Validity and reliability of three self-report instruments for assessing attainment of physical activity guidelines in university students. 

# 21 Abstract

22	Purpose: The purpose of this study was to compare the validity and reliability of three short physical
23	activity self-report instruments to determine their potential for use with university student populations.
24	<b>Methods:</b> Participants (N = 155; 44.5% male; $22.9 \pm 5.13$ years) wore an accelerometer for nine
25	consecutive days and completed a single item measure (SIM), the PACE+ and the IPAQ-SF
26	questionnaires on day 1 and 9.
27	Results: Correlations between self-reported and accelerometer derived moderate-to-vigorous physical
28	activity levels were moderate for the IPAQ-SF, while poor for the SIM and the PACE+. The
29	agreement level was high with the IPAQ-SF (77.4%) and moderate for both the SIM (45.2 %) and
30	PACE+ (44.5 %). The Intraclass Correlations between the two administrations were moderate to
31	strong across all measures $(0.52 - 0.70)$ in 133 participants.
32	Conclusions: The IPAQ-SF is the most suitable of these three self-report instruments for use with this
33	population due to higher correlations and levels of agreement with accelerometry.
34	Keywords: Measurement, Validity, Reliability, Third level students.
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#### 43 Introduction

University or tertiary level students comprise a large portion of the population and may wield a
sizable degree of future influence in society through their post-graduation roles (Hussain, Guppy,
Robertson, & Temple, 2013). Globally tertiary education enrolments reached 170 million in 2009, and
have been forecast to grow by an additional 21 million by 2020 (British Council, 2012). This makes
the tertiary level sector an important setting for specific population monitoring, surveillance and
intervention.

50 The transition from school to university brings greater independence in lifestyle choices, allowing 51 students to become involved in more healthy or unhealthy behaviours (Dinger, Brittain, & 52 Hutchinson, 2014). University students spend a considerable amount of time in educational 53 environments which promote sedentary behaviour and in addition are largely being educated for 54 sedentary occupations (Fotheringham, Wonnacott, & Owen, 2000), which may contribute to shaping persistent and potentially long-term physical inactivity patterns (Lesliephillip, Owen, Salmon, Sallis, 55 56 & Lo, 1999; Owen, Lesliephillip, Salmon, & Fotheringham, 2000; Sallis, Bauman, & Pratt, 1998). In 57 Ireland, the physical activity guidelines (PAGL) state that adults should engage in at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity aerobic 58 physical activity each week (Department of Health, 2009). Meeting these PAGL is associated with 59 60 positive physical and mental health benefits (Reiner, Niermann, Jekauc, & Woll, 2013), while a high level of inactivity is a recognised risk factor for cardiovascular disease, diabetes, and some forms of 61 cancer (Hallal, Andersen, Bull, Guthold, & Haskell, 2012). The regular monitoring and surveillance 62 of population physical activity (PA) is of paramount importance (Hallal et al., 2012), but the 63 challenges are with establishing a universal measurement tool, one that is psychometrically valid and 64 65 specifically applies to this young adult population.

66 The measurement of PA can be challenging due to its varied nature (Janz, 2006), with a range of

67 measurement tools available. Subjective measures include questionnaires, surveys and diaries,

68 whereas objective methods include doubly-labelled water and motion sensors such as accelerometers

