

Telephone Questionnaire
Walking Activity in Rural Communities

Hello, I'm _____ and I'm calling for the Saint Louis University Prevention Research Center. We are doing a study of the health practices of people in southeast Missouri, Arkansas and Tennessee. Your phone number has been chosen randomly to be included in the study, and we'd like to ask you some questions about things people do which may affect their health. The interview will take about 20 minutes. We will try to get through the questions as quickly as possible.

Your participation is completely voluntary. You have the right to refuse to be interviewed or to refuse to answer any question. Although you may not benefit directly from your participation, your information will help investigators understand what activities may affect health in your region. All of the information that you provide in this conversation will be kept **confidential**.

Let's begin

First, I'd like to ask some questions about you.

1. Would you say that in general your health is:

[Please read.]

- a. Excellent 1
- b. Very Good 2
- c. Good 3
- d. Fair 4

or

- e. Poor 5

[Do not read.]

- Don't know/Not sure 777
- Refused 999

2. Are you currently:

[Please read.]

- a. Employed for wages - full-time 1
- b. Employed for wages - part-time 2
- c. Self-employed 3
- d. Out of work for less than 1 year 4
- e. Out of work for more than 1 year 5
- f. Homemaker 6
- g. Student 7
- h. Retired 8

or

- i. Disabled and unable to work 9

[Do not read.]

Don't know/Not sure.....777
Refused999

Section A: Exercise

The next few questions are about exercise, recreation, or physical activities.

[If respondent answered 1, 2 or 3 to Question 2, go to Question 3. Otherwise, go to Question 4.]

3. When you are at work, which of the following best describes what you do?

[Please read.] Would you say:

[If respondent has multiple jobs, include all jobs.]

- a. Mostly sitting or standing.....1
 - b. Mostly walking.....2
- or**
- c. Mostly heavy labor or physically demanding work3

[Do not read.]

Don't know/Not sure777
Refused999

4. In a usual week, do you walk for at least 10 minutes at a time **[if employed insert : while at work]** for recreation, exercise, to get to and from places, or for any other reason?

[If "yes," ask "How many days per week do you walk at least 10 minutes at a time?"]

- a. Yes: Days per week.....
- b. No: **[Go to 6]**.....888

[Do not read]

Don't know/Not sure **[Go to 6]**777
Refused **[Go to 6]**.....999

5. On days when you walk for at least 10 minutes at a time, how much total time do you spend walking?

Hours and minutes per day:.....

[Do not read]

Don't know/Not sure	777
Refused	999

6. In a usual week, do you do any activities designed to increase muscle strength or tone such as lifting weights, pull-ups, push-ups or sit-ups?
- a. Yes..... 1
 - b. No [Goto 8]..... 2

[Do not read]

Don't know/Not sure [Goto 8]	777
Refused [Goto 8]	999

7. How many days per week do you do these activities?
- a. Days per week

[Do not read]

Don't know/Not sure	777
Refused	999

There are three categories of physical activity- light, moderate and vigorous. I will be asking you about your moderate and vigorous activities, even if you have included them in your previous answers. With moderate activity you have some increases in breathing and heart rate. With vigorous activity you have large increases in breathing and heart rate. Now thinking about the physical activity that you do when you are not at work please tell me.

8. In a usual week, do you do **moderate** activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes **some** increase in breathing or heart rate?
- [If "yes," ask "How many days per week do you do moderate activities?"]**
- a. Yes: Days per week.....
 - b. No: [Go to 10] 888
 - Don't know/Not sure: [Go to 10] 777
 - Refused: [Go to 10]..... 999

9. On days when you do **moderate** activities for at least 10 minutes at a time, how much total time do you spend doing these activities?
- Hours and minutes per day

[Do not read]

Don't know/Not sure	777
Refused	999

10. In a usual week, do you do **vigorous** activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes **large** increases in breathing or heart rate?

[If “yes,” ask “How many days per week do you do vigorous activities?”]

- a. Yes: Days per week.....
- b. No: **[Go to 12]**..... 888

[Do not read]

- Don't know/Not sure: **[Go to 12]** 777
- Refused: **[Go to 12]**..... 999

11. On days when you do **vigorous** activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

Hours and minutes per day.....:___

[Do not read]

- Don't know/Not sure..... 777
- Refused..... 999

12. **[If respondent answered 888 to Question 4, Question 8 and Question 10, ask the following:]** Our previous questions have asked about activities that you do for at least 10 minutes at a time in a usual week. For the next two questions, we are interested in finding out the specific type of physical activity or exercise that you do even if you do not spend 10 minutes at a time doing that activity. In a usual week, what activity do you spend the **most** time doing?

[Otherwise, ask the following:] Now I am going to ask you about specific activities. You might have already included these in your previous answers, but please include them again. In a usual week, what type of physical activity or exercise do you spend the **most** time doing?

[Read only as prompts.]

- a. Walking 1
- b. Jogging/running..... 2
- c. Hiking 3
- d. Biking 4
- e. Swimming 5
- f. Aerobics classes 6
- g. Heavy gardening or yard work 7
- h. Weight lifting 8
- i. Golf 9
- j. Home exercise (use of videos, exercise equipment in the home) 10
- k. Calisthenics..... 11
- l. Housework..... 12
- m. Other (specify):..... 13
- n. I don't do any activity. **[Go to 33]** 14

[Do not read]

- Don't know/Not sure..... 777
- Refused 999

13. In a usual week, what type of physical activity or exercise do you spend the **second most** time doing?

[Read only as prompts.]

