

THIS SURVEY SHOULD BE COMPLETELY FILLED OUT
 BY THE FOLLOWING PERSON, WHO MUST BE
 AT LEAST 18 YEARS OLD:

The **lady** of the house. If the lady of the house is not available, then the man of the house should fill it out.

The **man** of the house. If the man of the house is not available, then the lady of the house should fill it out.

Check here if you want a free 2 week pass to Family Fitness Center.

Please read each question carefully and answer it to the best of your ability. Do not spend too much time on any question. Your answers will be kept in strictest confidence.

SAN DIEGO HEALTH & EXERCISE SURVEY

1. How is your health? (PLEASE CHECK ONE) VERY GOOD ___ 1
GOOD ___ 2
AVERAGE ___ 3
POOR ___ 4
VERY POOR ___ 5

2. Do you need to limit your physical activity because of an illness, injury or handicap? (CHECK ONE) NO ___ 1
YES, BECAUSE OF TEMPORARY ILLNESS ... ___ 2
YES, BECAUSE OF LONG-TERM ILLNESS ___ 3
YES, BECAUSE OF TEMPORARY INJURY ___ 4
YES, BECAUSE OF LONG-TERM INJURY ___ 5
OR HANDICAP ___ 5

3. Are you being treated by a doctor for any medical condition? NO ___ 1
YES ___ 2
 If yes, please explain _____

4. Have either of your parents ever had a heart attack or stroke before they were 55 years old? NO ___ 1
YES ___ 2
DON'T KNOW ___ 3

5. How often do you eat the following foods? (MARK ONE NUMBER FOR EACH ITEM)

	Never or Few Times a Year	About Once a Month	Several Times a Month	Few Times a Week	Almost Daily
1. Fresh fruits and vegetables	1	2	3	4	5
2. Frozen dinners	1	2	3	4	5
3. Pastries (pie, cake, cookies, brownies, sweet rolls, donuts)	1	2	3	4	5
4. Poultry and fish	1	2	3	4	5
5. Red meats (beef, pork, lamb, lunch meats)	1	2	3	4	5
6. Salty snacks	1	2	3	4	5
7. Table salt	1	2	3	4	5
8. Whole milk, ice cream, hard cheese, butter	1	2	3	4	5
9. Whole grains and cereals	1	2	3	4	5
10. How often do you eat at fast food restaurants?	1	2	3	4	5

6. What is your job? (PLEASE WRITE YOUR JOB TITLE AND DESCRIBE THE WORK YOU NOW DO. LIST HOMEMAKER OR RETIRED IF THIS DESCRIBES YOU.)

TITLE: _____

DESCRIPTION: _____

7. About how many hours a week do you usually work? _____ HOURS A WEEK

8. On a work day, about how much time do you spend doing the following: (MARK ONE NUMBER FOR EACH ITEM)

	Less Than ½ Hour	½ to 1 Hour	1 to 3 Hours	3 to 5 Hours	More Than 5 Hours
1. Sitting	1	2	3	4	5
2. Standing	1	2	3	4	5
3. Walking	1	2	3	4	5
4. Lifting or carrying heavy things	1	2	3	4	5
5. Other strenuous tasks	1	2	3	4	5

DO YOU THINK THESE STATEMENTS ABOUT EXERCISE ARE TRUE OR FALSE? PLEASE MARK YOUR ANSWER.

	<u>True</u>	<u>False</u>
9. All the benefits to the heart and lungs from regular exercise are lost over time if exercise is not kept up	1	2
10. Regular exercise usually weakens the bones	1	2
11. Regular exercise helps get rid of body fat	1	2
12. Regular exercisers are more likely to have heart attacks	1	2
13. Exercises that cause fast breathing for a long time are better for health than short, hard bursts of exercise	1	2
14. Sweating a lot while exercising usually means you are exercising too hard	1	2
15. Most experts recommend that exercise be done at least 1 hour each time	1	2

THE NEXT FEW QUESTIONS ARE ABOUT YOUR PHYSICAL ACTIVITY HABITS.

