

ID # _____

Survey 1



We need your help to make our study a success. Your candid answers to the items in this survey are very important to us. This will not take too long to complete. Remember....

- **you should complete this survey AFTER you have worn the meter for seven days,**
- we want to know what you think,
- there are no right or wrong answers,
- everything you tell us will be kept strictly confidential (secret), and
- please don't skip any questions.
- please do not include your name anywhere on this survey or on the outside of the envelope.

If you prefer, call us toll-free at **1-800-990-6757** and we can do some or all of the survey by phone.

For Office Use Only

Date mailed _____

Date received _____

Date entered _____

By _____

Date entered _____

By _____

In this survey, when we ask about your neighborhood, please think about the area around your home within a 10-15 minute walk, in any direction.

A. Neighborhood Satisfaction

Below are things about your neighborhood with which you may or may not be satisfied. Please indicate your satisfaction with each item by **CIRCLING** the appropriate answer.

How satisfied are you with...

a. the highway access from your home

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

b. the access to public transportation in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

c. your commuting time to work/volunteer activities

1	2	3	4	5	7
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied	I do not work or volunteer

d. the access to shopping in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

e. how many friends you have in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

f. the number of people you know in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

g. how easy and pleasant it is to walk in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

Please indicate your satisfaction with each item by **CIRCLING** the appropriate answer.

How satisfied are you with...

h. how easy and pleasant it is to bicycle in your neighborhood (even if you don't bicycle)

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

i. the access to entertainment in your neighborhood (restaurants, movies, clubs, etc)

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

j. the safety from threat of crime in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

k. the amount and speed of traffic in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

l. the noise from traffic in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

m. the number and quality of food stores in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

n. the number and quality of restaurants in your neighborhood

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

o. your neighborhood as a good place for seniors

1	2	3	4	5
Strongly dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Strongly satisfied

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

Step 1: Minutes to walk there from your home

For each question, put one check mark (√) indicating how long it would take you to walk to the nearest business or facility from your home.

Step 2: Have you walked there in the last 30 days? Please mark whether or not you walked to each of these facilities in the last 30 days by **circling Yes or No**.

	Minutes to walk from your home						Have you WALKED there in the last 30 days?	
	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know	Yes	No
Example: Gas Station		√					Yes	No
1. convenience/ small grocery store							Yes	No
2. supermarket							Yes	No
3. hardware store							Yes	No
4. fruit/vegetable market							Yes	No
5. laundry/dry cleaners							Yes	No
6. clothing store							Yes	No
7. post office							Yes	No
8. library							Yes	No
9. elementary school							Yes	No
10. other schools							Yes	No
11. book store							Yes	No
12. fast food restaurant							Yes	No
13. coffee place							Yes	No
14. bank/credit union							Yes	No
15. non-fast food restaurant							Yes	No
16. video store							Yes	No
17. pharmacy/drug store							Yes	No
18. salon/barber shop							Yes	No

	Minutes to walk from your home						Have you WALKED there in the last 30 days?	
	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know		
19. location of paid or volunteer work or <input type="checkbox"/> not applicable							Yes	No
20. bus or train stop							Yes	No
21. park							Yes	No
22. recreation center							Yes	No
23. gym or fitness facility							Yes	No
24. senior center							Yes	No
25. health care clinic							Yes	No
26. bakery							Yes	No

C. Types of Residences in your Neighborhood

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

1. How common are detached single-family residences in your immediate neighborhood?

1 2 3 4 5
None A few Some Most All

2. How common are townhouses or row houses of 1-3 stories in your immediate neighborhood?

1 2 3 4 5
None A few Some Most All

3. How common are apartments or condos 1-3 stories in your immediate neighborhood?

1 2 3 4 5
None A few Some Most All

4. How common are apartments or condos 4-6 stories in your immediate neighborhood?

1 2 3 4 5
None A few Some Most All

5. How common are apartments or condos 7-12 stories in your immediate neighborhood?

1 2 3 4 5
None A few Some Most All

6. How common are apartments or condos more than 13 stories in your immediate neighborhood?

1 2 3 4 5
None A few Some Most All

D. Places for walking and cycling

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

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

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

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

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

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

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

4. There are facilities to bicycle in or near my neighborhood, such as special use lanes, separate paths or trails, or shared use paths for cycles and pedestrians.

