

PHYSICAL ACTIVITY QUESTIONNAIRE

MOBILE CLINIC

SECTION A I

1. IS YOUR WORK

NOT AT WORK (RETIRED, STUDENT, HOUSEWIFE)	0
REGULAR DAYTIME WORK	1
REGULAR EVENING WORK	2
REGULAR NIGHT WORK	3
TWO SHIFTS	4
THREE SHIFTS	5
OTHER	6

IF YOUR SPOUSE WORKS, IS HIS/HER WORK

NOT AT WORK(RETIRED, STUDENT, HOUSEWIFE) PROCEED TO QUESTION 2	0
REGULAR DAYTIME WORK	1
REGULAR EVENING WORK	2
REGULAR NIGHT WORK	3
TWO SHIFTS	4
THREE SHIFTS	5
OTHER	6

2. OVERALL, DO YOU CONSIDER YOUR WORK

	PHYSICALLY	MENTALLY
EXTREMELY LIGHT	1	1
VERY LIGHT	2	2
LIGHT	3	3
NOT LIGHT - NOT STRENUOUS	4	4
STRENUOUS	5	5
VERY STRENUOUS	6	6
EXTREMELY STRENUOUS	7	7

3. HOW WOULD YOU ASSESS YOUR CURRENT PHYSICAL FITNESS REGARDING BOTH EN-DURANCE AND OVERALL MUSCLE STRENGTH (TICK BOTH BOXES).

	ENDURANCE	MUSCLE STRENGTH
VERY GOOD	1	1
GOOD	2	2
AVERAGE	3	3
POOR	4	4
VERY POOR	5	5

4. HAVE YOU TAKEN AN ARRANGED FITNESS TEST

NO (PROCEED TO QUESTION 5)	0
YES	1
CYCLE ERGOMETER TEST	1
MUSCLE STRENGTH TEST	1
COOPER TEST	1

5. HAVE YOU INDEPENDENTLY TESTED YOUR FITNESS

NO (PROCEED TO QUESTION 6)	0
YES	1
I HAVE MONITORED MY WEIGHT	1
I HAVE MONITORED MY RESTING PULSE RATE	1
I HAVE MONITORED MY PULSE WHEN ENGAGING IN EXERCISE	1
I HAVE MONITORED TIME ON A RUN OR WALK OF A CERTAIN LENGTH	1
I HAVE INDEPENDENTLY TAKEN THE COOPER TEST	1

6. WHEN YOU WAKE UP IN THE MORNING, DO YOU FEEL MORE OFTEN

RESTED AND ALERT	1
THAN TIRED AND SLEEPY	2

7. WHEN THE MOMENT YOU LEAVE FOR WORK EVERY DAY IS GETTING CLOSER, HOW DO YOU USUALLY FEEL ABOUT LEAVING FOR WORK. (NOT ASKED FROM RESPONDENTS NOT AT WORK.)

VERY RE- LUCTANT	FAIRLY RE- LUCTANT	IT VARIES	FAIRLY GLAD	VERY GLAD
1	2	3	4	5

8. WHEN YOU RETURN HOME FROM WORK, DO YOU GENERALLY FEEL (NOT ASKED FROM RESPONDENTS NOT AT WORK.)

ALERT	1
SLIGHTLY TIRED	2
TIRED	3
COMPLETELY EXHAUSTED	4

9. BELOW ARE LISTED DIFFERENT WORK AND HOUSEHOLD TASKS AND LEISURE TIME ACTIVITIES. PLEASE FIRST READ THROUGH THE LIST CAREFULLY. AFTER THIS, NOTE FOR EACH TASK AND RECREATIONAL ACTIVITY HOW MANY HOURS OF YOUR TIME YOU SPEND ON THEM ON AVERAGE. (00=NOT AT ALL)

