Safe and Fit Environments Study

MC900200173[1]

**We need your help to make our study a success. Please complete this survey on the last day of wearing your accelerometer. Your honest answers to the items in this survey are very important to us. It’s OK to take breaks or get up and stretch. Remember….**

# we want to know what you think,

# there are no right or wrong answers,

# everything you tell us will be kept strictly confidential, and

# please don’t skip any questions

**Many of the questions are about "your neighborhood." Please think of your neighborhood as a 10 to 15-minute walk in any direction**.

# Want to complete the survey online or over the phone?

# Please call us toll-free at 1-844-206-5547 or email us at [safestudy@ucsd.edu](mailto:safestudy@ucsd.edu)

# and we will gladly assist you.

# j0158009

**FOR OFFICE USE ONLY**

**Date Received\_\_\_\_\_\_\_\_\_\_\_ Date entered\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**W\_score\_\_\_\_\_\_\_\_\_\_\_ Date entered\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T\_score\_\_\_\_\_\_\_\_\_\_\_ By\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B\_score\_\_\_\_\_\_\_\_\_\_\_**

**Date entered\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### A. About You

1. Date of Birth: Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_ Year: \_\_\_\_\_\_\_

2. Sex (please circle one): Male0 Female1

1. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_
2. Current address (where you live now): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number/ street Apt/suite

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code

1. How long have you lived at your current address? \_\_\_­\_\_ year(s) and \_\_\_\_\_\_ month(s)
2. What type of residence do you live in?

* 1. Single family house
* 2. Multi-family house
* 3. Apartment
* 4. Condominium/townhouse
* 5. Retirement community/assisted living facility
* 6. College dorm
* 7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you drive?

* 1. Yes
* 0. No

7a. If you answered yes, do you have access to a car you can drive almost all the time?

* + 1. Yes
  + 0. No

**B. Types of Residences in your Neighborhood** For each item, please **CIRCLE** the answer that best applies to you and your neighborhood.

1. How common are detached single-family residences in your immediate neighborhood?

1 2 3 4 5

None A few Some Most All

2. How common are townhouses or row houses of 1-3 stories in your immediate neighborhood?

1 2 3 4 5

None A few Some Most All

3. How common are apartments or condos 1-3 stories in your immediate neighborhood?

1 2 3 4 5

None A few Some Most All

4. How common are apartments or condos 4-6 stories in your immediate neighborhood?

1 2 3 4 5

None A few Some Most All

5. How common are apartments or condos 7-12 stories in your immediate neighborhood?

1 2 3 4 5

None A few Some Most All

6. How common are apartments or condos more than 13 stories in your immediate neighborhood?

1 2 3 4 5

None A few Some Most All

### C. Stores, facilities, and other things in your neighborhood

### For each item, put one check mark (√) indicating how long it would take you to walk to the nearest business or facility from your home, even if you don’t walk there.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Minutes to walk from your home** | | | | | |
|  | **1-5 min** | **6-10 min** | **11-20 min** | **21-30 min** | **31+ min** | **Don’t know** |
| 1. convenience/ small grocery store |  |  |  |  |  |  |
| 2. supermarket |  |  |  |  |  |  |
| 3. hardware store |  |  |  |  |  |  |
| 4. fruit/vegetable market |  |  |  |  |  |  |
| 5. laundry/dry cleaners |  |  |  |  |  |  |
| 6. clothing store |  |  |  |  |  |  |
| 7. post office |  |  |  |  |  |  |
| 8. library |  |  |  |  |  |  |
| 9. elementary school |  |  |  |  |  |  |
| 10. other schools |  |  |  |  |  |  |
| 11. book store |  |  |  |  |  |  |
| 12. fast food restaurant |  |  |  |  |  |  |
| 13. coffee place |  |  |  |  |  |  |
| 14. bank/credit union |  |  |  |  |  |  |
| 15. non-fast food restaurant |  |  |  |  |  |  |
| 16. pharmacy/drug store |  |  |  |  |  |  |
| 17. salon/barber shop |  |  |  |  |  |  |
| 18. your job or school  *(If both, whichever you go to most often)*  OR □ not applicable |  |  |  |  |  |  |
| 19. bus or train stop |  |  |  |  |  |  |
|  | **Minutes to walk from your home** | | | | | |
|  | **1-5 min** | **6-10 min** | **11-20 min** | **21-30 min** | **31+ min** | **Don’t know** |
| 20. park |  |  |  |  |  |  |
| 21. recreation center |  |  |  |  |  |  |
| 22. gym or fitness facility |  |  |  |  |  |  |

