Twin Cities Walking Study

We need your help to make our study a success.

This survey is part of your participation in the Twin Cities Walking Study at the University of Minnesota. The survey may take up to an hour and a half to complete. Remember...

- we want to know what you think,
- there are no right or wrong answers,
- your participation in each survey question is optional,
- everything you tell us will be kept strictly confidential (secret), and
- you can stop at any time (your relationship with the university will not being affected).

And please let us know...

- if a question is unclear or confusing,
- if you need a question repeated, or
- if you would prefer to leave the answer blank.

A. Quality of Life

In general, would you say your health is:

Excellent
Very Good
Good
Fair
Poor
Don't Know

B. Neighborhood Definition

1. Please tell me what you consider to be your neighborhood.

2. Please draw this area on the provided map.
For the purpose of the survey questions I'm about to ask, please think of your neighborhood as:
- the area within a 20 minute walk or,
- 1 mile in all directions around your home.

C. Social Cohesion of Neighborhood

How much do you agree or disagree with the following statements? Please only give one answer or each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People around my neighborhood are willing to help their neighbors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. This is a close-knit neighborhood.</td>
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</tr>
<tr>
<td>3. People in this neighborhood can be trusted.</td>
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</tr>
<tr>
<td>4. People in this neighborhood generally don’t get along with each other.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. People in this neighborhood do not share the same values.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

D. Social Life in Your Neighborhood

These questions are about interaction 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 (20-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, say “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 listen to the following statements carefully and then choose 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.

   Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree

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

   Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree

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

   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.

   Very Unlikely    Unlikely    Neither Likely nor Unlikely    Likely    Very Likely

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

   Very Unlikely    Unlikely    Neither Likely nor Unlikely    Likely    Very Likely

7. Children were showing disrespect to an adult.

   Very Unlikely    Unlikely    Neither Likely nor Unlikely    Likely    Very Likely

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

   Very Unlikely    Unlikely    Neither Likely nor Unlikely    Likely    Very Likely

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

   Very Unlikely    Unlikely    Neither Likely nor Unlikely    Likely    Very Likely
E. Types of residences in your neighborhood

Among the residences in your neighborhood…

1. How common are detached single-family residences in your immediate neighborhood?
   None  A few  Some  Most  All

2. How common are townhouses or row houses of 1-3 stories in your immediate neighborhood?
   None  A few  Some  Most  All

3. How common are apartments or condos 1-3 stories in your immediate neighborhood?
   None  A few  Some  Most  All

4. How common are apartments or condos 4-6 stories in your immediate neighborhood?
   None  A few  Some  Most  All

5. How common are apartments or condos 7-12 stories in your immediate neighborhood?
   None  A few  Some  Most  All

6. How common are apartments or condos more than 13 stories in your immediate neighborhood?
   None  A few  Some  Most  All

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

About how long would it take to get from your home to the nearest businesses or facilities listed below if you walked to them? Feel free to follow along with a check mark (√) for each business or facility as they are read aloud.

<table>
<thead>
<tr>
<th></th>
<th>1-5 min</th>
<th>6-10 min</th>
<th>11-20 min</th>
<th>21-30 min</th>
<th>31+ min</th>
<th>don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>example: gas station</td>
<td></td>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. convenience/small grocery store</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. supermarket</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. hardware store</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. fruit/vegetable market</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. laundry/dry cleaners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G. Access to services

Please choose the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 20 minute walk from your home.

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
2. Stores are within easy walking distance of my home.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

3. Parking is difficult in local shopping areas.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

H. Streets in my neighborhood

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

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
4. There are many four-way intersections in my neighborhood.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I. Places for walking and cycling

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

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
### J. Neighborhood surroundings

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

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>somewhat disagree</th>
<th>somewhat agree</th>
<th>strongly agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

4. My neighborhood is generally free from litter.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
K. Safety from traffic

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

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree

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

   - Strongly Disagree
   - Somewhat Disagree
   - Somewhat Agree
   - Strongly Agree
L. Safety from crime

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

1. My neighborhood streets are well lit at night.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>
M. Neighborhood satisfaction

Below are things about your neighborhood with which you may or may not be satisfied. Please be open and honest with your answer. You may choose the following answers:

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 school/work?
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 the 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?
**N. Home Environment**