DAILY	ON WEEKDAYS OR WORKDAYS		ON WEEKENDS OR DAYS OFF	
	H/DAY	MIN/DAY	H/DAY	MIN/DAY
WORK AND EARNING A LIVELIHOOD				
COMMUTING				
CHILDCARE				
HOUSEHOLD CHORES				
SLEEPING				
EATING AND PERSONAL HYGIENE				
SHOPPING OR SIMILAR				
WATCHING TV				
READING A NEWSPAPER				
OTHER READING				
LISTENING TO RADIO WITHOUT OTHER SIMULTANEOUS ACTIVITIES				

WEEKLY

HOURS/WEEK

- 1. OUTDOOR CHORES _____
- 2. RECREATIONAL GAMES AND GAMBLING _____
- 3. SPENDING TIME WITH AND VISITING OTHERS _____
- 4. OUTDOOR AND SPORT ACTIVITIES _____
- 5. OTHER HOBBIES _____

10. AT THE MOMENT, DO YOU ENGAGE IN SOME FORM OF PHYSICAL EXERCISE (SUCH AS RUNNING, BRISK WALKING, CYCLING, CROSS-COUNTRY SKIING, BALL GAMES, SWIMMING, GYMNASTICS, WEIGHTLIFTING ETC.) TO IMPROVE YOUR PHYSICAL FITNESS?

- NEVER 0
- SOMETIMES 1
- 1-3 TIMES A MONTH 2
- 1-2 TIMES A WEEK 3
- THREE TIMES A WEEK OR MORE OFTEN 4

11. PLEASE NOTE BELOW HOW OFTEN YOU HAVE PERSONALLY ENGAGED IN EACH OF THE FOLLOWING ACTIVITIES WITHIN THE PREVIOUS 12 MONTHS. (TICK ONE BOX ON EACH LINE.)

PERSONAL EN- GAGEMENT IN PHYSICAL EXER- CISE WITHIN THE PREVIOUS 12 MONTHS:	NOT AT ALL	LESS THAN ONCE A MONTH	1-2 TIMES/MO NTH	AROUND ONCE A WEEK	2-4 TIMES/WE EK	AROUND EVERY DAY
1. CROSS-COUNTRY SKIING	0	1	2	3	4	5
2. GOING FOR A WALK	0	1	2	3	4	5
3. GOING FOR A RUN OR JOG	0	1	2	3	4	5
4. BICYCLING	0	1	2	3	4	5
5. SWIMMING	0	1	2	3	4	5
6. OTHER, PLEASE SPECIFY:	0	1	2	3	4	5
7.	0	1	2	3	4	5
8.	0	1	2	3	4	5

12. THIS QUESTION CONCERNS YOUR INTEREST IN FOLLOWING DIFFERENT CONTENTS IN THE MEDIA. SELECT THE ALTERNATIVE THAT BEST DESCRIBES YOUR SITUATION.

TICK A BOX ON EACH LINE FOR EACH FORM OF MEDIA.

1= INTERESTS ME A LOT AND I USUALLY FOLLOW THIS DAILY OR NEARLY AS OFTEN AS POSSIBLE

2= INTERESTS ME SOMEWHAT AND I INTENTIONALLY FOLLOW THIS EVERY NOW AND THEN

3= BARELY INTERESTS ME AND I DO NOT INTENTIONALLY FOLLOW THIS

	NEWSPAPERS			RADIO			TELEVISION		
SOCIETAL AND POLITICAL ISSUES	1	2	3	1	2	3	1	2	3
CULTURAL ISSUES	1	2	3	1	2	3	1	2	3
PROGRAMMES PURELY FOR ENTERTAINMENT	1	2	3	1	2	3	1	2	3
ISSUES THAT INCLUDE INFORMATION FROM SPECIAL FIELDS	1	2	3	1	2	3	1	2	3
SPORTS	1	2	3	1	2	3	1	2	3