- a. Walking 1
- b. Jogging/running..... 2
- c. Hiking 3
- d. Biking 4
- e. Swimming 5
- f. Aerobics classes 6
- g. Heavy gardening or yard work 7
- h. Weight lifting 8
- i. Golf 9
- j. Home exercise (videos, exercise equipment)..... 10
- k. Calisthenics..... 11
- l. Housework..... 12
- m. Other (specify): _____ 13
- n. I don't do a second activity..... 14

[Do not read]

- Don't know/Not sure..... 777
- Refused 999

[NOTE: Ask Questions 14 – 23 only if respondent answered 1, 2, 3, or 4 to Questions 12 or 13, or if the respondent answered 1-7 to Question 4. Otherwise, go to Question 30.]

[NOTE: For Questions 14 – 15, 23-24, 26-29 please use the following algorithm for “Insert response from 12, 13 or 4”:

**IF Question 12= 1 THEN “walking”
 ELSE IF Question 12 = 2 THEN “jogging”
 ELSE IF Question 12 = 3 THEN “hiking”
 ELSE IF Question 12 = 4 THEN “biking”
 ELSE IF Question 13 = 1 THEN “walking”
 ELSE IF Question 13 = 2 THEN “jogging”
 ELSE IF Question 13 = 3 THEN “hiking”
 ELSE IF Question 13 = 4 THEN “biking”
 ELSE IF Question 4 = 1-7 THEN “walking”]**

14. Where do you usually **[Insert response from 12, 13 or 4]** most of the time?

[Read only as prompts]

- a. Walking/jogging trail or track **[Go to 19]** 1
- b. Neighborhood streets..... 2
- c. Park..... 3
- d. Shopping mall or Walmart Superstore 4
- e. Indoor gym or fitness center track..... 5
- f. Treadmill (home or gym) 6
- g. School track 7
- h. Other (specify): _____ 8

15. Is there any other place that you **[Insert response from 12, 13 or 4]**

[Read only as prompts]

- a. Walking/jogging trail or track **[Go to 19]** 1
- b. Neighborhood streets..... 2
- c. Park..... 3
- d. Shopping mall or Walmart Super Store 4
- e. Indoor gym or fitness center track..... 5
- f. Treadmill (home or gym) 6
- g. School track..... 7
- h. Other (specify _____)..... 8

16. Are there any walking trails, tracks or paths in your area not including state parks or national forests?

- a. Yes..... 1
- b. No **[Go to 23]**..... 2

[Do not read]

- Don't know/Not sure 777
- Refused..... 999

17. Do you ever use the walking trail?

- a. Yes **[Go to 19]**..... 1
- b. No..... 2

[Do not read]

- Don't know/Not sure 777
- Refused..... 999

18. Why don't you use the walking trail?

[Read only as prompts]

- a. Poor lighting..... 1
- b. Poor path conditions..... 2
- c. Animals 3
- d. Fear of other people..... 4
- e. Lack of fitness stations 5
- f. Location..... 6
- g. Unsafe surface 7
- i. No parking..... 8
- j. Too crowded..... 9

k.	Facilities not well maintained.....	10
l.	Lack of scenic beauty	11

19. How did you find out about the walking trail?

[Please read as prompts]

a.	friend	1
b.	family member/relative	2
c.	Heart Health Coalition.....	3
d.	Newspaper	4
e.	Happened to see it one day	5
f.	Other	6

[Do not read]

Don't know/Not sure.....	777
Refused.....	999

If the respondent answered 2 for question 17, go to 23

20. How do you get to the trail?

[Read only as prompts]

a.	Walk	1
b.	Drive yourself.....	2
c.	Someone drives you	3
d.	Bicycle.....	4
e.	Other	5

21. Do you depend on someone else to take you to the trail?

a.	Yes	1
b.	No.....	2

[Do not read]

Don't Know/Not sure.....	777
Refused	999

22. How many miles do you travel to get to the trail?

a.	miles	_____
----	-------------	-------

[Do not read]

Don't Know/ Not sure	777
Refused.....	999

[NOTE: For Questions 23 – 26, please use the following algorithm for “Insert response from 14”:

IF Question 14 = 1 THEN “walking or jogging trail”
 ELSE IF Question 14 = 2 THEN “neighborhood streets”
 ELSE IF Question 14= 3 THEN “park”
 ELSE IF Question 14 = 4 THEN “shopping mall”
 ELSE IF Question 14 = 5 THEN “gym or fitness center track”
 ELSE IF Question 14 = 6 THEN “treadmill”
 ELSE “place where you exercise”]

23.	How often do you usually use the [Insert response from 14] for [insert response from 12, 13 or 4]	
	a. Times per day	[1] __ __
	b. Times per week	[2] __ __
	c. Times per month	[3] __ __
	Don't know/not sure.....	777
	Refused.....	999

24.	How safe do you feel while you are [Insert response from 12, 13 or 4]ing? Would you say:	
	[Please read]	
	a. Extremely safe [Go to 26].....	1
	b. Quite safe [Go to 26].....	2
	c. Slightly Safe	3
	or	
	d. Not at all safe	4
	[Do not read]	
	Don't know/Not sure [Go to 26].....	777
	Refused [Go to 26].....	999

