

Data Collection Instruments

for

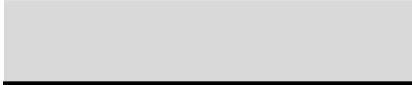
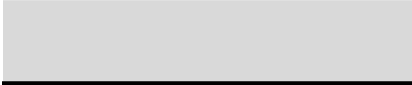

Environmental exposures across urban and rural communities in the Deep South (R01ES023029)

Instructions for Demographic and Behavior Questionnaire

Instructions

Read each question carefully and look closely at answer choices after each question. If there is a large, shaded box, please write a response to the question.

For example:

1. What is your name?		
Last Name	First Name	Middle Initial
		

Otherwise mark your answer by putting an **X** through the number that represents your answer.

For example:

2. What is your sex?	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

1. What is your name?

Last Name

First Name

Middle Initial

2. What is your contact information?

Street Address

City

State

AL

Zip code

Phone number

Second phone number

E-mail address

3. How many people are living or staying at this address?

- **Include everyone who is living here for more than 2 months, including yourself**

4. How long have you lived in this community?

- Less than 1 year
- 1 to 3 years
- 3 to 10 years
- 10 to 20 years
- Greater than 20 years

5. How do you identify your gender?

- Male
- Female

6. When is your birthday?

Month

Year of birth

7. What ethnicity or ancestry do you identify with? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African
- Native Hawaiian or Other Pacific Islander
- White or European
- Hispanic or Latino
- Other: _____

8. How would you describe your overall health?

Excellent

Very Good

Good

Fair

Poor

9. Do you regularly spend more than 2 hours per day at a location other than at your home (for example: work, school, family member's home, church)?

Yes

No

If yes, then what is the address of this location? Provide as much as you know.

Street Address

City

State

AL

Zip code

10. *What is the highest level of education you have completed?*

- Less than a High School Diploma**
- High School Diploma** (or GED or High School Equivalence Certificate)
- Post-Secondary Certificate** - awarded for training completed after high school (for example, in Personnel Services, Engineering-related Technologies, Vocational Home Economics, Construction Trades, Mechanics and Repairers, Precision Production Trades)
- Associate's Degree or some college courses**
- Bachelor's degree**
- Graduate degree**

11. *What is the household income – including all household members – during the past 12 months? Include pre-tax amount from all income sources. For example: bonuses, Supplemental Social Security, investment income, child support.*

- Less than \$20,000**
- \$20,000 to \$49,999**
- \$50,000 to \$74,999**
- \$75,000 or more**

12. What is your current employment status? Please mark all that apply.

- Employed full-time for wages**
- Employed part-time for wages**
- Self-employed/family business/farm**
- Out of work for less than a year**
- Out of work for 1 year or more**
- Homemaker/taking care of family**
- Student**
- Retired**
- Unable to work**
- Volunteer**
- Other _____**

We will go through the next questions orally and help you mark the best response.

GODIN LEISURE-TIME EXERCISE QUESTIONNAIRE

13. *During a typical 7-Day period (a week), how many times on average do you do the following kinds of exercise for more than 15 minutes during your free time (write on each line the appropriate number).*

a) STRENUOUS EXERCISE (HEART BEATS RAPIDLY)

(for example, running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long distance bicycling)

i. *times per week*

ii. *If so, what exercise do you do?*

iii. *Where do you normally do this? (circle one)*

INDOORS

OUTDOORS

b) MODERATE EXERCISE (NOT EXHAUSTING) (for example, fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

i. *times per week*

ii. *If so, what exercise do you do?*

iii. *Where do you normally do this? (circle one)*

INDOORS OUTDOORS

c) MILD EXERCISE (MINIMAL EFFORT) (for example, yoga, archery, fishing from river bank, bowling, horseshoes, golf, snowmobiling, easy walking)

i. *times per week*

ii. *If so, what exercise do you do?*

iii. *Where do you normally do this? (circle one)*

INDOORS OUTDOORS

14. During a typical **7-Day period** (a week), in your leisure time, how often do you engage in any regular activity **long enough to work up a sweat** (heart beats rapidly)? Circle one.