16. Think about the usual amount of walking you did each week during the past year. Mark the usual amount of time you spend each week for each type of walking. Mark if you walk at a speed that causes a large increase in your heart rate or breathing. Do not include walking that you do as part of your work or housework.

<u>Type of Walking</u>	<u>Number of Minutes per Week</u> (Circle one for each type)			<u>Did it usually cause a large increase in your heart rate or breathing?</u> (Mark One)		
	<u>0-10 Min.</u>	<u>11-59 Min.</u>	<u>60+ Min.</u>	<u>Yes</u>	<u>Sometimes</u>	<u>No</u>
1) All walking to and/or from work and school	1	2	3	1	2	3
2) Walking during breaks and/or lunch time	1	2	3	1	2	3
3) Walking as part of errands performed outside of your yard and household	1	2	3	1	2	3

17. Have you done any of the following activities in the past two weeks? Please mark how many times you did each one, how many minutes, and how hard you worked.

	<u>How many times in the past 2 weeks did you do the activity?</u>	<u>About how many minutes did you do the activity each time?</u>	<u>When you did the activity, did you have a small, medium or large increase, or no increase at all in your heart rate or breathing?</u> (Mark one number for each activity)			
			<u>None</u>	<u>Small</u>	<u>Medium</u>	<u>Large</u>
1. Walking for exercise	___ TIMES	___ MINUTES	0	1	2	3
2. Jogging or running	___ TIMES	___ MINUTES	0	1	2	3
3. Hiking	___ TIMES	___ MINUTES	0	1	2	3
4. Gardening or yard work	___ TIMES	___ MINUTES	0	1	2	3
5. Aerobics or aerobic dancing	___ TIMES	___ MINUTES	0	1	2	3
6. Other dancing	___ TIMES	___ MINUTES	0	1	2	3
7. Calisthenics or general exercise	___ TIMES	___ MINUTES	0	1	2	3
8. Golf	___ TIMES	___ MINUTES	0	1	2	3
9. Tennis	___ TIMES	___ MINUTES	0	1	2	3
10. Bowling	___ TIMES	___ MINUTES	0	1	2	3
11. Biking or exercise cycling	___ TIMES	___ MINUTES	0	1	2	3
12. Swimming or water exercises	___ TIMES	___ MINUTES	0	1	2	3
13. Yoga	___ TIMES	___ MINUTES	0	1	2	3
14. Weight lifting or training	___ TIMES	___ MINUTES	0	1	2	3
15. Basketball	___ TIMES	___ MINUTES	0	1	2	3
16. Baseball or softball	___ TIMES	___ MINUTES	0	1	2	3
17. Football	___ TIMES	___ MINUTES	0	1	2	3
18. Soccer	___ TIMES	___ MINUTES	0	1	2	3
19. Volleyball	___ TIMES	___ MINUTES	0	1	2	3
20. Handball, racquetball, or squash	___ TIMES	___ MINUTES	0	1	2	3
21. Skating	___ TIMES	___ MINUTES	0	1	2	3
22. Skiing	___ TIMES	___ MINUTES	0	1	2	3
23. Rowing	___ TIMES	___ MINUTES	0	1	2	3
24. Surfing or boogieboarding	___ TIMES	___ MINUTES	0	1	2	3
25. Other _____	___ TIMES	___ MINUTES	0	1	2	3

18. Is the amount of activity you did in the past 2 weeks more, less, or about the same as your usual exercise habits over the past year? LESS 1
ABOUT THE SAME 2
MORE 3

19. During a usual week, about how often do you do physical exercise in your free time for at least 20 minutes without stopping, which is hard enough to make your heart rate and breathing increase a large amount? _____ TIMES PER WEEK
(IF "0", GO TO QUESTION #21)

