

ID# _____

Survey 2



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 1-800-990-6757 and we can do some or all of the survey by phone.

A. Quality of Life

Please check one answer.

1. In general, would you say your health is:
 - 1. Excellent
 - 2. Very good
 - 3. Good
 - 4. Fair
 - 5. Poor

The following questions are about activities you might do during a typical day.
Does your health *now* limit you in these activities? If so, how much?

2. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.
 - 1. Yes, limited a lot
 - 2. Yes, limited a little
 - 3. No, not limited at all
3. Climbing **several** flights of stairs.
 - 1. Yes, limited a lot
 - 2. Yes, limited a little
 - 3. No, not limited at all

During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

4. **Accomplished less** than you would like?
 1. Yes
 0. No
5. Were limited in the **kind** of work or other activities?
 1. Yes
 0. No

During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

6. **Accomplished less** than you would like.
 1. Yes
 0. No
7. Didn't do work or other activities as **carefully** as usual.
 1. Yes
 0. No
8. During the *past 4 weeks*, how much did pain interfere with your normal work (including both work outside the home and housework)?
- | | | | | |
|------------|--------------|------------|-------------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please circle the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

9. Have you felt calm and peaceful?
- | | | | | | |
|--------------------|---------------------|---------------------------|---------------------|-------------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| All
of the time | Most
of the time | A good bit
of the time | Some
of the time | A little
of the time | None
of the time |
10. Did you have a lot of energy?
- | | | | | | |
|--------------------|---------------------|---------------------------|---------------------|-------------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| All
of the time | Most
of the time | A good bit
of the time | Some
of the time | A little
of the time | None
of the time |
11. Have you felt downhearted and blue?
- | | | | | | |
|--------------------|---------------------|---------------------------|---------------------|-------------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| All
of the time | Most
of the time | A good bit
of the time | Some
of the time | A little
of the time | None
of the time |

12. During the *past 4 weeks*, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| All | Most | A good bit | Some | A little | None |
| of the time | of the time | of the time | of the time | of the time | of the time |



B. Neighborhood Satisfaction

Below are things about your neighborhood with which you may or may not be satisfied. Using the 1-5 scale below, indicate your satisfaction with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 5-point scale is as follows:

- 1 = strongly dissatisfied
- 2 = somewhat dissatisfied
- 3 = neither satisfied nor dissatisfied
- 4 = somewhat satisfied
- 5 = strongly satisfied

How satisfied are you with...

- (example) 3 the number of pedestrian cross-walks in your neighborhood
- a. the highway access from your home.
 - b. the access to public transportation in your neighborhood.
 - c. your commuting time to work/school.
 - d. the access to shopping in your neighborhood.
 - e. how many friends you have in your neighborhood.
 - f. the number of people you know in your neighborhood.
 - g. how easy and pleasant it is to walk in your neighborhood.
 - h. how easy and pleasant it is to bicycle in your neighborhood.
 - i. the quality of schools in your neighborhood.
 - j. access to entertainment in your neighborhood (restaurants, movies, clubs, etc)
 - k. the safety from threat of crime in your neighborhood.
 - l. the amount and speed of traffic in your neighborhood.
 - m. the noise from traffic in your neighborhood.
 - n. the number and quality of food stores in your neighborhood
 - o. the number and quality of restaurants in your neighborhood.
 - p. your neighborhood as a good place to raise children.
 - q. your neighborhood as a good place to live.



C. Social Life in Your Neighborhood

These questions are about interactions with your neighbors. Neighbors are people who live nearby. They do not have to live on your street, but they should live within a short (15-minute) walking distance. Do not consider neighbors who are also relatives and do not count neighbors who are children.

1. How many days in the past month have you:
If none, put "0".

- a. _____ days Waved to a neighbor
- b. _____ days Said hello to a neighbor
- c. _____ days Stopped and talked with a neighbor
- d. _____ days Gone to a neighbor's house to socialize
- e. _____ days Had a neighbor at your house to socialize
- f. _____ days Gone somewhere (restaurant, shopping, ball game) with a neighbor
- g. _____ days Asked a neighbor for help
- h. _____ days Sought advice from a neighbor
- i. _____ days Borrowed things and exchanged favors with a neighbor



Please read the following statements carefully and then circle the answer that best applies to you.