**D. Streets in your neighborhood**

For each item, please **CIRCLE** the answer that best applies to you and your neighborhood.

1. The distance between intersections in my neighborhood is usually short (100 yards or less; the length of a football field or less).

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

2. There are many alternative routes for getting from place to place in my neighborhood.

(I don't have to go the same way every time.)

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

**E. Places for walking and cycling**

For each item, please **CIRCLE** the answer that best applies to you and your neighborhood.

1. There are sidewalks on most of the streets in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

2. Sidewalks are separated from the road/traffic in my neighborhood by parked cars.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

3. There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. There are crosswalks and pedestrian signals to help walkers cross busy streets in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

6. I have to cross many busy streets to get to places like shops in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

**F. Neighborhood Surroundings/Aesthetics**

For each item, please **CIRCLE** the answer that best applies to you and your neighborhood.

1. There are trees along the streets in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. There are many interesting things to look at while walking in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

3. There are many attractive natural sights in my neighborhood (such as landscaping, views).

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

4. There are attractive buildings/homes in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

**G. Traffic Hazards**

For each item, please **CIRCLE** the answer that best applies to you and your neighborhood.

1. There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

2. The speed of traffic on most nearby streets is usually slow (30 mph or less).

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

3. Most drivers exceed the posted speed limits while driving in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

**H. Crime**

For each item, please **CIRCLE** the answer that best applies to you and your neighborhood.

1. There is a high crime rate in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

2. The crime rate in my neighborhood makes it unsafe to go on walks during the day.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

3. The crime rate in my neighborhood makes it unsafe to go on walks at night.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

### I. Your Neighbors

For each item, please **CIRCLE** the answer that best shows what you think.

1. My neighbors could be counted on to intervene if children were skipping school and hanging out on a street corner.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. My neighbors could be counted on to intervene if children were spray-painting graffiti on a local building.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. My neighbors could be counted on to intervene if children were showing disrespect to an adult.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. My neighbors could be counted on to intervene if a fight broke out in front of my home.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. People in my neighborhood are willing to help each other.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I live in a close-knit neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. People in my neighborhood can be trusted.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. People in my neighborhood generally don't get along with each other.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. People in my neighborhood do not share the same values.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I know many of the people in my neighborhood by sight.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I know many of the people in my neighborhood by name.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I talk to many of the people in my neighborhood on a regular basis.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. Sometimes I borrow things like tools or recipes from people in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. Sometimes I ask people in my neighborhood to watch my home or pet(s) when I’m away.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. Sometimes I ask people in my neighborhood to drive or take me or my children somewhere.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

### J. Your Community

For each item, please **CIRCLE** the answer that best shows what you think.

1. In the past 12 months, have you spoken with a local politician, religious leader, or other community leader about a neighborhood crime-related problem?

Yes1 No0

1. Are there any active public safety programs (e.g., Neighborhood Watch, Crime Stoppers, or Citizen Patrol) in your neighborhood?

Yes1 No0 I don’t know-888

1. In the past 12 months, have you attended a neighborhood meeting to address a neighborhood crime-related problem?

Yes1 No0

**K. Transportation Physical Activity**

These questions are about how you traveled from place to place, including to places like work, stores, movies, etc.

**Example:** if you spend 30 minutes per day bicycling from place to place, write in

“0” hours and “30” minutes per day. If you bicycle for 1 hour and 15 minutes,

write in “1” hour and “15” minutes per day.