*Please indicate which items you have in your home, yard, or apartment complex. Please give one answer for each item.*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>stationary aerobic equipment (e.g. treadmill, cycle)</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>bicycle</td>
<td>Yes</td>
</tr>
<tr>
<td>3.</td>
<td>dog</td>
<td>Yes</td>
</tr>
<tr>
<td>4.</td>
<td>trampoline for jogging in place</td>
<td>Yes</td>
</tr>
<tr>
<td>5.</td>
<td>running shoes</td>
<td>Yes</td>
</tr>
<tr>
<td>6.</td>
<td>swimming pool</td>
<td>Yes</td>
</tr>
<tr>
<td>7.</td>
<td>weight lifting equipment (e.g. free weights, Nautilus®, Universal®)</td>
<td>Yes</td>
</tr>
<tr>
<td>8.</td>
<td>skis (snow or water)</td>
<td>Yes</td>
</tr>
<tr>
<td>9.</td>
<td>toning devices (e.g. exercise balls, ankle weights, Dynabands®, Thighmaster®)</td>
<td>Yes</td>
</tr>
<tr>
<td>10.</td>
<td>aerobic workout video or audiotapes</td>
<td>Yes</td>
</tr>
<tr>
<td>11.</td>
<td>step aerobics, slide aerobics</td>
<td>Yes</td>
</tr>
<tr>
<td>12.</td>
<td>skates (roller, in-line, or ice)</td>
<td>Yes</td>
</tr>
<tr>
<td>13.</td>
<td>sports equipment (balls, racquets)</td>
<td>Yes</td>
</tr>
<tr>
<td>14.</td>
<td>surf board, boogie board, windsurf board</td>
<td>Yes</td>
</tr>
<tr>
<td>15.</td>
<td>canoe, row boat, kayak</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## O. Convenient Facilities

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

<table>
<thead>
<tr>
<th>1. aerobic dance studio</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. basketball court</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>3. beach, lake, river, or creek</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>4. bike lane or trails</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>5. golf course</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>6. health spa/gym</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>7. martial arts studio</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>8. playing field (soccer, football, softball, etc)</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>9. public park</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>10. public recreation center</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>11. racquetball/squash court</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>12. running track</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>13. skating rink</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>14. sporting goods store</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>15. swimming pool</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>16. walking/hiking trails</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>17. tennis courts</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>18. dance studio</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>
19. My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc.
Would you say that you….

Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree

P. Reasons for moving here

Please rate how important each of the following reasons was in your decision to move to your neighborhood. For each reason, please choose a number between 1 and 5, with 1 = Not at All Important and 5= Very Important.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Not at all important</th>
<th>Somewhat important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affordability/Value</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Closeness to open space (e.g. parks)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Closeness to job or school</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Closeness to public transportation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Desire for nearby shops and services</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Ease of walking</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Sense of community</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Safety from crime</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Quality of schools</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Closeness to recreational facilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Access to freeways</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about all the vigorous and moderate activities that you did in the last 7 days.

**Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

**Moderate** activities refer to activities that take moderate physical effort and make you breathe harder than normal.

**Part 1: 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 Part 3.

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

   Yes
   No [Skip to PART 2: TRANSPORTATION]

These 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.

   ________ day(s) per week

   No vigorous job-related physical activity [Skip 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?

   ________ hour(s) per day
   ________ 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.

   ________ day(s) per week

   No moderate job-related physical activity [Skip 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?

______ hour(s) per day
______ 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.

______ day(s) per week

No job-related walking [Skip to PART 2: TRANSPORTATION]

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

______ hour(s) per day
______ minutes per day

Part 2: Transportation Physical Activity

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

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

______ day(s) per week

No traveling in a motor vehicle [Skip to question 10]

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

______ hour(s) per day
______ 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.

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

______ day(s) per week

No bicycling from place to place [Skip to question 12]
11. How much time did you usually spend on ONE of those days bicycling from place to place?

______ hour(s) per day
______ minutes per day

12. 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?

______ day(s) per week

No walking from place to place [Skip to PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY]

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

______ hour(s) per day
______ minutes per day

Part 3: 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.

14. 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?

______ day(s) per week

No vigorous activity in garden or yard [Skip to question 16]

15. How much time did you usually spend on ONE of those days doing vigorous physical activities in the garden or yard?

______ hour(s) per day
______ minutes per day

16. 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?

______ day(s) per week

No moderate activity in garden or yard [Skip to question 18]
17. How much time did you spend on ONE of those days doing moderate physical activities in the garden or yard?

______ hour(s) per day
______ minutes per day

18. 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?

______ day(s) per week

No moderate activity inside home  [Skip to PART 4: RECREATION, SPORT & LEISURE-TIME PHYSICAL ACTIVITY]

19. How much time did you usually spend on ONE of those days doing moderate physical activities inside your home?

______ hour(s) per day
______ minutes per day

Part 4: 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.

