

ID # _____

Survey 1



We need your help to make our study a success. Your candid answers to the items in this survey are very important to us. This will not take too long to complete. Remember....

- we want to know what you think,
- there are no right or wrong answers, and
- everything you tell us will be kept strictly confidential (secret).

And please....

- don't skip any questions and
- provide only one answer for each item.

If you prefer, call the office toll-free at 1-877-684-7874 and we can do some or all of the survey by phone.

A. Quality of Life

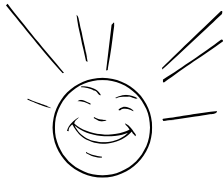
1. Used SF-12 item about health. See references on page 26.
2. All things considered, how satisfied are you with your life as a whole?
 1. Very satisfied
 2. Moderately satisfied
 3. No feelings either way
 4. Moderately dissatisfied
 5. Very dissatisfied



B. Social Cohesion of Neighborhood

How much do you agree or disagree with the following statements? Please check one box for each statement.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. People around my neighborhood are willing to help their neighbors.					
2. This is a close-knit neighborhood.					
3. People in this neighborhood can be trusted.					
4. People in this neighborhood generally don't get along with each other.					
5. People in this neighborhood do not share the same values.					



C. Satisfaction with Life Scale

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item.

Please be open and honest in your responding. The 7-point scale is as follows:

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree
- 4 = neither agree nor disagree
- 5 = slightly agree
- 6 = agree
- 7 = strongly agree

- ___ 1. In most ways my life is close to my ideal.
- ___ 2. The conditions of my life are excellent.
- ___ 3. I am satisfied with my life.
- ___ 4. So far I have gotten the important things I want in life.
- ___ 5. If I could live my life over, I would change almost nothing.

Questions about your neighborhood

We would like to find out more information about the way that you perceive or think about your neighborhood. Please answer the following questions about your neighborhood and yourself.



D. Types of residences in your neighborhood

Please circle the answer that best applies to you and your neighborhood.

1. How common are detached single-family residences in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

2. How common are townhouses or row houses of 1-3 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

3. How common are apartments or condos 1-3 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

4. How common are apartments or condos 4-6 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

5. How common are apartments or condos 7-12 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

6. How common are apartments or condos more than 13 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All



E. Stores, facilities, and other things in your neighborhood

About how long would it take to get from your home to the nearest businesses or facilities listed below if you walked to them? Please put only one check mark (✓) for each business or facility.

	1-5 min	6-10 min	11-20 min	20-30 min	30+ min	don't know
example: gas station	1. _____	2. _____	3. <input checked="" type="checkbox"/>	4. _____	5. _____	8. _____
1. convenience/small grocery store	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
2. supermarket	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
3. hardware store	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
4. fruit/vegetable market	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
5. laundry/dry cleaners	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
6. clothing store	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
7. post office	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
8. library	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
9. elementary school	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
10. other schools	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
11. book store	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
12. fast food restaurant	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
13. coffee place	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
14. bank/credit union	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
15. non-fast food restaurant	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
16. video store	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
17. pharmacy/drug store	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
18. salon/barber shop	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____
19. your job or school	1. _____	2. _____	3. _____	4. _____	5. _____	8. _____

[check here _____ if not applicable]

	1-5 min	6-10 min	11-20 min	20-30 min	30+ min	don't know
20. bus or train stop	1. ____	2. ____	3. ____	4. ____	5. ____	8. ____
21. park	1. ____	2. ____	3. ____	4. ____	5. ____	8. ____
22. recreation center	1. ____	2. ____	3. ____	4. ____	5. ____	8. ____
23. gym or fitness facility	1. ____	2. ____	3. ____	4. ____	5. ____	8. ____



F. Access to services

Please circle the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

1. I can do most of my shopping at local stores.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Stores are within easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. Parking is difficult in local shopping areas.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. There are many places to go within easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. It is easy to walk to a transit stop (bus, train) from my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. The streets in my neighborhood are hilly, making my neighborhood difficult to walk in.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

7. There are many canyons/hillsides in my neighborhood that limit the number of routes for getting from place to place.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree



G. Streets in my neighborhood

Please circle the answer that best applies to you and your neighborhood.

