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?
   □ Male  □ Female
1. **What is your name?**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

2. **What is your contact information?**

   **Street Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AL</td>
<td></td>
</tr>
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</table>

   **Phone number**

<p>| |</p>
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<tr>
<th></th>
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</table>

   **Second phone number**

<p>| |</p>
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<tr>
<th></th>
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</table>

   **E-mail address**

<p>| |</p>
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</table>

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   Zip code

__________________________ AL     ______________________
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 ____________________
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) STRENÜOUS 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**

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

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

ID #___________________
**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**

<table>
<thead>
<tr>
<th>Day (Day of Week, MM/DD)</th>
<th>Instructions</th>
<th>Did you spend more than 30 minutes outdoors? (if outdoors more than three, please add)</th>
<th>Report # of steps from pedometer at the end of the day</th>
<th>Was there something that made it difficult to spend additional time outdoors today? (circle one and describe)</th>
</tr>
</thead>
</table>
|                          | 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) |                                                     | NO
YES
Describe: ________
________________
________________ |
|                          |                                                          | 1. __:__ AM/PM for ___________________________ |                                                     |                                                                                           |
|                          |                                                          | 2. __:__ AM/PM for ___________________________ |                                                     |                                                                                           |
|                          |                                                          | 3. __:__ AM/PM for ___________________________ |                                                     |                                                                                           |

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

Page 17 of 24
Day 4: 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.

<table>
<thead>
<tr>
<th>Day</th>
<th>Instructions</th>
<th>Did you spend more than 30 minutes outdoors? (if outdoors more than three, please add)</th>
<th>Report # of steps from pedometer at the end of the day</th>
<th>Was there something that made it difficult to spend additional time outdoors today? (circle one and describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Add 30 additional minutes time outdoors beyond what you normally do</td>
<td>NO (please circle it if no) YES (please fill in the starting time and activities)</td>
<td></td>
<td>NO YES Describe: ____________ ____________ ____________ ____________ ____________ ____________ ____________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. <strong>:</strong> AM/PM for__________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. <strong>:</strong> AM/PM for__________________________</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>3. <strong>:</strong> AM/PM for__________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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.

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

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 Neutural 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.

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

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*
Days 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.

<table>
<thead>
<tr>
<th>Day (Day of Week, MM/DD)</th>
<th>Instructions</th>
<th>Did you spend more than 30 minutes outdoors? (if outdoors more than three, please add)</th>
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<th>Was there something that made it difficult to spend additional time outdoors today? (circle one and describe)</th>
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</thead>
<tbody>
<tr>
<td>Add 30 additional minutes time outdoors beyond what you normally do</td>
<td>NO (please circle it if no) YES (please fill in the starting time and activities)</td>
<td>1. <strong>:</strong> AM/PM for__________________________ 2. <strong>:</strong> AM/PM for__________________________ 3. <strong>:</strong> AM/PM for__________________________</td>
<td></td>
<td>NO YES Describe: _______ ______________________________</td>
</tr>
</tbody>
</table>

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

- Very bad
- Neutral
- Very good

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

*You will return to the Turn-in Session today*
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.