

## INSTRUCTIONS TO PATIENTS

The following question concerns your activity level. Activity levels are listed from most active to least active. Please choose the *one* that *most* closely reflects your activity level by placing a checkmark in *one* box in the group below.

### *Most Active*

Regularly participate in impact sports such as jogging, tennis, skiing, acrobatics, ballet, heavy labor or backpacking.

Sometimes participate in impact sports.

Regularly participate in very active events, such as bowling or golf.

Regularly participate in active events such as bicycling.

Regularly participate in moderate activities, such as swimming and unlimited housework or shopping.

Sometimes participate in moderate activities.

Regularly participate in mild activities, such as walking limited housework and limited shopping.

Sometimes participate in mild activities.

Mostly inactive: restricted to minimal activities of daily living.

Wholly inactive: dependent on others; cannot leave residence.

### *Least Active*