THIS SURVEY SHOULD BE COMPLETELY FILLED OUT BY THE FOLLOWING PERSON, WHO MUST BE AT LEAST 18 YEARS OLD:

☐ The lady of the house. If the lady of the house is not available, then the man of the house should fill it out.

☐ The man of the house. If the man of the house is not available, then the lady of the house should fill it out.

☐ Check here if you want a free 2 week pass to Family Fitness Center.

Please read each question carefully and answer it to the best of your ability. Do not spend too much time on any question. Your answers will be kept in strictest confidence.

SAN DIEGO HEALTH & EXERCISE SURVEY

1. How is your health? (PLEASE CHECK ONE)
   - VERY GOOD
   - GOOD
   - AVERAGE
   - POOR
   - VERY POOR

2. Do you need to limit your physical activity because of an illness, injury or handicap? (CHECK ONE)
   - NO
   - YES, BECAUSE OF TEMPORARY ILLNESS
   - YES, BECAUSE OF LONG-TERM ILLNESS
   - YES, BECAUSE OF TEMPORARY INJURY
   - YES, BECAUSE OF LONG-TERM INJURY OR HANDICAP

3. Are you being treated by a doctor for any medical condition? (If yes, please explain)
   - NO
   - YES

4. Have either of your parents ever had a heart attack or stroke before they were 55 years old?
   - NO
   - YES
   - DON'T KNOW

5. How often do you eat the following foods? (MARK ONE NUMBER FOR EACH ITEM)

   - Fresh fruits and vegetables
   - Frozen dinners
   - Pastries (pie, cake, cookies, brownies, sweet rolls, donuts)
   - Poultry and fish
   - Red meats (beef, pork, lamb, lunch meats)
   - Salty snacks
   - Table salt
   - Whole milk, ice cream, hard cheese, butter
   - Whole grains and cereals
   - How often do you eat at fast food restaurants?

6. What is your job? (PLEASE WRITE YOUR JOB TITLE AND DESCRIBE THE WORK YOU NOW DO. LIST HOMEMAKER OR RETIRED IF THIS DESCRIBES YOU.)
   TITLE:
   DESCRIPTION:

7. About how many hours a week do you usually work?
   HOURS A WEEK

8. On a work day, about how much time do you spend doing the following? (MARK ONE NUMBER FOR EACH ITEM)

   - Sitting
   - Standing
   - Walking
   - Lifting or carrying heavy things
   - Other strenuous tasks

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less Than 1/2 Hour</th>
<th>1/2 to 1 Hour</th>
<th>1 to 3 Hours</th>
<th>3 to 5 Hours</th>
<th>More Than 5 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Standing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Walking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Lifting or carrying heavy things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other strenuous tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
DO YOU THINK THESE STATEMENTS ABOUT EXERCISE ARE TRUE OR FALSE? PLEASE MARK YOUR ANSWER.

9. All the benefits to the heart and lungs from regular exercise are lost over time if exercise is not kept up.  

10. Regular exercise usually weakens the bones.

11. Regular exercise helps get rid of body fat.

12. Regular exercisers are more likely to have heart attacks.

13. Exercises that cause fast breathing for a long time are better for health than short, hard bursts of exercise.

14. Sweating a lot while exercising usually means you are exercising too hard.

15. Most experts recommend that exercise be done at least 1 hour each time.

THE NEXT FEW QUESTIONS ARE ABOUT YOUR PHYSICAL ACTIVITY HABITS.

16. Think about the usual amount of walking you did each week during the past year. Mark the usual amount of time you spend each week for each type of walking. Mark if you walk at a speed that causes a large increase in your heart rate or breathing. Do not include walking that you do as part of your work or housework.

<table>
<thead>
<tr>
<th>Type of Walking</th>
<th>Number of Minutes per Week</th>
<th>Did it usually cause a large increase in your heart rate or breathing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) All walking to and from work and school</td>
<td>0-10 Min. 11-59 Min. 60+ Min.</td>
<td>Mark One: Yes Sometimes No</td>
</tr>
<tr>
<td>2) Walking during breaks and lunch time</td>
<td>0-10 Min. 11-59 Min. 60+ Min.</td>
<td>Mark One: Yes Sometimes No</td>
</tr>
<tr>
<td>3) Walking as part of errands performed outside of your yard and household</td>
<td>0-10 Min. 11-59 Min. 60+ Min.</td>
<td>Mark One: Yes Sometimes No</td>
</tr>
</tbody>
</table>

17. Have you done any of the following activities in the past two weeks? Please mark how many times you did each one, how many minutes, and how hard you worked.