1. The streets in my neighborhood do not have many cul-de-sacs (dead-end streets).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. There are walkways in my neighborhood that connect cul-de-sacs to streets, trails, or other cul-de-sacs.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. The distance between intersections in my neighborhood is usually short (100 yards or less; the length of a football field or less).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. There are many four-way intersections in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. There are many alternative routes for getting from place to place in my neighborhood. (I don't have to go the same way every time.)

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree



You're making great progress.....keep it up!



H. Places for walking and cycling

Please circle the answer that best applies to you and your neighborhood.

1. There are sidewalks on most of the streets in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. Sidewalks are separated from the road/traffic in my neighborhood by parked cars.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

5. There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

6. It is safe to ride a bike in or near my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

7. There are facilities to bicycle in or near my neighborhood, such as special use lanes, separate paths or trails, shared use paths for cycles and pedestrians.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



I. Neighborhood surroundings

Please circle the answer that best applies to you and your neighborhood.

1. There are trees along the streets in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Trees give shade for the sidewalks in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. There are many interesting things to look at while walking in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. My neighborhood is generally free from litter.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. There are many attractive natural sights in my neighborhood (such as landscaping, views).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. There are attractive buildings/homes in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree



J. Neighborhood safety

Please circle the answer that best applies to you and your neighborhood.

1. There is so much traffic along the street I live on that it makes it difficult or unpleasant to walk in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. The speed of traffic on the street I live on is usually slow (30 mph or less).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. The speed of traffic on most nearby streets is usually slow (30 mph or less).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

5. Most drivers exceed the posted speed limits while driving in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

6. My neighborhood streets are well lit at night.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

7. Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

8. There are crosswalks and pedestrian signals to help walkers cross busy streets in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

9. The crosswalks in my neighborhood help walkers feel safe crossing busy streets.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

10. When walking in my neighborhood there are a lot of exhaust fumes (such as from cars, buses).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

11. I see and speak to other people when I am walking in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

12. There is a high crime rate in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

13. The crime rate in my neighborhood makes it unsafe to go on walks during the day.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

14. The crime rate in my neighborhood makes it unsafe to go on walks at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

15. My neighborhood is safe enough so that I would let a 10-year-old boy walk around my block alone in the daytime.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

16. There are unattended or stray dogs in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree



K. Home Environment

Please indicate which items you have in your home, yard, or apartment complex.
Please circle an answer for each item.

- | | | |
|--|--------------|---------------|
| 1. stationary aerobic equipment (e.g. treadmill, cycle) | 1. Yes 0. No | 8. Don't know |
| 2. bicycle | 1. Yes 0. No | 8. Don't know |
| 3. dog | 1. Yes 0. No | 8. Don't know |
| 4. trampoline for jogging in place | 1. Yes 0. No | 8. Don't know |
| 5. running shoes | 1. Yes 0. No | 8. Don't know |
| 6. swimming pool | 1. Yes 0. No | 8. Don't know |
| 7. weight lifting equipment (e.g. free weights, Nautilus®, Universal®) | 1. Yes 0. No | 8. Don't know |
| 8. skis (snow or water) | 1. Yes 0. No | 8. Don't know |
| 9. toning devices (e.g. exercise balls, ankle weights, Dynabands®, Thighmaster®) | 1. Yes 0. No | 8. Don't know |
| 10. aerobic workout video or audiotapes | 1. Yes 0. No | 8. Don't know |
| 11. step aerobics, slide aerobics | 1. Yes 0. No | 8. Don't know |
| 12. skates (roller, in-line, or ice) | 1. Yes 0. No | 8. Don't know |
| 13. sports equipment (balls, racquets) | 1. Yes 0. No | 8. Don't know |
| 14. surf board, boogie board, windsurf board | 1. Yes 0. No | 8. Don't know |
| 15. canoe, row boat, kayak | 1. Yes 0. No | 8. Don't know |



L. Convenient Facilities

For each of these places where you can exercise, please indicate if it is on a frequently traveled route (e.g., to and from work) or within a 5-minute drive or 10-minute walk from your work or home. Please circle one answer for each item.