20. 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?

______ day(s) per week

No walking in leisure time  [Skip to question 22]

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

______ hour(s) per day
______ minutes per day

22. 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?

______ day(s) per week

No vigorous activity in leisure time  [Skip to question 24]
23. How much time did you usually spend on ONE of those days doing **vigorous** physical activities in your leisure time?
   
   _______ hour(s) per day
   _______ minutes per day

24. 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, or playing doubles tennis in your leisure time?
   
   _______ days per week

   No moderate activity in leisure time  [Skip to PART 5: TIME SPENT SITTING]

25. How much time did you usually spend on ONE of those days doing **moderate** physical activities in your leisure time?
   
   _______ hour(s) per day
   _______ minutes per day

**Part 5: Time Spent Sitting**

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

26. During the last 7 days, how much time did you usually spend sitting on a **weekday**?
   
   _______ hour(s) per day
   _______ minutes per day

27. During the last 7 days, how much time did you usually spend sitting on a **weekend day**?
   
   _______ hour(s) per day
   _______ minutes per day
Q. Activity Checklist

This part of the survey is about your activities over the past 7 days, not including time you might spend doing these activities for work. There is no right or wrong answer.

For each activity listed, answer two questions:
1. On how many days did you do the activity in the past 7 days? If none, say “0”.
2. On average, how many minutes did you do the activity on the days that you did it?

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

R. 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 entirely 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 minutes each time.

Which of these statements fits you best at the present moment in time?
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 within 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 this way within 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.
S. Vigorous Exercise

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

Do you perform vigorous 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.

- Yes, I have been exercising vigorously for more than 6 months.
- Yes, I have been exercising vigorously for less than 6 months.
- No, but I intend to start exercising vigorously in the next 30 days.
- No, but I intend to start exercising vigorously in the next 6 months.
- No, and I do not intend to start exercising vigorously in the next 6 months.

T. Self Confidence for Vigorous Exercise

This section is about doing vigorous exercise in different situations. For each item, please say how sure you are that you could exercise vigorously in that situation.

<table>
<thead>
<tr>
<th>I'm Sure I Cannot</th>
<th>Maybe I Can</th>
<th>I'm Sure I Can</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. Exercise vigorously even though I am feeling sad or highly stressed ................................................................. 1

2. Stick to my vigorous exercise program even when family or social life takes a lot of time ........................................ 1

3. Set aside time for regular vigorous exercise. ......................... 1
U. Enjoyment of Vigorous Exercise

1. I enjoy doing vigorous physical activities.

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

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

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

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
V. Self Confidence for **Moderate Physical Activity**

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

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

1. Do moderate physical activity even though I am feeling sad or highly stressed. ........................................1 2 3 4 5
2. Stick to my program of moderate physical activity even when family or social life takes a lot of time. ............1 2 3 4 5
3. Set aside time for regular moderate physical activity .......................1 2 3 4 5

W. **Enjoyment of Moderate Physical Activities**

1. I enjoy doing moderate physical activities.

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

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

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

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

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Somewhat</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Agree</td>
</tr>
</tbody>
</table>
### X. Benefits of Regular Physical Activity

You can get “regular physical activity” by either:

- Doing vigorous exercise, like jogging or aerobics class, at least 3 times per week for at least 20 minutes each time

  **OR**

- Doing moderate exercise, like brisk walking or slow biking, at least 5 times a week for at least 30 minutes each time

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

<table>
<thead>
<tr>
<th>If I participate in regular physical activity or sports, then:</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I will feel less depressed and/or bored......................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I will improve my self-esteem..................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I will meet new people ...........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I will lose weight or improve my shape..........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I will build up my muscle strength...............................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I will feel less tension and stress ................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I will improve my health or reduce my risk of disease..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I will do better at my job........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I will feel more attractive.......................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I will improve my heart &amp; lung fitness .......................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Y. Barriers to Regular Physical Activity

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

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

Z. Social Support

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

During the past three months my family or friends:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did physical activity with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>FRIENDS:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Offered to do physical activity with me

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

Gave me encouragement to do physical activity

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>FRIENDS:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>---------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
1. Do you live in a...
   - Detached single house
   - Duplex
   - Row house, townhouse
   - Apartment, condominium
   - Mobile home or trailer
   - Dorm Room
   - Other ..........................................
   [Specify] ____________
   Don’t Know