13. HOW MUCH INFORMATION ABOUT EXERCISE FOR HEALTH HAVE YOU OBTAINED THROUGH THE FOLLOWING INFORMATION CHANNELS.

INFORMATION ABOUT EXERCISE FOR HEALTH:	NOT AT ALL	SOMEWHAT	MODERATELY	MUCH	VERY MUCH
1. MASS MEDIA (PRESS, RADIO, TELEVISION)	0	1	2	3	4
2. NEWSPAPERS/MAGAZINES SPECIALISED IN SPORT (SUOMEN URHEILULEHTI, TUL ETC.)	0	1	2	3	4
3. EXERCISE ORGANISATIONS (INFORMATION PROVISION, EXERCISE EVENTS ETC.)	0	1	2	3	4
4. CLUB ACTIVITIES	0	1	2	3	4
5. WORK ENVIRONMENT, CO-WORKERS	0	1	2	3	4
6. FRIENDS AND ACQUAINTANCES	0	1	2	3	4
7. OTHER SPECIALISTS (DOCTORS, PUBLIC HEALTH NURSES ETC.)	0	1	2	3	4
8. OTHER, PLEASE SPECIFY	0	1	2	3	4

14. HAS YOUR WORKPLACE ORGANISED EXERCISE DURING BREAKS

NO 0
 YES 1

IF ARRANGEMENTS HAVE BEEN MADE FOR EXERCISE DURING BREAKS DO YOU PARTICIPATE IN IT

NO 0
 YES 1

15. DO YOU ENGAGE IN COMPETITIVE SPORTS

NO (PROCEED TO QUESTION 16) 0
 YES 1

AT WHICH LEVEL

COMPETITIONS BETWEEN MEMBERS 1
 DISTRICT-LEVEL COMPETITIONS 2
 NATIONAL COMPETITIONS 3
 INTERNATIONAL COMPETITIONS 4

16. HAVE YOU PREVIOUSLY ENGAGED IN COMPETITIVE SPORTS

NO (PROCEED TO QUESTION 17) 0
 YES 1

AT WHICH LEVEL

COMPETITIONS BETWEEN MEMBERS 1
 DISTRICT-LEVEL COMPETITIONS 2
 NATIONAL COMPETITIONS 3
 INTERNATIONAL COMPETITIONS 4

WHEN DID YOU QUIT COMPETITIVE SPORTS _____

WHY DID YOU QUIT _____

17. ARE YOU A MEMBER OF SOME SPORTS CLUB

NO (PROCEED TO QUESTION 18)	0
YES	1

18. HAVE YOU PREVIOUSLY BEEN A MEMBER OF SOME SPORTS CLUB

NO	0
YES	1

SECTION A 2

A. MOTIVATION

THIS QUESTION IS AIMED AT THOSE ENGAGE IN EXERCISE AS A RECREATIONAL ACTIVITY. YOU ENGAGE IN EXERCISE AS A RECREATIONAL ACTIVITY. **DO YOU FIND THAT THE AMOUNT OF EXERCISE YOU ENGAGE IN IS SUFFICIENT FOR YOU?**

NO	0
YES	1

IF YOU ANSWERED NO, WHAT DO YOU THINK WOULD BE A SUFFICIENT AMOUNT OF EXERCISE?

FAVOURITE EXERCISE

2A) WHAT IS YOUR FAVOURITE TYPE OF EXERCISE?

B) WHEN DID YOU START ENGAGING IN THIS FORM OF EXERCISE IN THE CURRENT WAY OR IN ITS CURRENT FORM?

C) WHAT MADE YOU START IT?

3A) WITH WHOM DO YOU TYPICALLY ENGAGE IN IT?

ALONE (PROCEED TO QUESTION 4A)	1
SPORTS CLUB	2
WITH MY SPOUSE	3
WITH MY CHILDREN	4
WITH FRIENDS	5
OTHER, HOW _____	6

B) ASKED IF THE PERSON DOES NOT ENGAGE IN THE ACTIVITY ALONE.

WHO INITIATES ENGAGING IN YOUR FAVOURITE EXERCISE? (A FORM OF SPORT MAY BE MENTIONED INSTEAD OF THE FAVOURITE TYPE OF EXERCISE)

I DO	1
SOMEONE ELSE DOES	2
BOTH DO EQUALLY OFTEN	3
WHO _____	

4A) CAN YOU EXPLAIN WHY YOU ENGAGE IN (YOUR FAVOURITE SPORT)?