<table>
<thead>
<tr>
<th>Activity</th>
<th>TIMES</th>
<th>MINUTES</th>
<th>None</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walking for exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Jogging or running</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hiking</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4. Gardening or yard work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Aerobics or aerobic dancing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Other dancing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Caisthenics or general exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Golf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Tennis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Bowling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Biking or exercise cycling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Swimming or water exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Yoga</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Weight lifting or training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Basketball</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Baseball or softball</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>17. Football</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Soccer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Volleyball</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Handball, racquetball, or squash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Skating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Sking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Rowing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Surfing or boogieboarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Is the amount of activity you did in the past 2 weeks more, less, or about the same as your usual exercise habits over the past year?

19. During a usual week, about how often do you do physical exercise in your free time for at least 20 minutes without stopping, which is hard enough to make your heart rate and breathing increase a large amount? TIMES PER WEEK

(IF "0", GO TO QUESTION #21)
20. How long have you been doing this amount of exercise? 
(CHECK ONE) 
- FOR LESS THAN 6 MONTHS  
- FROM 6 MONTHS TO 12 MONTHS  
- FROM 1 YEAR TO 2 YEARS  
- FROM 2 YEARS TO UNDER 5 YEARS  
- FIVE OR MORE YEARS 

21. Where do you usually do these exercise activities? 
(CHECK ALL THAT APPLY) 
- HOME  
- WORK  
- SCHOOL, CHURCH, COLLEGE OR UNIVERSITY FACILITY  
- PARK  
- COMMERCIAL FACILITY OR PRIVATE CLUB  
- OUTSIDE USING NO SPECIAL FACILITY  
- FREE RECREATIONAL FACILITY  
- OTHER 

22. Compared to others of your age and sex, would you say you are: 
(CHECK ONE) 
- MUCH LESS ACTIVE  
- SOMEWHAT LESS ACTIVE  
- ABOUT AS ACTIVE  
- SOMEWHAT MORE ACTIVE  
- MUCH MORE ACTIVE 

23. When you were an adolescent (age 13-18) how active were you compared to others of your same age and sex? 
(CHECK ONE) 
- MUCH LESS ACTIVE  
- SOMEWHAT LESS ACTIVE  
- ABOUT AS ACTIVE  
- SOMEWHAT MORE ACTIVE  
- MUCH MORE ACTIVE 

24. This Question is about Physical Education Classes When You Were: 
Were They Offered? 
If Yes, Did You Participate Regularly? 
If Yes, Did You Enjoy Them? 
1. in elementary school (about 6-12 years old) 
- NO  
- YES 
2. in high school (about 13-18 years old) 
- NO  
- YES 
3. After high school (about 19-24 years old) 
- NO  
- YES 

25. This Question is about School or Organized Sports Such as Little League Baseball When You Were: 
Were They Offered? 
If Yes, Did You Participate Regularly? 
If Yes, Did You Enjoy Them? 
1. in elementary school (about 6-12 years old) 
- NO  
- YES 
2. in high school (about 13-18 years old) 
- NO  
- YES 
3. After high school (about 19-24 years old) 
- NO  
- YES 

26. This Question is about Unorganized Activities Such as Backyard Football When You Were: 
Were They Available? 
If Yes, Did You Participate Regularly? 
If Yes, Did You Enjoy Them? 
1. in elementary school (about 6-12 years old) 
- NO  
- YES 
2. in high school (about 13-18 years old) 
- NO  
- YES 
3. After high school (about 19-24 years old) 
- NO  
- YES 

27. When you were younger than 18, about how often did each of the following people do physical activities? 
(MARK ONE NUMBER FOR EACH PERSON) 

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Don’t Know/Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Father</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sisters(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Brother(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Friend(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

28. When you were younger than 18, how often did each of the following people encourage you to do physical activities? 
(MARK ONE NUMBER FOR EACH PERSON) 

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Don’t Know/Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Father</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sisters(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Brother(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Friend(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
29. When you were younger than 18, how often did the following people do physical activities with you?
(MARK ONE NUMBER FOR EACH PERSON)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Don't Know/Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Father</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sisters(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Brothers(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Friend(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. How often were you forced to exercise or play sports?
(CHECK ONE)

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

31. Have you ever exercised regularly for 6 months or more and then stopped for 3 months or more?
(IF NO, GO TO #32)

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

32. Were you ever injured during exercise or sports so that you had to limit your physical activity for at least one month?