20. How long have you been doing this amount of exercise?
(CHECK ONE)

FOR LESS THAN 6 MONTHS	___ 1
FROM 6 MONTHS TO 12 MONTHS	___ 2
FROM 1 YEAR TO 2 YEARS	___ 3
FROM 2 YEARS TO UNDER 5 YEARS	___ 4
FIVE OR MORE YEARS	___ 5

21. Where do you usually do these exercise activities?
(CHECK ALL THAT APPLY)

HOME	___ 1
WORK	___ 2
SCHOOL, CHURCH, COLLEGE OR UNIVERSITY FACILITY	___ 3
PARK	___ 4
COMMERCIAL FACILITY OR PRIVATE CLUB	___ 5
OUTSIDE USING NO SPECIAL FACILITY	___ 6
FREE RECREATIONAL FACILITY	___ 7
OTHER	___ 8

22. Compared to others of your age and sex, would you say you are:
(CHECK ONE)

MUCH LESS ACTIVE	___ 1
SOMEWHAT LESS ACTIVE	___ 2
ABOUT AS ACTIVE	___ 3
SOMEWHAT MORE ACTIVE	___ 4
MUCH MORE ACTIVE	___ 5

23. When you were an adolescent (age 13-18) how active were you compared to others of your same age and sex?

MUCH LESS ACTIVE	___ 1
SOMEWHAT LESS ACTIVE	___ 2
ABOUT AS ACTIVE	___ 3
SOMEWHAT MORE ACTIVE	___ 4
MUCH MORE ACTIVE	___ 5

24. This Question is about Physical Education Classes When You Were:

	Were They Offered?	If Yes, Did You Participate Regularly?	If Yes, Did You Enjoy Them?
1. In elementary school (about 6-12 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2
2. In high school (about 13-18 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2
3. After high school (about 19-24 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2

25. This Question is about School or Organized Sports Such as Little League Baseball When You Were:

	Were They Offered?	If Yes, Did You Participate Regularly?	If Yes, Did You Enjoy Them?
1. In elementary school (about 6-12 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2
2. In high school (about 13-18 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2
3. After high school (about 19-24 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2

26. This Question is about Unorganized Activities Such as Backyard Football When You Were:

	Were They Available?	If Yes, Did You Participate Regularly?	If Yes, Did You Enjoy Them?
1. In elementary school (about 6-12 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2
2. In high school (about 13-18 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2
3. After high school (about 19-24 years old)	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2	NO ___ 1 YES ___ 2

27. When you were younger than 18, about how often did each of the following people do physical activities?
(MARK ONE NUMBER FOR EACH PERSON)

	Never	Rarely	Sometimes	Frequently	Don't Know/ Does Not Apply
Mother	0	1	2	3	4
Father	0	1	2	3	4
Sisters(s)	0	1	2	3	4
Brother(s)	0	1	2	3	4
Friend(s)	0	1	2	3	4

28. When you were younger than 18, how often did each of the following people encourage you to do physical activities?
(MARK ONE NUMBER FOR EACH PERSON)

	Never	Rarely	Sometimes	Frequently	Don't Know/ Does Not Apply
Mother	0	1	2	3	4
Father	0	1	2	3	4
Sisters(s)	0	1	2	3	4
Brother(s)	0	1	2	3	4
Friend(s)	0	1	2	3	4

29. When you were younger than 18, how often did the following people do physical activities with you?
(MARK ONE NUMBER FOR EACH PERSON)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Frequently</u>	<u>Don't Know/ Does Not Apply</u>
Mother	0	1	2	3	4
Father	0	1	2	3	4
Sisters(s)	0	1	2	3	4
Brother(s)	0	1	2	3	4
Friend(s)	0	1	2	3	4