- | | | |
|--|--------------|---------------|
| 1. aerobic dance studio | 1. Yes 0. No | 8. Don't know |
| 2. basketball court | 1. Yes 0. No | 8. Don't know |
| 3. beach, lake, river, or creek | 1. Yes 0. No | 8. Don't know |
| 4. bike lane or trails | 1. Yes 0. No | 8. Don't know |
| 5. golf course | 1. Yes 0. No | 8. Don't know |
| 6. health spa/gym | 1. Yes 0. No | 8. Don't know |
| 7. martial arts studio | 1. Yes 0. No | 8. Don't know |
| 8. playing field
(soccer, football, softball, etc.) | 1. Yes 0. No | 8. Don't know |
| 9. public park | 1. Yes 0. No | 8. Don't know |
| 10. public recreation center | 1. Yes 0. No | 8. Don't know |
| 11. racquetball/squash court | 1. Yes 0. No | 8. Don't know |
| 12. running track | 1. Yes 0. No | 8. Don't know |
| 13. skating rink | 1. Yes 0. No | 8. Don't know |
| 14. sporting goods store | 1. Yes 0. No | 8. Don't know |
| 15. swimming pool | 1. Yes 0. No | 8. Don't know |
| 16. walking/hiking trails | 1. Yes 0. No | 8. Don't know |
| 17. tennis courts | 1. Yes 0. No | 8. Don't know |
| 18. dance studio | 1. Yes 0. No | 8. Don't know |

19. My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc.

Would you say that you....

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree



M. Reasons for moving here

Please rate how important each of the following reasons was in your decision to move to your neighborhood. For each reason, please circle a number between 1 and 5, with 1 = not at all important and 5= very important.

	<i>Not at all important</i>		<i>Somewhat important</i>		<i>Very important</i>
1. Affordability/Value	1	2	3	4	5
2. Closeness to open space (e.g. parks)	1	2	3	4	5
3. Closeness to job or school	1	2	3	4	5
4. Closeness to public transportation	1	2	3	4	5
5. Desire for nearby shops and services	1	2	3	4	5
6. Ease of walking	1	2	3	4	5
7. Sense of community	1	2	3	4	5
8. Safety from crime	1	2	3	4	5
9. Quality of schools	1	2	3	4	5
10. Closeness to recreational facilities	1	2	3	4	5
11. Access to freeways	1	2	3	4	5



Good Work! You completed the first section
Rest your eyes or take a 5 minute break

Your Physical Activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions are about the time you spent being physically active in the **last 7 days**. They include questions about activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Your answers are important.

Please answer each question even if you do not consider yourself to be an active person.



N. JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Section P.

1. Do you currently have a job or do any unpaid work outside your home?

Yes

No [If No, go to SECTION O: TRANSPORTATION]

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include traveling to and from work.

2. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as part of your work? Think about *only* those physical activities that you did for at least 10 minutes at a time.

_____ **days per week** or **none** [If none, go to question 4]

3. How much time did you usually spend **on ONE of those days** doing vigorous physical activities as part of your work?

_____ **hours** _____ **minutes per day**

4. Again, think about *only* those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads as part of your work? Please do not include walking.

_____ **days per week** or **none** [If none, go to question 6]

5. How much time did you usually spend **on ONE of those days** doing moderate physical activities as part of your work?

_____ **hours** _____ **minutes per day**

6. During the last 7 days, on how many days did you walk for at least 10 minutes at a time as part of your work? Please do not count any walking you did to travel to or from work.

_____ days per week or none [If none, go to SECTION O: TRANSPORTATION]

7. How much time did you usually spend **on ONE of those days** walking as part your work?

_____ hours _____ minutes per day



O. TRANSPORTATION PHYSICAL ACTIVITY



These questions are about how you traveled from place to place, including to places like work, stores, movies and so on.

1. During the last 7 days, on how many days did you travel in a motor vehicle like a train, bus car or tram?

_____ days per week or none [If none, go to question 3]

2. How much time did you usually spend **on ONE of those days** traveling in a car, bus, train or other kind of motor vehicle?

_____ hours _____ minutes per day

Now think only about the bicycling and walking you might have done to travel to and from work, to do errands, or to go from place to place.