(ALL SPONTANEOUS ANSWERS ARE WRITTEN HERE):

ANSWER: "I DO NOT KNOW", "I HAVE NEVER THOUGHT OF IT" ETC. IS MARKED AS THE ANSWER AND YOU THEN PROCEED TO QUESTION 5.

B) COULD YOU ELABORATE A LITTLE MORE WHAT _____ MEANS TO YOU? (ONLY RESPONSES TO THE FOLLOW-UP QUESTION ARE NOTED HERE): _____

C) CAN YOU THINK OF ANY OTHER REASONS FOR ENGAGING IN THIS RECREATIONAL ACTIVITY?

FORM OF EXERCISE THE RESPONDENT ENGAGES IN

5. THE QUESTIONS IN THE QUESTIONNAIRE FORM ARE USED TO FIND THE FORM OF EXERCISE THAT THE PERSON ENGAGES IN MOST OFTEN OR, IF THIS IS HIS OR HER FAVOURITE FORM OF EXERCISE, SECOND MOST OFTEN. THIS FORM OF EXERCISE IS USED FOR THE FOLLOWING QUESTIONS.

A) YOU ALSO ENGAGE IN _____ COULD YOU ELABORATE WHY? (ALL SPONTANEOUS ANSWERS ARE WRITTEN HERE):

B) PLEASE EXPLAIN WHAT _____ MEANS TO YOU? OR WHETHER _____ MEANS THE SAME TO YOU IN CONNECTION TO THIS FORM OF EXERCISE AS STATED ABOVE (IF THE SAME REASON HAS BEEN GIVEN). (ONLY ANSWERS TO THE FOLLOW-UP QUESTION HERE):

C) ARE THERE POSSIBLY ANY OTHER REASONS FOR ENGAGING IN THIS FORM OF EXERCISE?

OTHER FORM OF EXERCISE

6. DO YOU ENGAGE IN SOME OTHER FORM OF PHYSICAL ACTIVITY, PERHAPS FOR REASONS OTHER THAN THOSE MENTIONED ABOVE

NO 0
YES 1

WHICH ONE(S) AND WHY?

STANDARDISED MOTIVATION SURVEY

7. I WILL NEXT USE THIS TABLE TO PRESENT A GROUP OF STATEMENTS TO YOU CONCERNING THE REASONS FOR ENGAGING IN EXERCISE. I KINDLY ASK YOU TO READ THROUGH THEM AND THEN GO OVER EACH STATEMENT AND EXPLAIN HOW WELL IT APPLIES TO YOU. THE ASSESSMENT SCALE IS ALSO PRESENTED ON A TABLE. I EMPHASISE THAT YOU MUST USE YOUR PERSONAL ENGAGEMENT IN EXERCISE AS A BASIS FOR THE ASSESSMENT.

	DOES NOT APPLY TO ME AT ALL	DOES NOT QUITE APPLY TO ME	CANNOT SAY	APPLIES TO ME QUITE WELL	APPLIES TO ME COMPLETELY
MEETING OTHERS	0	1	2	3	4
RELAXING	0	1	2	3	4
HEALTH	0	1	2	3	4
VARIATION	0	1	2	3	4
MAKING AN EFFORT	0	1	2	3	4
EXCITEMENT	0	1	2	3	4
SELF-EXPRESSION	0	1	2	3	4

DID THESE STATEMENTS MAKE YOU THINK OF ANYTHING ELSE YOU WOULD LIKE TO MENTION IN CONNECTION WITH YOUR PHYSICAL ACTIVITY HOBBY?

8. HAVE YOU PREVIOUSLY ENGAGED IN SOME FORM OF EXERCISE CONSIDERABLY MORE ACTIVELY THAN CURRENTLY (NOT COMPETITIVELY)?

NO 0
YES 1

WHAT AND HOW OFTEN? _____

WHEN DID YOU QUIT? _____

WHY DID YOU QUIT? _____

CHILDHOOD

9. WHEN YOU THINK ABOUT YOUR CHILDHOOD AND CHILDHOOD HOME, CAN YOU SAY THAT PEOPLE ENGAGED IN EXERCISE THERE?

	NO	YES, AS A RECREATIONAL ACTIVITY	YES, COMPETITIVELY
FATHER	0	1	2
MOTHER	0	1	2
SISTERS	0	1	2
BROTHERS	0	1	2

FORM, LEVEL ETC.