1. As a Child:

2. As an Adult:

33. How often do the following prevent you from getting exercise? (MARK ALL THAT APPLY)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

34. THIS SECTION IS ABOUT SOME POSSIBLE EFFECTS OF REGULAR EXERCISE. PLEASE MARK IF YOU AGREE WITH EACH STATEMENT AND IF EACH STATEMENT IS IMPORTANT TO YOU:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Is it Important To You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No - Yes</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>1. I will feel less depressed and/or bored</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I will improve my self-esteem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3. I will meet new people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4. I will lose weight or improve my shape</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5. I will build up my muscle strength</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6. I will feel less tension and stress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>7. I will improve my health or reduce my risk of disease</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>8. I will do better on my job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>9. I will feel more attractive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>10. I will improve my heart &amp; lung fitness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
35. THIS SECTION IS ABOUT EXERCISING REGULARLY IN DIFFERENT SITUATIONS. FOR EACH ITEM, PLEASE MARK HOW SURE YOU ARE THAT YOU WOULD EXERCISE IN THAT SITUATION. MARK ONE NUMBER FOR EACH ITEM:

<table>
<thead>
<tr>
<th>I'm Sure</th>
<th>Maybe</th>
<th>I'm Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Cannot</td>
<td>I Can</td>
<td>I Can</td>
</tr>
</tbody>
</table>

1. I would exercise even though I am feeling sad or highly stressed .................................. 1 2 3 4 5
2. I would stick to my exercise program even when family or social life takes a lot of my time .... 1 2 3 4 5
3. I will set aside time for regular exercise ................................................................. 1 2 3 4 5

PLEASE MARK IF YOU AGREE WITH THE FOLLOWING STATEMENTS:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. Members of my family think I should exercise regularly ................................................ 1 2 3 4 5
37. My friends and acquaintances think I should exercise regularly ...................................... 1 2 3 4 5
38. I feel I already exercise enough ...................................................................................... 1 2 3 4 5
39. I seem to worry about my health more than other people worry about theirs .......................... 1 2 3 4 5

40. FOR EACH OF THESE PLACES WHERE YOU CAN EXERCISE PLEASE MARK IF ONE IS CONVENIENT TO YOU. ALSO MARK IF YOU CAN AFFORD TO USE THIS PLACE.

<table>
<thead>
<tr>
<th>Is One Convenient to You?</th>
<th>Can You Afford to Use it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. Aerobic dance studio ................................................................. 1 2 3 1 2 3
2. Basketball court ........................................................................ 1 2 3 1 2 3
3. Bike lane ...................................................................................... 1 2 3 1 2 3
4. Bowling alley .............................................................................. 1 2 3 1 2 3
5. Golf course .................................................................................. 1 2 3 1 2 3
6. Health spa/gym ........................................................................... 1 2 3 1 2 3
7. Public park .................................................................................. 1 2 3 1 2 3
8. Public recreation center .............................................................. 1 2 3 1 2 3
9. Racquetball/squash court ............................................................. 1 2 3 1 2 3
10. Running track .............................................................................. 1 2 3 1 2 3
11. Skating rink ................................................................................ 1 2 3 1 2 3
12. Soccer or football field ............................................................... 1 2 3 1 2 3
13. Sporting goods store ................................................................... 1 2 3 1 2 3
14. Swimming pool ............................................................................ 1 2 3 1 2 3
15. Tennis court ............................................................................... 1 2 3 1 2 3

41. How safe is it to walk or jog alone in your neighborhood during the day? 

<table>
<thead>
<tr>
<th>VERY UNSAFE</th>
<th>SOMEWHAT UNSAFE</th>
<th>NEUTRAL</th>
<th>SOMEWHAT SAFE</th>
<th>VERY SAFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

42. Is it difficult to walk or jog in your neighborhood because of things like traffic, no sidewalks, dogs, etc.? 

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

43. How often do you see people walking or jogging in your neighborhood? 

<table>
<thead>
<tr>
<th>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

44. Place a check by the items you have in your home or yard: (CHECK ALL THAT APPLY) 

- BICYCLE .................................................................................. 1
- STATIONARY CYCLE .................................................................. 2
- JOGGING TRAMPOLINE ................................................................ 2
- ROWING MACHINE .................................................................... 4
- RUNNING SHOES ....................................................................... 5
- SWIMMING POOL ...................................................................... 6
- WEIGHT LIFTING EQUIPMENT ..................................................... 7
- AEROBIC WORKOUT VIDEOTAPE, AUDIO TAPE, RECORDS ......... 8
- BASKETBALL HOOP .................................................................... 9
- OTHER .................................................................................... 10

45. Are there any exercise facilities or programs where you work? 

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NOT SURE</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. If yes, do you use them? ........................................................................ 1 2 3 4 5

<table>
<thead>
<tr>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
How often do you do the following? (MARK ONE FOR EACH QUESTION)

46. How often do you weigh yourself or measure your body shape?  
   Never  Rarely  Sometimes  Often  Very Often
   0  1  2  3  4

47. How often do you read about sports or exercise?  
   Never  Rarely  Sometimes  Often  Very Often
   0  1  2  3  4

48. How often do you watch movies or TV shows about sports?  
   Never  Rarely  Sometimes  Often  Very Often
   0  1  2  3  4

49. How often do you go to games to watch sporting events?  
   Never  Rarely  Sometimes  Often  Very Often
   0  1  2  3  4

