

Telephone Questionnaire
Physical Activity and Activity Friendliness of Missouri Ozark Region

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Hello, I'm _____ and I'm calling for the Saint Louis University School of Public Health and the National Institutes of Health. We are doing a study of the health practices of people in Missouri, Tennessee and Arkansas. You will receive a \$10.00 Wal-mart gift card for your time. Previously, your phone number was chosen randomly to be included in the study, and now we'd like you to complete the last interview.

The interview will take about 20 minutes. We will try to get through the questions as quickly as possible. Saint Louis University is receiving support from National Institutes of Health to assist in conducting this research study. We are expecting about 1500 people to participate in the telephone interview.

Your participation is completely voluntary. You have the right to refuse to be interviewed or to refuse to answer any question. There are no risks to you if you choose to participate. 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** to the extent allowed by law. A code number will be the only link between your responses and your name, and your name will not be linked directly to your responses. If you have questions about this research please contact Sarah Lovegreen at 1-800-782-6769.

Let's begin ...

RLS 1.1 Have you moved since <<insert date follow-up 1 survey was completed>>?

- Yes (continue with RLS 1.2) 1
- No 2

RLS 1.2 When did you move?.....___ ___/___ ___/___ ___ ___

[Interviewer Note: Participant can answer in month and year, or month, day and year.]

SECTION A: HEALTH

Section A-1. Perceived Health Status

A-1.1. Would you say that in general your health is:

[Please read.]

- Excellent 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5

OR

[Do not read.]

- Don't know/Not sure..... 7
- Refused 9

A-1.2 Are you currently:
[Please Read]
 Employed for wages 1
 Self-employed..... 2
 Out of work for more than 1 year 3
 Out of work for less than 1 year..... 4
 A Homemaker..... 5
 A Student 6
 Retired..... 7
OR
[Do not read]
 Unable to work..... 8
 Refused 9

SECTION B. PHYSICAL ACTIVITY

Section B-1. Physical Activity Assessment

B-1.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
 Yes 1
 No..... 2
[Do not read]
 Don't know/Not sure..... 7
 Refused..... 9

If “employed” or “self-employed” to Q A-1.2, continue. Otherwise go to Q B-1.3

B-1.2 When you are at work, which of the following best describes what you do? Would you say:
[Please Read]
[Interviewer Note: If respondent has multiple jobs, include all jobs.]
 Mostly sitting or standing 1
 Mostly walking 2
OR
 Mostly heavy labor or physically demanding work..... 3
[Do not read]
 Don't know/Not sure..... 7
 Refused 9

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

B-1.3 Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if “employed or self-employed” to Q A-1.2]** 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 small increases in breathing or heart rate?
 Yes 1
 No **Go to Q B-1.6** 2
[Do not read]
 Don't know/Not sure **Go to Q B-1.6** 7
 Refused **Go to Q B-1.6** 9

B-1.4 How many days per week do you do these moderate activities for at least 10 minutes at a time?

__ __ Days per week (range 00-07)

88 None/Do not do any moderate physical activity for at least 10 minutes at a time

[Go to Q B-1.6]

77 Don't know/Not sure

99 Refused

B-1.5 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination]

__ __ hours per day or __ __ minutes per day

777 Don't know/Not sure

999 Refused

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination.]

[Interviewer Note: Remember to only include times greater than 10 minutes.]

[Programmer Note: Hard range: Do not accept a response of <10 minutes.]

B-1.6 Now thinking about the vigorous physical activities you do **when you are not working**, 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?

Yes 1

No **Go to Q. B-1.9**2

[Do not read]

Don't know/Not sure **Go to Q. B-1.9**7

Refused **Go to Q. B-1.9**.....9

B-1.7 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

__ __ Days per week [Range 00-07]

88 Do not do any vigorous physical activity for at least 10 minutes at a time. **Go to Q. B-1.9**

77 Don't know/Not sure **Go to Q. B-1.9**

99 Refused **Go to Q. B-1.9**

B-1.8 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination]

__ __ hours per day or __ __ minutes per day

888 None

777 Don't know/Not sure

999 Refused

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination.]

[Interviewer Note: Remember to only include times greater than 10 minutes.]

[Programmer Note: Hard range: Do not accept a response of <10 minutes.]

For each of the next few questions, we will be asking you about both moderate and vigorous physical activity. Physical activity or exercise includes moderate activities such as walking briskly or any other activity where the exertion is as least as hard as this activity. Please respond to the following statements.

[Interviewer Clarification: For these questions we are interested in both moderate and vigorous activities as defined in earlier questions.]

[Interviewer Clarification: Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.]

B-1.9 I am currently **physically active**.

- Yes 1
- No..... 2
- [Do not read]**
- Don't know 7
- Refused 9

B-1.10 I intend to become more **physically active** in the next 6 months.

- Yes 1
- No..... 2
- [Do not read]**
- Don't know 7
- Refused 9

For activity to be **regular**, it must add up to a **total** of 30 minutes or more per day, and be done at least 5 days per week. For example, you could take one 30 minute walk, or take three 10 minute walks.

B-1.11 I currently engage in **regular physical activity**.

- Yes 1
- No **[Go to B-1.13]**..... 2
- [Do not read]**
- Don't know 7
- Refused 9

B-1.12 I have been regularly physically active for the past 6 months.

- Yes **[Go to B-1.14]** 1
- No..... 2
- [Do not read]**
- Don't know 7
- Refused 9
- [Interview probe: If respondent doesn't know ask "When did you start?" _____]**

B-1.13 In the past, I have been regularly physically active for a period of at least 3 months.

