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## Ministry of Health

## Physical Activity Level

Self-assessment Form

## Answer the following questions to assess your level of physical activity

## Question

 Grade
## 1. Do you use the stairs instead of the elevator?

| $\square$ Always | 5 |
| :--- | :--- |
| $\square$ Sometimes | 2 |
| $\square$ No | 0 |

2. Do you walk instead of using the car in short distances less than one kilometer?

| $\square$ Always | 5 |
| :--- | :--- |
| $\square$ Sometimes | 2 |
| $\square$ No | 0 |

3. How many days a week do you engage in high-intensity physical activity, through which your breathing and heart rate increase significantly, and continue for at least 20 consecutive minutes or divided on two periods?

| $\square$ Every day | 9 |
| :--- | :--- | :--- |
| $\square$ Most days of the week (4-6 days) | 5 |
| $\square$ Some days of the week (2-3 days) | 3 |
| $\square$ Once a week | 1 |
| $\square$ Very rarely | $\mathbf{0}$ |

4. How many days a week do you engage in moderate-intensity physical activity, through which your breathing and heart rate increase above normal in rest, and continue for at least 30 consecutive minutes or divided on two to three periods?

| $\square$ Every day | 9 |
| :--- | :--- |
| $\square$ Most days of the week (4-6 days) | 5 |
| $\square$ Some days of the week (2-3 days) | 3 |
| $\square$ Once a week | 1 |
| $\square$ Very rarely | 0 |

5. How many days a week, do you do muscle strengthening exercises to strengthen your body muscles, or do stressful manual work at home or in the garden?

| $\square$ Every day | 9 |
| :--- | :--- |
| $\square$ Most days of the week (4-6 days) | 5 |
| $\square$ Some days of the week (2-3 days) | 3 |
| $\square$ Once a week | 1 |
| $\square$ Very rarely | 0 |

## Answer the following questions to assess your level of physical activity

| Question | Grade |
| :---: | :---: |
| 6. How do you describe the nature of your work today in the job? |  |
| $\square \mathrm{I}$ 'm active and I move a lot from place to place most of the time | 3 |
| $\square$ Average activity and movement | 2 |
| $\square$ Low activity and movement | 1 |
| $\square$ Purely office work / I don't work | 0 |
| 7. How do you describe the nature of your activity at home? |  |
| $\square$ I move most of the time and do all the hard work in the house | 3 |
| $\square$ Average movement and activity | 2 |
| $\square$ Low mobility and activity | 1 |
| $\square$ I sit most of the time | 0 |
| 8. How much time do you spend every day watching TV, sitting in front of your computer/tablet? |  |
| $\square$ Less than two hours a day | 3 |
| $\square 3-5$ hours a day | 1 |
| $\square$ More than 5 hours a day | 0 |
| 9. How much time do you spend daily reading or doing daily homework? |  |
| $\square$ Nothing | 3 |
| $\square$ About an hour a day | 2 |
| $\square$ About two hours | 1 |
| $\square$ More than two hours, more than two hours | 0 |

## Results and evaluation