2. How long have you lived at this address?
   ___________ Months
   ___________ Years
   Don’t Know

3. Is your home owned or rented?
   - Owned
   - Rented
   - Provided by Job or Military
   - Other ..........................................
   [Specify] ____________
   Don’t Know

4. Including yourself, how many people live in your household? Please do not include anyone who usually lives somewhere else or is just visiting, such as a college student away at school.
   ___________ Number of People
   Don’t Know

5. Are any of these people related to each other?
   - Yes
   - No
   - Don’t Know

6. What is your age? _______ years

7. Are you:
   - Female
   - Male
   - Other
8. Are you of Hispanic, Latino, or Spanish origin?
   Yes
   No
   Don’t Know

9. Please tell me which best describes your race? Are you…
   [Answer all that apply]
   White
   African American, Black
   Asian
   American Indian, Alaskan Native
   Native Hawaiian, or other Pacific Islander?
   Hispanic/Mexican
   Multiracial
   Other ........................................... [Specify] __________________________
   Don’t Know

10. Education: Years of school completed
    [Answer only one answer]
    Less than high school diploma
    Completed high school diploma (or GED)
    Vocational training (beyond high school)
    Some college (less than 4 years)
    College/University degree
    Graduate or Professional degree
    Don’t Know

11. What is your marital status?
    Never married
    Married/Certified Domestic Partners
    Separated
    Divorced
    Widowed
    Don’t know

12. Are you a parent, foster parent, or legal guardian for children that live with you?
    Yes
    No
    Don’t Know
    
    If yes:
    Please specify the number of the children for whom you are a parent, foster parent, or legal guardian: ________

    Please specify the ages of the children for whom you are a parent, foster parent, or legal guardian:  __  __  __  __  __  __  __  __  __  __  __  __
13. During most of last week, were you...

   Working
   Temporarily absent from a job or business
   Looking for work
   Homemaker
   Going to school
   Retired
   Other [Specify] ______________________
   Don't Know

14. Last week, did you do any work for either pay or profit?

   Yes
   No
   Don't Know

If not working, please skip to question 25 ...

15. Do you work... (You may give more than one answer)

   Full Time
   Part-time
   Multiple Jobs
   Don't Know

16. I am going to read four categories of occupations. Please tell me which one your primary job falls under.

   Sales or service
   Clerical or administrative support
   Manufacturing, construction, maintenance, or farming
   Professional, managerial, or technical
   Other (Specify)_____________________
   Don't Know

17. Not including getting to and from work, do you work at any job that requires you to drive a licensed motor vehicle as part of the job?

   Yes
   No
   Don’t Know

   If you answered yes to the previous question:
   What is that job or occupation?

   Occupation_____________________________________________________
   Don't Know
18. What is the street address of your primary workplace?

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<tr>
<th>STREET NUMBER</th>
<th>STREET NAME</th>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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Don’t Know

If you don’t know:
Would you please provide a landmark that is close to your workplace? This could be a well-known building, park, monument, or school.

NAME OF A LANDMARK

Don’t Know

What is the one-way distance from your home to your primary workplace?
Distance ____________ (miles)
Don’t Know

19. How many minutes did it usually take you to get from home to work last week?

Minutes ________________
Did Not Work In Usual Workplace Last Week
Did Not Work Last Week
Don’t Know

20. How did you usually get to work last week? (You may pick more than one)

Automobile
Bus Travel
Bicycle
Walk
Taxicab
Limousine
Hotel/Airport Shuttle
Air Travel
Other [Specify] ______________________________
Don’t Know

21. On any day in the past two months, did you work from home instead of traveling to your usual workplace?

Yes [Worked At Home INSTEAD of at Work]
No [Never Worked Solely From Home]
Don’t Know
22. If you do work from home, about how often do you do this?

- Almost Every Day
- Once a Week or More
- Once a Month or More
- A Few Times a Year
- Once a year
- Don't Know

23. Do you own a dog? (If no, skip to question 27)

- Yes
- No
- Don't know

24. Do you walk your dog?

- Yes
- No
- Don't know

*If you answered ‘yes’ that you do walk your dog:

25. How often do you walk your dog?

- More than 1 time daily
- One time daily
- Less than 1 time daily
- Don’t know

26. How much time does it usually take for you to walk your dog?

- 1 hour or longer
- 45 minutes to 1 hour
- 30 to 45 minutes
- 15 to 30 minutes
- 0 to 15 minutes
- Don’t know

27. How many vehicles are owned, leased, or made available for regular use by the people who live in your household? Be sure to include motorcycles, mopeds, RVs and any vehicle that is company-owned.

