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
37. Do moderate to heavy strength training (such as hand-held weights of <u>more than 5 lbs.</u> , weight machines, or push-ups)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours

In a typical week during the past 4 weeks, did you ...							
38. Do light strength training (such as hand-held weights of <u>5 lbs. or less</u> or elastic bands)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
39. Do general conditioning exercises, such as light calisthenics or chair exercises (do <u>not</u> count strength training)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
40. Play basketball, soccer, or racquetball (do <u>not</u> count time on sidelines)? <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours
41. Do other types of physical activity not previously mentioned (please specify)? _____ <input type="checkbox"/> YES How many TIMES a week? _____ → <input type="checkbox"/> NO	How many <u>TOTAL hours a week</u> did you usually do it? →	Less than 1 hour	1-2½ hours	3-4½ hours	5-6½ hours	7-8½ hours	9 or more hours

Thank You