3. During the last 7 days, on how many days did you bicycle for at least 10 minutes at a time to go from place to place?

_____ days per week or none [If none, go to question 5]

4. How much time did you usually spend **on ONE of those days** to bicycle from place to place?

_____ hours _____ minutes per day

5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time to go from place to place?

_____ days per week or none [If none, go to SECTION P: HOUSEWORK, HOUSE MAINTENANCE AND CARING FOR FAMILY]

6. How much time did you usually spend **on ONE of those days** walking from place to place?

_____ hours _____ minutes per day



P. HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you might have done in the last 7 days in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

1. Think about *only* those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, chopping wood, shoveling snow, or digging in the garden or yard?

_____ days per week or none [If none, go to question 3]

2. How much time did you usually spend on **ONE** of those days doing vigorous physical activities in the garden or yard?
_____ hours _____ minutes per day

3. Again, think about *only* those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, sweeping, washing windows, and raking in the garden or yard?

_____ days per week or none [If none, go to question 5]

4. How much time did you usually spend on **ONE** of those days doing moderate physical activities in the garden or yard?
_____ hours _____ minutes per day

5. Once again, think about *only* those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, washing windows, scrubbing floors and sweeping inside your home?

_____ days per week or none [If none, go to SECTION Q: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY]

6. How much time did you usually spend on **ONE** of those days doing moderate physical activities inside your home?
_____ hours _____ minutes per day



Q. RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

This section is about all the physical activities that you did in the last 7 days solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

1. Not counting any walking you have already mentioned, during the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?

_____ days per week or none [If none, go to question 3]

2. How much time did you usually spend **on ONE of those days** walking in your leisure time?

_____ hours _____ minutes per day

3. Think about *only* those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like aerobics, running, fast bicycling, or fast swimming in your leisure time?

_____ days per week or none [If none, go to question 5]

4. How much time did you usually spend **on ONE of those days** doing vigorous physical activities in your leisure time?

_____ hours _____ minutes per day

5. Again, think about *only* those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your leisure time?

_____ days per week or none [If none, go to SECTION R: TIME SPENT SITTING]

6. How much time did you usually spend **on ONE of those days** doing moderate physical activities in your leisure time?

_____ hours _____ minutes per day



R. TIME SPENT SITTING

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already listed.

1. During the last 7 days, how much time did you usually spend sitting on a weekday?

_____ hours _____ minutes per week day

2. During the last 7 days, how much time did you usually spend sitting on a weekend day?

_____ hours _____ minutes per weekend day



S. Activity Checklist

This part of the survey is about your activities over the past 7 days, not including time you might spend doing these activities at work. There are no right or wrong answers. Please be as accurate and honest as possible.

For each activity listed, answer two questions:

1. *On how many days did you do the activity in the past 7 days? If none, put "0".*
2. *On average, how many minutes did you do the activity on the days that you did it?*

LEISURE ACTIVITY	How many days in last 7 days?	On average, how many minutes did you do this activity each day ?
1. Computer /Internet for leisure	_____ days	_____ minutes per day
2. Video games	_____ days	_____ minutes per day
3. Reading	_____ days	_____ minutes per day
4. Sitting and talking with friends (not on phone); or listening to music	_____ days	_____ minutes per day
5. Talking on the phone	_____ days	_____ minutes per day
6. Television or video watching	_____ days	_____ minutes per day
7. Driving or riding in a car	_____ days	_____ minutes per day

8. Do you have a dog at home? Yes _____ No _____

9. If you answered yes, approximately how much time did you spend walking your dog last week?

_____ hours _____ minutes

Keep up the good work...the end is near!
*Now would be a good time to take a quick break
 if you need to.*

Questions about Vigorous Exercise

Please use this definition for SECTIONS T and U.



“Vigorous” exercise includes activities like jogging, running, fast cycling, aerobics classes, swimming laps, singles tennis, and racquetball. These types of activities usually increase your heart rate, make you sweat, and you get out of breath. *(Do not count weight lifting.)*

T. Self Confidence for Vigorous Exercise

This section is about doing vigorous exercise in different situations. For each item, **please mark how sure you are that you could exercise vigorously in that situation.** Circle one answer for each item.