Number of Vehicles ______

- None
- Don't Know
28. I have a few questions about each of these vehicles. Let’s start with the newest vehicle. What is the make, model and year?

<table>
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<tr>
<th>Vehicle #</th>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>Type</th>
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Possible Types of Vehicles Include:
- Automobiles: Car / Van (Mini, Cargo, Passenger)
- Sport Utility (Bronco, Pathfinder, 4Runner, Blazer)
- Recreational Vehicle (RV)
- Motorcycle / Scooter

29. Are these all of the vehicles that are available to the people that currently live in your household?

Yes
No

30. How many adult-size bicycles (any bike large enough for an adult) does your household have in working order?

Number of Bicycles _____________
Don’t Know

We would like to ask you some questions regarding your experience of biking in your neighborhood. But first, we need to establish whether you have ever biked in your neighborhood.

32. Have you ridden a bicycle in your neighborhood in the past 2 years?

Yes
No (Skip to #42)
Don’t Know (Skip to #42)

If you answered yes to the previous question 32:

33. Please recall the most recent time you rode your bicycle in your neighborhood. When was that?

Within the past day
Within the past week
Within the past month
Within the past year
Within the past 2 years
34. Did you feel threatened for your personal safety at any time when you rode your bike that day?

Yes
No   (Skip to #39)
Don’t Know   (Skip to #39)

35. Did you feel threatened for your personal safety because of any of the following?

Motorists
The potential for crime
Uneven walkways or roadway surfaces
Dogs or other animals
Too much bicycle or pedestrian traffic
Something else?

Yes       No       Don’t Know

36. What did the motorists do to make you feel threatened?
(Allow three responses)

Cut me off
Entered intersection without looking
Drove very close to me
Honked at me
Almost hit me/near miss
Just the presence of the motorist was frightening
Too fast
Other (list)________________________

37. In the past two years, were you ever injured while you were riding a bike? Only count injuries that required attention by a medical professional.

Yes
No   (Skip to #39)
Don’t Know/Not sure   (Skip to #39)

If you answered yes to the previous question 37:

38. Was this injury a result of being hit by a motor vehicle?

Yes
No
Don’t Know
39. **How satisfied are you with how your local community is designed for making bike riding safe?**

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Don’t Know

40. **Are there any changes you would like made in your community for bicyclists?**

- Yes
- No
- Don’t Know
  (Skip to #42)

If you answered yes in the previous question 40:

41. **What changes would you like to see made in your community for bicyclists? (Three responses allowed)**

- More bike paths/trails
  - Yes
  - No
  - Don’t Know
- More bike lanes
  - Yes
  - No
  - Don’t Know
- Allow bikes on sidewalks
  - Yes
  - No
  - Don’t Know
- Don’t allow bikes on sidewalks
  - Yes
  - No
  - Don’t Know

42. **What changes would you like to see made in your community for walkers? (Three responses allowed)**

- More crosswalks
  - Yes
  - No
  - Don’t Know
- More sidewalks
  - Yes
  - No
  - Don’t Know
- More lights on streets
  - Yes
  - No
  - Don’t Know
- More lights on paths/trails
  - Yes
  - No
  - Don’t Know

43. **How many of your close friends are professionals, such as doctors, lawyers, professors, executives and scientists?**

- Most of them
- Some
- A few
- None
Household Income

In surveys like these, households are sometimes grouped according to income. Please stop me when I get to the category that best describes your total household income, before taxes, in the past 12 months.

We want to include income from sources such as wages and salaries, income from a business or a farm, Social Security, pensions, dividends, interest, rent, and any other income received.

44. Approximate annual household income (please give only one response)

- $10,000 or less
- $10,001 to $20,000
- $20,001 to $30,000
- $30,001 to $40,000
- $40,001 to $50,000
- $50,001 to $60,000
- $60,001 to $70,000
- $70,001 to $80,000
- $80,001 to $100,000
- $More than $100,000
- Don't Know

You are Finished!

Thank you for your time and effort.

Once you are finished wearing the activity monitor for 7 days, mail the activity monitor, the activity monitor final time of take-off sheet, the travel diary, and the travel alarm (turned to “O” for “off”). Don’t forget to use the return envelope we gave you at the initial meeting.

- Remember, the envelope should include 5 items:
  - the activity monitor and belt,
  - the activity monitor time of final take-off sheet,
  - the travel diary,
  - the travel alarm turned to “O”.

If you no longer have the envelope we provided, mail to:
The Twin Cities Walking Study
University of Minnesota
89 Church Street SE
Rm. 1 Rapson Hall
Minneapolis, MN 55455

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