

Materials for Case Study

1. Case study
 - a. Yale Physical Activity Survey for Older Adults
 - b. Timed up and go test (physical mobility)
 - c. Meal Diary

	Time (Hrs/Wk)	Intensity Code ^a (kcal/min)
<u>Yardwork</u>		
Gardening: planting, weeding, digging, hoeing	_____	4.5
Lawn mowing (walking only)	_____	4.5
Clearing walks/driveway: sweeping, shoveling, raking	_____	5.0
Other: _____	_____	_____*
<u>Caretaking</u>		
Older or disabled person (lifting, pushing wheelchair)	_____	5.5
Childcare (lifting, carrying, pushing stroller)	_____	4.0
<u>Exercise</u>		
<u>Brisk</u> walking (10+ mins in duration)	_____	6.0
Pool exercises, stretching, yoga	_____	3.0
<u>Vigorous</u> calisthenics, aerobics	_____	6.0
Cycling, exercycle	_____	6.0
Swimming (laps only)	_____	6.0
Other: _____	_____	_____*
<u>Recreational Activities</u>		
<u>Leisurely</u> walking (10+ mins in duration)	_____	3.5
Needlework: knitting, sewing, needlepoint, etc.	_____	1.5
Dancing (mod/fast): line, ballroom, tap, square, etc.	_____	5.5
Bowling, bocci	_____	3.0
Golf (walking to each hole only)	_____	5.0
Racquet sports: tennis, racquet ball	_____	7.0
Billiards	_____	2.5
Other: _____	_____	_____*

INTERVIEWER: (please read to subject). I would now like to ask you about certain types of activities that you have done during the past month. I will ask you about how much vigorous activity, leisurely walking, sitting, standing, and some other things that you usually do.

1. About how many times during the month did you participate in vigorous activities that lasted at least 10 minutes and caused large increases in breathing, heart rate, or leg fatigue or caused you to perspire? (Hand subject card #2.)

SCORE: 0 = Not at all (go to Q3)
 1 = 1-3 times per month
 2 = 1-2 times per week
 3 = 3-4 times per week
 4 = 5+ times per week
 7 = Refused
 8 = Don't know

FREQUENCY SCORE = _____

2. About how long do you do this vigorous activity(ies) each time? (Hand subject card #3.)

SCORE: 0 = Not applicable
 1 = 10-30 minutes
 2 = 31-60 minutes
 3 = 60+ minutes
 7 = Refused
 8 = Don't know

DURATION SCORE = _____

WEIGHT = 5

VIGOROUS ACTIVITY INDEX SCORE:

FREQ SCORE _____ x DUR SCORE _____ x WEIGHT _____ = _____
 (Responses of 7 or 8 are scored as missing.)

3. Think about the walks you have taken during the past month. About how many times per month did you walk for at least 10 minutes or more without stopping which was not strenuous enough to cause large increases in breathing, heart rate, or leg fatigue or cause you to perspire? (Hand subject card #2.)

SCORE: 0 = Not at all (go to Q5)
 1 = 1-3 times per month
 2 = 1-2 times per week
 3 = 3-4 times per week
 4 = 5+ times per week
 7 = Refused
 8 = Don't know

FREQUENCY SCORE = _____

4. When you did this walking, for how many minutes did you do it? (Hand subject card #3.)

SCORE: 0 = Not applicable
 1 = 10-30 minutes
 2 = 31-60 minutes
 3 = 60+ minutes
 7 = Refused
 8 = Don't know

DURATION SCORE = _____

WEIGHT = 4

LEISURELY WALKING INDEX SCORE:

FREQ SCORE _____ x DUR SCORE _____ x WEIGHT _____ = _____
 (Responses of 7 or 8 are scored as missing.)

5. About how many hours a day do you spend moving around on your feet while doing things? Please report only the time that you are actually moving. (Hand subject card #4.)

SCORE: 0 = Not at all
 1 = less than 1 hr per day
 2 = 1 to less than 3 hrs per day
 3 = 3 to less than 5 hrs per day
 4 = 5 to less than 7 hrs per day
 5 = 7+ hrs per day
 7 = Refused
 8 = Don't know

MOVING SCORE = _____

WEIGHT = 3

MOVING INDEX SCORE:

MOVING SCORE _____ x WEIGHT _____ = _____
 (Responses of 7 or 8 are scored as missing.)