	<u>I’m Sure I Cannot</u>		<u>Maybe I Can</u>		<u>I’m Sure I Can</u>
1. Exercise vigorously even though I am feeling sad or highly stressed	1	2	3	4	5
2. Stick to my vigorous exercise program even when family or social life takes a lot of time	1	2	3	4	5
3. Set aside time for regular vigorous exercise	1	2	3	4	5

U. Enjoyment of Vigorous Exercise

Please use the above definition for vigorous activities. Please circle one answer for each item.

1. I enjoy doing vigorous physical activities.
- | | | | | |
|-------------------|-------------------|---------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| strongly disagree | somewhat disagree | Neutral | somewhat agree | strongly agree |

2. I enjoy the feeling I get while doing vigorous activities.

1	2	3	4	5
strongly disagree	somewhat disagree	Neutral	somewhat agree	strongly agree

3. I enjoy the feeling I get after doing vigorous activities.

1	2	3	4	5
strongly disagree	somewhat disagree	Neutral	somewhat agree	strongly agree

Questions about Moderate Physical Activity

Please use this definition for SECTIONS V and W.



“Moderate” physical activity includes activities like brisk walking, gardening, slow cycling, or dancing. A moderate physical activity is any activity that takes moderate physical effort and makes you breathe somewhat harder than normal.

V. Self Confidence for Moderate Physical Activity

This section is about doing moderate physical activity in different situations. For each item, **please mark how sure you are that you could do moderate physical activity in that situation.** Circle one answer for each item.

	<u>I’m Sure I Cannot</u>	<u>Maybe I Can</u>	<u>I’m Sure I Can</u>		
1. Do moderate physical activity even though I am feeling sad or highly stressed.	1	2	3	4	5
2. Stick to my program of moderate physical activity even when family or social life takes a lot of time.	1	2	3	4	5
3. I will set aside time for regular moderate physical activity	1	2	3	4	5

W. Enjoyment of Moderate Physical Activities

Please use the above definition for moderate activities. Please circle one answer for each item.

1. I enjoy doing moderate physical activities.

1	2	3	4	5
strongly disagree	somewhat disagree	Neutral	somewhat agree	strongly agree

2. I enjoy the feeling I get while doing moderate physical activities.

1	2	3	4	5
strongly disagree	somewhat disagree	Neutral	somewhat agree	strongly agree

3. I enjoy the feeling I get after doing moderate physical activities.

1	2	3	4	5
strongly disagree	somewhat disagree	Neutral	somewhat agree	strongly agree



Questions about Regular Physical Activity



Please use this definition for SECTIONS X, Y, and Z.

You can get “**regular physical activity**” by either:

1. Doing vigorous exercise, like jogging or an aerobics class, at least 3 times a week, for at least 20 minutes each time
- OR**
2. Doing moderate physical activity, like brisk walking or slow cycling, at least 5 days a week, for at least 30 minutes per day. You do not have to do all 30 minutes in one session.

X. Benefits of Regular Physical Activity

This section is about some possible effects of regular physical activity. Please circle a number to indicate your agreement.

If I participate in regular physical activity or sports, then:

	<u>Strongly Disagree</u>	<u>Somewhat Disagree</u>	<u>Neutral</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>
1. I will feel less depressed and/or bored.....	1	2	3	4	5
2. I will improve my self-esteem.....	1	2	3	4	5
3. I will meet new people	1	2	3	4	5
4. I will lose weight or improve my shape.....	1	2	3	4	5
5. I will build up my muscle strength	1	2	3	4	5
6. I will feel less tension and stress ...	1	2	3	4	5

If I participate in regular physical activity or sports, then:

	<u>Strongly Disagree</u>	<u>Somewhat Disagree</u>	<u>Neutral</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>
7. I will improve my health or reduce my risk of disease.....	1	2	3	4	5
8. I will do better at my job.....	1	2	3	4	5
9. I will feel more attractive.....	1	2	3	4	5
10. I will improve my heart & lung fitness	1	2	3	4	5

Y. Barriers to Regular Physical Activity

How often do the following prevent you from getting regular physical activity? Please circle one answer for each item.

