

Patient Initials \_\_\_\_ Timepoint - Baseline / 16 wk / 6mth / 9mth / 12 mth

Study ID \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHYSICAL ACTIVITY SCALE  
FOR THE ELDERLY  
( P A S E )**



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Patient Initials \_\_\_\_

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## INSTRUCTIONS:

Please complete this questionnaire by either circling the correct response or filling in the blank. Here is an example:

During the past 7 days, how often have you seen the sun?

[0.] NEVER

[1.] SELDOM  
(1-2 DAYS)

[2.] SOMETIMES  
(3-4 DAYS)

[3.] OFTEN  
(5-7 DAYS)

Answer all items as accurately as possible. All information is strictly confidential.

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## LEISURE TIME ACTIVITY

1. Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts?

[0.] NEVER



GO TO Q.#2

[1.] SELDOM  
(1-2 DAYS)



[2.] SOMETIMES  
(3-4 DAYS)



[3.] OFTEN  
(5-7 DAYS)



1a. What were these activities?

\_\_\_\_\_

1b. On average, how many hours per day did you engage in these sitting activities?

[1.] LESS THAN 1 HOUR [2.] 1 BUT LESS THAN 2 HOURS

[3.] 2-4 HOURS [4.] MORE THAN 4 HOURS

2. Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

[0.] NEVER



GO TO Q.#3

[1.] SELDOM  
(1-2 DAYS)



[2.] SOMETIMES  
(3-4 DAYS)



[3.] OFTEN  
(5-7 DAYS)



2a. On average, how many hours per day did you spend walking?

[1.] LESS THAN 1 HOUR [2.] 1 BUT LESS THAN 2 HOURS

[3.] 2-4 HOURS [4.] MORE THAN 4 HOURS

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3. Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier or other similar activities?

[0.] NEVER



GO TO Q.#4

[1.] SELDOM

(1-2 DAYS)



[2.] SOMETIMES

(3-4 DAYS)



[3.] OFTEN

(5-7 DAYS)



3a. What were these activities?

\_\_\_\_\_

3b. On average, how many hours per day did you engage in these light sport or recreational activities?

[1.] LESS THAN 1 HOUR [2.] 1 BUT LESS THAN 2 HOURS

[3.] 2-4 HOURS [4.] MORE THAN 4 HOURS

4. Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

[0.] NEVER



GO TO Q.#5

[1.] SELDOM

(1-2 DAYS)



[2.] SOMETIMES

(3-4 DAYS)



[3.] OFTEN

(5-7 DAYS)



4a. What were these activities?

\_\_\_\_\_

4b. On average, how many hours per day did you engage in these moderate sport and recreational activities?

[1.] LESS THAN 1 HOUR [2.] 1 BUT LESS THAN 2 HOURS

[3.] 2-4 HOURS [4.] MORE THAN 4 HOURS

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5. Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross-country) or other similar activities?

[0.] NEVER



GO TO Q.#6

[1.] SELDOM

(1-2 DAYS)



[2.] SOMETIMES

(3-4 DAYS)



[3.] OFTEN

(5-7 DAYS)



5a. What were these activities?

\_\_\_\_\_

5b. On average, how many hours per day did you engage in these strenuous sport and recreational activities?

[1.] LESS THAN 1 HOUR [2.] 1 BUT LESS THAN 2 HOURS

[3.] 2-4 HOURS [4.] MORE THAN 4 HOURS

6. Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc.?

[0.] NEVER



GO TO Q.#7

[1.] SELDOM

(1-2 DAYS)



[2.] SOMETIMES

(3-4 DAYS)



[3.] OFTEN

(5-7 DAYS)



6a. What were these activities?

\_\_\_\_\_

6b. On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

[1.] LESS THAN 1 HOUR [2.] 1 BUT LESS THAN 2 HOURS

[3.] 2-4 HOURS [4.] MORE THAN 4 HOURS

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## HOUSEHOLD ACTIVITY

7. During the past 7 days, have you done any light housework, such as dusting or washing dishes?

[1.] NO      [2.] YES

8. During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood?

[1.] NO      [2.] YES

9. During the past 7 days, did you engage in any of the following activities?

Please answer YES or NO for each item.

	<u>NO</u>	<u>YES</u>
a. Home repairs like painting, wallpapering, electrical work, etc.	1	2
b. Lawn work or yard care, including snow or leaf removal, wood chopping, etc.	1	2
c. Outdoor gardening	1	2
d. Caring for an other person, such as children, dependent spouse, or an other adult	1	2

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## WORK-RELATED ACTIVITY

10. During the past 7 days, did you work for pay or as a volunteer?

[1.] NO [2.] YES

10a. How many hours per week did you work for pay and/or as a volunteer?

\_\_\_\_\_ HOURS

10b. Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

- [1] Mainly sitting with slight arm movements.  
[Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.]
  
- [2] Sitting or standing with some walking.  
[Examples: cashier, general office worker, light tool and machinery worker.]
  
- [3] Walking, with some handling of materials generally weighing less than 50 pounds.  
[Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker.]
  
- [4] Walking and heavy manual work often requiring handling of materials weighing over 50 pounds.  
[Examples: lumberjack, stone mason, farm or general laborer.]