6. Think about how much time you spend standing or moving around on your feet on an average day during the past month. About how many hours per day do you stand? (Hand subject card #4.)

SCORE: 0 = Not at all
 1 = less than 1 hr per day
 2 = 1 to less than 3 hrs per day
 3 = 3 to less than 5 hrs per day
 4 = 5 to less than 7 hrs per day
 5 = 7+ hrs per day
 7 = Refused
 8 = DK

STANDING SCORE = _____

WEIGHT = 2

STANDING INDEX SCORE:

STANDING SCORE _____ x WEIGHT _____ = _____
 (Responses of 7 or 8 are scored as missing.)

7. About how many hours did you spend sitting on an average day during the past month) (Hand subject card #5.)

- SCORE: 0 = Not at all
 1 = less than 3 hours
 2 = 3 hours to less than 6 hours
 3 = 6 hours to less than 8 hours
 4 = 8+ hours
 7 = Refused
 8 = Don't know

SITTING SCORE = _____

WEIGHT = 1

SITTING INDEX SCORE:

SITTING SCORE _____ x WEIGHT _____ = _____
 (Responses of 7 or 8 are scored as missing.)

8. About how many flights of stairs do you climb up each day? (let 10 steps = 1 flight.) _____

9. Please compare the amount of physical activity that you do during other seasons of the year with the amount of activity you just reported for a typical week in the past month. For example, in the summer, do you do more or less activity than what you reported doing in the past month?
 (INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE SCORE FOR EACH SEASON.)

	Lot More	Little More	Same	Little Less	Lot Less	Don't know
Spring	1.30	1.15	1.00	0.85	0.70	.
Summer	1.30	1.15	1.00	0.85	0.70	.
Fall	1.30	1.15	1.00	0.85	0.70	.
Winter	1.30	1.15	1.00	0.85	0.70	.

SEASONAL ADJUSTMENT SCORE = SUM OVER ALL SEASONS / 4 _____

INTERVIEWER PLEASE MARK TIME: _____ : _____ : _____
 HR SEC MIN

CARD #1

WEEKLY PHYSICAL ACTIVITIES

Work

Shopping (e.g., grocery, clothes)	
Stair climbing while carrying a load	
Laundry	
Light Housework:	tidying, dusting, sweeping, collecting garbage in home, polishing, indoor gardening, ironing
Heavy Housework:	vacuuming, mopping, scrubbing floors and walls, moving furniture, moving boxes or garbage cans
Food preparation (10+ min.):	chopping, stirring, moving around to get food items, pots or pans
Food service (10+ min.):	setting table, carrying food, serving food
Dish washing (10+ min.):	clearing table, washing and drying dishes, putting dishes away
Light home repair:	small appliance repair, light household maintenance and repair tasks
Heavy home repair:	painting, washing and polishing car, carpentry
Other:	_____

Yardwork

Gardening:	pruning, planting, weeding, hoeing, digging
Lawn mowing (walking only)	
Clearing walks and driveway:	raking, shoveling, sweeping
Other:	_____

Caretaking

Older or disabled person:	lifting, pushing wheelchair
Childcare:	lifting, pushing stroller

Exercise

<u>Brisk</u> walking for exercise (10+ min.):	causes large increases in heart rate, breathing or leg fatigue
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Stretching exercises, yoga, pool exercise

<u>Vigorous</u> calisthenics, aerobics:	causes large increases in heart rate, breathing or leg fatigue
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Cycling, exercycle

Lap swimming

Other:

Recreational Activities

Leisurely walking (10+ min.)

Hiking

Needlework:	knitting, sewing, crocheting, needlepoint
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Dancing (mod/fast):	line dancing, ballroom, square, tap, etc.
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Bowling, bocce

Golf (walking to each hole only)

Racquet sports:	tennis, racquetball
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Billiards

Other:

CARD #2

Not at all
1-3 times per month
1-2 times per week
3-4 times per week
5 or more times per week
Don't know

CARD #3

10-30 minutes
31-60 minutes
60 or more minutes
Don't know

CARD #4

Not at all
less than 1 hour per day
1 to less than 3 hours per day
3 to less than 5 hours per day
5 to less than 7 hours per day
7 or more hours per day
Don't know

CARD #5

Not at all
less than 3 hours per day
3 hours to less than 6 hours per day
6 hours to less than 8 hours per day
8 or more hours per day
Don't know

TIMED UP & GO TEST

Description of test:

The timed up & go measures, in seconds, the time taken by an individual to stand up from a standard arm chair (approximate seat height of 46 cm), walk a distance of 3 meters, turn, walk back to the chair, and sit down again. The subjects wears his or her regular footwear and uses his or her customary walking aid (none, cane, or walker). No physical assistance is given.