- Yes 1
- No..... 2
- [Do not read]**
- Don't know 7
- Refused 9

B-1.14 In the past 30 days, were you injured while you were exercising?

- Yes 1
- No **[Go to B-2.1]** 2
- [Do not read]**
- Don't know 7
- Refused 9

B-1.15 During the past 30 days, on how many occasions when you were exercising did you get injured severely enough that you stopped or reduced the amount of time you spent exercising?

- Enter days _____
- [Do not read]**
- Don't know 777
- Refused 999

B-1.16 During the past 30 days, on how many occasions when you were exercising were you injured severely enough that you went for medical care or missed one-half day or more of work, housework, or school?

- Enter days _____
- [Do not read]**
- Don't know 777
- Refused 999

Section B-2: Preventive Counseling

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

B-2.1 Do you have a doctor whom you see for regular health care?

- Yes 1
- No, but I see another health care provider 2
- No **[Go to B-2.3]**..... 3
- [Do not read]**
- Don't know/Not sure **[Go to B-2.3]**..... 7
- Refused**[Go to B-2.3]**..... 9

B-2.2 In a usual year, how often do you see this person?

- Number of times per year _____
- Less than once per year 555
- [Do not read]**
- Don't know/Not sure..... 777
- Refused 999

[Interviewer Note: If the respondent answers “never” enter 555]

B-2.3 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?

- Yes **[Go to B-2.4]** 1
- More than one place **[Go to B-2.5]** 2
- No **[Go to B-2.5]**..... 3
- [Do not read]**
- Don't know/Not sure **[Go to B-2.5]**..... 7
- Refused **[Go to B-2.5]**..... 9

B-2.4 In a usual year, how often do you visit this place?

- Number of times per year _____
- Less than once per year 555
- [Do Not Read]**
- Don't know/Not sure..... 777
- Refused 999

[Interviewer Note: If the respondent answers “never” enter 555]

B-2.5 In the past 12 months, have you seen a doctor or other health care provider?

- Yes 1
- No..... 2
- [Do not read]**
- Don't know/Not sure..... 7
- Refused 9

B-2.6 Have you **been advised within the last year** by a doctor or other health care provider to:

| [Please read.] | | Yes | No | Don't know/ Not sure | Refused |
|-----------------------|---|-----|----|----------------------|---------|
| a. | Eat more fruits and vegetables? | 1 | 2 | 7 | 9 |
| b. | Reduce your weight? | 1 | 2 | 7 | 9 |
| c. | Reduce the amount of fat in your diet? | 1 | 2 | 7 | 9 |
| d. | Exercise more? [if yes, go to B-2.7, if no, skip to C-1.1] | 1 | 2 | 7 | 9 |

B-2.7 Has your doctor or health care provider helped you to develop a plan to increase your exercise?

| | |
|--------------------------|---|
| Yes | 1 |
| No..... | 2 |
| [Do Not Read] | |
| Don't know/Not sure..... | 7 |
| Refused | 9 |

B-2.8 Has your doctor or health care provider followed up with you at subsequent visits to see how you were doing with increasing your exercise?

| | |
|--------------------------|---|
| Yes | 1 |
| No..... | 2 |
| [Do Not Read] | |
| Don't know/Not sure..... | 7 |
| Refused | 9 |

SECTION C: COMMUNITY ENVIRONMENT

At this time, I'd like to ask some questions about your community.

Although individuals define their “community” in many different ways, we are interested in the community as it refers to *the place in which you live*. This typically includes your neighborhood and the neighborhoods within a 10-minute walk from your home. We understand that you may visit other places or communities regularly but we are most interested in the community or place closest to your home.

Section C-1. Promotion

The first question has to do with *events or programs* in your community. These may be sponsored by a wide variety of institutions, organizations or groups located in or around your community, for example: coalitions, churches, the health department, or organizations such as the American Heart Association. For each item, please indicate “yes” if it has taken place *in your community* in the past year.

C-1.1 Have any of the following taken place in your community in the past year?

| | Yes | No | For Children Only | Don't Know/ Not Sure | Refused |
|--|-----|----|-------------------|----------------------|---------|
| a. Health fairs or seminars?..... | 1 | 2 | 3 | 7 | 9 |
| b. Organized physical activity events (for example, walks, runs)?..... | 1 | 2 | 3 | 7 | 9 |
| c. Clubs for physical activity (for example, walking, biking)?... | 1 | 2 | 3 | 7 | 9 |
| d. Sports leagues for adults or youth?..... | 1 | 2 | 3 | 7 | 9 |
| e. Other organized community recreational events (for example, community walking tour, community parade)?..... | 1 | 2 | 3 | 7 | 9 |

[Interviewer clarification: If the respondent replies “yes,” please ask if the event or programs are for adults, children, or both.]

[Interviewer clarification: If the respondent indicates that the event or program is only available to children, please indicate a “3” instead of a “1.”]

[Interviewer clarification: Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

The next questions have to do with *how frequently* you receive information about physical activity *in your community*. This information may include advertisements or promotions for community recreational facilities, programs, or general information about physical activity. We are interested in the physical activities that people do as part of their everyday lives. Think about the 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.

C-1.2 How frequently do you observe the following in your community?

| | Never | Rarely | Sometimes | Often | Don't Know/ Not Sure | Refused |
|---|-------|--------|-----------|-------|----------------------|---------|
| a. Billboards or signs that encourage you to be physically active?..... | 1 | 2 | 3 | 4 | 7 | 9 |
| b. Community newspaper articles or newsletters that encourage you to be physically active?..... | 1 | 2 | 3 | 4 | 7 | 9 |
| c. Other types of encouragement from the community (for example, local radio programs, local television advertisements)?..... | 1 | 2 | 3 | 4 | 7 | 9 |

[Interviewer clarification: Remember, this information may include advertisements or promotions for community recreational facilities, programs, or general information about physical activity.]