[NOTE: For Question 25, please use the following algorithm for “Insert response from 24”:

IF Question 24 = 3 THEN “only slightly safe”
 ELSE IF Question 24= 4 THEN “not at all safe”]

25.	Why do you feel [Insert response from 24]?	
	[Read only as prompts]	
	a. Poor lighting.....	1
	b. Poor path conditions.....	2
	c. Unattended animals	3
	d. Fear of other people.....	4

e. Other (specify):5

[Do not read]

Don't know/not sure777

Refused999

26. What do you like most about the place where you **[Insert response from 12, 13 or 4]**?

[Read only as prompts.]

a. Free place to exercise1

b. Fitness stations available2

c. Distances are marked.....3

d. Location/convenience.....4

e. Trail design.....5

f. Scenic beauty.....6

g. Safe surface7

h. Lighting8

i. Other people exercising.....9

j. Parking10

k. No crowds11

l. Other (specify):12

[Do not read]

Don't know/Not sure777

Refused999

27. What do you like least about the place where you **[Insert response from 12, 13 or 4]**?

[Read only as prompts.]

a. Fitness stations not available1

b. Distances are not marked2

c. Poor location/inconvenient.....3

d. Trail design.....4

e. Unappealing5

f. Unsafe surface6

g. Poor lighting.....7

h. Other people exercising.....8

i. No parking.....9

j. Crowds10

k. Restrooms are either dirty or locked (Lack of clean restrooms)11

l. No benches12

- m. Unattended animals 13
- n. Fear of crime from other people 14
- o. Other (specify): _____ 15
- p. I like everything about the place. 16

[Do not read]

- Don't know/Not sure 777
- Refused 999

28. Has the amount that you **[Insert response from 12, 13 or 4]** changed since you began using the **[Insert response from 14]**?

- a. Yes 1
- b. No **[Go to 30]** 2

[Do not read]

- Don't know/not sure **[Go to 30]** 777
- Refused **[Go to 30]** 999

29. Are you **[Insert response from 12,13 or 4]**ing _____ since you began using the **[Insert response from 14]**?

- a. More 1
- b. Less 2

or

[Do not read]

- Don't know/Not sure 777
- Refused 999

30. What is your main reason for exercising?

[Read only as prompts]

- a. To look better 1
- b. To lose weight 2
- c. General health purposes 3
- d. Personal fitness plan 4
- e. Physician/health care provider recommendation 5
- f. Relaxation 6
- g. Enjoyment 7
- h. To feel better 8
- i. To walk pet 9
- i. To get from one place to another 10

j.	To meet people.....	11
k.	To spend time with friends.....	12
l.	Other.....	13

[Do not read]

Don't know/Not sure.....	777
Refused.....	999

Section A-1. Physical Activity Stages

The next few questions have to do with regular walking. By “regular,” I mean walking **5 or more days per week for 30 minutes**. This can be done at 3 different times for 10 minutes each throughout your day. And for these next questions, “walking” refers to brisk walking, or walking at a level that **increases your breathing rate or causes you to break a sweat**.

31. Do you WALK REGULARLY?

a.	Yes [Go to 32].....	1
b.	No [Go to 33].....	2

[Do not read]

Don't know/Not sure.....	777
Refused.....	999

32. How long have you been WALKING REGULARLY?

[Please read]

a.	For less than 6 months [Go to 34].....	1
b.	For more than 6 months [Go to 34].....	2

[Do not read]

Don't know/Not sure [Go to 34].....	777
Refused [Go to 34].....	999

33. **[If respondent answered 14 to Question 12, ask the following:]** Now, I'd like to ask you a question about regular walking. By “regular,” I mean walking **5 or more days per week for 30 minutes**. This can be done at 3 different times for 10 minutes each throughout your day. And for these next questions, “walking” refers to brisk walking, or walking at a level that **increases your breathing rate or causes you to break a sweat**. Will you ever consider WALKING REGULARLY?

[Otherwise, ask the following:] Will you ever consider WALKING REGULARLY?

[Please read.]

a.	Yes, in the next 30 days.....	1
b.	Maybe, in the next 6 months.....	2
c.	Cannot, in the next 6 months.....	3
d.	No, never.....	4

[Do not read]

Don't know/Not sure.....	777
Refused	999

Section A-2. Walking Assessment

We all walk as part of our daily activities. Thinking about this past week.

34. How many total **minutes** did you do each type of walking this past week?
- a. All walking to and /or from work and school.....
 - b. Walking during breaks and/or lunch time at work and school.....
 - c. Walking as part of errands performed outside your yard and household.....
 - d. Walking for exercise.....
35. About how many days in the past week did you walk for exercise?
- a. none **[Go to 38]**.....
 - b. 1 day.....
 - c. 2 days.....
 - d. 3 days.....
 - e. 4 days.....
 - f. 5 days.....
 - g. 6 days.....
 - h. 7 days.....

[Do not read]

Don't Know/Not sure.....	777
Refused	999

36. About how many minutes did you walk for exercise each time in the past week?
- a. I did not walk for exercise last week.....
 - b. less than 10 minutes at a time.....
 - c. 10-20 minutes.....
 - d. 20-30 minutes.....
 - e. 30-40 minutes.....
 - f. 40-50 minutes.....
 - g. 50-60 minutes.....
 - h. more than 60 minutes at a time.....