This test can be measured with a stop watch or a second hand on a wrist watch.

Instructions:

1. Seat subject in arm chair (approximate seat height 46 cm).
2. Measure 3 meters distance from the front chair legs.
3. Instruct subject to complete the timed up & go test.

Measurements:

Chair seat height: _____

Gait aid: _____

Floor surface: _____

Timed Trials:

1. _____

2. _____

3. _____

Reference:

Podsiadlo D, Richardson S: The timed "up & go": a test of basic functional mobility for frail elderly persons. *J Am Geriatr Soc* 39:142-148, 1991

Meal Diary

Food Record Instructions

1. Use the record sheets to track two weekdays, and one weekend day. This gives us a better idea of the overall diet.
2. This record is used to get an accurate representation of your usual daily intake. It is very important that you do not alter what you eat in order to change the outcome in any way. Please try to weigh and record every item that you consume (this includes all beverages, condiments, vitamins, etc.).
3. Be sure to weigh and record all items taken in, this means any snacks, however small, also any condiments or toppings added to items. Often these items are consumed unpredictably, so remember that it is vital that the scale and food record are with you at all times.
4. It is important to assess the serving sizes as accurately as possible, thus, whenever it is feasible measure the item after it has been cooked. Always weight food items immediately prior to consumption. If possible, also record information from food packages (brand names).
5. If items are to be cooked, be sure to describe the cooking method for example; barbequed chicken, fried fish, braised beef. The "notes" column may also be useful for this.
6. All beverages should also be included, this includes water, coffee, tea, etc. Be sure to record any cream, milk or sugar added to coffee or tea.

Canada's Food Guide to Healthy Eating

Health Canada Santé Canada



Grain Products

Choose whole grain and enriched products more often.

Vegetables and Fruit


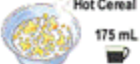
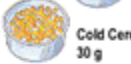
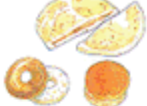
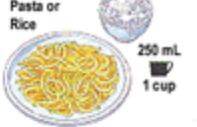
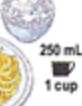
Choose dark green and orange vegetables and orange fruit more often.






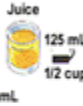
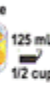
Milk Products

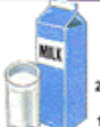





Choose lower-fat milk products more often.

Meat and Alternatives








Choose leaner meats, poultry and fish, as well as dried peas, beans and lentils more often.

Grain Products 5-12 SERVINGS PER DAY	1 serving  1 Slice  Hot Cereal 175 mL  Cold Cereal 3/4 cup 30 g	2 servings  1 Bagel, Pita or Bun  Pasta or Rice 250 mL  1 cup
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Vegetables and Fruit 5-10 SERVINGS PER DAY	1 serving  1 Medium Size Vegetable or Fruit Fresh, Frozen or Canned Vegetables or Fruit  125 mL  1/2 cup	2 servings  Salad 250 mL  1 cup  Juice 125 mL  1/2 cup
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Milk Products Servings per Day Children 4-8 years: 2-3 Youth 10-16 years: 3-4 Adults: 2-4 Pregnant and Breast-feeding Women: 3-4	1 serving  250 mL  1 cup  3"x1"x1" 50 g  2 Slices 50 g  175 g  3/4 cup
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Other Foods Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or calories, so use these foods in moderation.