30. How often were you forced to exercise or play sports?
(CHECK ONE)

NEVER _____ 1
RARELY _____ 2
SOMETIMES _____ 3
OFTEN _____ 4
VERY OFTEN _____ 5

1. If sometimes, frequently, or always, who forced you?
(CHECK ALL THAT APPLY)

FRIENDS _____ 1
BROTHER(S)/SISTER(S) _____ 2
PARENTS _____ 3
PHYSICAL EDUCATION TEACHER _____ 4
OTHER TEACHERS _____ 5
OTHER _____ 6

31. Have you ever exercised regularly for 6 months or more and then stopped for 3 months or more?
(IF NO, GO TO #32)

NO _____ 1
YES _____ 2

1. If yes, how many times? _____ TIMES

2. Check the reason why you stopped the last time
(CHECK ONE REASON)

INJURY _____ 1
BAD WEATHER _____ 2
LACK OF INTEREST _____ 3
PERSONAL STRESS _____ 4
END OF SEASON FOR SPORT _____ 5
WORK DEMANDS _____ 6
FAMILY DEMANDS _____ 7
LACK OF TIME _____ 8
INCONVENIENT FACILITIES _____ 9
OTHER _____ 10

32. Were you ever injured during exercise or sports so that you had to limit your physical activity for at least one month?

1. As a Child: NO _____ 1 YES _____ 2

2. As an Adult: NO _____ 1 YES _____ 2

33. How often do the following prevent you from getting exercise? (MARK ALL THAT APPLY)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. Self conscious about my looks when I exercise . . .	0	1	2	3	4
2. Lack of interest in exercise	0	1	2	3	4
3. Lack of self-discipline	0	1	2	3	4
4. Lack of time	0	1	2	3	4
5. Lack of energy	0	1	2	3	4
6. Lack of company	0	1	2	3	4
7. Lack of enjoyment from exercise	0	1	2	3	4
8. Discouragement	0	1	2	3	4
9. Lack of equipment	0	1	2	3	4
10. Lack of good weather	0	1	2	3	4
11. Lack of skills	0	1	2	3	4
12. Lack of facilities or space	0	1	2	3	4
13. Lack of knowledge on how to exercise	0	1	2	3	4
14. Lack of good health	0	1	2	3	4
15. Fear of injury	0	1	2	3	4
16. Other _____	0	1	2	3	4

34. THIS SECTION IS ABOUT SOME POSSIBLE EFFECTS OF REGULAR EXERCISE. PLEASE MARK IF YOU AGREE WITH EACH STATEMENT AND IF EACH STATEMENT IS IMPORTANT TO YOU:

If I participate in regular exercise or sports, then:	<u>Strongly Disagree</u>	<u>Somewhat Disagree</u>	<u>Neutral</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>	Is it Important To You	
						No	Yes
1. I will feel less depressed and/or bored	1	2	3	4	5	1	2
2. I will improve my self-esteem	1	2	3	4	5	1	2
3. I will meet new people	1	2	3	4	5	1	2
4. I will lose weight or improve my shape	1	2	3	4	5	1	2
5. I will build up my muscle strength	1	2	3	4	5	1	2
6. I will feel less tension and stress	1	2	3	4	5	1	2
7. I will improve my health or reduce my risk of disease	1	2	3	4	5	1	2
8. I will do better on my job	1	2	3	4	5	1	2
9. I will feel more attractive	1	2	3	4	5	1	2
10. I will improve my heart & lung fitness	1	2	3	4	5	1	2

35. THIS SECTION IS ABOUT EXERCISING REGULARLY IN DIFFERENT SITUATIONS. FOR EACH ITEM, PLEASE MARK HOW SURE YOU ARE THAT YOU WOULD EXERCISE IN THAT SITUATION. MARK ONE NUMBER FOR EACH ITEM:

	<u>I'm Sure I Cannot</u>	—	<u>Maybe I Can</u>	—	<u>I'm Sure I Can</u>
1. I would exercise even though I am feeling sad or highly stressed	1	2	3	4	5
2. I would stick to my exercise program even when family or social life takes a lot of my time	1	2	3	4	5
3. I will set aside time for regular exercise	1	2	3	4	5