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

E. Streets in your neighborhood

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

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

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

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

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

3. 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.)

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

F. Neighborhood Surroundings

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

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

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

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

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

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

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

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

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

G. Traffic Safety

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

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

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

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

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

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

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

H. Pedestrian Safety

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

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

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

2. Pedestrian signals in my neighborhood give me enough time to cross the road.

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

3. The crosswalks in my neighborhood are designed for people who don't see well because they have things like beeps that tell you when to cross.

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

4. At major intersections in my neighborhood, there are islands in the middle of the road where pedestrians can safely stop after crossing half way.

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

5. I have to cross many busy streets to get to places like shops in my neighborhood.

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

6. Cars going across sidewalks to get to driveways and parking lots make it difficult to walk in my neighborhood.

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

7. There are curb cuts (ramps) that go from sidewalk level to road level in my neighborhood.

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

I. Personal Safety

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

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

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

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

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

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

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

4. Stray or loose dogs can be a problem in my neighborhood.

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

5. There are alleys between buildings that make it unsafe to walk in my neighborhood.

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

6. There are teenagers hanging out that make it unsafe to walk in my neighborhood.

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

7. My neighborhood streets are well lit at night.

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

J. Access to Services

Please **CIRCLE** the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

1. Stores are within easy walking distance of my home.

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

2. Parking is difficult in local shopping areas.

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

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

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

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

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

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

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

6. There are major barriers to walking in my local area that make it hard to get from place to place (for example, freeways, railway lines, hillsides, water).

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

K. Home Environment

Please indicate which items you have in your home, yard, apartment or residential housing complex. Please **CIRCLE** an answer for each item.

- | | | | |
|--|-------|-------|---------------|
| 1. stationary aerobic equipment (e.g. treadmill, cycle) | 1.Yes | 0. No | 8. Don't know |
| 2. bicycle | 1.Yes | 0. No | 8. Don't know |
| 3. special shoes for running, walking, or hiking | 1.Yes | 0. No | 8. Don't know |
| 4. swimming pool | 1.Yes | 0. No | 8. Don't know |
| 5. weight lifting equipment (e.g. free weights, Nautilus®, Universal® weight lifting machines) | 1.Yes | 0. No | 8. Don't know |
| 6. skis (snow or water) | 1.Yes | 0. No | 8. Don't know |
| 7. toning devices (e.g. exercise balls, ankle weights, Dynabands®, Thighmaster®) | 1.Yes | 0. No | 8. Don't know |
| 8. exercise workout video or audiotapes | 1.Yes | 0. No | 8. Don't know |
| 9. step aerobics, slide aerobics equipment | 1.Yes | 0. No | 8. Don't know |
| 10. skates (roller, in-line, or ice) | 1.Yes | 0. No | 8. Don't know |
| 11. sports equipment (balls, racquets, etc.) | 1.Yes | 0. No | 8. Don't know |
| 12. canoe, row boat, kayak | 1.Yes | 0. No | 8. Don't know |

L. Activity Checklist

Please **CIRCLE** the option that applies to you.

1. Which of the following statements best describes **how active** you have been during the past 4 weeks, that is, had hobbies, work, social activities, or other activities that kept you busy?

1	2	3	4	5	6
Not at all active	A little active	Fairly active	Quite active	Very active	Extremely active

2. Which of the following statements best describes **how physically active** you have been during the past 4 weeks, that is, done activities such as brisk walking, swimming, dancing, general conditioning, or recreational sports?

1	2	3	4	5	6
Not at all active	A little active	Fairly active	Quite active	Very active	Extremely active

3. During the past 4 weeks, about how many **flights of stairs** did you climb during a typical day?

(one flight = 12-15 steps, equivalent to going from one floor to another)

1	2	3	4	5
None	Less than one	1-2 flights	3-4 flights	5 or more flights



You're making great progress.....keep it up!

Think about the past 4 weeks. The next few pages list various activities you might have done.

Step 1: Number of times each week.

For each activity, write on the line provided how many times during an average week you did that activity. If you did an activity less than once a week, please write a zero "0" on the line provided. **Please write only one number, not a range.**

Step 2: Total time each week.

