

# 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><b>In a typical week during the past 4 weeks, did you...</b></p>	
<p>1. Visit with friends or family (other than those you live with)?</p> <p><input checked="" type="checkbox"/> YES How many TIMES a week? <u>2</u> →</p> <p><input type="checkbox"/> NO</p>	<p>How many <u>TOTAL hours a week</u> did you usually do it? →</p> <p>Less than 1 hour    1-2½ hours    <u>3-4½ hours</u>    5-6½ hours    7-8½ hours    9 or more hours</p>

**If you DID NOT do the activity:**

- Check the NO box and move to the next question

<b>In a typical week during the past 4 weeks, did you ...</b>							
1. Visit with friends or family (other than those you live with)? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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

<b>In a typical week during the past 4 weeks, did you ...</b>							
7. Dance (such as square, folk, line, ballroom) (do <u>not</u> count aerobic dance here)? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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

<b>In a typical week during the past 4 weeks, did you ...</b>							
13. Shoot pool or billiards? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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

<b>In a typical week during the past 4 weeks, did you ...</b>							
20. Do light work around the house (such as sweeping or vacuuming)? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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
21. Do heavy gardening (such as spading, raking)? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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
22. Do light gardening (such as watering plants)? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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
23. Work on your car, truck, lawn mower, or other machinery? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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

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

24. Jog or run? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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
25. Walk uphill or hike uphill (count only uphill part)? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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

<b>In a typical week during the past 4 weeks, did you ...</b>							
26. Walk <u>fast or briskly</u> for exercise (do <u>not</u> count walking leisurely or uphill)? <input type="checkbox"/> <b>YES</b> How many <b>TIMES</b> a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many <b>TIMES</b> a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many <b>TIMES</b> a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many <b>TIMES</b> a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many <b>TIMES</b> a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many <b>TIMES</b> a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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

<b>In a typical week during the past 4 weeks, did you ...</b>							
32. Swim moderately or fast? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	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



<b>In a typical week during the past 4 weeks, did you ...</b>							
38. Do light strength training (such as hand-held weights of <u>5 lbs. or less</u> or elastic bands)? <input type="checkbox"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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"/> <b>YES</b> How many TIMES a week? _____ → <input type="checkbox"/> <b>NO</b>	How many <b>TOTAL hours a week</b> 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*