1. During the last 7 days, on how many days did you *bicycle* for at least 10 minutes at a time *to go from place to place*?

**\_\_\_\_\_\_\_\_\_ days in last week or none** *[If none, go to question 3]*

2.How much time did you usually spend **on** **ONE** **of those days** to bicycle *from place to place*?

**\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_ minutes per day**

1. During the last 7 days, on how many days did you *walk* for at least 10 minutes at a time *to go from place to place?*

**\_\_\_\_\_\_\_\_\_ days in last week or none** *[If none, go to question 5]*

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4.How much time did you usually spend **on** **ONE** **of those days**

*walking* *from place to place*?

**\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes per day**

5.During the last 7 days, on how many days did you *use public transportation*?

**\_\_\_\_\_\_\_\_\_ days in last week or none**

**L. Recreation, Sport, and Leisure-Time Walking**

This section is about the walking you did in the last 7 days solely for **recreation, sport, exercise or leisure**. Please *do not* include any activities you have already mentioned.

1. Not counting any walking for transportation you already mentioned in Section K above, during the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?

**\_\_\_\_\_\_\_ days in last week or none** *[If none, go to Section M]*

2.How much time did you usually spend **on** **ONE** **of those days** walking in your leisure time?

**\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_ minutes per day**

**M. Sedentary Activities**

|  |  |  |
| --- | --- | --- |
| During the last 7 days, how much time did you usually spend on the following leisure activities, NOT including time you spent doing these activities at work or school. . . | | |
|  | On a typical **weekday?** | On a typical **weekend day?** |
| 1. Computer or Internet for leisure | **\_\_\_\_ hours \_\_\_ minutes per day** | **\_\_\_\_ hours \_\_\_ minutes per day** |
| 2. Video games | **\_\_\_\_ hours \_\_\_ minutes per day** | **\_\_\_\_ hours \_\_\_ minutes per day** |
| 3. Television or video watching | **\_\_\_\_ hours \_\_\_ minutes per day** | **\_\_\_\_ hours \_\_\_ minutes per day** |
| 4. Driving or riding in a car | **\_\_\_\_ hours \_\_\_ minutes per day** | **\_\_\_\_ hours \_\_\_ minutes per day** |

**N. Total Sitting Time**

The next questions are about the total time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or watching television.

1. During the last 7 days, how much time did you usually spend *sitting* on a *weekday*?

**\_\_\_\_\_\_ hours \_\_\_\_\_\_ minutes per weekday**

2. During the last 7 days, how much time did you usually spend *sitting* on a *weekend day*?

**\_\_\_\_\_\_\_ hours \_\_\_\_\_\_ minutes per weekend day**

**O. Places for Physical Activity** (*Physical activity is any activity that increases your heart rate and makes you get out of breath at least some of the time).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How often are you **PHYSICALLY ACTIVE** in/at the following places? | | | | | | |
|  | **Never** | **Once a month or less** | **Once every other week** | **Once a week** | **2-3**  **times per week** | **4 + times per week** |
| 1. Inside your home, yard, or common area | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. On a local street, sidewalk or vacant lot | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. In a nearby cul-de-sac or dead-end to a street | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. In a local park or open space | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Indoors at a place located INSIDE your neighborhood (e.g., gym, YMCA, Boys & Girls Club, or friend/family member's home) | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Indoors at a place located OUTSIDE your neighborhood (e.g., gym, YMCA, Boys & Girls Club, or friend/family member's home) | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Outdoors at a place located INSIDE your neighborhood (e.g., field, court, park, school grounds, bike/hiking/walking trails, lake/beach/river, or friend/family member's home) | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Outdoors at a place located OUTSIDE your neighborhood (e.g., field, court, park, school grounds, bike/hiking/walking trails, lake/beach/river, or  friend/family member's home) | 0 | 1 | 2 | 3 | 4 | 5 |

**P. Walking INSIDE versus OUTSIDE of Your Neighborhood.**

Now we would like to know how much of your walking takes place INSIDE your neighborhood as compared to OUTSIDE of your neighborhood. First we ask about walking for transport. Then we ask about walking for recreation, health, or fitness.