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. Self conscious about my looks when I exercise	0	1	2	3	4
2. Lack of interest in exercise or physical activity.	0	1	2	3	4
3. Lack of self-discipline	0	1	2	3	4
4. Lack of time	0	1	2	3	4
5. Lack of energy	0	1	2	3	4
6. Lack of company	0	1	2	3	4
7. Lack of enjoyment from exercise or physical activity.....	0	1	2	3	4
8. Discouragement	0	1	2	3	4
9. Lack of equipment	0	1	2	3	4
10. Lack of good weather	0	1	2	3	4
11. Lack of skills	0	1	2	3	4
12. Lack of facilities or space	0	1	2	3	4
13. Lack of knowledge on how to exercise	0	1	2	3	4
14. Lack of good health	0	1	2	3	4
15. Fear of injury	0	1	2	3	4



Z. Social Support

Please circle your answers **once for family** and **once for friends** for each of the following statements.

During the <u>past three months</u> my family or friends:		<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. Did physical activity with me	FAMILY:	0	1	2	3	4
	FRIENDS:	0	1	2	3	4
2. Offered to do physical activity with me	FAMILY:	0	1	2	3	4
	FRIENDS:	0	1	2	3	4
3. Gave me encouragement to do physical activity	FAMILY:	0	1	2	3	4
	FRIENDS:	0	1	2	3	4



Turn the page for the last section...

AA. General information

Please print clearly.

1. Home address: _____
Street Apt/Suite

City

State Zip Code

2. Nearest street intersection to home: _____ & _____

3. Phone number: _____
Area code Number

4. Age: _____

5. Are you:
1. Male _____
2. Female _____

6. Are you of Hispanic, Mexican, or Latin American descent? 1. Yes _____ 0. No _____

7. Race (you can circle one or more): 1. Caucasian
2. African-American
3. Asian-American
4. Pacific Islander
5. American Indian or Alaskan Native
6. Other _____

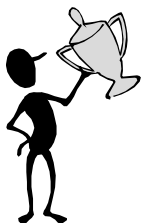
8. Height: _____ feet _____ inches; **or** _____ centimeters

9. Weight: _____ pounds; **or** _____ kilograms

10. What was your highest education level completed? (please check one).

1. Less than 7th grade _____
2. Junior high/middle school _____
3. Some high school _____
4. Completed high school _____
5. Some college or vocational training _____
6. Completed college or university _____
7. Completed graduate degree _____

11. How many people (including yourself) live in your household? _____ people
12. How many children under 18 live in your household? _____
13. What are the ages of the children living in your household (if any)?
 a) _____ b) _____ c) _____ d) _____ e) _____ f) _____
14. What type of residence do you live in? (please circle one).
1. Single family house
 2. Multi-family house
 3. Apartment
 4. Condominium/townhouse
 5. Other _____
15. Do you rent or own your home? 1. Own/buying _____ 2. Rent _____
16. How long have you lived at your current address? _____ year(s); _____ month(s)
17. Do you have a valid driver's license? 1. Yes _____ 0. No _____
18. How many driveable motor vehicles (cars, trucks, motorcycles) are there at your household? _____
19. What is your marital status? (please circle one).
1. Married
 2. Widowed/divorced/separated
 3. Single and never married
 4. Living with partner
20. Approximate annual household income (please check one)
- | | |
|----------------------------|-----------------------------|
| 1. <\$10,000 _____ | 7. \$60,000-\$69,000 _____ |
| 2. \$10,000-\$19,000 _____ | 8. \$70,000-\$79,000 _____ |
| 3. \$20,000-\$29,000 _____ | 9. \$80,000-\$89,000 _____ |
| 4. \$30,000-\$39,000 _____ | 10. \$90,000-\$99,000 _____ |
| 5. \$40,000-\$49,000 _____ | 11. > \$100,000 _____ |
| 6. \$50,000-\$59,000 _____ | |
21. Email Address: _____



You're Finished!
Thank you for your time and effort!

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A. Quality of Life #2

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C. Perceptions of Life Quality (Satisfaction with Life Scale)

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S. Activity Checklist # 1-7

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S. Activity Checklist # 8 & 9

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T. & V. Self-Efficacy

(Self Confidence for Physical Activity (modified to include vigorous and moderate))

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U & W Enjoyment of Physical Activity

NQLS group developed

X & Y Benefits and Barriers of Exercise

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