

## Physical Activity Wellness Screen (PAWS)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Please answer each of the questions by placing a checkmark in a box. Please be honest – it will help us to better assist you to meet your goals.

**SECTION A.** This section is about MODERATE intensity physical activity and HIGH intensity physical activity. Examples: Certain types of housework and yard work, speed walking / jogging / running, yoga and swimming.

**Section A-1.** The next three questions asks you about your MODERATE INTENSITY ACTIVITY, which includes moderate intensity housework such as sweeping a floor, moderate intensity yard work such as raking leaves, moderate intensity yoga, moderate intensity strength training, “speed walking,” moderate pace jogging, doubles tennis, etc. Typically, if you are working at a moderate intensity you can still talk but could not sing.

A-1-a. What are your most frequent **TYPES** of MODERATE intensity activity? (check all that apply)

	House Work	Yard Work	Jog or “speed walk”	Strength train w/ weights	Yoga	Fill in:	Fill in:	Fill in:
During the Past week								
During the past month								
During the past year								
Course of your life								

A-1-b. What is the average **DURATION** of your MODERATE intensity activity?

	Less than 15 min	About 15 minutes	About 20 minutes	About 30 minutes	About 45 minutes	About 1 hour	Fill in:	Fill in:
During the Past week								
During the past month								
During the past year								
Course of your life								

A-1-c. Approximately **HOW FREQUENTLY** do you do MODERATE intensity activity for at least 15 minutes?

	Rarely - Never	1 - 2x/ week	3 - 4x/ week	5 - 6x/ week	Daily	1x/day - 2x/day	2 x/day	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

**Section A-2.** The next three questions are about HIGH INTENSITY ACTIVITY, which includes high intensity housework such as scrubbing floors, high intensity yard work such as mowing grass with a push lawn mower, “super set” weight training, high-intensity interval training (HIIT), running, full-court high intensity basketball, singles tennis, etc. Typically, if you are working at a high intensity you can NOT carry on a conversation but can say a few words between breaths.

A-2-a. What are your most frequent **TYPES** of HIGH intensity activity? (check all that apply)

	House Work	Yard Work	Run	“HIIT”	Fill in:	Fill in:	Fill in:	Fill in:
During the past year								
During the Past month								
during the past year								
Course of your life								

A-2-b. What is the **AVERAGE DURATION** of your HIGH intensity activity?

	Less than 10 min	About 10 minutes	About 15 minutes	About 20 minutes	About 30 minutes	About 45 minutes	About 1 hour	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

A-2-c. Approximately **HOW FREQUENTLY** do you do HIGH intensity activity for at least 10 minutes?

	Rarely - Never	1 - 2x/ week	3 - 4x/ week	5 - 6x/ week	Daily	1x/day - 2x/day	2 x/day	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

**Section A-3.** The next two questions are about your perception of your physical activity that you just provided in Section A-1 and Section A-2.

A-3-a. Considering both your moderate intensity activity and high intensity activity, how physically active do you think have been during the past **WEEK**?

\_\_\_\_\_ too much physical activity

\_\_\_\_\_ the right amount of physical activity

\_\_\_\_\_ not quite as much as I should, but pretty good

\_\_\_\_\_ not nearly as much as I should

\_\_\_\_\_ Other: \_\_\_\_\_

A-3-b. Considering both your moderate intensity activity and high intensity activity, how physically active do you think have been during the past **MONTH**?

\_\_\_\_\_ too much physical activity

\_\_\_\_\_ the right amount

\_\_\_\_\_ not as much as I should, but pretty good

\_\_\_\_\_ not nearly as much as I should

\_\_\_\_\_ Other: \_\_\_\_\_

**SECTION B.** This section is about activity for **MUSCLE STRENGTH**.

Examples: Calisthenics, yoga, strength training with weights, heavy yard work.

B-1. What **TYPES** of muscular strength activities do you do (or have you done at least a few times)?  
(check all that apply)

	Calisthenics	Yoga	Weights	Heavy Yardwork	Fill in:	Fill in:	Fill in:	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

B-2. About **HOW OFTEN** do you do (or did you do) most or all of the muscle strengthening activities that you just checked off in B-1?

	Rarely - Never	1 - 2x/ week	3 - 4x/ week	5 - 6x/ week	Daily	1x/day - 2x/day	2 x/day	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

**SECTION C.** This section is about activity for **FLEXIBILITY**.

Examples: Stretching, yoga, massage.

C-1. What **TYPES** of flexibility activities do you do (or have you done at least a few times)?  
(check all that apply)

	Stretching	Yoga	Massage	Fill in:	Fill in:	Fill in:	Fill in:	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

C-2. About **HOW OFTEN** do you do (or did you do) most or all of the flexibility activities

that you just checked off in B-1?

	Rarely - Never	1 - 2x/ week	3 - 4x/ week	5 - 6x/ week	Daily	1x/day - 2x/day	2 x/day	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

If you are younger than age 65 then you are finished!

If you are at least 65 years of age then please complete Section D (Balance). Thank you!

### **SECTION D.** This section is about activities for BALANCE.

Examples: Stand on one leg, yoga, Tai Chi, bicycle.

D-1. What **TYPES** of balance activities do you do (or have you done at least a few times)?  
(check all that apply)

	Stand on one leg	Yoga	Tai Chi	Bicycle	Fill in:	Fill in:	Fill in:	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								

D-2. About HOW OFTEN do you do (or did you do) most or all of the activities for balance  
that you just checked off in D-1?

	Rarely - Never	1 - 2x/ week	3 - 4x/ week	5 - 6x/ week	Daily	2x/day	3x/day	Fill in:
During the past week								
During the past month								
During the past year								
Course of your life								