FATHER: _____

MOTHER: _____

SISTERS: _____

BROTHERS: _____

10. WHEN YOU, AGAIN, THINK BACK TO YOUR CHILDHOOD, HOW WOULD YOU EVALUATE THE ATTITUDES TOWARDS PHYSICAL EXERCISE OF THE PEOPLE AROUND YOU AT HOME, SCHOOL AND YOUR GROUP OF FRIENDS.

A)	NEGATIVE	HARD TO SAY	POSITIVE
AT HOME	0	1	2
AT SCHOOL	0	1	2
IN MY GROUP OF FRIENDS	0	1	2

B) HOW DID PEOPLE REGARD YOUR ENGAGING IN PHYSICAL ACTIVITIES AS A HOBBY?

	THEY TRIED TO PREVENT OR LIMIT IT	THEY NEI- THER PRO- HIBITED NO ORDERED ME TO DO IT	THEY EN- COURAGED ME
AT HOME	1	2	3
AT SCHOOL	1	2	3
IN MY GROUP OF FRIENDS	1	2	3

WHO OR HOW _____

11. LET'S GO BACK TO THE PRESENT MOMENT. ARE THERE PERSONS IN YOUR FAMILY OR CIRCLE OF FRIENDS WHO ARE ENTHUSIASTIC ABOUT ENGAGING IN EXERCISE?

NO 0
YES 1
WHO _____

B) DOES YOUR FAMILY OR CIRCLE OF FRIENDS OR SOMEONE IN THEM AIM TO INFLUENCE YOUR ENGAGING IN PHYSICAL EXERCISE?

	NO	YES
BY PREVENTING OR LIMITING IT	0	1
BY ENCOURAGING IT	0	1

WHO _____

B BARRIERS

ASKED FROM THOSE WHO DO NOT ENGAGE IN ANY EXERCISE OR WHO WOULD LIKE TO ENGAGE IN EXERCISE MORE (SEE QUESTION 3).

BARRIERS

12A) DOES NOT ENGAGE IN EXERCISE:

COULD YOU EXPLAIN WHY YOUR RECREATIONAL ACTIVITIES INCLUDE NO EXERCISE AT ALL? OR

WOULD LIKE TO ENGAGE IN MORE EXERCISE:

COULD YOU EXPLAIN WHAT IS PREVENTING YOU FROM ENGAGING IN AS MUCH EXERCISE AS YOU WOULD LIKE TO? (ALL SPONTANEOUS ANSWERS ARE WRITTEN HERE):

B) COULD YOU ELABORATE IN MORE DETAIL WHAT YOU MEAN? (ONLY ANSWERS TO THE FOLLOW-UP QUESTION HERE):

C) ARE THERE PERHAPS ANY OTHER REASONS WHY YOU DO NOT ENGAGE IN EXERCISE (AS MUCH AS YOU WOULD LIKE TO)? (A FOLLOW-UP SECTION FOR THOSE YOU WOULD LIKE TO ENGAGE IN MORE EXERCISE):

STRUCTURED SECTION

13. IN THE FOLLOWING SECTION, I WILL PRESENT A FEW STATEMENTS DESCRIBING BARRIERS TO ENGAGING IN EXERCISE AS A HOBBY USING THE BELOW TABLE. PLEASE FIRST READ THROUGH ALL OF THEM AND ALSO FAMILIARISE YOURSELF WITH THE ASSESSMENT SCALE BELOW THE STATEMENTS. I WILL THEN ASK YOU TO GO OVER EACH STATEMENT AND EXPLAIN HOW WELL IT APPLIES TO YOU PERSONALLY AND IN RELATION TO EXERCISE.

