FERNALD MEDICAL MONITORING PROGRAM UCID CODE# _____
THIRD EXAMINATION 1999-A
MEDICAL INFORMATION UPDATE

9. MARK THE CORRECT BOX

	TIME PER WEEK									
DURING THE PAST YEAR, what was the average time PER WEEK spent at each of the following recreational activities?	ZERO	1-4 MIN	5-19 MIN	20-59 MIN	ONE HOUR	1-1.5 HRS	2-3 HRS	4-6 HRS	7-10 HRS	11+ HRS
Walking or hiking outdoors (include walking to work)										
Jogging (slower than 10 minutes/mile)										
Running (faster than 10 minutes/mile										
Bicycling (include stationary machine)										
Callisthenics/Aerobics/Aerobic Dance/Rowing Machine										
Tennis, Squash, Racquetball										
Lap Swimming										
Other Aerobic Recreation (e.g. lawn mowing)										