[Do not read]

Don't Know/Not sure.....777
Refused.....999

37. What is the total number of minutes in the past week that you walked for exercise?

- a. none.....1
- b. less than 15 minutes.....2
- c. 15-30 minutes.....3
- d. 30-45 minutes.....4
- e. 45-60 minutes.....5
- f. 60-90 minutes.....6
- g. 90-150 minutes.....7
- h. 150-300 minutes.....8
- i. 300 or more minutes.....9

Section A-3. Barriers

38. I am going to read you some things that interfere with or prevent you from exercising or being physically active. For each one, tell me how often it interferes or prevents you from exercising or being physically active.

[Please read]

	Never	Rarely	Some times	Often	Very Often	Don't know Not sure	Re-fused
Others discourage me.	1	2	3	4	5	777	999
I am self-conscious about my looks.	1	2	3	4	5	777	999
I am afraid of injury.	1	2	3	4	5	777	999
I don't have time.	1	2	3	4	5	777	999
I am too tired.	1	2	3	4	5	777	999
I don't have a safe place to exercise.	1	2	3	4	5	777	999
I have no child-care assistance.	1	2	3	4	5	777	999
The weather is bad.	1	2	3	4	5	777	999
I am not in good health.	1	2	3	4	5	777	999
I don't have the energy to exercise.	1	2	3	4	5	777	999
I get plenty of exercise at my job.	1	2	3	4	5	777	999
I don't have the motivation to exercise.	1	2	3	4	5	777	999
I don't like to exercise.	1	2	3	4	5	777	999
I have no one to exercise with	1	2	3	4	5	777	999

39. Please indicate which of the following best applies to you and your neighborhood

	strongly disagree	somewhat disagree	somewhat agree	strongly agree
Infrastructure for walking and cycling				
a. There are sidewalks on most of the streets in my neighborhood.	1	2	3	4
b. The sidewalks in my neighborhood are well maintained (consider cracks and evenness)	1	2	3	4
c. There are bicycle or walking trails in or near my neighborhood that are easily accessible.	1	2	3	4
d. The streets in my neighborhood are hilly making my neighborhood difficult to walk in.	1	2	3	4
Neighborhood surroundings				
e. There are many attractive natural sites in my neighborhood (such as landscaping, views)	1	2	3	4
Neighborhood safety				
f. 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
g. Most drivers exceed the posted speed limits while driving in my neighborhood.	1	2	3	4
h. My neighborhood streets are well lit at night	1	2	3	4
i. The crime rate in my neighborhood makes it unsafe to go on walks during the day	1	2	3	4
j. The crime rate in my neighborhood makes it unsafe to go on walks at night	1	2	3	4
k. When walking in my neighborhood there are a lot of exhaust fumes (such as from cars, buses or factories)	1	2	3	4

- | | | | | | |
|----|---|---|---|---|---|
| i. | There are many unattended dogs in my neighborhood | 1 | 2 | 3 | 4 |
| j. | I see a lot of people walking and biking in my neighborhood | 1 | 2 | 3 | 4 |

Section A-4. Social Assets

[NOTE: Ask Questions 40 – 41 only if respondent answered 1, 2, 3, or 4 to Questions 12 or 13, or if the respondent answered 1-7 to Question 4. Otherwise, go to Question 42.]

40. Do you usually exercise:
- | | | |
|---------------|---------------------------|-----|
| a. | Alone [Go to 42] | 1 |
| or | | |
| b. | With someone..... | 2 |
| [Do not read] | | |
| | Don't know/Not sure | 777 |
| | Refused..... | 999 |

41. With whom do you exercise most of the time?
- [Read only as prompts]**
- | | | |
|----------------------|--------------------------------------|-----|
| a. | Friends..... | 1 |
| b. | Neighbors | 2 |
| c. | Club or class | 3 |
| d. | Spouse/partner..... | 4 |
| e. | Children..... | 5 |
| f. | Pets | 6 |
| g. | Other family members/relatives | 7 |
| h. | Other (specify):..... | 8 |
| [Do not read] | | |
| | Don't know/Not sure | 777 |
| | Refused..... | 999 |

How true are the following statements?

42. If you needed assistance getting a ride to either an exercise class or a place to exercise (for example: walking trail or shopping mall), people in your neighborhood would help. Would you say that this statement is:

[Please read]

a.	Not at all true.....	1
b.	Somewhat true.....	2
c.	True	3
or		
d.	Very true.....	4
[Do not read]		
	Don't know/Not sure.....	777
	Refused.....	999

43. A lot of people in your neighborhood are physically active. Would you say that this statement is:

[Please read]

a.	Not at all true.....	1
b.	Somewhat true.....	2
c.	True	3
or		
d.	Very true.....	4
[Do not read]		
	Don't know/Not sure.....	777
	Refused.....	999

44. Where do you get most of your information about exercise?

[Read only as prompts.]

a.	Friend.....	1
b.	Coworker.....	2
c.	Family member/relative.....	3
d.	Employer.....	4
e.	Neighbor.....	5
f.	Fitness trainer or instructor.....	6
g.	Doctor.....	7
h.	Other health professional.....	8
i.	Magazine/newspaper.....	9
j.	Health literature (e.g., pamphlets, books).....	10
k.	Local health agency.....	11
l.	A health coalition.....	12
m.	Minister/clergy.....	13
n.	Television.....	14

o.	Radio	15
p.	Computer web sites	16
q.	Other (specify): _____	17
r.	None	18

[Do not read]

Don't know/Not sure	777
Refused	999

Only ask questions 45, 46 & 47 in the following zipcodes: 63877, 63830, 63851, 63857, 63863, 63801 otherwise go to 48.