[Interviewer clarification: Think only about the information you receive in your community.]

[Interviewer clarification: Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

Proceed with Q. C-1.3 through C-1.6 ONLY if respondent is an intervention participant (DN, EL, MV, PB, PD, WP). Otherwise, go to C-1.7. If intervention respondent AND RLS 1.1 = 1 AND RLS 1.2 > 6 months from follow-up 1 interview, skip to C-1.7 (unless moved within intervention area).

C-1.3 Have you heard of Project WOW or Walk the Ozarks to Wellness?

Yes 1

No [Go to C-1.7] 2

[Do Not Read]

Don't Know/Not Sure 7

Refused 9

[Interviewer clarification: Project WOW is a program in your area that promotes exercise through walking and other activities at your local trail and in your community.]

C-1.4 Have you attended a Project WOW event?

Yes 1

No (Skip to C-1.6) 2

[Do Not Read]

Don't Know/Not Sure (Skip to C-1.6) 7

Refused (Skip to C-1.6) 9

C-1.5 What type of event or activity did you attend?

Walking club 1

Health fair 2

Exercise class 3

Fun walk or trail event 4

Monthly meetings 5

Health Screenings 6

Other: _____ 7

[Do Not Read]

Don't Know/Not Sure 77

Refused 99

C-1.6 Do you receive Project WOW monthly or bimonthly newsletters?

Yes 1

No 2

I used to receive them 5

[Do Not Read]

Don't Know/Not Sure 7

Refused 9

[Programmer Note: If RSL 1.1 = 2, skip C-1.7, continue with C-2.1.]

C-1.7 As you have moved since participating in the first part of the study, please identify which of the following reasons were responsible for your move. Did you moved because of...

| | Yes | No | Don't Know | Refused |
|---|-----|----|------------|---------|
| a. Change of job? | 1 | 2 | 7 | 9 |
| b. Graduated from school? | 1 | 2 | 7 | 9 |
| c. Retired? | 1 | 2 | 7 | 9 |
| d. Reduced traffic congestion? | 1 | 2 | 7 | 9 |
| e. Wanted a different type of house? | 1 | 2 | 7 | 9 |
| f. To get away from crime? | 1 | 2 | 7 | 9 |
| g. To be closer to shops and services? | 1 | 2 | 7 | 9 |
| h. To be closer to parks and open spaces? | 1 | 2 | 7 | 9 |

| | | | | |
|---|---|---|---|---|
| i. To be closer to friends and relatives? | 1 | 2 | 7 | 9 |
| j. To be closer to public transit (bus stop, rail station)? | 1 | 2 | 7 | 9 |
| k. To be closer to work? | 1 | 2 | 7 | 9 |
| l. Change of household size or structure (got married or separated, children left home, new child, parent moved in with you)? | 1 | 2 | 7 | 9 |
| m. To have improved handicapped access? | 1 | 2 | 7 | 9 |
| n. Other: (specify)_____? | 1 | 2 | 7 | 9 |

Section C-2. Facilities

The next few questions are about the *places* available to engage in physical activity *in your community*. These places may include local schools, community recreational centers or gyms, parks, and trails for walking and biking. In addition, this section includes questions about the physical activity *equipment* available such as a batting cage and basketball hoops at a park, or weight machines at the community recreational center.

C-2.1 Please indicate whether you agree with the following statements.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know | Refused |
|--|----------------|-------|----------|-------------------|------------|---------|
| a. There are many places to be physically active in my community not including streets for walking or jogging..... | 1 | 2 | 3 | 4 | 7 | 9 |
| b. There is equipment available for physical activity in my community..... | 1 | 2 | 3 | 4 | 7 | 9 |

[Interviewer clarification: After you read each statement, ask the participant “Do you strongly agree, agree, disagree, or strongly disagree?”]

[Interviewer clarification: Think only about the facilities in your community. Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

C-2.2. Thinking about how public money is spent on parks and other recreation facilities, which of the following statements is most accurate?

[Please read]

- My community almost always gets its fair share..... 1
- My community often gets its fair share 2
- My community seldom gets its fair share 3
- or My community never gets its fair share..... 4

[Do not read]

- Don't know/Not sure 7
- Refused 9

[Interviewer clarification: Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

C-2.3. How many minutes would it take you to *walk* from your home to the *nearest*...?

| | Minutes | Time > 60 Minutes | Don't Know/ Not Sure | Refused |
|---|---------|-------------------|----------------------|---------|
| a) Park? | _____ | 555 | 777 | 999 |
| b) Public recreation center, gym, or fitness facility? | _____ | 555 | 777 | 999 |
| c) Trail for walking or biking? | _____ | 555 | 777 | 999 |
| d) School that allows the public to use their facilities for physical activity? | _____ | 555 | 777 | 999 |

| | | | |
|---|-----|-----|-----|
| e) Public swimming pool not associated with the above facilities? | 555 | 777 | 999 |
| f) Fitness center, health club, YMCA, or any other facility that requires a membership? | 555 | 777 | 999 |
| g) Convenience/ Small grocery store? | 555 | 777 | 999 |
| h) Supermarket? | 555 | 777 | 999 |
| i) Post Office? | 555 | 777 | 999 |
| j) Library? | 555 | 777 | 999 |
| k) Elementary School? | 555 | 777 | 999 |
| l) School other than an elementary school? | 555 | 777 | 999 |
| m) Fast food restaurant? | 555 | 777 | 999 |
| n) Other restaurant? | | | |
| o) Pharmacy/drug store? | 555 | 777 | 999 |
| p) Salon/Barber shop? | 555 | 777 | 999 |
| q) Place of worship (ex: church, synagogue)? | 555 | 777 | 999 |

[Interviewer clarification: If the estimated time to get to the nearest facility is over an hour, please indicate “555” for the response.]