1.Walking for **transport** **INSIDE** your neighborhood.

1. In a **usual week**, how many days do you **walk** **as a** **means of transport**, such as going to and from work, walking to a shop, or walking to public transport **INSIDE** your neighborhood or local area?

**Write in number of days per week: \_\_\_\_\_** **if 0⇒ GO to question 2**

1. Please estimate the average time you usually spend walking **on ONE of those days** as a means of transport **INSIDE** your neighborhood or local area?

**\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes per day**

2. Walking for **transport** **OUTSIDE** your neighborhood.

OUTSIDE your neighborhood or local area means everywhere further than a 15 minute walk from your home.

1. In a **usual week**, how many days do you **walk** **as a means of transport**, such as going to and from work, walking to a shop or walking to public transport **OUTSIDE** your neighborhood or local area?

**Write in number of days per week: \_\_\_\_\_ if 0⇒ GO to question 3**

1. Please estimate the average time you usually spend walking **on ONE of those days** as a means of transport **OUTSIDE** your neighborhood or local area.

**\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes per day**

3. Walking for **recreation, health or fitness** **INSIDE** your neighborhood.

Please do not include any transportation-related activity you already mentioned above.

1. In a **usual week**, how many days do you **walk** **for** **recreation, health or fitness** (including walking your dog) **INSIDE** your neighborhood or local area?

**Write in number of days per week: \_\_\_\_ if 0⇒ GO to question 4**

1. Please estimate the average time you usually spend walking **on ONE of those days** for recreation, health or fitness **INSIDE** your neighborhood or local area.

**\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes per day**

1. Walking for **recreation, health or fitness** **OUTSIDE** your neighborhood.

Please do not include any transportation-related activity you already mentioned above.

1. In a **usual week**, how many days do you **walk** **for** **recreation, health or fitness** (including walking your dog) **OUTSIDE** your neighborhood or local area?

**Write in number of days per week: \_\_\_\_ if 0⇒ GO to next section**

1. Please estimate the average time you usually spend walking **on ONE of those days** for recreation, health or fitness **OUTSIDE** your neighborhood or local area.

**\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes per day**

### Q. Fear of Crime Stories

Now we are going to tell you two short stories of how two different people respond to crime in their neighborhood. We would like you to rate their level of fear, based on what you read. These questions will help us understand some of your answers about crime in your neighborhood.

1. *Pat’s Story: Pat only thinks about crime in the neighborhood occasionally, and generally feels safe going outside in the neighborhood during the day. However, Pat is more wary of crime when going out alone at night, so Pat tries to stay in well-lit areas. Sometimes Pat will cross the street to avoid a rowdy group, or take a longer route that feels safer. Pat also feels slightly concerned about loved ones (especially children) being out and about in the neighborhood, and doesn’t like them to be outside after dark.*

Based on that story about Pat, please CIRCLE how much you agree or disagree with the following statement:

**“Pat is very fearful of crime in the neighborhood.”**

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. *Jo’s Story: Jo regularly worries about crime in the neighborhood, and often feels anxious and worried about safety. Jo tries to avoid going outside alone, even in the daytime, and always tries to bring someone else for safety in numbers. If Jo must go outside alone, Jo brings pepper spray or a knife for protection, and carries a cell phone to call for help. Jo feels very concerned about the safety of loved ones. Anytime (day or night) that a friend or family member goes outside in the neighborhood, Jo worries that they could become a victim of crime.*

Based on that story about Jo, please CIRCLE how much you agree or disagree with the following statement:

**“Jo is very fearful of crime in the neighborhood.”**

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

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**If YOU NEED TO, THIS IS A**

**GOOD POINT TO TAKE A BREAK!**

### R. Your Fear of Crime

For each item, please **CIRCLE** the answer that best shows what you think.