2. I would be willing to work together with others on something to improve the living environment of my neighborhood.

- | | | | | |
|----------------------|----------|-------------------------------|-------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Disagree | Disagree | Neither Agree
Nor Disagree | Agree | Strongly
Agree |

3. Living in my neighborhood gives me a sense of community.

- | | | | | |
|----------------------|----------|-------------------------------|-------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Disagree | Disagree | Neither Agree
Nor Disagree | Agree | Strongly
Agree |

4. It is easy to make friends in my neighborhood.

- | | | | | |
|----------------------|----------|-------------------------------|-------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly
Disagree | Disagree | Neither Agree
Nor Disagree | Agree | Strongly
Agree |

How likely could your neighbors be counted on to take action if:

5. Children were skipping school and hanging out on a street corner.

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely

6. Children were spray-painting graffiti on a local building.

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely

7. Children were showing disrespect to an adult.

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely

8. A fight broke out in front of their house/home.

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely

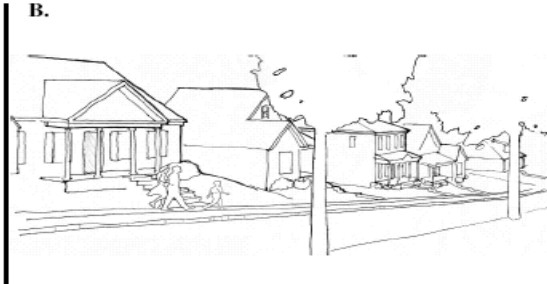
9. The fire station closest to home was threatened with budget cuts.

1	2	3	4	5
Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely



D. Neighborhood Preference

In this section, we'd like you to imagine moving to a different neighborhood. These questions ask you about the kind of neighborhood you'd hope to find. Please read the following neighborhood descriptions, then circle the appropriate number to indicate your answer to the questions. *Keep in mind that anything that we do not refer to in a question - such as school quality, public safety, or house cost - is exactly the same between the two choices presented.*



If I were to move, I'd like to find a neighborhood ...

A. that is a lively and active place, even if this means it has a mixture of single family houses, townhouses, and small apartment buildings that are close together on various sized lots.

Or

B. with single family houses farther apart on lots 1/2 acre or more, even if this means that it is not an especially lively or active place.

Your neighborhood preference is (circle one number):

1.

0	1	2	3	4	5	6	7	8	9	10
strongly prefer A	somewhat prefer A		neutral			somewhat prefer B		strongly prefer B		

If I were to move, I'd like to find a neighborhood . . .

A. where the commercial areas are kept separate (over a mile) from the houses, even if this means that I can't walk to stores, libraries or restaurants.

Or

B. where I can walk to stores, libraries or restaurants, even if this means that the houses and commercial areas are within a few blocks (1/3 mile) of each other.

Your neighborhood preference is (circle one number):

2.

0	1	2	3	4	5	6	7	8	9	10
strongly prefer A	somewhat prefer A		neutral			somewhat prefer B		strongly prefer B		

If I were to move, I'd like to find a neighborhood . . .

A. with cul-de-sacs and few people from other neighborhoods walking or driving on them, even if this means I must drive for all my trips.

Or

B. where I can walk, bicycle or take public transit for some of my trips, even if it has through streets and people from other neighborhoods walking or driving

Your neighborhood preference is (circle one number):

3.

0	1	2	3	4	5	6	7	8	9	10
strongly prefer A	somewhat prefer A		neutral			somewhat prefer B		strongly prefer B		

In the following sections, we use these definitions of vigorous exercise and moderate physical activity:

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

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

E. Vigorous Exercise



Please answer according to the above definition of **vigorous exercise**:

Do you exercise regularly? *In this context, regularly means 3 times or more per week for 20 minutes or longer each time. Please choose only one answer.*

- 1. Yes, I have been for **more** than 6 months.
- 2. Yes, I have been for **less** than 6 months.
- 3. No, but I intend to in the next 30 days.
- 4. No, but I intend to in the next 6 months.
- 5. No, and I do not intend to in the next 6 months.



F. Places for Moderate Physical Activity and Vigorous Exercise

How many days in the **past month** have you done **moderate physical activity** or **vigorous exercise** in these places? *If none, put “0”.*

- a. ____ days Health club, gym, or country club
- b. ____ days Other indoor facility (e.g. dance studio, martial arts, rock climbing)
- c. ____ days Home or apartment/condo complex or yard (e.g. on an exercise machine)
- d. ____ days Park
- e. ____ days Outdoor recreation setting (e.g. lake, hiking trail)
- f. ____ days On streets near home (e.g. running, skating, cycling, brisk walking)
- g. ____ days On streets near work (e.g. running, skating, cycling, brisk walking)
- h. ____ days Drive to exercise on streets in another neighborhood
- i. ____ days Workplace (e.g. a workout room or exercise class)
- j. ____ days Public swimming pool

How many days in the ***past month*** have you done ***moderate physical activity*** or ***vigorous exercise*** in these places? *If none, put "0".*

- k. _____ days Private swimming pool
- l. _____ days School or school grounds
- m. _____ days Shopping center or mall (e.g., mall walking)

G. Walking for Transportation

How many ***days in the past month*** have you walked to the following places from your home or work? *If none, put "0".*

	a. Days walked from home	b. Days walked from work
Example: Library	2	2
1. Food store		
2. Retail store		
3. School/Day care center		
4. Bank/credit union		
5. Post office		
6. Restaurant/Café		
7. Gym/health club/rec facility		
8. Park		
9. Public transportation/park and ride		
10. Work		



H. Biking

Do not count stationary biking.