[Interviewer clarification: If the respondent does not have a religious preference, ask about the nearest religious institution in the last item.]

C-2.4 During the last 30 days, on how many *days* did you use the nearest...? **[Range: 00-30]**

| | Number Of Days | Don't Know/ Not Sure | No Days | Refused |
|--|----------------|----------------------|---------|---------|
| a. Park?..... | | 77 | 88 | 99 |
| b. Public recreation centers, gyms, or fitness facilities?..... | | 77 | 88 | 99 |
| c. Trail for walking or biking?..... | | 77 | 88 | 99 |
| d. School that allows the public to use their facility for physical activity?..... | | 77 | 88 | 99 |
| e. Public swimming pool not associated with the above facilities? | | 77 | 88 | 99 |
| f. Fitness center, health club, YMCA, or any other facility that requires a membership?..... | | 77 | 88 | 99 |

Section C-3. Land Use Environment

Now, I am going to ask you more questions about places *in your community*. Again, this refers to the places in your neighborhood and the neighborhoods within a 10-minute walk from your home.

C-3.1 Please indicate whether you agree with the following statement.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know | Refused |
|---|----------------|-------|----------|-------------------|------------|---------|
| a. There are many destinations (for example, a store, a workplace, a place of worship) to go within easy walking distance from my home..... | 1 | 2 | 3 | 4 | 7 | 9 |
| b. I often walk to places near my home..... | 1 | 2 | 3 | 4 | 7 | 9 |

[Interviewer clarification: After you read the statement, ask the participant “Do you strongly agree, agree, disagree, or strongly disagree?”]

[Interviewer clarification: Think only about the facilities in your community. Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

Section C-4. Transportation and Street-Scale Environment

I have a few more questions about facilities *in your community*. This set of questions has to do with *transportation facilities*. Transportation facilities include streets and highways for those traveling by automobile, sidewalks and trails for pedestrians, bike lanes and pathways for bicyclists, and buses or subways for those traveling by public transit. In this section, we are *only* interested in transportation facilities *for pedestrians, bicyclists, and those traveling by public transit*.

C-4.1 Please indicate whether you agree with the following statements.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know | Doesn't Apply | Refused |
|--|-------------------|-------|----------|----------------------|---------------|------------------|---------|
| a. There are sidewalks on most of the streets in my community..... | 1 | 2 | 3 | 4 | 7 | 8 | 9 |
| b. There are shoulders on the streets that allow for safe walking or biking..... | 1 | 2 | 3 | 4 | 7 | 8 | 9 |
| c. There are bike lanes on most of the streets in my community..... | 1 | 2 | 3 | 4 | 7 | 8 | 9 |

[Interviewer clarification: After you read the statement, ask the participant “Do you strongly agree, agree, disagree, or strongly disagree?”]

[Interviewer clarification: Think only about the facilities in your community. Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

C-4.2 Thinking about how public money is spent on transportation facilities for pedestrians, bicyclists, and those traveling by public transit, which of the following statements is most accurate?

[Please read]

- My community almost always gets its fair share 1
- My community often gets its fair share 2
- My community seldom gets its fair share 3
- or My community never gets its fair share..... 4

[Do not read]

- Don't know/Not sure 7
- Refused 9

[Interviewer clarification: Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

The next two questions have to do with safety in your community.

C-4.3 How safe from crime do you feel while you are walking or riding your bike in your community? Would you say:

[Please read]

- Extremely safe 1
- Quite safe 2
- Slightly safe 3
- or Not at all safe 4

[Do not read]

- Don't know/Not sure 7
- Refused 9

[Interviewer clarification: We are interested in the street you live on and the adjoining streets within a 10-minute walk from your home.]

- C-4.4 How safe from traffic do you feel while you are walking or riding your bike in your community? Would you say:
- [Please read]**
- Extremely safe 1
 - Quite safe 2
 - Slightly Safe..... 3
- or**
- [Do not read]**
- Not at all safe 4
 - Don't know/Not sure 7
 - Refused 9

[Interviewer clarification: We are interested in the street you live on and the adjoining streets within a 10-minute walk from your home.]

Section C-5. Organizational Environment

The following questions are about organizations *in your community*.

[Interviewer clarification: Community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.]

- C-5.1 Do you belong to any neighborhood or community organizations such as block clubs, parent teacher associations, volunteer service organizations, political or advocacy groups, etc.?
- Yes 1
 - No 2
- [Do not read]**
- Don't know/Not sure 7
 - Refused 9
- C-5.2 Have you gotten together with any social clubs or coalitions for activities such as music, playing cards, sports or other hobbies in the past year?
- Yes 1
 - No 2
- [Do not read]**
- Don't know/Not sure 7
 - Refused 9
- C-5.3 Do you belong to any religious institutions or organizations (for example, a church or other place of worship, a prayer group, or a religious society)?
- Yes 1
 - No 2
- [Do not read]**
- Don't know/Not sure 7
 - Refused 9

Section C-6. Aesthetics

Now I'm going to ask you questions about *your community environment*. Remember, your community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.