	DOES NOT APPLY TO ME AT ALL	DOES NOT QUITE APPLY TO ME	CANNOT SAY	APPLIES TO BE QUITE WELL	APPLIES TO ME COMPLETELY
1. HEALTH REASONS	0	1	2	3	4
2. LACK OF WASHING FACILITY	0	1	2	3	4
3. NO BENEFIT	0	1	2	3	4
4. LACK OF SKILLS	0	1	2	3	4
5. LACK OF PLACES	0	1	2	3	4
6. OTHER HOBBIES	0	1	2	3	4
7. OBNOXIOUS	0	1	2	3	4
8. CANNOT AFFORD IT	0	1	2	3	4
9. FEAR OF INJURY	0	1	2	3	4
10. FAMILY LIFE	0	1	2	3	4
11. NO FRIEND TO DO IT WITH	0	1	2	3	4
12. LACK OF INTEREST	0	1	2	3	4
13. TIREDNESS CAUSED BY WORK	0	1	2	3	4
14. LACK OF DIRECTION	0	1	2	3	4
15. HOUSEWORK	0	1	2	3	4
16. LACK OF EQUIPMENT	0	1	2	3	4
17. CHILDCARE	0	1	2	3	4

IN THIS CONTEXT, DID ANYTHING COME UP THAT YOU WOULD LIKE TO MENTION TO SUPPLEMENT YOUR PREVIOUS ANSWERS?

THE INTERVIEW FOR THOSE WHO ENGAGE IN PHYSICAL ACTIVITY ENDS HERE.

PREVIOUSLY ENGAGING IN EXERCISE

THE FOLLOWING QUESTIONS CONCERN THOSE WHO DO NOT ENGAGE IN EXERCISE.

14. HAVE YOU PREVIOUSLY ENGAGED IN EXERCISE?

NO	0
YES	1

PLEASE SPECIFY _____

WHEN DID YOU QUIT _____

WHY DID YOU QUIT _____

15. WHEN YOU THINK ABOUT YOUR CHILDHOOD AND CHILDHOOD HOME, CAN YOU SAY THAT PEOPLE ENGAGED IN EXERCISE THERE?

	NO	YES, AS A RECREATIONAL ACTIVITY	YES, COMPETITIVELY
FATHER	0	1	2
MOTHER	0	1	2
SISTERS	0	1	2
BROTHERS	0	1	2

FORM, LEVEL ETC.

FATHER: _____

MOTHER: _____

SISTERS: _____

BROTHERS: _____

16. WHEN YOU, AGAIN, THINK BACK TO YOUR CHILDHOOD, HOW WOULD YOU EVALUATE THE ATTITUDES TOWARDS PHYSICAL EXERCISE OF THE PEOPLE AROUND YOU AT HOME, SCHOOL AND YOUR GROUP OF FRIENDS.

A)	NEGATIVE	HARD TO SAY	POSITIVE
AT HOME	1	2	3
AT SCHOOL	1	2	3
IN MY GROUP OF FRIENDS	1	2	3

B) HOW DID PEOPLE REGARD YOUR ENGAGING IN PHYSICAL ACTIVITIES AS A HOBBY?

	THEY TRIED TO PREVENT OR LIMIT IT	IN NO WAY	THEY ENCOURAGED ME
AT HOME	1	2	3
AT SCHOOL	1	2	3
IN MY GROUP OF FRIENDS	1	2	3

WHO OR HOW _____

17. LET'S GO BACK TO THE PRESENT MOMENT.

A) ARE THERE PERSONS IN YOUR FAMILY OR CIRCLE OF FRIENDS WHO ARE ENTHUSIASTIC ABOUT ENGAGING IN EXERCISE?

NO	1
YES	2

WHO _____

B) DOES YOUR FAMILY OR CIRCLE OF FRIENDS OR SOMEONE IN THEM AIM TO INFLUENCE YOUR ENGAGING IN PHYSICAL EXERCISE?