If you did the activity at least once a week, circle one letter representing how much total time you spent doing it during an average week. **Please circle only one letter.**

	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
Social Activities:							
EXAMPLE: Meet friends for lunch	<u>2</u> times per week	a	<input checked="" type="radio"/> b	c	d	e	f
4. Visit with friends or family (other than those you live with)	___ times per week	a	b	c	d	e	f
5. Go to the senior center	___ times per week	a	b	c	d	e	f
6. Do volunteer work	___ times per week	a	b	c	d	e	f
7. Attend church or take part in church activities	___ times per week	a	b	c	d	e	f
8. Attend other club or group meetings	___ times per week	a	b	c	d	e	f



Recreation and Hobbies:	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
9. Use a computer	___times per week	a	b	c	d	e	f
10. Dance (such as square, folk, line, ballroom). Do not include aerobic dance here.	___times per week	a	b	c	d	e	f
11. Do woodworking, needlework, drawing, or other arts or crafts	___times per week	a	b	c	d	e	f
12. Play golf, riding in a cart (count <u>riding time</u> only)	___times per week	a	b	c	d	e	f
13. Play golf, carrying or pulling your equipment from hole to hole (count <u>walking time</u> only)	___times per week	a	b	c	d	e	f
14. Attend a concert, movie, lecture, or sport event	___times per week	a	b	c	d	e	f
15. Play cards, bingo, or board games with other people	___times per week	a	b	c	d	e	f
16. Shoot pool or billiards	___times per week	a	b	c	d	e	f
17. Play singles tennis (do <u>not</u> count doubles)	___times per week	a	b	c	d	e	f

	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
18. Play doubles tennis (do <u>not</u> count singles)	___times per week	a	b	c	d	e	f
19. Skate (ice, roller, in-line)	___times per week	a	b	c	d	e	f
20. Play a musical instrument	___times per week	a	b	c	d	e	f
21. Read	___times per week	a	b	c	d	e	f
22. Watch TV	___times per week	a	b	c	d	e	f
23. Talk on the phone	___times per week	a	b	c	d	e	f
24. Sit and talk with friends (not on phone) or listen to music	___times per week	a	b	c	d	e	f

Work around the house:	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
25. Do heavy work around the house (such as washing windows, cleaning gutters)	___times per week	a	b	c	d	e	f
26. Do light work around the house (such as sweeping or vacuuming)	___times per week	a	b	c	d	e	f

	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
27. Do heavy gardening (such as spading or raking)	___times per week	a	b	c	d	e	f
28. Do light gardening (such as watering plants)	___times per week	a	b	c	d	e	f

Transportation	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
29. Drive a car	___times per week	a	b	c	d	e	f
30. Ride in a car being driven by someone else	___times per week	a	b	c	d	e	f
31. Travel by bus, on a regularly scheduled service	___times per week	a	b	c	d	e	f
32. Travel by subway, metro, ferry, rail, or train	___times per week	a	b	c	d	e	f
33. Use a "dial-a-ride" service or other senior transport service	___times per week	a	b	c	d	e	f
34. Walk <u>to do errands</u> (such as to/from a store – count <u>walk</u> time only)	___times per week	a	b	c	d	e	f
35. Bicycle <u>to do errands</u> (count <u>bicycling</u> time only)	___times per week	a	b	c	d	e	f

Walking and Jogging (Including Treadmill)	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
36. Walk <u>leisurely</u> for exercise or pleasure	___times per week	a	b	c	d	e	f
37. Walk your dog	<input type="checkbox"/> NO DOG or ___times per week	a	b	c	d	e	f
38. Walk <u>fast</u> or <u>briskly</u> for exercise (do <u>not</u> count walking leisurely or uphill)	___times per week	a	b	c	d	e	f
39. Walk uphill or hike uphill (count only uphill part)	___times per week	a	b	c	d	e	F
40. Jog or run	___times per week	a	b	c	d	e	f

Other Types of Exercise	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
41. Ride a bicycle or stationary cycle using <u>legs only</u>	___times per week	a	b	c	d	e	f
42. Do aerobic machines involving <u>arms and legs</u> (such as rowing or cross-country ski machines)	___times per week	a	b	c	d	e	f
43. Do stair or step machine	___times per week	a	b	c	d	e	f
44. Swim gently	___times per week	a	b	c	d	e	f
45. Swim moderately or fast	___times per week	a	b	c	d	e	f