PLEASE MARK YOUR ANSWERS ONCE FOR FAMILY AND ONCE FOR FRIENDS FOR EACH OF THE FOLLOWING STATEMENTS:

During the past three months my family or friends:

50. Exercised with me.  
   FAMILY: Never  Rarely  Sometimes  Often  Very Often
   FRIENDS: 0  1  2  3  4

51. Offered to exercise with me.  
   FAMILY: 0  1  2  3  4
   FRIENDS: 0  1  2  3  4

52. Gave me encouragement to exercise  
   FAMILY: 0  1  2  3  4
   FRIENDS: 0  1  2  3  4

53. Made fun of me or criticized me for exercising.  
   FAMILY: 0  1  2  3  4
   FRIENDS: 0  1  2  3  4

54. Not counting yourself, is there any adult in your home who does exercise at least 3 times a week, at least 20 minutes without stopping, which is hard enough to cause a large increase in heart rate or breathing?  
   Never  Rarely  Sometimes  Often  Very Often
   0  1  2  3  4

   1. If yes, is this person your spouse or living partner?  
      Never  Rarely  Sometimes  Often  Very Often
      0  1  2  3  4

   2. Of your 10 closest friends and acquaintances, how many of them do this type of exercise on a regular basis?  
      0  1  2  3  4

55. Compared to others of your same age and sex, how would you rate your athletic coordination?  
   MUCH LESS COORDINATED 1
   SOMEWHAT LESS COORDINATED 2
   ABOUT THE SAME COORDINATION 3
   SOMEWHAT MORE COORDINATED 4
   MUCH MORE COORDINATED 5

PLEASE DESCRIBE YOURSELF:

56. What is your sex?  
   MALE 1
   FEMALE 2

57. What is your age?  
   YEARS

58. What is your height?  
   FEET  INCHES

59. What is your weight?  
   POUNDS

   1. About how much did you weigh at age 18?  
      POUNDS

60. Have you smoked at least 100 cigarettes (5 packs) in your whole life?  
   Never  Rarely  Sometimes  Often  Very Often
   0  1  2  3  4

   1. If yes, is this person your spouse or living partner?  
      Never  Rarely  Sometimes  Often  Very Often
      0  1  2  3  4

   2. Of your 10 closest friends and acquaintances, how many of them do this type of exercise on a regular basis?  
      0  1  2  3  4

61. About how many cigarettes do you now smoke each day?  
   IF LESS THAN ONE A DAY, CHECK HERE:  
   CIGARETTES PER DAY

62. About how old were you when you started smoking cigarettes regularly?  
   (at least one cigarette per week)  
   YEARS OF AGE

63. About how many days a week do you have an alcoholic drink?  
   DAYS A WEEK

64. About how many times a month do you have more than five alcoholic drinks at one time?  
   TIMES A MONTH

65. Are you of Hispanic, Latino, or Mexican descent?  
   WHITE 1
   BLACK 2
   ASIAN 3
   OTHER 4

66. What is your race?  

67. How many people live in your household?  
   PERSONS

   1. How many of them are under 18?  
   PERSONS
68. What is your present marital status?

- MARRIED ___ 1
- LIVING TOGETHER ___ 2
- SEPARATED/DIVORCED ___ 3
- WIDOWED ___ 4
- NEVER MARRIED ___ 5

___ YEARS OF SCHOOL

- Under $10,000 ___ 1
- $10,000 to $14,999 ___ 2
- $15,000 to $19,999 ___ 3
- $20,000 to $24,999 ___ 4
- $25,000 to $34,999 ___ 5
- $35,000 to $49,999 ___ 6
- $50,000 or over ___ 7

69. What is the highest grade or year of school you have finished?

70. What was the total income from all sources for your household this past year?

PLEASE PRINT YOUR NAME, ADDRESS, AND PHONE NUMBER BELOW. NAMES WILL BE ENTERED IN A LOTTERY FOR FREE PRIZES. WINNERS WILL BE CONTACTED BY MAIL OR PHONE.

NAME ____________________________

STREET ADDRESS ____________________________

CITY AND ZIP ____________________________

PHONE NUMBER ____________________________

WHAT INTERSECTION OF MAJOR STREETS IS CLOSEST TO YOUR HOME?

THANK YOU VERY MUCH!

Please fold this survey so that the Business Reply address below shows. Fasten with sticker and drop in the mail. No postage required. Please return as soon as possible.

ATTENTION:
SAN DIEGO HEALTH AND EXERCISE PROJECT
6505 ALVARADO—208A

SDSU BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 2216 SAN DIEGO, CA

POSTAGE WILL BE PAID BY ADDRESSEE
SAN DIEGO STATE UNIVERSITY
5300 CAMPANILE DRIVE
SAN DIEGO, CA 92115-9980