

Telephone Questionnaire
Measuring Physical Activity in Communities, St. Louis

Hello, I'm _____ and I'm calling for the Saint Louis University Prevention Research Center. Your phone number has been chosen randomly to be included in the study, and we'd like to ask you some questions about the way you perceive or think about your neighborhood. The interview will take about 20 minutes. We will try to get through the questions as quickly as possible.

Your participation is completely voluntary. You have the right to refuse to be interviewed or to refuse to answer any question. There are no right or wrong answers and your information is kept strictly confidential.

Lets begin.

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

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

[Please read.]

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

or

- | | | |
|----|------------|---|
| e. | Poor | 5 |
|----|------------|---|

[Do not read.]

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

Section A-1. Walking Assessment

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

2. How many total **minutes** did you do each type of walking this past week?

- | | | |
|----|--|-------|
| a. | All walking to and /or from work and school | _____ |
| b. | Walking during breaks and/or lunch time at work and school..... | _____ |
| c. | Walking as part of errands performed outside your yard and household | _____ |
| d. | Walking for exercise | _____ |

3. About how many days in the past week did you walk for exercise?

- | | | |
|----|-------------------------------|---|
| a. | none [Go to Q23] | 1 |
| b. | 1 day..... | 2 |

- c. 2 days3
- d. 3 days4
- e. 4 days5
- f. 5 days6
- g. 6 days7
- h. 7 days8

[Do not read]

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

4. About how many minutes did you walk for exercise each time in the past week?

- a. I did not walk for exercise last week 1
- b. less than 10 minutes at a time2
- c. 10-20 minutes3
- d. 20-30 minutes4
- e. 30-40 minutes5
- f. 40-50 minutes6
- g. 50-60 minutes7
- h. more than 60 minutes at a time8

[Do not read]

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

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

- a. none..... 1
- b. less than 15 minutes2
- c. 15-30 minutes3
- d. 30-45 minutes4
- e. 45-60 minutes5
- f. 60-90 minutes6
- g. 90-150 minutes7
- h. 150-300 minutes8
- i. 300 or more minutes 9

6. Where do you usually walk most of the time?

[Read only as prompts]

- a. Walking/jogging trail or track **[Go to Q11]** 1
- b. Neighborhood streets..... 2

- c. Park.....3
- d. Shopping mall or Walmart Superstore4
- e. Indoor gym or fitness center track.....5
- f. Treadmill (home or gym)6
- g. School track7
- h. Other (specify): _____.....8

7. Is there any other place that you walk?

[Read only as prompts]

- a. Walking/jogging trail or track **[Go to Q11]**.....1
- b. Neighborhood streets.....2
- c. Park.....3
- d. Shopping mall or Walmart Super Store4
- e. Indoor gym or fitness center track.....5
- f. Treadmill (home or gym)6
- g. School track.....7
- h. Other (specify)_____.....8

8. 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 Q15]**.....0

[Do not read]

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

9. Do you ever use the walking trail?

- a. Yes **[Go to Q11]**1
- b. No.....0

[Do not read]

- Don't know/Not sure777
- Refused999

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

[Read only as prompts]

- a. Poor lighting.....1

- b. Poor path conditions2
- c. Animals3
- d. Fear of other people.....4
- e. Lack of fitness stations5
- f. Location.....6
- g. Unsafe surface7
- i. No parking.....8
- j. Too crowded.....9
- k. Facilities not well maintained.....10
- l. Lack of scenic beauty11

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

[Please read as prompts]

- a. Friend1
- b. Family member/relative2
- c. Community group or coalition3
- d. Newspaper4
- e. Happened to see it one day5
- f. Other _____6

[Do not read]

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

12. How do you get to the trail?

[Read only as prompts]

- a. Walk1
- b. Drive yourself.....2
- c. Someone drives you3
- d. Bicycle.....4
- e. Other _____5

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

- a. Yes1
- b. No.....0

[Do not read]

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

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

a. Miles.....

[Do not read]

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

[NOTE: For Questions 15 – 18, please use the following algorithm for “Insert response from 6”:

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

15. How often do you usually use the **[Insert response from 6]** for walking?

a. Times per day **[1]** __ __
 b. Times per week **[2]** __ __
 c. Times per month **[3]** __ __
 Don't know/not sure.....777
 Refused999

16. How safe do you feel while you are walking? Would you say:

[Please read]

a. Extremely safe **[Go to Q18]**..... 1
 b. Quite safe **[Go to Q18]** 2
 c. Slightly Safe3

or

d. Not at all safe4

[Do not read]

Don't know/Not sure **[Go to Q18]**.....777
 Refused **[Go to Q18]**.....999

[NOTE: For Question 17, please use the following algorithm for “Insert response from Q16”:

IF Question 16 = 3 THEN “only slightly safe”
ELSE IF Question 16= 4 THEN “not at all safe”]

17. Why do you feel **[Insert response from Q16]**?

[Read only as prompts]

- a. Poor lighting 1
- b. Poor path conditions 2
- c. Unattended animals 3
- d. Fear of other people..... 4
- e. Other (specify): _____ 5

[Do not read]

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

18. What do you like most about the place where you walk?

[Read only as prompts.]