1. I am fearful of being a victim of crime when I am anywhere that is not familiar to me.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being a victim of crime when walking as a means of transport in my neighborhood (e.g., walking to work, school, public transportation, local restaurants, or shops).

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being a victim of crime when walking for recreation, health, or fitness in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being a victim of crime when I am in a local park.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being a victim of crime when I am outdoors in my neighborhood and it is DARK.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being a victim of crime when I am outdoors in my neighborhood and it’s DAYLIGHT.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of my home being burglarized while I’m AT HOME.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of my home being burglarized while I’m AWAY.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being shot at in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being beat up, robbed, mugged, or attacked by someone with a weapon in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being sexually assaulted or raped in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of being harassed, verbally abused, or bullied in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am fearful of my property being vandalized, damaged or tagged with graffitti.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. If your neighborhood had little or no crime, how often would you walk as a means of transport in your neighborhood (e.g., walking to work, school, public transportation, local restaurants, or shops)?

1 2 3

About the A little more A lot more

same as now than now than now

1. If your neighborhood had little or no crime, how often would you do physical activity for recreation, health, or fitness in your neighborhood?

1 2 3

About the A little more A lot more

same as now than now than now

1. If your neighborhood had little or no crime, how often would you be physically active in your local park?

1 2 3

About the A little more A lot more

same as now than now than now

### S. Problems in Your Neighborhood

For each item, please **CIRCLE** to what extent the issue is a problem in your neighborhood.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not present in my neighborhood** | **Present, but not a problem** | **Present, somewhat of a problem** | **Present, big problem** |
| 1. Vandalism, graffiti, or damage to property | 1 | 2 | 3 | 4 |
| 1. Vacant or rundown homes, buildings, lots or yards | 1 | 2 | 3 | 4 |
| 1. Bars, clubs, strip clubs, liquor stores, casinos or motels/hotels | 1 | 2 | 3 | 4 |
| 1. Litter or trash | 1 | 2 | 3 | 4 |
| 1. Stray, loose, or aggressive dogs | 1 | 2 | 3 | 4 |
| 1. Groups of teenagers hanging out | 1 | 2 | 3 | 4 |
| 1. Homeless people, panhandlers, drug users, or people acting crazy | 1 | 2 | 3 | 4 |
| 1. Harassment, verbal abuse, or bullying | 1 | 2 | 3 | 4 |
| 9. Theft, motor vehicle theft, or burglary | 1 | 2 | 3 | 4 |
| 1. Shootings | 1 | 2 | 3 | 4 |
| 1. Robberies, muggings, or people being attacked | 1 | 2 | 3 | 4 |
| 1. Sexual assault or rape | 1 | 2 | 3 | 4 |
| 1. Illegal drug dealing | 1 | 2 | 3 | 4 |
| 1. Gang activity | 1 | 2 | 3 | 4 |
| 1. People being harassed or attacked because of race or ethnicity | 1 | 2 | 3 | 4 |
| 1. Public drunkenness | 1 | 2 | 3 | 4 |
| 1. Crime in a local park | 1 | 2 | 3 | 4 |

