



GRADUATE SCHOOL OF PUBLIC HEALTH
 COLLEGE OF HUMAN SERVICES
 SAN DIEGO STATE UNIVERSITY
 SAN DIEGO, CA 92182
 (619) 229-2734
 after July 1st 594-2734

We sincerely thank you for participating in the San Diego Health and Exercise Project two years ago. Now we are asking you to participate in the **SAN DIEGO HEALTH AND EXERCISE FOLLOW-UP SURVEY**.

The Graduate School of Public Health at San Diego State University is conducting this health study with cooperation from the Centers for Disease Control, and funding from the National Institutes of Health.

Please take a very few minutes to complete this important survey. **No one can replace you** in this study; so **your answers are vital**.

Your response will be kept strictly confidential. To show you our appreciation for your help **we will send you \$10.00** when we receive the completed questionnaire. Please sit down and complete this brief survey *now*.

THIS SURVEY SHOULD BE COMPLETELY FILLED OUT BY _____

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 strict confidence.

1. Do you need to limit your physical activity because of an illness, injury or handicap? (CIRCLE 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 or handicap 5

2. 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. 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>		
	<u>(Circle one for each type)</u>		
	<u>0-10 MIN.</u>	<u>11-59 MIN.</u>	<u>60+ MIN.</u>
a) All walking to and/or from work and school	1	2	3
b) Walking during breaks and/or lunch time	1	2	3
c) Walking as part of errands performed outside of your yard and household	1	2	3

3. Have you done any of the following activities in the past two weeks? Please **WRITE THE NUMBER OF TIMES** you did each one, and **THE NUMBER OF MINUTES** each time.

	<u>HOW MANY TIMES</u> <u>IN THE PAST 2</u> <u>WEEKS DID YOU</u> <u>DO THE ACTIVITY?</u>	<u>ABOUT HOW MANY</u> <u>MINUTES DID YOU</u> <u>DO THE ACTIVITY</u> <u>EACH TIME?</u>
	<u>TIMES</u>	<u>MINUTES</u>
a. Walking for exercise ...	TIMES	MINUTES
b. Jogging or running	TIMES	MINUTES
c. Hiking	TIMES	MINUTES
d. Gardening or yard work	TIMES	MINUTES
e. Aerobics or aerobic dancing ...	TIMES	MINUTES
f. Other dancing	TIMES	MINUTES
g. Calisthenics or general exercise	TIMES	MINUTES
h. Golf	TIMES	MINUTES
i. Tennis	TIMES	MINUTES
j. Biking or exercise cycling ...	TIMES	MINUTES
k. Swimming or water exercises	TIMES	MINUTES
l. Weight lifting or training	TIMES	MINUTES

4. 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**

Questions 5-8 ask about exercise done for at least 20 minutes without stopping which is hard enough to make your heart rate and breathing increase a large amount.

5. a. During the past 24 months did you exercise 9 times or more in any one month? NO 1
YES 2
 b. What kind of exercise did you do most often? _____

6. During the past 24 months how many months did you exercise at least 9 times a month?
_____ MONTHS
(MAXIMUM = 24)

7. a. About how many times during the past 24 months did you stop exercising for at least one month and then start exercising again for at least one month?
_____ NUMBER OF STOPS AND STARTS
(MAXIMUM = 12)

b. If you stopped exercising for at least one month, what were the most important reasons for stopping?

c. If you started exercising again, what were the most important reasons for starting again?

8. Please put an X in the box of each month in which you exercised 9 times or more.

1986-87	July '86	August '86	Sept. '86	Oct. '86	Nov. '86	Dec. '86	Jan. '87	Feb. '87	Mar. '87	April '87	May '87	June '87
1987-88	July '87	August '87	Sept. '87	Oct. '87	Nov. '87	Dec. '87	Jan. '88	Feb. '88	Mar. '88	April '88	May '88	June '88

9. In the past 24 months, have you been injured during exercise or sports so that you had to limit your physical activity for at least one week? NO 1
YES 2

10. Please list your sports or exercise related injuries (during the past 24 months) and answer the following questions about each injury. (Use a separate sheet of paper if needed.)