69 (Strath et al., 2013). Selecting the most appropriate measurement tool depends on a range of factors including the population of interest, the purpose of the study, the required outcome variables 70 71 (Chinapaw, Mokkink, van Poppel, van Mechelen, & Terwee, 2010; Ridgers, Timperio, Crawford, & Salmon, 2012), and of prime importance the instrument's validity and reliability (Warren et al., 2010). 72 73 Self-report questionnaires, due to their feasibility and convenience, are the most commonly used method of assessing populations PA levels (Helmerhorst, Brage, Warren, Besson, & Ekelund, 2012), 74 with a diversity of questionnaires available for this purpose (Dyrstad, Hansen, Holme, & Anderssen, 75 76 2014). However, the use of different measures for assessing PA often results in findings which are inconsistent and incomparable across studies. For example, the reported prevalence of physical 77 78 inactivity in undergraduate students has ranged from 22-81 % in 23 countries (Pengpid et al., 2015) to between 23-39% for an earlier study of 23 countries (Haase, Steptoe, Sallis, & Wardle, 2004). 79 80 Although these studies looked at different samples, they both assessed PA using two different self-81 report methods. The use of one valid and reliable measurement tool, which is simple and effective for assessing PA at a population level (Ridgers et al., 2012), would allow comparability of findings. 82 83 Three questionnaires frequently used to assess populations levels of PA are the single item measure (SIM) (Milton, Bull, & Bauman, 2011), the PACE two item measure (Hardie Murphy, Rowe, Belton, 84 & Woods, 2015; Prochaska, Sallis & Long, 2001), and the International Physical Activity 85 86 Questionnaire- Short Form (IPAQ-SF) (Craig et al., 2003). Validity and reliability has only been 87 established for the IPAO-SF in this population (Dinger, Behrens, & Han, 2006) but each questionnaire 88 has been validated against accelerometer derived moderate to vigorous physical activity (MVPA). The SIM demonstrated moderate validity (Cohen, 1988) (r=0.46, p<0.01) in adults with the ActiGraph 89 90 GT3X accelerometer (Milton, Clemes, & Bull, 2013). Hardie-Murphy and colleagues (2015) found 91 the PACE had moderate validity (r = 0.34 - 0.49, p<0.01) with ActiGraph GT1M and GT3X 92 accelerometers in children, however this measure has not yet been validated in adults. In university 93 students, the IPAQ-SF demonstrated acceptable validity for accelerometer (ActiGraph Monitor Model 94 7164) derived MVPA with moderate (r = 0.45, p<0.01) and vigorous PA (r = 0.20, p<0.05) (Dinger et al., 2006). Research has reported the test-retest reliability of each measure in various populations 95

96	across different studies. The SIM demonstrated strong 2-5 day test-retest reliability ( $r=0.72 - 0.82$ )
97	using a Spearman's rank correlation coefficient in adults (Milton et al., 2011). Using Intraclass
98	Correlation Coefficients (ICC), the PACE and IPAQ-SF reported strong test-retest reliability with the
99	PACE reporting scores of $0.74 - 0.82$ in children (Liu et al., 2010) and with the IPAQ-SF reporting
100	scores of $0.71 - 0.89$ in university students (Dinger et al., 2006).
101	There is a need to assess the validity and reliability of the SIM, the PACE and the IPAQ-SF for
102	measuring adherence to PAGL across populations, such as the university population (Bobakova et al.,
103	2015; Helmerhorst et al., 2012; Lee, Macfarlane, Lam, & Stewart, 2011). The purpose of this study
104	was to assess the SIM, PACE and IPAQ-SF among a population of university students.
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#### 118 Methods

119 A convenience sample was recruited from 5 tertiary level institutions in Ireland (N = 463, 53% male, 120 mean age =  $22.2 \pm 4.5$ ). All participants were aged 18 years and provided written informed consent to 121 take part in the study.

122 The three self-report measurement tools were presented to the participants in a questionnaire. Participants were provided with definitions of walking, moderate and vigorous PA and instructed to 123 124 only include activities of this intensity when completing the questionnaire. The SIM asked participants to report the number of days they were physically active at a moderate to vigorous level 125 126 for at least 30 minutes in the past 7 days (Milton et al., 2011). The PACE instrument was adapted 127 from a 60 to a 30 minute timeframe to reflect the adult PAGL and renamed the PACE+ (Hardie Murphy et al., 2015). It used two items to assess PA. Item one of the PACE+ was a replica of the 128 single item measure, while item two of the PACE+ asked the same question with respect to a usual 129 week (Hardie Murphy et al., 2015). An average of the two items produced a score of days per week 130 131 that the participants accumulated at least 30 minutes of MVPA. The IPAQ-SF included 9 items and 132 required each participant to report the frequency and duration they were physically active at a walking, moderate and vigorous intensity. Total minutes MVPA was generated for the IPAO-SF by 133 accumulating each participants weekly moderate and vigorous PA. For the purpose of this study and 134 135 to make each measurement comparable, minutes of PA at a moderate and vigorous intensity were combined and considered as minutes of MVPA. Compliance with the aerobic component of the 136 PAGL was defined in two ways depending on the measurement tool used; 1) 30 minutes MVPA on 5 137 or more days a week (30 mins MVPA/day; SIM and PACE+) and 2) 150 minutes of MVPA over 7 138 139 days (150 mins MVPA/week; IPAQ-SF).