PLEASE MARK IF YOU AGREE WITH THE FOLLOWING STATEMENTS:

	<u>Strongly Disagree</u>	<u>Somewhat Disagree</u>	<u>Neutral</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>
36. Members of my family think I should exercise regularly	1	2	3	4	5
37. My friends and acquaintances think I should exercise regularly.	1	2	3	4	5
38. I feel I already exercise enough.	1	2	3	4	5
39. I seem to worry about my health more than other people worry about theirs.	1	2	3	4	5

40. FOR EACH OF THESE PLACES WHERE YOU CAN EXERCISE PLEASE MARK IF ONE IS CONVENIENT TO YOU. ALSO MARK IF YOU CAN AFFORD TO USE THIS PLACE.

	<u>Is One Convenient to You?</u>			<u>Can You Afford to Use it?</u>		
	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>
1. Aerobic dance studio	1	2	3	1	2	3
2. Basketball court	1	2	3	1	2	3
3. Bike lane	1	2	3	1	2	3
4. Bowling alley	1	2	3	1	2	3
5. Golf course	1	2	3	1	2	3
6. Health spa/gym	1	2	3	1	2	3
7. Public park	1	2	3	1	2	3
8. Public recreation center	1	2	3	1	2	3
9. Racquetball/squash court	1	2	3	1	2	3
10. Running track	1	2	3	1	2	3
11. Skating rink	1	2	3	1	2	3
12. Soccer or football field	1	2	3	1	2	3
13. Sporting goods store	1	2	3	1	2	3
14. Swimming pool	1	2	3	1	2	3
15. Tennis court	1	2	3	1	2	3

41. How safe is it to walk or jog alone in your neighborhood during the day?
 VERY UNSAFE _____ 1
 SOMEWHAT UNSAFE _____ 2
 NEUTRAL _____ 3
 SOMEWHAT SAFE _____ 4
 VERY SAFE _____ 5

42. Is it difficult to walk or jog in your neighborhood because of things like traffic, no sidewalks, dogs, etc.?
 NO _____ 1
 YES _____ 2

43. How often do you see people walking or jogging in your neighborhood?
 NEVER _____ 1
 RARELY _____ 2
 SOMETIMES _____ 3
 OFTEN _____ 4
 VERY OFTEN _____ 5

44. Place a check by the items you have in your home or yard:
 (CHECK ALL THAT APPLY)
 BICYCLE _____ 1
 STATIONARY CYCLE _____ 2
 JOGGING TRAMPOLINE _____ 3
 ROWING MACHINE _____ 4
 RUNNING SHOES _____ 5
 SWIMMING POOL _____ 6
 WEIGHT LIFTING EQUIPMENT _____ 7
 AEROBIC WORKOUT VIDEOTAPES, AUDIOTAPES, RECORDS _____ 8
 BASKETBALL HOOP _____ 9
 OTHER _____ 10

45. Are there any exercise facilities or programs where you work?
 NO _____ 1
 YES _____ 2
 NOT SURE _____ 3
 NOT APPLICABLE _____ 4

1. If yes, do you use them?

NEVER _____ 0
 SOMETIMES _____ 1
 OFTEN _____ 2

How often do you do the following? (MARK ONE FOR EACH QUESTION)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
46. How often do you weigh yourself or measure your body shape?	0	1	2	3	4
47. How often do you read about sports or exercise?	0	1	2	3	4
48. How often do you watch movies or TV shows about sports?	0	1	2	3	4
49. How often do you go to games to watch sporting events?	0	1	2	3	4

PLEASE MARK YOUR ANSWERS ONCE FOR FAMILY AND ONCE FOR FRIENDS FOR EACH OF THE FOLLOWING STATEMENTS:

During the past three months my family or friends:

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
50. Exercised with me.	FAMILY: 0	1	2	3	4
	FRIENDS: 0	1	2	3	4
51. Offered to exercise with me.	FAMILY: 0	1	2	3	4
	FRIENDS: 0	1	2	3	4
52. Gave me encouragement to exercise	FAMILY: 0	1	2	3	4
	FRIENDS: 0	1	2	3	4
53. Made fun of me or criticized me for exercising.	FAMILY: 0	1	2	3	4
	FRIENDS: 0	1	2	3	4

54. Not counting yourself, is there any adult in your home who does exercise at least 3 times a week, at least 20 minutes without stopping, which is hard enough to cause a large increase in heart rate or breathing?