C-6.1 Overall, how would you rate your community as a place to be physically active? Would you say...

[Please read]

- Very pleasant 1
- Somewhat pleasant 2
- Not very pleasant 3
- Not at all pleasant 4

Or

[Do not read]

- Don't know/Not sure 7
- Refused 9

C-6.2 Please indicate whether you agree with the following statements.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know | Refused |
|--|-------------------|-------|----------|----------------------|---------------|---------|
| a. There are many interesting things to look at while walking in my community..... | 1 | 2 | 3 | 4 | 7 | 9 |
| b. There are trees along the streets in my community..... | 1 | 2 | 3 | 4 | 7 | 9 |
| c. My community is well maintained..... | 1 | 2 | 3 | 4 | 7 | 9 |
| d. My community is generally free from garbage, litter, or broken glass..... | 1 | 2 | 3 | 4 | 7 | 9 |

[Interviewer clarification: After you read each statement, ask the participant “Do you strongly agree, agree, disagree, or strongly disagree?”]

[Interviewer clarification: We are interested in the street you live on and the adjoining streets within a 10-minute walk from your home.]

WALKSCRN:

Do you currently have a physical impairment that has prevented you from walking in the past week?

- Yes (**Skip to E-1.1**)..... 1
- No..... 2

Section D-1: Walking Assessment and Walking Trails

Now we are going to ask you questions about your walking behavior and community walking trails. We all walk as part of our daily activities. Think about this past week.

D-1.1 How many total minutes did you spend walking to and from work and school this past week?

- Total Hours ____ ____
- Total minutes ____ ____
- None..... 888
- Don't know/not sure 777
- Refused 999

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination.]

D-1.2 How many total minutes did you spend walking during breaks and/or lunch time at work and school this past week?

- Total Hours ____ ____
- Total minutes ____ ____
- None..... 888
- Don't know/not sure 777
- Refused 999

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination.]

D-1.3 How many total minutes did you spend walking as part of errands performed outside your yard and household this past week?

| | | |
|---------------------------|-----|-----|
| Total Hours | ___ | ___ |
| Total minutes | ___ | ___ |
| None..... | | 888 |
| Don't know/not sure | | 777 |
| Refused | | 999 |

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination.]

D-1.4 How many total minutes did you spend walking for exercise this past week?

| | | |
|---------------------------|-----|-----|
| Total Hours | ___ | ___ |
| Total minutes | ___ | ___ |
| None..... | | 888 |
| Don't know/not sure | | 777 |
| Refused | | 999 |

[Interviewer Note: Participant may respond in hours or minutes or hour/minute combination.]

D-1.5 About how many days in the past week did you walk for exercise?

- a. none **[Go to Q E-1.1]**.....88
- OR-
- b. Number of Days [Range 00-07] _____

[Do not read]

| | |
|--------------------------|----|
| Don't Know/Not sure..... | 77 |
| Refused..... | 99 |

D-1.6 About how many minutes did you walk for exercise each time in the past week?

[Interviewer Note: We are looking for an average amount of time the respondent walked each time he/she walked for exercise.]

- a. I did not walk for exercise last week **[Go to Q E-1.1]**..... 1
- b. less than 10 minutes at a time2
- c. 10-19 minutes3
- d. 20-29 minutes4
- e. 30-39 minutes5
- f. 40-49 minutes6
- g. 50-59 minutes7
- h. 60 or more minutes at a time8

[Do not read]

| | |
|--------------------------|----|
| Don't Know/Not sure..... | 77 |
| Refused..... | 99 |

D-1.7 Where do you usually walk most of the time?

[Read only as prompts]

- a. Walking/jogging trail or track **[Go to D-1.12]** 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

[Do not read]

- Don't Know/Not sure.....77
- Refused.....99

D-1.8 Is there any other place that you walk?

[Read only as prompts]

- a. Walking/jogging trail or track **[Go to D-1.12]** 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
- i. None..... 88

D-1.9 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 D-1.16]** 2

[Do not read]

- Don't know/Not sure..... 7
- Refused 9

D-1.10 Do you ever use the walking trail?

- a. Yes **[Go to D-1.12]**..... 1
- b. No 2

[Do not read]

- Don't know/Not sure... 7
- Refused..... 9

D-1.11 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
- j. No parking 8
- k. Too crowded 9

| | | |
|----|-------------------------------------|----|
| l. | Facilities not well maintained..... | 10 |
| m. | Lack of scenic beauty..... | 11 |
| n. | Other (specify _____)..... | 12 |

[Programmer Note: If D1.10 = 2 skip to D-1.16]

D-1.12 How did you find out about the walking trail?

[Please read as prompts]

| | | |
|----|-----------------------------------|---|
| a. | Friend..... | 1 |
| b. | Family member/relative..... | 2 |
| c. | Community group or coalition..... | 3 |
| d. | Newspaper..... | 4 |
| e. | Happened to see it one day..... | 5 |
| f. | Other..... | 6 |

[Do not read]

| | |
|--------------------------|---|
| Don't know/Not sure..... | 7 |
| Refused..... | 9 |

D-1.13. 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 |

D-1.14 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..... | 7 |
| Refused..... | 9 |

D-1.15 How many miles do you travel to get to the trail?

| | | |
|----|-----------------------|-----|
| a. | Miles..... | ___ |
| b. | Less than 1 mile..... | 55 |

[Do not read]

| | |
|---------------------------|----|
| Don't Know/ Not sure..... | 77 |
| Refused..... | 99 |

D-1.16 How often do you usually use the **[Insert response from D-1.7]** for walking?

| | | |
|----|----------------------|-----|
| a. | Times per day..... | ___ |
| b. | Times per week..... | ___ |
| c. | Times per month..... | ___ |

[Do not read]

| | |
|--------------------------|----|
| Don't know/not sure..... | 77 |
| Refused..... | 99 |

D-1.17 Do you usually walk with other people or in a group when you walk?