### T. Avoiding Crime in Your Neighborhood

For each item, please **CIRCLE** the answer that best shows what you think.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. In the past 12 months, how often have you avoided going outside in your neighborhood to reduce your chance of becoming a victim of crime. . . | | | | | | | |
|  | | **Never** | | **Rarely** | | **Some-times** | **Often** |
| a. When it’s **daylight** and you are **alone**? | | 1 | | 2 | | 3 | 4 |
| b. When it’s **daylight**, and you are **with other people**? | | 1 | | 2 | | 3 | 4 |
| c. When it’s **dark** and you are **alone**? | | 1 | | 2 | | 3 | 4 |
| d. When it’s **dark**, and you are **with other people**? | | 1 | | 2 | | 3 | 4 |
| 2. In the past 12 months, how often have you avoided being in a local park to reduce your chance of becoming a victim of crime*. . .* | | | | | | | |
|  | | **Never** | | **Rarely** | | **Some-times** | **Often** |
| a. When it’s **daylight** and you are **alone**? | | 1 | | 2 | | 3 | 4 |
| b. When it’s **daylight**, and you are **with other people**? | | 1 | | 2 | | 3 | 4 |
| c. When it’s **dark** and you are **alone**? | | 1 | | 2 | | 3 | 4 |
| d. When it’s **dark**, and you are **with other people**? | | 1 | | 2 | | 3 | 4 |
| 3. In the past 12 months, how often have you avoided walking as a means of transport in your neighborhood to reduce your chance of becoming a victim of crime (e.g., walking to work, school, public transportation, local restaurants, or shops). . . | | | | | | | |
|  | | **Never** | | **Rarely** | | **Some-times** | **Often** |
| a. When it’s **daylight** and you are **alone**? | | 1 | | 2 | | 3 | 4 |
| b. When it’s **daylight**, and you are **with other people**? | | 1 | | 2 | | 3 | 4 |
| c. When it’s **dark** and you are **alone**? | | 1 | | 2 | | 3 | 4 |
| d. When it’s **dark**, and you are **with other people**? | | 1 | | 2 | | 3 | 4 |
| 4. In the past 12 months, how often have you avoided walking for recreation, health, or fitness in your neighborhood to reduce your chance of becoming a victim of crime. . . | | | | | | | |
|  | **Never** | | **Rarely** | | **Some-times** | | **Often** |
| a. When it’s **daylight** and you are **alone**? | 1 | | 2 | | 3 | | 4 |
| b. When it’s **daylight**, and you are **with other people**? | 1 | | 2 | | 3 | | 4 |
| c. When it’s **dark** and you are **alone**? | 1 | | 2 | | 3 | | 4 |
| d. When it’s **dark**, and you are **with other people**? | 1 | | 2 | | 3 | | 4 |
| 5. In the past 12 months, how often have you driven instead of walked in or near your neighborhood) to reduce your chance of becoming a victim of crime (e.g., to work, school, public transportation, local restaurants, or shops. . . | | | | | | | |
|  | **Never** | | **Rarely** | | **Some-times** | | **Often** |
| a. When it’s **daylight** and you are **alone**? | 1 | | 2 | | 3 | | 4 |
| b. When it’s **daylight**, and you are **with other people**? | 1 | | 2 | | 3 | | 4 |
| c. When it’s **dark** and you are **alone**? | 1 | | 2 | | 3 | | 4 |
| d. When it’s **dark**, and you are **with other people**? | 1 | | 2 | | 3 | | 4 |
| 6. In the past 12 months, how often have you avoided walking in places with poor lighting in your neighborhood AFTER DARK to reduce your chance of becoming a victim of crime. . . | | | | | | | |
|  | **Never** | | **Rarely** | | **Some-times** | | **Often** |
| a. When you are **alone** after dark? | 1 | | 2 | | 3 | | 4 |
| b. When you are **with other people** after dark? | 1 | | 2 | | 3 | | 4 |

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**In the past 12 months, have you ever done any of the following**

**things,** either inside or outside your neighborhood, **to be active yet**

**avoid crime?**

(We are specifically asking about whether you have done these things

to reduce your chances of becoming a victim of crime)

|  |  |  |
| --- | --- | --- |
| **In the past 12 months, have you…** |  | |
| 1. Participated in indoor physical activities (e.g., at home, gym, fitness facility, or community center) instead of going outdoors to avoid crime? | Yes1 | No0 |
| 1. Changed your route to avoid crime when you walked as a means of transport (to work, school, public transportation, local restaurants, or shops)? | Yes1 | No0 |
| 1. Changed the place you walk for recreation, health, or fitness to avoid crime? | Yes1 | No0 |
| 10. Gone to a safer park outside your neighborhood to avoid crime? | Yes1 | No0 |
| 1. Picked a safer time of day to go outside in your neighborhood to avoid crime? | Yes1 | No0 |
| 1. Planned to be home before dark to avoid crime when you do outdoor activities? | Yes1 | No0 |
| 1. Stayed in well-lit areas when you went outside after dark to avoid crime? | Yes1 | No0 |
| 1. Stayed in well-populated areas when you went outside after dark to avoid crime? | Yes1 | No0 |