140 PA was also objectively measured using the ActiGraph (GT1M and GT3X) accelerometer. This

141 monitor is an acceptable measure for evaluating questionnaire validity (Welk, 2005) and is widely

used for this purpose (Craig et al., 2003; Dinger et al., 2014; Hardie Murphy et al., 2015; Milton et al.,

143 2013). Participants were instructed to wear the device for nine consecutive days on their right hip

144 during all waking hours, except for when in water. The first and last days of wear time were excluded from analysis to give seven full wear days. The epoch length was set at ten seconds with data being 145 downloaded and cleaned using the ActiLife software (Hardie Murphy et al., 2015). Consecutive zero 146 counts of sixty minutes or more (Choi, Liu, Mattws, & Buchowski, 2011) were eliminated from total 147 148 wear time and participants who did not meet the wear time criteria of at least 10 hours per day (Trojano et al., 2008) on seven days were excluded from the analysis. Accelerometer data were then 149 analysed using the Troiano Adult cut-points (Troiano et al., 2008). A summary score of counts per 150 151 minute (CPM) represented total PA. Participant responses were dichotomised into meeting or not 152 meeting the PAGL for each measurement tool.

Researcher training across all institutional testing sites was conducted to ensure that standardized 153 procedures were adopted and used. Participants completed a supervised self-report questionnaire 154 which included demographic information (sex, age and year of study) and each of the three PA 155 measures. An all days method (AD) (Ridgers et al., 2012) was used to determine compliance over 7 156 individual days, compared to accelerometry, to the PAGL with the SIM and the PACE+. A total 157 158 minutes MVPA method (TM) was used to determine compliance over a total 7 days, compared to accelerometry, to the PAGL with the IPAQ-SF. A second questionnaire, containing each of the PA 159 measure was given to the participants to complete nine days following the first. This allowed for the 160 161 test-retest reliability to be assessed with each of the self-report measurement tools.

162 Statistical Analysis

Descriptive statistics were calculated for demographic, self-report and accelerometer data. For inclusion in the study, participants were required to have completed all the self-report measures and meet the accelerometer wear time criteria. The sample that met the inclusion criteria was compared to the full sample for sex and age. All statistical analyses were performed for the sample and stratified by sex, allowing any differences to be reported. Spearman Rho correlation coefficients were calculated between accelerometry (mins of MVPA/ day; CPM) and the SIM, PACE+ (mins of MVPA/day), IPAQ-SF (minutes of MVPA/ day). The strength of the Spearman Rho correlations were

170	ranked as poor (>0.1), moderate (>0.3), and strong (>0.5) (Cohen, 1988). Percentage agreement
171	between each measure and accelerometer data was established by assessing the consistency of
172	classification of achieving the PAGL. Sensitivity (defined as proportion of participants meeting
173	PAGL that were correctly identified) and specificity (defined as the proportion of participants
174	correctly identified as not meeting the PAGL) were determined using the accelerometry derived
175	average MVPA/ day and the AD method for 7 valid days (Parikh, Mathai, Parikh, Sekhar, & Thomas,
176	2008) or by using the total MVPA/week and the TM method for 7 valid days. The percentage who
177	self-reported meeting the PAGL and who met the guideline via accelerometer data is represented by
178	the positive predictive value (PPV) and the percentage who self-reported not meeting the PAGL who
179	did not meet them, as measured by accelerometer data, by the negative predictive value (NPV)
180	(Parikh et al., 2008). Reliability analysis was available for all participants who completed the
181	questionnaire on both occasions, nine days apart. An ICC, using a two way mixed average method,
182	was recorded for each measure to determine its test-retest reliability, with scores being ranked as poor
183	(0.0 - 0.2), fair $(0.3 - 0.4)$ , moderate $(0.5 - 0.6)$ , strong $(0.7 - 0.8)$ , and almost perfect (>0.8) (Landis
184	& Koch, 1977).
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# 194 **Results**

195	155 (44.5% male; $22.93 \pm 5.13$ ) students met the inclusion criteria and could be used in the analysis.
196	Participants were excluded from the analysis if they were missing one of the self-report measurement
197	tools (N= 48) or if they did not meet accelerometer wear time criteria (N = 260). The final sample
198	were significantly older (t (386) = 2.36, p<0.05) and more likely to be female ( $X^2(1, N=434) = 6.41$ ,
199	p<0.05) than those excluded. Participants included were undergraduate (88.8%) and postgraduate
200	students spread across different years including $1^{st}$ (30.5%), $2^{nd}$ (38.1%), $3^{rd}$ (11.4%), and $4^{th}$ (20.0%).
201	<b>Table 1</b> shows PA levels and compliance with PAGL for all measures used. Across all participants
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## Insert Table 1 about here