[Interviewer Clarification: A group can be 2 or more persons]

- Always or almost always 1
- Sometimes 2
- Rarely 3
- Never or almost never 4

[Do not read]

- Don't Know/Not Sure 7
- Refused 9

Section E-1: Sedentary Behaviors

At this time, we will ask you about how much time you spend in certain activities.

E-1.1 In a usual week, how many hours do you spend watching television, reading, or playing video games or doing nothing while sitting or lying down?

[Interviewer Clarification: We are looking for time spent sitting, or lying down not including time spent sleeping]

[Round up fractions.]

- Hours per week _____
- None 888

[Do not read]

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

E-1.2 In a usual week, how many hours do you spend using a computer while not at work or school?

[Round up fractions.]

- Hours per week _____
- None 888

[Do not read]

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

SECTION F: FOOD ENVIRONMENT

Section F-1: Food Store Environment

In this next set of questions, I am going to ask you about the availability, cost and quality of food *in your community*. This includes the stores or markets where you shop for food. Remember, community is defined as the place where you live, including your neighborhood and the neighborhoods within a 10-minute walk from your home.

F-1.1 Please indicate if you agree with the following statements on a scale of strongly agree, agree, disagree, strongly disagree

| | Strongly Agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree |
|---|----------------|-------|---------------------------|----------|-------------------|
| a. It is easy to purchase fresh fruits and vegetables in my community. | 1 | 2 | 3 | 4 | 5 |
| b. There is a large selection of fresh fruits and vegetables in my community. | 1 | 2 | 3 | 4 | 5 |
| c. The produce in my community is of high quality. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| d. It is easy to purchase low-fat products (such as low fat milk or lean meats) in my community. | 1 | 2 | 3 | 4 | 5 |
| e. There is a large selection of low-fat products available in my community. | 1 | 2 | 3 | 4 | 5 |
| f. The low-fat products in my community are of high quality. | 1 | 2 | 3 | 4 | 5 |

F-1.2 How would you rate the cost of fresh fruits and vegetables where you shop? Would you say:

- Very expensive 1
- Somewhat expensive 2
- Not expensive 3
- [Do not read]**
- Don't Know/Not sure 7
- Refused..... 9

F-1.3 Has the cost of fresh fruits and vegetables where you shop ever kept you from buying them?

- Yes..... 1
- No..... 2
- [Do not read]**
- Don't Know/Not sure 7
- Refused..... 9

F-1.4 When you go shopping for food, how often do you go to....

| | Never | Occasionally | Sometimes | Often | Don't know/ Not Sure | Refused |
|---|-------|--------------|-----------|-------|-------------------------|---------|
| a. Supermarket? | 1 | 2 | 3 | 4 | 7 | 9 |
| b. Walmart? | | | | | | |
| c. Convenience Store such as quick stops or minute marts? | 1 | 2 | 3 | 4 | 7 | 9 |
| d. Small grocery store or market? | 1 | 2 | 3 | 4 | 7 | 9 |
| e. Bakery? | 1 | 2 | 3 | 4 | 7 | 9 |
| f. Fruit/vegetable store or Farmer's market? | 1 | 2 | 3 | 4 | 7 | 9 |

Section F-2. Restaurant Environment

“The next few questions are about eating prepared food, including when you eat at restaurants, go through the drive-thru, carry-out or have it delivered.”

F-2.1 When you eat out or take out food, how often do you go to....

| | Never | Occasionally | Sometimes | Very Often | Don't know/ Not sure | Refused |
|---|-------|--------------|-----------|------------|-------------------------|---------|
| a. Restaurant with waiter or waitress service? | 1 | 2 | 3 | 4 | 7 | 9 |
| b. Buffet or cafeteria? | 1 | 2 | 3 | 4 | 7 | 9 |
| c. Fast food restaurant? | 1 | 2 | 3 | 4 | 7 | 9 |
| d. Deli (stand alone or in a shop)? | 1 | 2 | 3 | 4 | 7 | 9 |
| e. Convenience Store such as quick stops or minute marts? | 1 | 2 | 3 | 4 | 7 | 9 |
| f. Bar, tavern or lounge? | 1 | 2 | 3 | 4 | 7 | 9 |
| g. Coffee shop? | 1 | 2 | 3 | 4 | 7 | 9 |

Section F-3: Eating Habits

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

F-3.1 A serving of vegetables is a half cup of any vegetable (not including potatoes) or 1 cup of salad greens. Think about the past month. On average, how many servings of vegetables did you eat per day?

[Interviewer Clarification: For this question, we are only asking about servings of vegetables. We will ask about servings of fruit next.]

Enter servings per day.....
 Less than one per day.....55
 None.....88

[Do not read]

Don't know/Not sure..... 77
 Refused 99

F-3.2 A serving of fruit is defined as one piece of fruit or 6 ounces of 100% fruit juice. Think about the past month. On average, how many servings of fruit did you eat per day, including 100% juices?

Enter servings per day.....
 Less than one per day.....55
 None.....88

[Do not read]

Don't know/Not sure..... 77
 Refused 99

F-3.3 Would you say your diet is high, medium, or low in fat?