For question 45 and 46, please use the following algorithm for “_____”:

IF zipcode = 63877, 63830 or 63851 THEN “Pemiscot”

IF zipcode= 63857 or 63863 THEN “Dunklin”

IF zipcode= 63801 THEN “Scott”

45.	Have you heard of the _____ County Heart Health Coalition	
a.	Yes	1
b.	No [Go to 48]	2

[Do not read]

Don't know/Not sure	777
Refused	

46.	Have you attended a _____ County Heart Health Coalition activity?	
a.	Yes.....	1
b.	No [Go to 48]	2

[Do not read]

Don't know/not sure	777
Refused.....	999

47. What type of activity/activities did you attend?

[Read only as prompts]

a.	Walking club	1
b.	Exercise class	2
c.	High blood pressure Sunday Sermon	3
d.	Blood pressure, cholesterol or diabetes screening.....	4
e.	Cooking demonstration	5
f.	Monthly meeting	6

g. Other7

[Do not read]

Don't know/ Not sure777

Refused999

Please indicate the degree to which you agree with the following statements.

48. If you had someone like a friend or family member to exercise with, chances are that you would exercise more. Do you:

[Please read.]

a. Strongly Agree1

b. Agree2

c. Disagree3

or

d. Strongly Disagree4

[Do not read.]

Don't know/Not sure777

Refused999

49. Your friends encourage you to exercise. Do you:

[Please read.]

a. Strongly Agree1

b. Agree2

c. Disagree3

or

d. Strongly Disagree4

[Do not read.]

Don't know/Not sure777

Refused999

50. You have at least one friend who would commit to exercise with you. Do you:

[Please read.]

a. Strongly Agree1

b. Agree2

c. Disagree3

or

d. Strongly Disagree4

[Do not read.]

Don't know/Not sure.....	777
Refused.....	999

51. Relatives encourage you to exercise. Do you:

[Please read.]

a. Strongly Agree	1
b. Agree.....	2
c. Disagree	3

or

d. Strongly Disagree.....	4
---------------------------	---

[Do not read.]

Don't know/Not sure.....	777
Refused.....	999

52. You have at least one relative who would commit to exercise with you. Do you:

[Please read.]

a. Strongly Agree	1
b. Agree.....	2
c. Disagree	3

or

d. Strongly Disagree.....	4
---------------------------	---

[Do not read.]

Don't know/Not sure.....	777
Refused.....	999

Section A-5. Self efficacy

53. Could you stick to your exercise program when other responsibilities or obligations such as family, work and friends are demanding more time from you?

[Please read]

a. Sure I could not do it.....	1
b. Maybe I could not do it	2
c. Maybe I could do it	3
d. Sure I could do it.....	4
e. Does not apply.....	5

[Do not read]

Don't know/Not sure.....	777
Refused.....	999

54. Could you stick to your exercise program if you are tired?

[Please read]

- a. Sure I could not do it 1
- b. Maybe I could not do it 2
- c. Maybe I could do it 3
- d. Sure I could do it 4
- e. Does not apply 5

[Do not read]

- Don't know/Not sure 777
- Refused 999

55. Could you set aside time for a physical activity program for at least 30 minutes at a time 5 times per week?

[Please read]

- a. Sure I could not do it 1
- b. Maybe I could not do it 2
- c. Maybe I could do it 3
- d. Sure I could do it 4

[Do not read]

- Does not apply 5
- Don't know/Not sure 777
- Refused 999

56. Could you continue to exercise with others even though they seem too fast or too slow for you?

[Please read]

- a. Sure I could not do it 1
- b. Maybe I could not do it 2
- c. Maybe I could do it 3
- d. Sure I could do it 4
- e. Does not apply 5

[Do not read]

- Don't know/Not sure 777
- Refused 999

57. Please indicate if you agree with the following statements on a scale of strongly agree, agree, disagree, strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Refused
a. Most people in your neighborhood would try to take advantage of you if they got a chance.	1	2	3	4	777	999
b. Most of the time people in your neighborhood try to be helpful.	1	2	3	4	777	999
c. People in your neighborhood are willing to help their neighbors.	1	2	3	4	777	999
d. You live in a close-knit neighborhood.	1	2	3	4	777	999
e. People in your neighborhood generally get along with each other.	1	2	3	4	777	999
f. In the past 12 months, your neighborhood has done something to solve a problem or to address an issue that was of concern to people in the neighborhood.	1	2	3	4	777	999
g. Your neighbors can be counted on to help in various ways if someone is destructive to a nearby place where people exercise (for example a park, walking trail or recreation center)	1	2	3	4	777	999
h. Your neighbors can be counted on to help in various ways if someone is disrespectful to a person exercising in your neighborhood.	1	2	3	4	777	999
i. Your neighbors can be counted on to help in various ways if someone is physically threatened or injured while exercising in your neighborhood.	1	2	3	4	777	999
j. Your neighborhood is a good place for kids to grow up and thrive.	1	2	3	4	777	999
k. Your neighborhood is a good place for you to live.	1	2	3	4	777	999
l. It is very important to you to live in this particular neighborhood.	1	2	3	4	777	999
m. You expect to live in this neighborhood for a long time.	1	2	3	4	777	999
n. You feel at home in this neighborhood.	1	2	3	4	777	999
o. People in your neighborhood share the same values.	1	2	3	4	777	999
p. You and your neighbors want the same things from this neighborhood.	1	2	3	4	777	999
q. Most people in your neighborhood can be trusted.	1	2	3	4	777	999