Meat and Alternatives 2-3 SERVINGS PER DAY	1 serving  Meat, Poultry or Fish 50-100 g  1/3-2/3 Can 50-100 g  1-2 Eggs  Beans 125-250 mL  100 g  1/3 cup  Peanut Butter 30 mL 2 tbsp
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Food Diary

DAY ONE

Meal	Food Item	Amount
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

DAY TWO

Meal	Food Item	Amount
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

DAY THREE

Meal	Food Item	Amount
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

CANADA'S

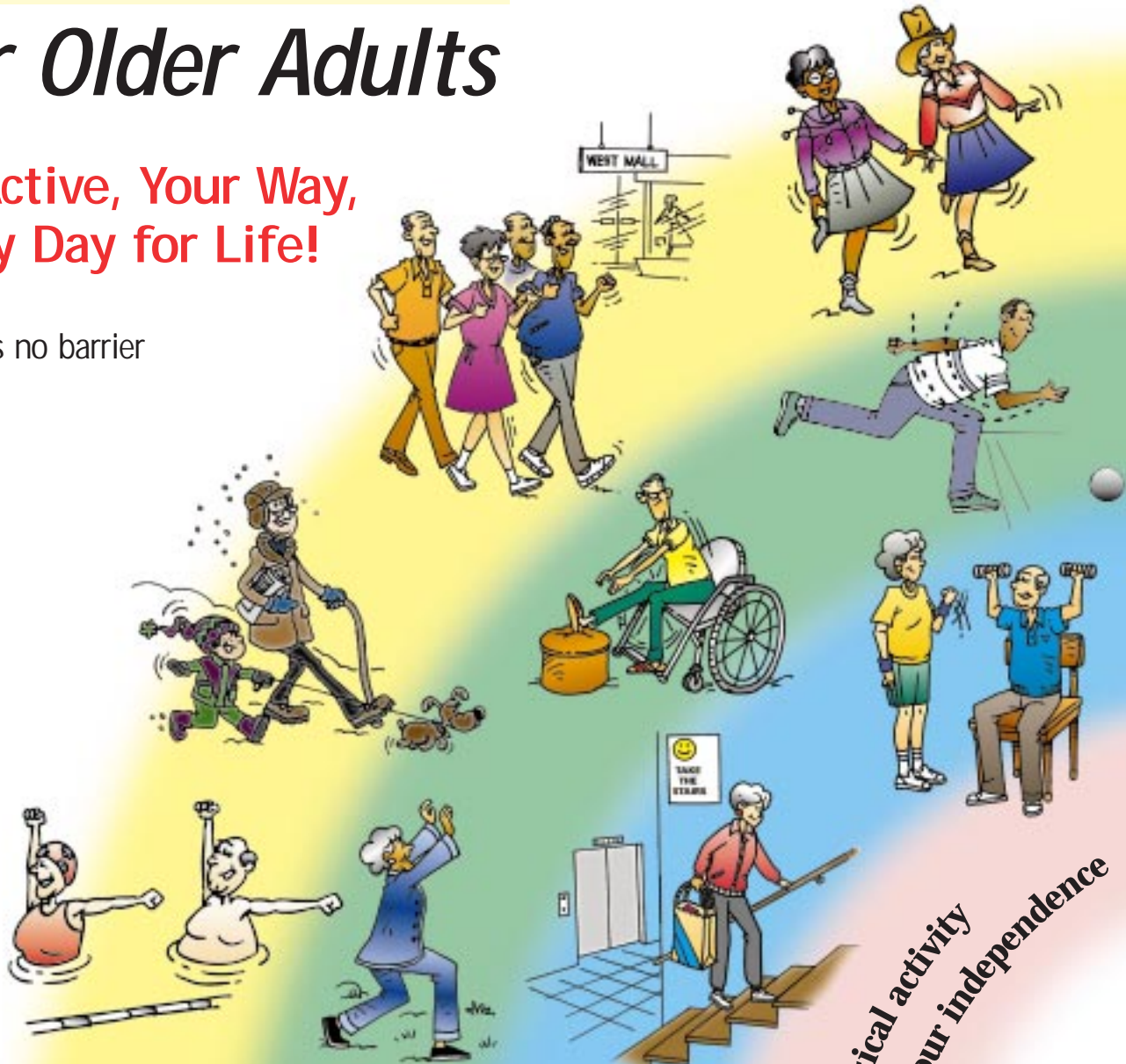
Physical Activity Guide

to Healthy Active Living

for Older Adults

Be Active, Your Way, Every Day for Life!

- Age is no barrier



**Increase
Endurance
Activities**
4-7 days
a week

**Increase
Flexibility
Activities**
Daily

**Increase
Strength &
Balance
Activities**
2-4 days
a week

*Physical activity
prolongs your independence*



Health Canada / Santé Canada



Canadian Society for Exercise Physiology