	NO	YES
BY PREVENTING OR LIMITING IT	0	1
BY ENCOURAGING IT	0	1

WHO _____

INTERVIEWER _____

SECTION B EXERCISE AT WORK

WORKING HOURS

THINK ABOUT YOUR PREVIOUS WORKDAY. USE THE BELOW TABLE TO FILL OUT WHICH ACTIVITIES YOU ENGAGED IN DURING YOUR WORKDAY (INCLUDING MEAL BREAKS) AND THEIR AVERAGE DURATION ROUNDED TO THE NEAREST 15 MINUTES AS WELL AS THE AVERAGE WEIGHT OF THE TOOLS OR OTHER LOADS YOU HANDLED DURING THE ACTIVITIES.

BASIC ACTIVITY	WORK ACTIVITY	DURATION	LOAD
1. SITTING	REST	MIN	
	HANDS OR UPPER EXTREMITIES ARE WORKING (E.G. TYPING)	MIN	KG
	WHOLE BODY IS MOVING (E.G. INSTALLATION WORK SITTING DOWN.)	MIN	KG
2. STANDING	REST	MIN	
	WORKING WITH HANDS OR BOTH UPPER EXTREMITIES (E.G. SORTING MAIL)	MIN	KG
	WHOLE BODY IS MOVING (DIGGING, LIFTING, HOLDING UP OBJECTS)	MIN	KG
3. WALKING ON AN EVEN SURFACE	WITHOUT ADDITIONAL WORK	MIN	KG
	WORKING WITH HANDS OR UPPER EXTREMITIES (SWEEPING)	MIN	KG
	WHOLE BODY IS MOVING (PUSHING WHEELBARROWS, CARRYING OBJECTS)	MIN	KG
4. WALKING ON AN UNEVEN SURFACE (E.G. IN A FOREST)	WITHOUT ADDITIONAL WORK	MIN	
	WORKING WITH HANDS OR UPPER EXTREMITIES (E.G. TAKING MEASUREMENTS OF FOREST)	MIN	KG
	WHOLE BODY IS WORKING (TIMBER PROCESSING)	MIN	KG
5. CLIMBING STAIRS	WITHOUT ADDITIONAL WORK	MIN	
	WORKING WITH HANDS AND UPPER EXTREMITIES (SWEEPING)	MIN	KG
	WHOLE BODY IS WORKING (CARRYING OBJECTS) NUMBER OF STAIRS	MIN	KG NUMBER
6. OTHER, PLEASE SPECIFY _____	WITHOUT ADDITIONAL WORK	MIN	
	WORKING WITH HANDS OR UPPER EXTREMITIES	MIN	KG
	WHOLE BODY IS WORKING	MIN	KG

7. DURATION OF WORKDAY _____ MIN

8. BREAKS

COFFEE BREAKS _____ MIN

MEAL BREAK _____ MIN

OTHER REGULAR BREAKS _____ MIN

9. DID YOU PARTICIPATE IN THE HEALTH EXAMINATION OF THE MOBILE CLINIC

NO 0

YES 1

10. HAS YOUR JOB CHANGED SINCE THE BASIC EXAMINATION BY THE MOBILE CLINIC

NO 0

YES 1

11. HOW _____

SECTION C. WORK HISTORY

COMPARE YOUR ACTIVITY AT WORK WITH THE PREVIOUS WORKDAY YOU DESCRIBED ABOVE. EVALUATE WHAT KINDS OF CHANGES HAVE OCCURRED IN YOU WORK WITHIN THE PREVIOUS 5 YEARS IN CARRYING OUT CERTAIN BASIC ACTIVITIES.

WORK ACTIVITIES	AMOUNT OF ACTIVITIES COMPARED TO PRESENT MOMENT	1979	1978	1977	1976	1975
1. SITTING	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2
2. STANDING	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2
3. LIFTING	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2
4. WALKING ON AN EVEN SURFACE	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2
5. CARRYING OBJECTS	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2
6. WALKING ON AN UNEVEN SURFACE	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2
7. CLIMBING STAIRS	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2
8. SOME OTHER CHANGES PLEASE SPECIFY: _____	NO CHANGE	0	0	0	0	0
	MORE	1	1	1	1	1
	LESS	2	2	2	2	2