NO ___ 1
YES ___ 2

1. If yes, is this person your spouse or living partner?

NO ___ 1
YES ___ 2

2. Of your 10 closest friends and acquaintances, how many of them do this type of exercise on a regular basis? PEOPLE

55. Compared to others of your same age and sex, how would you rate your athletic coordination?

MUCH LESS COORDINATED ___ 1
SOMEWHAT LESS COORDINATED ___ 2
ABOUT THE SAME COORDINATION ___ 3
SOMEWHAT MORE COORDINATED ___ 4
MUCH MORE COORDINATED ___ 5

PLEASE DESCRIBE YOURSELF:

56. What is your sex?

MALE ___ 1
FEMALE ___ 2

57. What is your age? YEARS

58. What is your height? FEET; INCHES

59. What is your weight? POUNDS

1. About how much did you weigh at age 18? POUNDS

60. Have you smoked at least 100 cigarettes (5 packs) in your whole life?

(IF NO, GO TO QUESTION #63) NO ___ 1
YES ___ 2

61. About how many cigarettes do you now smoke each day? CIGARETTES PER DAY
IF LESS THAN ONE A DAY, CHECK HERE: ___ 1

62. About how old were you when you started smoking cigarettes regularly?

(at least one cigarette per week) YEARS OF AGE

63. About how many days a week do have an alcoholic drink? DAYS A WEEK

64. About how many times a month do you have more than five alcoholic drinks at one time? TIMES A MONTH

65. Are you of Hispanic, Latino, or Mexican descent?

NO ___ 1
YES ___ 2

66. What is your race?

WHITE ___ 1
BLACK ___ 2
ASIAN ___ 3
OTHER _____ 4

67. How many people live in your household? PERSONS

1. How many of them are under 18? PERSONS

68. What is your present marital status?

- MARRIED ___ 1
- LIVING TOGETHER ___ 2
- SEPARATED/DIVORCED ___ 3
- WIDOWED ___ 4
- NEVER MARRIED ___ 5

69. What is the highest grade or year of school you have finished?

_____ YEARS OF SCHOOL

70. What was the total income from all sources for your household this past year?

- Under \$10,000 ___ 1
- \$10,000 to \$14,999 ___ 2
- \$15,000 to \$19,999 ___ 3
- \$20,000 to \$24,999 ___ 4
- \$25,000 to \$34,999 ___ 5
- \$35,000 to \$49,999 ___ 6
- \$50,000 or over ___ 7

PLEASE PRINT YOUR NAME, ADDRESS, AND PHONE NUMBER BELOW. NAMES WILL BE ENTERED IN A LOTTERY FOR FREE PRIZES. WINNERS WILL BE CONTACTED BY MAIL OR PHONE.

NAME _____

STREET ADDRESS _____

CITY AND ZIP _____

PHONE NUMBER _____

WHAT INTERSECTION OF MAJOR STREETS IS CLOSEST TO YOUR HOME? _____

THANK YOU VERY MUCH!

Please fold this survey so that the Business Reply address below shows. Fasten with sticker and drop in the mail. No postage required. Please return as soon as possible.

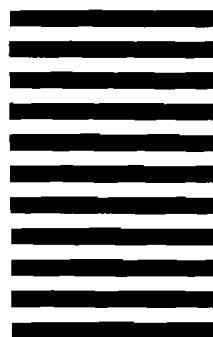
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