- a. Free place to exercise 1
- b. Fitness stations available 2
- c. Distances are marked..... 3
- d. Location/convenience..... 4
- e. Trail design..... 5
- f. Scenic beauty..... 6
- g. Safe surface 7
- h. Lighting 8
- i. Other people exercising..... 9
- j. Parking 10
- k. No crowds 11
- l. Other (specify): _____ 12

[Do not read]

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

19. What do you like least about the place where you walk?

[Read only as prompts.]

- a. Fitness stations not available 1
- b. Distances are not marked 2
- c. Poor location/inconvenient..... 3
- d. Trail design..... 4

- e. Unappealing5
- f. Unsafe surface6
- g. Poor lighting7
- h. Other people exercising.....8
- i. No parking.....9
- j. Crowds10
- k. Restrooms are either dirty or locked (Lack of clean restrooms)11
- l. No benches12
- m. Unattended animals13
- n. Fear of crime from other people.....14
- o. Other (specify):.....15
- p. I like everything about the place.16

[Do not read]

- Don't know/Not sure777
- Refused999

20. Has the amount that you walk changed since you began using the **[Insert response from Q6]**?

- a. Yes.....1
- b. No **[Go to Q22]**.....0

[Do not read]

- Don't know/not sure **[Go to Q22]**.....777
- Refused **[Go to Q22]**.....999

21. Are you walking _____ since you began using the **[Insert response from Q6]**?

- a. More1
- b. Less.....2

or

[Do not read]

- Don't know/Not sure777
- Refused999

22. What is your main reason for exercising?

[Read only as prompts]

- a. To look better1
- b. To lose weight2

- c. General health purposes3
- d. Personal fitness plan4
- e. Physician/health care provider recommendation.....5
- f. Relaxation.....6
- g. Enjoyment7
- h. To feel better8
- i. To walk pet.....9
- i. To get from one place to another.....10
- j. To meet people11
- k. To spend time with friends12
- l. Other_____13

[Do not read]

- Don't know/Not sure777
- Refused999

Section A-2. Barriers

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

[Please read]

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

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

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

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

Section A-3. Social Assets

[NOTE: Ask Questions 25 –26 only if the respondent answered 2-8 to Question 3. Otherwise, go to Question 27.]

25. Do you usually walk:

- a. Alone **[Go to Q30]**1
- or
- b. With someone.....2
- [Do not read]
- Don't know/Not sure777
- Refused.....999

26. With whom do you walk most of the time?

[Read only as prompts]

- a. Friends.....1
- b. Neighbors2
- c. Club or class3
- d. Spouse/partner.....4
- e. Children.....5
- f. Pets6
- g. Other family members/relatives7
- h. Other (specify):.....8

[Do not read]

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

How true are the following statements?

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

[Please read]

- a. Not at all true.....1
- b. Somewhat true.....2
- c. True3

or

- d. Very true.....4

[Do not read]

- Don't know/Not sure777
- Refused999

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

[Please read]

- a. Not at all true.....1
- b. Somewhat true.....2
- c. True3

or

- d. Very true.....4

[Do not read]

- Don't know/Not sure777
- Refused999

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

[Read only as prompts.]

- a. Friend1
- b. Coworker2
- c. Family member/relative3
- d. Employer4
- e. Neighbor5
- f. Fitness trainer or instructor.....6
- g. Doctor.....7
- h. Other health professional.....8
- i. Magazine/newspaper9
- j. Health literature (e.g., pamphlets, books).....10
- k. Local health agency11
- l. A health coalition12
- m. Minister/clergy13
- n. Television14

- o. Radio15
- p. Computer web sites16
- q. Other (specify): _____17
- r. None18

[Do not read]

- Don't know/Not sure777
- Refused999

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

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

[Please read.]

- a. Strongly Agree1
- b. Agree.....2
- c. Disagree3

or

- d. Strongly Disagree4

[Do not read.]

- Don't know/Not sure777
- Refused999

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

[Please read.]

- a. Strongly Agree1
- b. Agree.....2
- c. Disagree3

or

- d. Strongly Disagree4

[Do not read.]

- Don't know/Not sure777
- Refused999

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

[Please read.]

- a. Strongly Agree1
- b. Agree.....2

c. Disagree3

or

d. Strongly Disagree.....4

[Do not read.]

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

Refused999

33. Relatives encourage you to exercise. Do you:

[Please read.]

a. Strongly Agree 1

b. Agree.....2

c. Disagree3

or

d. Strongly Disagree.....4

[Do not read.]