209	Correlation coefficients ( <b>Table 2</b> ) were poor to moderate ( $r=0.29 - 0.37$ , p<0.01) between each self-
210	report measurement of MVPA and accelerometer data in terms of minutes of MVPA per day and total
211	PA in the whole sample. Correlations were significant ( $r=0.29-0.47$ , p<0.01) for females and the
212	total sample for each of the self-report measures with accelerometer derived MVPA and total PA.
213	Significant scores were reported for males only between the IPAQ-SF and accelerometer derived
214	MVPA (r =0.31, p<0.05) and total PA (r= 0.27, p<0.05).

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### Insert Table 2 about here

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217 Details of agreement, sensitivity, specificity, PPV, and NPV between each of the self-report measures218 and accelerometer data are displayed in Table 3. There was a moderate level of agreement with both

219	the SIM (45.2%) and the PACE+ (44.5%	) measures with accelerometer data using the AD met	hod.
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- IPAQ-SF demonstrated high levels of agreement with accelerometer data using the TM method 220
- (77.4%). Overall, the accuracy of classifying those achieving the guidelines (sensitivity) was poor 221
- with the SIM (31.1%) and the PACE+ (31.1%) but was high for the IPAQ-SF (78.2%). The 222
- 223 percentage of participants who self-reported meeting the PAGL, who actually met (PPV) was high
- across all measures (71.7 96.6%). The accuracy of those not meeting the guidelines (specificity) was 224
- high with the SIM (75.5%) and the PACE+ (73.5%), while moderate for the IPAQ-SF (50.0%). The 225
- percentage of participants who self-reported not meeting the guidelines who actually did not meet 226
- (NPV) the guidelines was poor for the SIM (33.6%), PACE+ (33.0%), and the IPAQ-SF (11.1%). 227

Table 4 shows the ICC scores for each of the self-report measures. These scores indicated moderate 228 229 reliability with the SIM (0.67) and the IPAQ-SF (0.52) but stronger with the PACE+ (0.70) in 133 of 230 the students (22 students were excluded from the analysis as they failed to complete the retest measure). 231

Insert Table 4 about here

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233 Insert Table 3 about here

#### 235 Discussion

236 Few studies have been conducted to examine the validity of PA questionnaires in university students 237 using objective measures of PA such as accelerometers (Dinger et al., 2006). Additionally, few have explored the associations between self-report PA measurements and accelerometer measured MVPA 238 using the recommended PAGL as the cut-points (Milton et al., 2013). The IPAQ-SF was the only 239 measure found to have a significant association with accelerometer derived MVPA and total PA for 240 males (r = 0.27 - 0.31, p<0.05) and females (r = 0.29 - 0.33, p<0.01). Similar results were reported in 241 a publication by Craig and colleagues (2003), which found the validity of the IPAQ-SF in adults to be 242 0.30 (CI = 0.23 - 0.36) across 12 countries. A significant association between accelerometry and both 243 the SIM and PACE+ was found in females only. Differences among sex have not been shown with 244 regards to the validity of measures in university students, but have been reported in adolescents 245 (Hardie Murphy et al., 2015; Rangul, Holmen, Kurtze, Cuypers, & Midthjell, 2008). Rangul and 246 colleagues (2008) suggested that self-report instruments may become better measures if sex 247 differences are taken into account. 248

249 The IPAQ-SF reported a strong level of agreement (77.4%) which was lower than previous findings (66.0%), but similar results for sensitivity (78.2% vs. 77.0%) and specificity (78.2% vs. 77.0%) 250 (Ekelund et al., 2006). The SIM had a lower level of agreement (45.2%) and sensitivity (31.1%) with 251 252 accelerometry, with higher levels of both being reported in a previous study (Milton et al., 2013). The PACE+ achieved similar results as the SIM, showing that it may be useful in adults but both of these 253 measures achieved poor overall validity with this population, when compared to the results produced 254 by the IPAQ-SF. This may be simply due to the fact that the IPAQ-SF contains more dimensions of 255 PA (i.e. walking, moderate and vigorous) and also asks about the duration of PA on each day. The 256 257 inability of the two shorter questionnaires to capture the same levels of information, as the IPAQ-SF, may lead to their poorer validity. 258

Test-retest reliability showed the PACE+ score a strong ICC (0.70), followed by the SIM (0.67) and
finally the IPAQ-SF (0.52). Reliability scores reported in this study were lower than research suggests

for both the SIM (ICC = 0.86) (Milton et al., 2011) and the IPAQ-SF (ICC = 0.71 - 0.89) (Dinger et al., 2006). The number of days between the first and second administration of each questionnaire was longer in this study compared to previous research which may account for lower ICC scores for the SIM and the IPAQ-SF in adults. Reliability scores were still moderate (SIM and IPAQ-SF) to strong (PACE+) in this study suggesting that each of the measures has suitable reliability for use in this population.