High1
 Medium.....2
 Low3

[Do not read]

Don't know/Not sure..... 7
 Refused 9

SECTION G: INDIVIDUAL & INTERPERSONAL SUPPORTS & CONSTRAINTS

Section G-1. Social Support

At this time, I'd like to ask some questions about the parts of your life that support or keep you from being physically active.

[Interviewer clarification: If B-1.1 = 2 AND B-1.3 = 2 AND B-1.6 = 2 AND B-1.9 = 2 AND D-1.4 = 888 AND D-1.5 = 88 AND D-1.6 = 1, then skip to Q H-1.1.]

G-1.1 Do you usually engage in physical activity or exercise:

[Please read]

Alone..... 1

OR With someone 2

[Do not read]

Don't know/Not sure7

Refused9

[Interviewer clarification: If respondent answered 2 to Q G-1.1, go to Q G-1.2. Otherwise, go to Q H-1.1.]

G-1.2 With whom do you exercise most of the time?

[Read only as prompts]

Friends 1

Neighbors..... 2

Club or class..... 3

Spouse/partner 4

Children 5

Pets 6

Other family members/relatives..... 7

Other (specify):..... 8

[Do not read]

I usually exercise alone 88

Don't know/Not sure.....77

Refused.....99

Section H-1. Health History

The next set of questions are related to your health history.

H-1.1 What is your height?

Enter height in feet and inches..... — —

[Do not read]

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

Refused.....999

H-1.2 What is your weight?

Enter weight in pounds..... — —

[Do not read]

Don't know/Not sure777

Refused999

H-1.3 Are you:

Male 1

OR Female 2

[Do not read] 7

Don't know/Not sure.....7

Refused9

H-1.4 Have you smoked 100 cigarettes in your entire life?

Yes..... 1

No..... 2

[Do not read]

Don't know/Not sure777

Refused.....999

H-1.5 Do you currently smoke?

Yes..... 1

No..... 2

[Do not read]

Don't know/Not sure777

Refused.....999

H-1.6 How many hours of sleep do you usually get at night (or your main sleep period):

a) on weekdays or workdays? _____ (number of hours)

b) on weekends or your non-work days? _____ (number of hours)

H-1.7 Please indicate how often you experience each of the following:

| | Never | Rarely (1x /mon or less) | Sometimes (2-4x/mon) | Often (5-15x/mon) | Almost Always (16-30x /mon) |
|---|-------|--------------------------|----------------------|-------------------|-----------------------------|
| a. Have trouble falling asleep | 1 | 2 | 3 | 4 | 5 |
| b. Wake up during the night and have difficulty getting back to sleep | 1 | 2 | 3 | 4 | 5 |
| c. Wake up too early in the morning and are unable to get back to sleep | 1 | 2 | 3 | 4 | 5 |

H-1.8 Have you ever snored (now or at any time in the past)?

Yes..... 1

No [Skip to H-1.10] 2

[Do not read]

Don't know [Skip to H-1.10]..... 7

Refused [Skip to H-1.10]..... 9

H-1.9 How often do you snore now?

Rarely - less than one night a week 1

Sometimes – 1 or 2 nights a week 2

Frequently – 3 to 5 nights a week 3

Always or almost always – 6 or 7 nights a week4

Do not snore any more5

[Do not read]

Don't know77

Refused99

H-1.10 Have you ever been told by a doctor (or other health professional) that you have any of the following ?

[Please read.]

| | Yes | No | Don't Know/ Not Sure | Refused |
|--|-----|----|-------------------------|---------|
| a) Heart disease | 1 | 2 | 7 | 9 |
| b) Kidney disease | 1 | 2 | 7 | 9 |
| c) Diabetes | 1 | 2 | 7 | 9 |
| d) High blood sugar | 1 | 2 | 7 | 9 |
| e) High blood pressure or hypertension | 1 | 2 | 7 | 9 |
| f) High blood cholesterol | 1 | 2 | 7 | 9 |
| g) Arthritis | 1 | 2 | 7 | 9 |
| h) Cancer | 1 | 2 | 7 | 9 |

[Interviewer Note: If respondent answers yes to Diabetes and the respondent is female ask “Were you only told you had diabetes when you were pregnant? If yes code 2 for diabetes.]

H-1.11 Besides you, has anyone in your family been told they have diabetes? By your family we mean your parents, brothers and sisters or children.

Yes 1
 No 2

[Do not read]

Don't Know/Not Sure..... 7
 Refused 9

Next are two questions describing the ways you might have felt.

H-1.12 In the past 2 weeks, how often have you experienced...

| | Not at all | Several Days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| a. Little interest or pleasure in doing things? | 1 | 2 | 3 | 4 |
| b. Feeling down, depressed, or hopeless? | 1 | 2 | 3 | 4 |

H-1.13 Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your emotions or nerves or mental health?

Yes 1
 No..... 2

[Do not read]

Don't know/Not sure..... 7
 Refused..... 9

H-1.14 In the past 12 months, did you ever go to see a professional for problems with your emotions or nerves or mental health? By professionals, I mean general practitioners, family or other physicians, psychiatrists, psychologists, social workers, counselors, or nurses.

Yes 1
 No [Skip to H-2.1 or K-1.1]..... 2

[Do not read]

Don't know/Not sure[Skip to H-2.1 or K-1.1]..... 7
 Refused [Skip to H-2.1 or K-1.1]..... 9

H-1.15 Are you currently seeing any professional for problems with your emotions or nerves or mental health?

| | |
|--------------------------|---|
| Yes | 1 |
| No..... | 2 |
| [Do not read] | |
| Don't know/Not sure..... | 7 |
| Refused..... | 9 |

Section H-2 Diabetes BRFSS Module

Only proceed with this section “if yes” to “been told by a doctor you have diabetes” in Q. H-1.10c. Otherwise, skip to section I.