<u>TYPE OF INJURY</u>	<u>SPORT OR EXERCISE THAT YOU WERE DOING AT TIME OF INJURY</u>	<u>NUMBER OF WEEKS THIS LIMITED YOUR ACTIVITY</u>	<u>DID YOU SEE A DOCTOR? (CIRCLE ONE)</u>	<u>WERE YOU HOSPITALIZED? (CIRCLE ONE)</u>
A. _____	_____	_____	YES / NO	YES / NO
B. _____	_____	_____	YES / NO	YES / NO
C. _____	_____	_____	YES / NO	YES / NO
D. _____	_____	_____	YES / NO	YES / NO

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

	<u>NEVER</u>	<u>RARELY</u>	<u>SOMETIMES</u>	<u>OFTEN</u>	<u>VERY OFTEN</u>
a. Feeling self-conscious about my looks when I exercise	0		2	3	4
b. Lack of interest in exercise	0		2	3	4
c. Lack of self-discipline	0	1	2	3	4
d. Lack of time	0	1	2	3	4
e. Lack of energy	0	1	2	3	4
f. Lack of company	0	1	2	3	4
g. Lack of enjoyment from exercise	0	1	2	3	4
h. Discouragement	0	1	2	3	4

	<u>NEVER</u>	<u>RARELY</u>	<u>SOMETIMES</u>	<u>OFTEN</u>	<u>VERY OFTEN</u>
Lack of equipment	0	1	2	3	4
Lack of good weather	0		2	3	
k. Lack of skills	0	1	2	3	4
Lack of facilities or space	0	1	2	3	4
m. Lack of knowledge on how to exercise	0	1	2	3	4
n. Lack of good health	0	1	2	3	4
o. Fear of injury	0	1	2	3	4
p. Minor aches and pains, or minor injuries	0	1	2	3	4

12. PLEASE CIRCLE ONE ANSWER FOR EACH ITEM.

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>
a. I will feel less depressed and/or bored	1	2	3	4	5
b. I will improve my self-esteem	1	2	3	4	5
c. I will meet new people	1	2	3	4	5
d. I will lose weight or improve my shape	1	2	3	4	5
e. I will build up my muscle strength	1	2	3	4	5
f. I will feel less tension and stress	1	2	3	4	5
g. I will improve my health or reduce my risk of disease	1	2	3	4	5
h. I will do better on my job	1	2	3	4	5
i. I will feel more attractive	1	2	3	4	5
j. I will improve my heart and lung fitness	1	2	3	4	5

13. FOR EACH ITEM PLEASE INDICATE HOW SURE YOU ARE THAT YOU WOULD EXERCISE IN THAT SITUATION. CIRCLE ONE NUMBER FOR EACH ITEM:

	<u>I'M SURE I CANNOT</u>	<u>MAYBE I CAN</u>	<u>I'M SURE I CAN</u>
a. I would exercise even though I am feeling sad or highly stressed	1	2	3
b. I would stick to my exercise program even when family or social life takes a lot of my time	1	2	3
c. I will set aside time for regular exercise	1	2	3

PLEASE CIRCLE 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>
14. Exercised with me.	FAMILY	0	1	2	3	4
	FRIENDS	0	1	2	3	4
15. Offered to exercise with me.	FAMILY	0	1	2	3	4
	FRIENDS	0	1	2	3	4
16. Gave me encouragement to exercise.	FAMILY	0	1	2	3	4
	FRIENDS	0	1	2	3	4
17. Made fun of me or criticized me for exercising.	FAMILY	0	1	2	3	4
	FRIENDS	0	1	2	3	4

18. Not counting yourself, is there any adult in your home who does exercise at least 3 times a week, for at least 20 minutes without stopping, which is hard enough to cause a large increase in heart rate or breathing? NO ____ 1
 YES ____ 2

a. IF YES, is this person your spouse or living partner? NO ____ 1
 YES ____ 2

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

19. What is your weight? _____ POUNDS

20. About how many cigarettes do you now smoke each day? _____ CIGARETTES PER DAY

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

22. How often do you eat the following foods?

(CIRCLE 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
a. Fresh fruits and vegetables		2	3	4	5
b. Frozen dinners.....		2	3	4	5
c. Pastries (pie, cake, cookies, brownies, sweet rolls, donuts)	1	2	3	4	5
d. Poultry and fish	1	2	3	4	5
e. Red meats (beef, pork, lamb).....	1	2	3	4	5
f. Salty snacks.....	1	2	3	4	5
g. Table salt	1	2	3	4	5
h. Whole milk, ice cream, hard cheese, butter	1	2	3	4	5
i. Whole grains and cereals	1	2	3	4	5
j. How often do you eat at fast food restaurants?	1	2	3	4	5

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO SEND YOU YOUR \$10.00 CHECK. ALL INFORMATION WILL REMAIN CONFIDENTIAL.

NAME _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER(S) _____
 DATE OF BIRTH _____

We may be interested in contacting you at a later time. Please provide the following information about a family member or friend **who does not live in your household** so we can find you in case you move. **THANK YOU.**

FAMILY OR FRIENDS'S NAME _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE NUMBER _____

THANK YOU VERY MUCH!

Please fold this survey so that the Business Reply address below shows. Fasten with sticker or staple and drop in the mail. No postage is required. Please return as soon as possible. Printing donated by Vanard.

ATTENTION:
 Dr. Melbourne Hovell
 Graduate School of
 Public Health
 Hardy Tower 119



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