267 Overall, objectively measured PA showed that a high proportion of this sub-population of students achieved the PAGL using the AD method (68.4%) and using the TM method (94.8%). A higher 268 269 number of participants achieving the PAGL using the TM method is due to participants' accumulated minutes of MVPA reaching 150 minutes over a week but may not be spread over five or more days, 270 which is needed to achieve the PAGL using the AD method. The IPAQ-SF reported a high proportion 271 of students meeting the PAGL (76.8%), while the SIM and PACE+ reported much lower figures 272 (29.0-29.7%). Research has found that students reported being very physically active when using the 273 IPAQ-SF, engaging in  $589 \pm 405$  minutes of total PA in the previous week (Dinger et al., 2006). 274 275 Although the IPAQ-SF typically overestimates when compared with objective measures (Lee et al., 2011), it has underestimated in this study along with the other self-report measures. Other studies 276 277 have reported underestimating in self-report measures when compared to accelerometry (Ekelund et 278 al., 2006; Lim, Wyker, Bartley, & Eisenhower, 2015). Lim and colleagues (2015) reported that 279 participants with higher accelerometer values were more likely to underestimate PA levels using the 280 Global Physical Activity Questionnaire (GPAQ) in a sample of adults from New York City. This 281 study suggested that underestimation may have been due to the built environment and widespread public transport in the participant setting, which led to more active body movement, thus potentially 282 leading to people being more physically active than perceived (Lim et al., 2015). All of the students in 283 284 the current study were in a university setting which could be considered as being built up, with widespread active and public transport opportunities when compared to rural areas of Ireland. Like 285 Lim and colleagues' conclusion, this may have led to the current participants not considering their 286

active transport and occupational movements as being physically active, in turn causing the self-report
measures to underestimate when compared to accelerometry.

289 This study had a number of limitations which should be noted. A convenience sample was used to 290 recruit students across all faculties within each institution, however, a higher proportion of highly active students took part. Research has suggested that the difference between self-report and 291 accelerometer measured MVPA may increase with higher activity and intensity levels (Dyrstad et al., 292 2014). Rowe and Mahar (2006) have also stated that the validity of such tools is an ongoing process 293 294 and that when using a measure to validate against, it should be the most accurate measure of the construct, bringing into question activity monitors as a measure to validate against. As this study was 295 296 being used as a precursor for future student surveys it is still important to use these findings to aid with the selection of self-report measures for use in future studies and interventions. Future studies 297 298 should use representative samples, varying in PA levels in order to establish if these measures can be used across all university students. Another limitation is that the self-report measures were given to 299 the participants before they wore the accelerometer meaning the same seven days were not being 300 301 reported, which is also important as PA is not a stable behaviour itself. The measures selected give an indication of 'general or usual' physical activity levels, categorising population groups into meeting 302 versus not meeting the physical activity guidelines. As such their sensitivity should allow for an 303 304 objective measure to be administered over the same general time period.

The approach used for test-retest reliability may be questionable due to a behaviour such as PA not being stable from day to day, meaning that the measure may seem like it is not repeatable when in fact is measuring the correct PA levels. Using this approach can lead to measures having a low to moderate reliability, rather than acknowledging that the behaviour itself might have low reliability or stability (Kelly, Fitzsimons, & Baker, 2016).

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# 313 Conclusion

314	This paper would recommend that when assessing levels of high active university students achieving
315	the PAGL, the IPAQ-SF is the most suitable of these three self-report measures. This concurs with
316	Dinger et al. (2014) who also found the IPAQ-SF to be a suitable PA measurement tool for university
317	students. Another recommendation would be that other tools are available for PA measurement,
318	especially for measuring the number of days university students are achieving the PAGL. Although
319	validity for the SIM and the PACE+ were low, the overall results suggest that both tools may be
320	useful for this population in the future. Finally, it is important to ensure that suitable measures are
321	selected in future studies, depending on the population, aims and outcome measure of the studies.
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