1. How often do you bicycle, either in your neighborhood or starting from your neighborhood?
 - 0. Never (*skip to Question #3*)
 - 1. Less than once a week
 - 2. 1-2 times a week
 - 3. 3-6 times a week
 - 4. Every day
2. When you bicycle, how far do you normally ride? _____ miles
3. How often would you bike if you thought it was safe from cars?
 - 0. Never
 - 1. Less than once a week
 - 2. 1-2 times a week
 - 3. 3-6 times a week
 - 4. Every day



I. Everyday Commuting Activity

By everyday commuting activity we mean going to work, going shopping, taking a child to daycare or to school, or running other errands. Please count only commuting that you do wholly or partially (such as, to and from a bus stop or a park-and-ride) on foot or by bicycle and that lasts at least 10 min each time.

*Place a check in the box of the **one** alternative that fits you best at present.*

- 1. I never commute on foot or by bicycle and it would be out of the question in my case.
- 2. I hardly ever commute on foot or by bicycle and I have never really thought about doing it.
- 3. I hardly ever commute on foot or by bicycle, but I might start doing it with in the next 6 months.
- 4. I occasionally commute on foot or by bicycle and I expect to continue like this.
- 5. I occasionally commute on foot or by bicycle, but I intend to start commuting more regularly with in the next month.
- 6. I have been commuting mainly on foot or by bicycle, but only in the last 6 months.
- 7. I have been commuting mainly on foot or by bicycle for longer than 6 months, but less than 2 years.
- 8. I have been commuting mainly by foot or by bicycle for longer than 2 years.



J. Workplace Environment

1. Do you work outside your home? 1. Yes 0. No
(if no, skip to Section P, page 15)

2. Do you usually work at:
- 1. One site each day
 - 2. Multiple sites each day

3. Is your primary work:
- 1. Indoors
 - 2. Outdoors
 - 3. Mixed indoors and outdoors
4. How many days in the past month or so (20 work days) did you go to work by:
If none, put "0".
- a. ___ days Walking
 - b. ___ days Biking
 - c. ___ days Driving alone
 - d. ___ days Carpool driver
 - e. ___ days Carpool passenger
 - f. ___ days Vanpool
 - g. ___ days Bus
 - h. ___ days Taxi
 - i. ___ days Subway/Trolley
5. How long does it take you to walk from your parking space or transit stop to your primary workplace?
- ___ minutes **or** I do not drive or take transit to work.



You're making great progress!!!

Please indicate which of these items are available at your work. Please circle an answer for each item.

- | | | | |
|---|--------|-------|---------------|
| 6. Exercise facilities (e.g. workout room/gym, exercise equipment, walking path/PAR course) | 1. Yes | 0. No | 8. Don't know |
| 7. Regular exercise programs (e.g. aerobic classes, team sports, walking groups, etc.) | 1. Yes | 0. No | 8. Don't know |
| 8. Shower facilities that you can use | 1. Yes | 0. No | 8. Don't know |
| 9. Lockers for clothes | 1. Yes | 0. No | 8. Don't know |
| 10. Safe bicycle storage | 1. Yes | 0. No | 8. Don't know |
| 11. An exercise specialist or activity coordinator available for employees | 1. Yes | 0. No | 8. Don't know |
| 12. Policies that encourage exercise or biking | 1. Yes | 0. No | 8. Don't know |
| 13. Employer provides paid time for you to exercise | 1. Yes | 0. No | 8. Don't know |

14a. Employer offers incentives not to drive to work 1. Yes 0. No 8. Don't know
(If no or don't know, skip to Question #15)

14b. If yes, please check the following programs that are offered to you and which of these programs you use more than twice per month.

	Program Offered	Program You Use
1. Carpooling or ridematching program	<input type="checkbox"/>	<input type="checkbox"/>
2. Cash in lieu of a parking space	<input type="checkbox"/>	<input type="checkbox"/>
3. Free/reduced fair transit pass	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to work at home one or more days per week	<input type="checkbox"/>	<input type="checkbox"/>
5. Guaranteed ride home	<input type="checkbox"/>	<input type="checkbox"/>
6. Vanpool service	<input type="checkbox"/>	<input type="checkbox"/>
7. Parking closer to the office door if you carpool	<input type="checkbox"/>	<input type="checkbox"/>

15. Are the stairs at your work:
a. accessible 1. Yes 0. No 7. Not applicable
b. safe 1. Yes 0. No 7. Not applicable
c. pleasant 1. Yes 0. No 7. Not applicable

16. What is the full address of your primary workplace?

Street: _____

City _____ State _____ Zip _____

17. What is the nearest intersection to your primary workplace?

_____ & _____

18. How many days a week do you usually go to your primary workplace?

_____ days per week

(If you go to your primary workplace 0 or 1 days a week, skip to Section P, page 15)

The Neighborhood Around Your Workplace

We would like to find out about the neighborhood around your primary place of work away from home. Please answer the following questions about the neighborhood around your place of work. Consider the "workplace neighborhood" as being within a 15-minute walk of your workplace.