Other Types of Exercise	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
46. Do water exercises (do <u>not</u> count other swimming)	___times per week	a	b	c	d	e	f
47. Do stretching or flexibility exercises (do <u>not</u> include yoga or Tai-chi)	___times per week	a	b	c	d	e	f
48. Do yoga or Tai-chi	___times per week	a	b	c	d	e	f
49. Do aerobics or aerobic dancing	___times per week	a	b	c	d	e	f
50. Do moderate to heavy strength training (such as hand-held weights of <u>more than 5 lbs.</u> , weight machines, or push-ups)	___times per week	a	b	c	d	e	f
51. Do light strength training (such as hand-held weights of <u>5 lbs. or less</u> or elastic bands)	___times per week	a	b	c	d	e	f
52. Do general conditioning exercises, such as light calisthenics or chair exercises (do <u>not</u> count strength training)	___times per week	a	b	c	d	e	f
53. Play basketball, soccer, or racquetball (do <u>not</u> count time on sidelines)	___times per week	a	b	c	d	e	f
54. Do other types of physical activity not previously mentioned (please specify): _____	___times per week	a	b	c	d	e	f

M. Self Confidence for Physical Activity

Please rate how confident you are that you currently can walk each of the following distances without slowing down or stopping to rest. Please **CIRCLE** a confidence rating from 1 to 10, with 1=not all confident and 10=absolutely confident, for each item. Please answer all 3 questions.

I currently can walk:

	Not at all confident		Somewhat confident					Absolutely confident		
1. ½ block.....	1	2	3	4	5	6	7	8	9	10
2. 4 blocks	1	2	3	4	5	6	7	8	9	10
3. 10 blocks	1	2	3	4	5	6	7	8	9	10

N. Barriers to Physical Activity

The following statements are different opinions about exercise or physical activity. Please rate **how important** each statement is to your decision whether or not to be more active. **CIRCLE** the answer that best applies to you.

1. Regular physical activity would take too much of my time.

1	2	3	4	5
Not important	Slightly important	Moderately important	Very important	Extremely important

2. I would feel self-conscious about how I look if people saw me doing physical activity.

1	2	3	4	5
Not important	Slightly important	Moderately important	Very important	Extremely important

3. I feel uncomfortable when I do physical activity because I get out of breath and my heart beats very fast.

1	2	3	4	5
Not important	Slightly important	Moderately important	Very important	Extremely important

4. I would have less time for my family and friends if I exercised regularly.

1	2	3	4	5
Not important	Slightly important	Moderately important	Very important	Extremely important



O. Social Support

Under family, rate how often anyone living in your household said or did what is described in the past 6 months. Under friends, rate how often your friends, acquaintances, or coworkers said or did what is described in the past 6 months.

Please CIRCLE one number for each question:

FAMILY

1. Walk or exercise with me

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

2. Give me encouragement to do physical activity

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

3. Criticize or make fun of me for walking or exercising

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

4. Make positive comments about my physical appearance

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

FRIENDS

5. Walk or exercise with me

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

6. Give me encouragement to do physical activity

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

7. Criticize or make fun of me for walking or exercising

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

8. Make positive comments about my physical appearance

Never	Rarely	A few times	Often	Very often	Does not apply
0	1	2	3	4	8

P. Daily Activities

Please rate **how much difficulty you would have** with each of the following activities. **CIRCLE** a number between 1 and 5 for each item below.

Without the help of someone else and without the use of any assistive walking device like a cane or walker, how much difficulty do you have...

	Cannot do	Quite a lot of difficulty	Some difficulty	A little difficulty	No difficulty
1. Walking 1 mile, taking rests as necessary	1	2	3	4	5
2. Running ½ mile or more	1	2	3	4	5
3. Going up and down a flight of stairs, without a handrail	1	2	3	4	5
4. Running a short distance, such as to catch a bus	1	2	3	4	5
5. Hiking a couple of miles	1	2	3	4	5
6. Going up and down 3 flights of stairs, with a handrail	1	2	3	4	5
7. Carrying something in both arms while climbing stairs	1	2	3	4	5
8. Getting up from the floor	1	2	3	4	5
9. Walking several blocks	1	2	3	4	5
10. Taking a 1 mile brisk walk without stopping to rest	1	2	3	4	5
11. Walking on a slippery surface outdoors	1	2	3	4	5
12. Stepping up and down from a curb	1	2	3	4	5
13. Getting into and out of a car	1	2	3	4	5
14. Stepping on and off a bus	1	2	3	4	5

15. Do you regularly use a cane, walker, or another walking device?

- 1. Yes
- 0. No **If no, skip to Section Q below.**

When you use your cane, walker, or other walking device, how much difficulty do you have...