OFTEN

SOMETIMES

NEVER/RARELY

**INTERNATIONAL PREVALENCE STUDY [IPS]
ON PHYSICAL ACTIVITY**

*Think about the different facilities in and around your neighborhood -- by this we mean the area **ALL** around your home that you could walk to in **10-15 minutes**.*

15. What is the main type of housing in your neighborhood?

- Detached single-family housing
- Townhouses, row houses, apartments, or condos of 2-3 stories
- Mix of single-family residences and townhouses, row houses, apartments or condos

- Apartments or condos of 4-12 stories
- Apartments or condos of more than 12 stories
- Don't know/Not sure

The next items are statements about your neighborhood related to walking and bicycling. Read the statement and mark the degree to which you disagree or agree.

16. Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home. Would you say that you...

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Don't know/Not sure

17. It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home. Would you say that you...

- Strongly disagree**
- Somewhat disagree**
- Somewhat agree**
- Strongly agree**
- Don't know/Not sure**

***18. There are sidewalks on most of the streets in my neighborhood.
Would you say that you...***

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply to my neighborhood
- Don't know/Not sure

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

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply to my neighborhood
- Don't know/Not sure

20. *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**
- Don't know/Not sure**

21. *The crime rate in my neighborhood makes it unsafe to go on walks at night. Would you say that you...*

- Strongly disagree**
- Somewhat disagree**
- Somewhat agree**
- Strongly agree**
- Don't know/Not sure**

THIS IS THE END OF THE QUESTIONS.

THANK YOU FOR PARTICIPATING.

Daily Log

ID # _____

Days 1-2: Please go about your daily routine.

Day (Day of Week, MM/DD)	Instructions	Did you spend more than 30 minutes outdoors? (if outdoors more than three, please add)	Report # of steps from pedometer at the end of the day
	Go about your normal activities	NO (please circle it if no) YES (please fill in the starting time and activities) 1. __:__ AM/PM for _____ 2. __:__ AM/PM for _____ 3. __:__ AM/PM for _____	
	Go about your normal activities	NO (please circle it if no) YES (please fill in the hour and activities and if yes) 1. __ to __ AM/PM for _____ 2. __ to __ AM/PM for _____ 3. __ to __ AM/PM for _____	

Days 3-7: Please go outdoors for 30 minutes beyond what you would normally do. Please do so whenever it is convenient in your schedule for a continuous 30 minutes. Please record what time and what activity you did during that time. **Outdoors** is anything in open-air outside of a home or building. Examples: the yard, a park, the garden.

Day 3

Day (Day of Week, MM/DD)	Instructions	Did you spend more than 30 minutes outdoors? (if outdoors more than three, please add)	Report # of steps from pedometer at the end of the day	Was there something that made it difficult to spend additional time outdoors today? (circle one and describe)
	Add 30 additional minutes time outdoors beyond what you normally do	NO (please circle it if no) YES (please fill in the starting time and activities) 1. __:__ AM/PM for _____ 2. __:__ AM/PM for _____ 3. __:__ AM/PM for _____		NO YES Describe: _____ _____ _____

On a scale of 1 to 5, circle how you feel about this statement: **I feel better now that I've been outside.**

Very bad

Neutral

Very good

1-----2-----3-----4-----5

Day 5: Please go outdoors for 30 minutes beyond what you would normally do. Please do so whenever it is convenient in your schedule for a continuous 30 minutes. Please record what time and what activity you did during that time. **Outdoors** is anything in open-air outside of a home or building. Examples: the yard, a park, the garden.

Day (Day of Week, MM/DD)	Instructions	Did you spend more than 30 minutes outdoors? (if outdoors more than three, please add)	Report # of steps from pedometer at the end of the day	Was there something that made it difficult to spend additional time outdoors today? (circle one and describe)
	Add 30 additional minutes time outdoors beyond what you normally do	NO (please circle it if no) YES (please fill in the starting time and activities) 1. __:__ AM/PM for _____ 2. __:__ AM/PM for _____ 3. __:__ AM/PM for _____		NO YES Describe: _____ _____ _____

On a scale of 1 to 5, circle how you feel about this statement: **I feel better now that I've been outside.**

Very bad

Neutral

Very good

1-----2-----3-----4-----5

Days 6: Please go outdoors for 30 minutes beyond what you would normally do. Please do so whenever it is convenient in your schedule for a continuous 30 minutes. Please record what time and what activity you did during that time. **Outdoors** is anything in open-air outside of a home or building. Examples: the yard, a park, the garden.