58. Do you belong to any neighborhood or community organizations such as block clubs, parent teacher associations, etc?

a. Yes.....1

b.	No	2
[Do not read]		
	Don't know/Not sure	777
	Refused	999

59.	Do you get together with any social clubs or coalitions for activities such as music, playing cards, sports or other hobbies?	
a.	Yes	1
b.	No	2

[Do not read]		
	Don't know/Not sure	777
	Refused	999

60.	Do you belong to any religious organizations?	
a.	Yes	1
b.	No	2

[Do not read]		
	Don't know/Not sure	777
	Refused	999

If the respondent answered 1 to either questions 58, 59 or 60 then ask questions 60a & 60b. Otherwise go to 61

60a.	Do you spend time in these organizations talking about health related behaviors like smoking, eating or exercise?	
a.	Yes	1
b.	No	2

[Do not read]		
	Don't know/Not sure	777
	Refused	999

60b.	Have you made any changes in your health behaviors as a result of comments made or programs held through these organizations?	
a.	Yes	1
b.	No	2

[Do not read]

Don't know/Not sure777
Refused.....999

61. How safe from crime do you consider your neighborhood to be? Is it:

[Please read]

a. Extremely safe 1
b. Quite safe.....2
c. Slightly safe.....3
or
d. No at all safe.....4

[Do not read]

Don't know/Not sure777
Refused.....999

Section A-7. Policy Attitudes/Access

62. Do you think local employers should provide time during the work day for employees to exercise?

a. Yes 1
b. No.....2

[Do not read]

Don't know/Not sure.....777
Refused999

[If respondent answered 1, 2 or 3 to Question 2, go to Question 63. Otherwise, go to Question 66.]

63. Does your workplace provide support or incentives for you to exercise?

a. Yes 1
b. No.....2

[Do not read]

Don't know/Not sure.....777
Refused999

[If respondent answered 1 to Question 63, go to Question 64. Otherwise, go to Question 65.]

64. What types of support or incentives does your workplace provide?

[Read only as prompts. Check all that apply.]

- a. Time or breaks during the work day for exercise 1
- b. Facilities to exercise (e.g., gym, trail, locker room, shower).....2
- c. Equipment for exercise (e.g., treadmill, cycle, weights).....3
- d. Offers personal services (e.g., fitness test, counseling)4
- e. Offers group services (e.g., exercise classes, health fair)5
- f. Provides resource materials (e.g., brochures, posters, videos)6
- g. Subsidizes health club memberships7
- h. Sponsors sports teams8
- i. Offers reduced health insurance premiums for active employees9
- j. Provides other monetary incentives for exercise10
- k. Other (specify):_____11

65. Does your workplace have safe stairways that employees can use?

[Read only as prompts]

- a. Yes 1
- b. No safe stairways for employees to use.....2
- c. No stairs at all.3

[Do not read]

- Don't know/Not sure.....777
- Refused999

66. Do you think local schools should require physical education for all students?

- a. Yes 1
- b. No.....2

[Do not read]

- Don't know/Not sure.....777
- Refused999

67. Do you think local government funds should be spent to build and maintain places where people can exercise such as:

	Yes	No	Don't Know /Not Sure	Refused
Walking/jogging trails	1	2	777	999
Swimming pools	1	2	777	999
Recreation centers	1	2	777	999
Bicycle paths	1	2	777	999

68. Do you think zoning regulations should include walking or bike paths to promote exercise?

- a. Yes 1
- b. No..... 2

[Do not read]

- Don't know/Not sure..... 777
- Refused..... 999

Section B. Sedentary Behaviors

69. In a usual week, how many hours do you spend watching television, reading, or playing TV video games or doing nothing while sitting or lying down?

[Round up fractions.]

- Hours per week..... — —
- None 888

[Do not read]

- Don't know/Not sure 777
- Refused..... 999

70. In a usual week, how many hours do you spend using a computer while not at work or at school?

[Round up fractions.]

- Hours per week..... — —
- None 888

[Do not read]

- Don't know/Not sure 777
- Refused..... 999

Section C. Tobacco Use

Now I'd like to ask a few questions about cigarette smoking...

71. Have you smoked at least 100 cigarettes in your entire life?

**5 packs =
100 cigarettes**

- a. Yes 1
- b. No: **[Go to 74]**..... 2

[Do not read]

- Don't know/Not sure **[Go to 74]**..... 777
- Refused **[Go to 74]** 999

72. Do you smoke cigarettes now?

- a. Yes 1
- b. No **[Go to 74]**..... 2

[Do not read]

Don't know/Not sure [Go to 74]	777
Refused [Go to 74]	999

73. On the average, about how many cigarettes a day do you now smoke?
1 pack = 20 cigarettes

a. Number of cigarettes	_____
b. Don't smoke regularly	888

[Do not read]

Don't know/Not sure	777
Refused	999

74. When you are at home, are you exposed to smoke from other people's cigarettes, pipes, or cigars?

a. Yes	1
b. No	2

[Do not read]

Don't know/Not sure	777
Refused	999

[If respondent answered 1, 2, or 3 to Question 2, go to 75. Otherwise, go to 76]

75. When you are at work, are you exposed to the smoke from other people's cigarettes, pipes, or cigars?

a. Yes	1
b. No	2

[Do not read]

Don't know/Not sure	777
Refused	999

Section D. Eating Habits

The next few questions are about your eating habits...