Earlier, you told us that a doctor has told you that you have diabetes. Now we are going to ask you some questions about having diabetes.

H-2.1 How old were you when you were told you have diabetes?

| | |
|--------------------------|-------|
| Code age in years | _____ |
| Don't know/Not sure..... | 777 |
| Refused | 999 |

H-2.2 Are you now taking insulin?

| | |
|---------------|---|
| Yes | 1 |
| No..... | 2 |
| Refused | 9 |

H-2.3 Are you now taking diabetes pills?

| | |
|--------------------------|---|
| Yes | 1 |
| No..... | 2 |
| Don't know/Not sure..... | 7 |
| Refused | 9 |

H-2.4 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

| | |
|--------------------------|-------|
| Times per day | _____ |
| Times per week | _____ |
| Times per month | _____ |
| Times per year | _____ |
| Never..... | 888 |
| Don't know/Not sure..... | 777 |
| Refused | 999 |

H-2.5 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

| | |
|--|-------|
| Number of times [76 = 76 or more]..... | _____ |
| None..... | 88 |
| [Do not read] | |
| Don't know/Not sure..... | 77 |
| Refused | 99 |

H-2.6 A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

| | |
|--|-----|
| Number of times [76 = 76 or more]..... | — — |
| None..... | 88 |
| Never heard of hemoglobin "A one C" test | 98 |
| [Do not read] | |
| Don't know/Not sure..... | 77 |
| Refused | 99 |

H-2.7 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

| | |
|--|-----|
| Number of times [76 = 76 or more]..... | — — |
| None..... | 88 |
| [Do not read] | |
| Don't know/Not sure..... | 77 |
| Refused | 99 |

H-2.8 About how many times in the past 12 months have you had your eyes checked by a health professional?

| | |
|--|-----|
| Number of times [76 = 76 or more]..... | — — |
| None..... | 88 |
| [Do not read] | |
| Don't know/Not sure..... | 77 |
| Refused | 99 |

H-2.9 Have you ever taken a course or class in how to manage your diabetes yourself?

| | |
|--------------------------|---|
| Yes | 1 |
| No..... | 2 |
| [Do not read] | |
| Don't know/Not sure..... | 7 |
| Refused | 9 |

Section I: Sociodemographic and Other Factors

Now we have a few last questions for you.

I-1.1 Are you:

[Please read.]

| | |
|--------------------------------------|---|
| Married | 1 |
| A member of an unmarried couple..... | 2 |
| Divorced | 3 |
| Widowed..... | 4 |
| Separated | 5 |
| Never been married..... | 6 |

OR

[Do not read.]

| | |
|--------------------------|---|
| Don't know/Not sure..... | 7 |
| Refused | 9 |

I-1.2 Is your annual household income from all sources:

[Please read.]

- a. Less than \$ 25,000 **[If "no," ask e; if "yes," ask b]**..... 1
(\$20,000 to less than \$25,000)
- b. Less than \$ 20,000 **[if "yes," ask c]**.....2
(\$15,000 to less than \$20,000)
- c. Less than \$ 15,000 **[if "yes," ask d]**3
(\$10,000 to less than \$15,000)
- d. Less than \$ 10,000**[if "yes," go to I-1.3]**.....4
- e. Less than \$ 35,000 **[If "no," ask f]**.....5
(\$25,000 to less than \$35,000)
- f. Less than \$ 50,000 **[If "no," ask g]**6
(\$35,000 to less than \$50,000)
- g. Less than \$ 75,000**[If "no," ask h]**.....7
(\$50,000 to less than \$75,000)

OR

- h. \$75,000 or more8
- [Do not read.]**
- Don't know/Not sure...77
 - Refused...99

I-1.3 What is the highest grade or year of school you completed?

[Read only as prompts.]

- Eighth grade or less 1
- Some high school2
- High school or GED certificate3
- Technical or vocational school4
- Some college5
- College graduate.....6
- Post grad or professional degree.....7

[Do not read]

- Don't know/Not sure...77
- Refused.....99

Section I-2: Contact Information

I-2.1 We have your address as [enter from last year or updated address]. This is the address where we will send your \$10 Wal-mart gift card. Is this address correct?

- Yes 1
- No (if no, enter updated contact information)2
- Don't Know/Not Sure7
- Refused9

If no, enter updated contact information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

[Interviewer Note: If address or contact information has changed, repeat home mailing address back to participant to confirm entered information is correct. Please use proper capitalization and punctuation when entering information.]

I-2.2 We have your phone number as **[Insert number dialed, including area code]**. Is there an alternate number we can reach you at?

- Yes 1
- If yes, ask “What is that number?” and enter** ()
- No..... 2

I-2.3 Do you have an email address?

- Yes 1
- If yes, ask “What is your email address?” Enter and verify**
- No..... 2

[Interviewer note: The research team will only send emails if we are in need of specific information from you. Your email address will not be given away.]

I-2.4 Would you be interested in learning about future health related programs or research in your area?

- Yes 1
- No..... 2
- [Do not read]**
- Don’t know/not sure 7
- Refused 9

CLOSING STATEMENT

That's my last question. Everyone's answers will be combined to give us information about health and physical activity practices of people and their perception of their community. Your \$10 gift card will be coming to you in the mail in the next few weeks. If you do not receive it, please call Sarah Lovegreen at (800) 782-6769. Thank you very much for your time and cooperation.