	Cannot do	Quite a lot of difficulty	Some difficulty	A little difficulty	No difficulty
16. Walking 1 mile, taking rests as necessary	1	2	3	4	5
17. Going up and down a flight of stairs outside, without a handrail	1	2	3	4	5
18. Stepping up and down from a curb	1	2	3	4	5
19. Walking around one floor of your home, taking into consideration thresholds, doors, furniture, and a variety of floor coverings (e.g., rugs)	1	2	3	4	5
20. Walking several blocks	1	2	3	4	5
21. Taking a 1 mile, brisk walk without stopping to rest	1	2	3	4	5
22. Walking on a slippery surface outdoors	1	2	3	4	5

Q. Medical History

The following questions ask about your personal medical history. We ask these questions to get a better picture of your overall health and quality of life. Again, all of your information will be kept strictly confidential.

1. Have you been hospitalized overnight anytime during the past year?

- 1. Yes
- 0. No

2. How many medications do you currently take regularly?

- 0
- 1
- 2
- 3
- 4
- 5 or more

3. Are you currently being treated for any of the following problems? **CHECK all that apply.**

- a. Rheumatoid arthritis
- b. Osteoarthritis
- c. Lupus or SLE
- d. Parkinson's Disease or other neurological disorder
- e. High blood pressure
- f. Diabetes
- g. Heart attack, heart condition, or angina
- h. Cancer
- i. None of these

4. Have you been treated in the last 5 years by a health care professional for any of the following? **CHECK all that apply.**

- a. Major depression
- b. Bipolar disorder
- c. Anxiety or stress disorder
- d. None of these

5. Are you currently under a doctor's care for any medical problems not listed on the previous questions?

- 1. Yes
- 0. No

If yes, please describe those problems in the space below:

6. During a typical week, how many alcoholic beverages do you have (remember to include weekends)?

_____ drinks per week

1 drink = 1 bottle/can of beer (12oz.) = 1 glass of wine (6oz.) = 1 shot (2 oz.)

7. Have you smoked a cigarette, cigar or pipe in the past 7 days?

- 1. Yes
- 0. No **(if no, skip to Question #8)**

7b. **If yes**, on average, how many cigarettes (or cigars or pipes) do you smoke per day?

_____ per day

8. Do you have serious difficulty seeing, even when wearing glasses or contact lenses?

- 1. Yes
- 0. No

9. Do you use telescopic lenses, braille, readers, a guide dog, a white cane, or any other equipment for people with visual impairments?

- 1. Yes
- 0. No

10. Do you use a hearing aid?
- 1. Yes
 - 0. No
11. Do you have any trouble hearing what is said in normal conversation, even when wearing a hearing aid?
- 1. Yes
 - 0. No
12. Do you usually use a walker to get around inside or outside of your home?
- 1. Yes
 - 0. No
13. Do you usually use a cane to get around inside or outside of your home?
- 1. Yes
 - 0. No
14. Have you fallen in the past 12 months (falling includes falling on the ground or some other level, such as a chair)? **If no, skip to 15.**
- 1. Yes
 - 0. No
- 14b. If yes, how many times have you fallen in **the last 12 months**?
- 1
 - 2
 - 3
 - 4
 - 5 or more
15. Are you currently restricting your physical activity based on the recommendation of your physician?
- 1. Yes
 - 0. No
16. People find that they sometimes get confused as they get older. In the past year, about how often did you get confused?
- 0. Never
 - 1. Rarely
 - 2. Sometimes
 - 3. Frequently
17. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
- 0
 - 1
 - 2
 - 3
 - 4
 - 5 or more

18. Is there a place that you **usually** go when you are sick or you need advice about your health?
- 1. Yes
 - 2. There is **no** place
 - 3. There is **more than one** place
 - 8. Don't know
19. What kind of place do you go to most often? Please CHECK one.
- 1. Clinic or health center
 - 2. Doctor's office or HMO
 - 3. Hospital emergency room
 - 4. Hospital outpatient department
 - 5. Some other place
 - 8. Don't know
20. During the past year, have you had 2 consecutive weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things you usually cared about or enjoyed?
- 1. Yes
 - 0. No