76. A serving of vegetables is a half cup of any vegetable (not including potatoes) or 1 cup of salad greens. In the past month, how many average daily servings of vegetables did you usually eat?

a. Enter servings per day	_____
b. Never	888

[Do not read]

Don't know/Not sure	777
Refused	999

77. A serving of fruit is defined as one piece of fruit or 6 ounces of 100% fruit juice. In the past month, about how many average daily servings of fruit did you eat, including 100% juices?

- a. Enter servings per day.....
- b. None.....888

[Do not read]

- Don't know/Not sure.....777
- Refused.....999

78. Would you say your diet is high, medium, or low in fat?

- a. High.....1
- b. Medium.....2
- c. Low.....3

[Do not read]

- Don't know/Not sure.....777
- Refused.....999

Section E. Preventive Health Practices

The next questions are about your personal health and the availability of medical care in your area.

79. Have you ever been told by a doctor (or other health professional) that you have any of the following?

	Yes	No	Don't Know /Not Sure	Refused
[Please read.]				
a. Arthritis	1	2	777	999
b. Diabetes	1	2	777	999
c. Hypertension/High blood pressure	1	2	777	999
d. High blood cholesterol	1	2	777	999
e. Heart disease	1	2	777	999
f. Cancer	1	2	777	999
g. Chronic lung disease (asthma, emphysema, or chronic bronchitis)	1	2	777	999
h. Depression	1	2	777	999

80. Do you have a doctor whom you see for regular health care?

- a. Yes.....1
- b. No, but I see another health professional.....2
- c. No **[Go to 83]**.....3

[Do not read]

- Don't know/Not sure.....777
- Refused.....999

81. In a usual year, how often do you see this person?
 Number of times per year _____
[Do not read]
 Don't know/Not sure.....777
 Refused.....999

82. Have you seen this person in the last year?
 a. Yes 1
 b. No.....2
[Do not read]
 Don't Know/Not sure.....777
 Refused.....999

83. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?
 a. Yes 1
 b. More than one place **[Go to 85]** 2
 c. No **[Go to 85]** 3
[Do not read]
 Don't know/Not sure **[Go to 85]**.....777
 Refused **[Go to 85]**.....999

84. In a usual year, how often do visit this place?
 a. Number of times per year _____
[Do not read]
 Don't know/Not sure.....777
 Refused.....999

Section E-1. Preventive Counseling

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

85. Have you **been advised within the last year** by a doctor or other health professional to:

	Yes	No	Don't Know /Not Sure	Refused
[Please read.]				
a. Exercise more?	1	2	777	999

b.	Eat more fruits and vegetables?	1	2	777	999
c.	Reduce your weight?	1	2	777	999
d.	Reduce the amount of fat in your diet?	1	2	777	999
e.	Reduce stress?	1	2	777	999

[If respondent answered 1 to Question 72, go to 85f. Otherwise, go to Question 86.]

f.	Quit smoking?	1	2	777	999
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[If respondent answered 1 to Question 85a go to Question 86 Otherwise, go to Question 102.]

86.	Has your doctor or health care provider advised you to start or continue walking ?				
a.	Yes				1
b.	No [Go to 88]				2

[Do not read]

Don't know/Not sure.....	777
Refused	999

87.	How much time did your doctor or health provider spend talking about walking?				
a.	Minutes				___

[Do not read]

Don't Know/ Not sure.....	777
Refused	999

88.	Has your doctor or health care provider helped you to develop a plan to increase your exercise?				
a.	Yes				1
b.	No.....				2

[Do not read]

Don't know/Not sure.....	777
Refused	999

89.	Did you ask your physician about physical activity and walking?				
a.	Yes				1
b.	No.....				2

[Do not read]

Don't know/Not sure.....	777
Refused	999

90. Has your doctor or health care provider followed up with you at subsequent visits to see how you were doing with increasing your exercise?
- a. Yes 1
 - b. No 2

[Do not read]

- Don't know/Not sure 777
- Refused 999

91. Did you receive PACE (Physician-Based Assessment and Counseling for Exercise) materials from your doctor or health care provider?
- a. Yes 1
 - b. No 2

[Do not read]

- Don't Know/Not sure 777
- Refused 999

[If respondent answered 1 to 85 a, b, c, d, e or f, go to Question 92. Otherwise, go to Question 93.]

92. Was the health care provider who gave you advice a woman or a man?
- a. Woman 1
 - b. Man 2

[Do not read]

- Don't know/Not sure 777
- Refused 999

Section F: Religiosity

93. Which of the following best describes the religion you practice/identify with?

[Do not read.]