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

Refused999

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

[Please read.]

a. Strongly Agree 1

b. Agree.....2

c. Disagree3

or

d. Strongly Disagree.....4

[Do not read.]

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

Refused999

Section A-4. Community Assets

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

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

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

- a. Yes.....1
- b. No.....0

[Do not read]

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

37. Do you get together with any social clubs or coalitions for activities such as music, playing cards, sports or other hobbies?
- a. Yes.....1
 - b. No.....0

[Do not read]

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

38. Do you belong to any religious organizations?
- a. Yes.....1
 - b. No.....0

[Do not read]

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

If the respondent answered 1 to questions 36-38 then ask questions 39 & 40. Otherwise go to Q41

39. Do you spend time in these organizations talking about health related behaviors like smoking, eating healthy or exercise?
- a. Yes.....1
 - b. No.....0

[Do not read]

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

40. Have you made any changes in your health behaviors as a result of comments made or programs held through these organizations?
- a. Yes.....1
 - b. No.....0

[Do not read]

Don't know/Not sure777

Refused.....999

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

[Please read]

- a. Extremely safe.....1
- b. Quite safe.....2
- c. Slightly safe.....3

or

- d. No at all safe.....4

[Do not read]

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

Refused.....999

Section A-5. Policy Attitudes/Access

42. Are you currently:

[Please read.]

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

or

- i. Disabled and unable to work.....9

[Do not read.]

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

Refused.....999

[If respondent answered 1, 2 or 3 to Question 42, go to Question 43. Otherwise, go to Question 46.]

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

- a. Yes.....1
- b. No.....0

[Do not read]

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

Refused999

[If respondent answered 1 to Question 43, go to Question 44. Otherwise, go to Question 45.]

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

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

a. Time or breaks during the work day for exercise 1

b. Facilities to exercise (e.g., gym, trail, locker room, shower).....2

c. Equipment for exercise (e.g., treadmill, cycle, weights).....3

d. Offers personal services (e.g., fitness test, counseling)4

e. Offers group services (e.g., exercise classes, health fair)5

f. Provides resource materials (e.g., brochures, posters, videos)6

g. Subsidizes health club memberships7

h. Sponsors sports teams8

i. Offers reduced health insurance premiums for active employees9

j. Provides other monetary incentives for exercise 10

k. Other (specify):_____ 11

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

[Read only as prompts]

a. Yes 1

b. No safe stairways for employees to use.2

c. No stairs at all.3

[Do not read]

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

Refused999

Section B. Sedentary Behaviors

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

[Round up fractions.]

Hours per week.....__ __

None888

[Do not read]

Don't know/Not sure777

Refused.....999

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

[Round up fractions.]

Hours per week.....__ __

None888

[Do not read]

Don't know/Not sure777

Refused.....999

48. On a usual weekday (Monday through Friday), how many minutes do you spend in a car traveling to work, shopping, or running other errands?

[1 hour = 60 minutes]

a. Driving to work

Hours per weekday__ __

None888

b. Driving to shop

Hours per weekday__ __

None888

c. Driving to deliver or pick up children or run other errands

Hours per weekday__ __

None888

[Do not read]

Don't know/Not sure777

Refused.....999

Section C. Sociodemographic and Other Factors

49 What is your age?

Enter age in years__ __

[Do not read]

Don't know/Not sure777

Refused999

50. Are you:

a. Male 1

or

b. Female.....2

51. Are you:

[Please read.]

a. Married 1

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

d. Divorced3

e. Widowed.....4

f. Separated5

or

g. Never been married6

[Do not read.]

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

Refused999

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

a. Yes 1

b. No [Go to1Q63].....0

[Do not read]

Don't know/Not sure [Go to Q63].....777

Refused [Go to Q63]999

53. How many residential telephone numbers do you have?

a. Enter number__

[Do not read]

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

Refused999

54. What is your zip code?

— — — — —

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

Refused999

55. 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 question 56]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)

h. \$ 75,000 or more8

or

[Do not read.]

Don’t know/Not sure.....777

Refused999

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

[Read only as prompts.]

a. Eighth grade or less1

b. Some high school2

c. High school or GED certificate3

d. Some technical school.....4

e. Some college5

f. College graduate.....6

g. Post grad or professional degree.....7

[Do not read]

Don’t know/Not sure.....777

Refused999

57. What is your race? Would you say:

[Please read.]

a. White.....1

b. Black/African-American.....2

c. Asian, Pacific Islander3

d. American Indian, Alaskan Native4

or

e. Other (specify):5

[Do not read.]

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

Refused999

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

a. Yes (specify group:)1

b. No.....0

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

Refused999

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

Yes.....1

No.....0

[Only ask Q60 if the respondent answers yes to Q59]

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

60. What is your first name? _____

CLOSING STATEMENT

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

Thank you very much for your time and cooperation.