R. General Information

1. Age: _____
2. Birth date (mm/dd/yy) _____
3. Gender:
- 1. Female
 - 0. Male
4. Are you of Hispanic, Mexican, or Latin American descent?
- 1. Yes
 - 0. No
5. Race: **Please check one.**
- 1. White/Caucasian
 - 2. Black/African-American
 - 3. Asian-American/Filipino
 - 4. Native Hawaiian/Pacific Islander
 - 5. Hispanic/Latino
 - 6. American Indian/Alaskan Native
 - 7. Multi-racial _____
 - 8. Other _____
6. Height: _____ feet and _____ inches
7. Weight: _____ pounds

8. Email address: _____
9. What was your highest education level completed?
- 1. Less than 7th grade
 - 2. Junior high/middle school
 - 3. Some high school
 - 4. Completed high school
 - 5. Some college or vocational training
 - 6. Completed college or university
 - 7. Completed graduate degree
10. What type of residence do you live in?
- 1. Single family house
 - 2. Multi-family house
 - 3. Apartment
 - 4. Condominium/townhouse
 - 5. Retirement community/assisted living facility
 - 6. Other _____
11. Do you rent or own your home?
- 1. Own/buying
 - 2. Rent
 - 3. Neither (living with relatives, etc.)
12. How long have you lived at your current address? ____ year(s) and ____ month(s)
13. Do you have any pets in your household? **Check all that apply.**
- 0. No pet
 - 1. Dog
 - 2. Cat
 - 3. Bird
 - 4. Fish
 - 5. Other
14. Do you have a valid driver's license?
- 1. Yes
 - 0. No
15. How many driveable motor vehicles (cars, trucks, motorcycles) are there at your household? _____
16. How far from your home do you feel comfortable driving on a regular basis?
- 0. 0 miles
 - 1. 1 mile
 - 2. 2-4 miles
 - 3. 5-10 miles
 - 4. more than 10 miles
 - 7. Not applicable (I do not drive)

17. What is your marital status?

- 1. Married
- 2. Widowed
- 3. Divorced/separated
- 4. Single and never married
- 5. Living with partner

18. What is your current employment status? Please CHECK one.

- | | |
|------------------------------|--|
| 1. Unemployed _____ | 5. Permanently disabled _____ |
| 2. Full-time homemaker _____ | 6. Retired and not currently working _____ |
| 3. Employed full-time _____ | 7. On temporary medical leave _____ |
| 4. Employed part-time _____ | |

19. Approximate annual household income? Please CHECK one.

- | | |
|----------------------------|-----------------------------|
| 1. <\$10,000 _____ | 7. \$60,000-\$69,000 _____ |
| 2. \$10,000-\$19,000 _____ | 8. \$70,000-\$79,000 _____ |
| 3. \$20,000-\$29,000 _____ | 9. \$80,000-\$89,000 _____ |
| 4. \$30,000-\$39,000 _____ | 10. \$90,000-\$99,000 _____ |
| 5. \$40,000-\$49,000 _____ | 11. > \$100,000 _____ |
| 6. \$50,000-\$59,000 _____ | |

20. How many people (including yourself) live in your household? _____ people

21. What are the ages of the other people living in your household (if any)?

- a) _____ b) _____ c) _____ d) _____ e) _____ f) _____

22. How many children under 18 live in your household? _____

23. Are you currently taking care of a sick or frail older relative or friend on a regular basis? This means that on a daily or weekly basis, you help the person with their personal care needs such as eating or dressing, or with routine needs such as household chores, shopping, or business.

- 1. Yes
- 0. No **(if no, skip the next two questions)**

23a. Approximately how long have you been caring for this person on a regular basis?

Number of years _____ **OR**, if less than one year, Number of months _____

23b. Over the past year approximately how much time per week have you spent engaging in activities related to caring for this person?

Number of hours per week _____ **OR**, if less than one hour per week,
Number of hours per month _____

If you have any additional comments or you'd like to tell us something about your neighborhood, please use the space below. We are also interested in hearing about your experience as a participant in our study. Any feedback you have for us is welcome. Thank you for your time and effort. We appreciate your participation!

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

- ✓ Remember, the envelope should include 3 items:
 - the activity meter,
 - the activity meter log sheet,
 - and this survey.



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

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

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

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