- a. Christianity (choose one of the following)
 - a.1. Catholic 1
 - a.2. Baptist 2
 - a.3. United Methodist 3
 - a.4. Presbyterian 4
 - a.5. Lutheran 5
 - a.6. Other (specify): _____ 6
- b. Judaism 7
- c. Islam 8
- d. Buddhism 9
- e. Hinduism 10
- f. Agnosticism 11
- g. Atheism 12

h.	Other (specify):	13
i.	None [Go to 98]	14
	Don't know/Not sure [Go to 98]777
	Refused [Go to 98]999

94. How often do you attend religious services?

[Read only as prompts]

a.	Never [Go to 98]	1
b.	Once a year or less	2
c.	A few times a year	3
d.	A few times a month	4
e.	Once a week	5
f.	More than once a week	6

[Do not read]

	Don't know/Not sure777
	Refused999

95. Have you been advised by your church leader to start or continue walking or exercise?

a.	Yes	1
b.	No	2

[Do not read]

	Don't know/Not sure777
	Refused999

96. Does your church, temple or synagogue sponsor any exercise or walking programs?

a.	Yes	1
b.	No [Go to 98]	2

[Do not read]

	Don't know/Not sure [Go to 98]777
	Refused [Go to 98]999

97. Which of these programs does your church, temple or synagogue sponsor?

a.	Walking clubs	1
b.	Group exercise clubs	2
c.	Exercise reward programs	3
d.	Others	4

Section G. Sociodemographic and Other Factors

98. What is your age?

Enter age in years — —

[Do not read]

Don't know/Not sure.....777

Refused.....999

99. Are you:

a. Male1

or

b. Female.....2

100. Are you:

[Please read.]

a. Married1

b. A member of an unmarried couple.....2

d. Divorced3

e. Widowed.....4

f. Separated5

or

g. Never been married6

[Do not read.]

Don't know/Not sure.....777

Refused.....999

[If respondent answered 2 to 99, go to Question 101. Otherwise, go to Question 102.]

101. To your knowledge, are you now pregnant?

a. Yes1

b. No.....2

[Do not read]

Don't know/Not sure.....777

Refused.....999

102. How many children live in your household who are

[Please read.]

a. Less than 5 years old..... —

- b. 5 through 12 years old.....
- c. 13 through 17 years old.....
- d. None.....888

[Do not read]

- Don't know/Not sure.....777
- Refused.....999

103. Are you **currently** taking care of a sick or frail older relative or friend on a regular basis? Meaning on a **daily or weekly basis** helping the person with their personal care needs such as eating, dressing, or getting around the house, or with routine needs such as household chores, shopping, or business transactions.

- a. Yes1
- b. No[Go to 106].....2

[Do not read]

- Don't know/ Not sure[Go to 106].....777
- Refused [Go to 106]999

104. Approximately **how long** have you been caring for this person on a regular basis?

- a. Enter Months.....
- OR
- b. Enter Years.....

[Do not read]

- Don't know/Not sure.....777
- Refused.....

999

105. Where does this person live?

- a. In your home1
- b. In someone else's home.....2
- c. In a nursing or care facility2
- d. Other.....3

[Do not read]

- Don't know/Not sure.....777
- Refused.....999

106. Do you have more than one telephone number in your household?

- a. Yes1
- b. No [Go to108].....2

[Do not read]

Don't know/Not sure **[Go to 108]**777
Refused **[Go to 108]**999

107. How many residential telephone numbers do you have?

- a. Enter number —

[Do not read]

Don't know/Not sure777
Refused999

108. What is your zip code?

— — — — —

Don't know/Not sure777
Refused999

109. How long have you lived at your present address?

- a. Less than a year 1
b. Between 1 and 5 years 2
c. More than 5 years 3

[Do not read]

Don't know/ Not sure777
Refused999

110. Which of the following categories best describes your annual household income from all sources?

[Please read.]

- a. Less than \$ 5,000 1
b. \$ 5,000 to less than \$10,000 2
c. \$10,000 to less than \$15,000 3
d. \$15,000 to less than \$20,000 4
e. \$20,000 to less than \$25,000 5
f. \$25,000 to less than \$35,000 6
g. \$35,000 to less than \$50,000 7
h. \$50,000 to \$75,000 8

or

- i. Over 75,000 9

[Do not read.]

Don't know/Not sure777

Refused999

111. What is the highest grade or year of school you completed?

[Read only as prompts.]

- a. Eighth grade or less 1
- b. Some high school 2
- c. High school or GED certificate 3
- d. Some technical school 4
- e. Some college 5
- f. College graduate 6
- g. Post grad or professional degree 7

[Do not read]

Don't know/Not sure 777
Refused 999

112. What is your race? Would you say:

[Please read.]

- a. White 1
- b. Black/African-American 2
- c. Asian, Pacific Islander 3
- d. American Indian, Alaskan Native 4

or

- e. Other (specify): _____ 5

[Do not read.]

Don't know/Not sure 777
Refused 999

113. Are you of Hispanic origin, such as Mexican American, Latin American, Puerto Rican, or Cuban?

- a. Yes (specify group: _____) 1
 - b. No 2
- Don't know/Not sure 777
Refused 999

114. About how much do you weigh without shoes?

Weight in pounds
Don't know/Not sure 777
Refused 999

115. About how tall are you without shoes?

Height (ft./in.) _/____
Don't know/Not sure.....777
Refused999

116. We may wish to contact you for a shorter follow up interview in about a year from now. May we include you in this follow up?

[Only ask 117 if the respondent answers yes to 116]

In order to assist with follow up we need the following information.

117. a. What is your name and address?
b. What are the names and telephone numbers of two women that you keep in contact with (mother, grandmother, aunt, daughter)?

CLOSING STATEMENT

That's my last question. Everyone's answers will be combined to give us information about health practices of people.

Thank you very much for your time and cooperation.

EXAMPLE