Day (Day of Week, MM/DD)	Instructions	Did you spend more than 30 minutes outdoors? (if outdoors more than three, please add)	Report # of steps from pedometer at the end of the day	Was there something that made it difficult to spend additional time outdoors today? (circle one and describe)
	Add 30 additional minutes time outdoors beyond what you normally do	NO (please circle it if no) YES (please fill in the starting time and activities) 1. __:__ AM/PM for _____ 2. __:__ AM/PM for _____ 3. __:__ AM/PM for _____		NO YES Describe: _____ _____ _____

On a scale of 1 to 5, circle how you feel about this statement: **I feel better now that I've been outside.**

Very bad

Neutral

Very good

1-----2-----3-----4-----5

*You will get a check-in call tonight

Exit Survey

To be administered via oral interview at turn-in session (using computer to input answers)
(Estimated to take 10 minutes)

Temperature Monitor comfort

1. Do you think the monitor was uncomfortable to wear on your shoe? Yes/no
 - 1a. If so, were there particular types of shoes that it was most uncomfortable on?
2. Were there particular times during your day that it was more uncomfortable to wear? Or particular activities?
3. On a scale of 1 to 5, 1 being very uncomfortable and 5 being the very comfortable, how comfortable was it to wear the monitor on your shoe? 1-5
4. Did people notice the monitor and ask you about it?
5. If so, did this make you feel uncomfortable?

Pedometer (step counter) comfort

6. Did you think the pedometer was uncomfortable to wear at your waist? Yes/ no
 - 6a. If so, were there types of clothing that were more uncomfortable to wear it?
7. Were there particular times during your day that the pedometer was more uncomfortable to wear? Or particular activities?
8. On a scale of 1 to 5, 1 being very uncomfortable and 5 being the very comfortable, how comfortable was it to wear the pedometer at your waist? 1-5
9. Did people notice the pedometer and ask you about it?
10. If so, did this make you feel uncomfortable?

Compliance of daily log and monitor wearing

11. Do you feel like it was hard to remember to wear the temperature monitor? Yes/no
12. How many times over the week did you forget to put the temperature monitor on before leaving your home or workplace?
13. Do you feel like it was hard to remember to wear the pedometer? Yes/ no
14. How many times over the week did you forget to put the pedometer on before leaving your home or workplace?
15. Do you feel like it was hard to remember to fill out the daily log?

16. How many times over the week did you forget to fill out the daily log?

17a. Were you able to complete 30 additional minutes continuous outdoor time in days 3-7?

Yes/no

17 b. If no, why?

Benefits of participation

18. Did participation in the study make you more aware of the time you spend indoors and outdoors? Yes/no

19a. Were you surprised by the amount of time you spent outdoors (look at monitor results together with participant)? Yes/no

19b. If so, in what way (e.g. before participation did you feel like you spent more or less time outdoors)?

20a. Were you surprised by the number of steps that you took each day?

20b. Did you think you walked more or less than the pedometer counter?

21. Do you have anything else you would like to share or and additional comments about the study or your participation in the study?

Acceptability of Interventions and Future Intervention:

22. Did you spend 30 minutes outside beyond what you normally do on the days that you were asked to (3 through 7)?

23. Was it hard to remember to spend 30 extra minutes outside?

24. (While looking through participant's daily log) What did you do when you were outside?

25. Was that time enjoyable or an obligation?

26. Was it easier to spend time outside towards the end of the week than the first time?

(If participant was unable to answer during follow-up phone calls, ask these again)

27. Do you have central air conditioning? If Yes, proceed, if no, STOP

28. What do you keep your thermostat at when you are home during the day during the summer?

29. What do you keep your thermostat at when you are home during the night during the summer?

30. Would you be willing to raise the thermostat 5 degrees warmer for one week during the summer?

31. Would you be willing to raise the thermostat 5 degrees warmer for one month during the summer?

This is the end of Data Collection Instruments.