K. Access to services

Please circle the answer that best applies to you and your workplace neighborhood. Within walking distance means within a 15-minute walk from your workplace.

1. Stores, restaurants, and other services are within easy walking distance of my workplace.

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

2. It is easy to walk to a transit stop (bus, trolley) from my workplace.

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



L. Streets in my workplace neighborhood

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

1. The streets in my workplace neighborhood do not have many, or any, cul-de-sacs.

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

2. There are many four-way intersections in my workplace neighborhood.

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

M. Places for walking and cycling

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

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

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

2. There are bicycle or pedestrian trails in or near my workplace neighborhood that are easily accessible.

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



N. Workplace neighborhood surroundings

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

1. There are trees along the streets in my workplace neighborhood.
1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree
2. There are many interesting things to look at while walking in my workplace neighborhood.
1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree
3. My workplace neighborhood is generally free from litter.
1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree



O. Workplace Neighborhood Safety

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

1. There is so much traffic along the streets that it makes it difficult or unpleasant to walk in my workplace neighborhood.
1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree
2. There are crosswalks and pedestrian signals to help walkers cross streets in my workplace neighborhood.
1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree
3. I see a lot of other people when I am walking in my workplace neighborhood.
1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree
4. There is a high crime rate in my workplace neighborhood.
1 strongly disagree 2 somewhat disagree 3 somewhat agree 4 strongly agree

P. Mood

Please place an X in the box for the statement that best describes how often you felt or behaved this way *during the past week*.

	Rarely or None of the Time (Less than 1 Day)	Some or Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of the Time (3-4 Days)	Most or All of the Time (5-7 Days)
1. I was bothered by things that usually don't bother me				
2. I did not feel like eating; my appetite was poor				
3. I felt that I could not shake off the blues even with help from my family or friends				
4. I felt that I was just as good as other people				
5. I had trouble keeping my mind on what I was doing				
6. I felt depressed				
7. I felt that everything I did was an effort				
8. I felt hopeful about the future				
9. I thought my life had been a failure				
10. I felt fearful				
11. My sleep was restless				
12. I was happy				
13. I talked less than usual				
14. I felt lonely				
15. People were unfriendly				
16. I enjoyed life				
17. I had crying spells				
18. I felt sad				
19. I felt that people disliked me				
20. I could not "get going"				

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.



Q. 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 R: 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 R: TRANSPORTATION]

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

_____ hours _____ minutes per day



R. 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 go 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 S: 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



S. 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 T: 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



T. 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

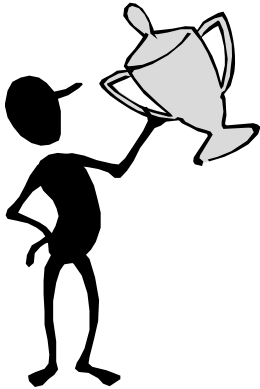
5. Again, think about *only* those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your leisure time?

_____ days per week or none [If none, go to SECTION U: 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

3. Have you moved since you completed the first survey? 1. Yes 0. No
4. a. Were you born in the United States? 1. Yes 0. No
(If yes, skip to Question #5)
- b. What year did you move to the United States? _____
- c. Would you describe your living environment before moving to the United States as being more crowded or less crowded than your neighborhood now?
1. More crowded 2. Less crowded
5. Is English the only language you speak at home? 1. Yes 0. No
6. Weight: _____ pounds; **or** _____ kilograms



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

Once you are finished wearing the activity meter for 7 days, mail this survey, the activity meter, and the activity meter log sheet back to us. Don't forget to use the return envelope we sent with the activity meter.

✓ Remember, the envelope should include 3 items:

- the activity meter,
- the activity meter log sheet,
- and this survey.



If you don't have the envelope we provided, mail to:
The Neighborhood Quality of Life Study
3900 Fifth Avenue, Suite 310
San Diego, CA 92103

Please feel free to give us a call if you have any questions.

Our toll-free number is 1-800-990-6757.

You can also email questions to nqls@projects.sdsu.edu or visit us on the web at www.nqls.org



For Office Use Only

Date mailed _____

Date entered _____

Date received _____

By _____

Date entered _____

By _____