### U. Protecting Yourself from Crime

For each item, please **CIRCLE** the answer that best shows what you think.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In the past 12 months** when you have gone outside, how often have you done the following things **to** **reduce your chances of becoming a victim of crime?** | | | | |
|  | **Never** | **Rarely** | **Some-times** | **Often** |
| 1. Taken someone with you for safety in numbers | 1 | 2 | 3 | 4 |
| 1. Carried a weapon (gun, knife) | 1 | 2 | 3 | 4 |
| 1. Carried something else (like a stick or mace) or held your keys in your hand as a weapon | 1 | 2 | 3 | 4 |
| 1. Carried an emergency help device (like a cell phone, “Life Alert,” or “5 Star”) | 1 | 2 | 3 | 4 |
| 1. Taken a dog with you | 1 | 2 | 3 | 4 |
| 1. Avoided carrying cash or valuables | 1 | 2 | 3 | 4 |
| 1. Avoided wearing tight and/or revealing clothes, or gang colors | 1 | 2 | 3 | 4 |
| 1. Paid attention to your surroundings (scan the area for suspicious activity) | 1 | 2 | 3 | 4 |
| 1. Walked or ran faster | 1 | 2 | 3 | 4 |
| 1. Listened to music with only one ear bud, or turned down the volume | 1 | 2 | 3 | 4 |
| 1. Acted confident, like you belong | 1 | 2 | 3 | 4 |
| 1. Avoided eye contact with someone or tried not to be noticed (e.g., look down at your cell phone) | 1 | 2 | 3 | 4 |
| 1. Crossed the street to avoid someone | 1 | 2 | 3 | 4 |

### V. Crime in Your Daily Life

For each item, please **CIRCLE** the answer that best shows what you think.

1. Crime in my neighborhood affects my daily life.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

2. Crime affects my physical activity (walking, biking, jogging) in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

### W. Your Neighborhood Characteristics

For each item, please **CIRCLE** the answer that best shows what you think.

1. When I walk in my neighborhood, I know there are residents or business owners watching the streets.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. There are people out and about (walking, biking, kids playing) who help keep an eye on

the neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. There is adequate street lighting in my neighborhood.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. There are many places in my neighborhood where criminals could wait for victims without being seen.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. The police patrol my neighborhood frequently.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. The parks in my neighborhood are well-maintained.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. The homes, buildings, and landscaping in my neighborhood are well-maintained.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. Graffiti in my neighborhood is quickly painted over.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. The local park is always locked at night.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. A lot of the homes or apartment buildings in my neighborhood have fences, locked gates, entrances and/or metal security doors to keep out criminals.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. A lot of the homes or apartments in my neighborhood have bars over the windows.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. A lot of my neighbors have signs on their property signaling for people to keep out (e.g., “private property,” “no trespassing,” “security system,” “no soliciting,” or “neighborhood watch”).

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

**X. Your Crime Risk**

For each item, please **CIRCLE** the answer that best shows what you think.

1. How likely is it that in the next year, you will be a victim of crime when walking as a means of transport in your neighborhood (e.g., walking to work, school, public transportation, local restaurants, or shops)?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be a victim of crime when walking for recreation, health, or fitness in your neighborhood?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be a victim of crime when you are in a local park?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be a victim of crime when you go outdoors in your neighborhood and it’s DARK?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be a victim of crime when you go outdoors in your neighborhood and it’s DAYLIGHT?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, your home will be burglarized WHILE YOU’RE THERE?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, your home will be burglarized WHILE YOU’RE AWAY?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be shot at in your neighborhood?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be beat up, robbed, mugged, or attacked by someone with a weapon (other than a gun) in your neighborhood?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be sexually assaulted or raped in your

neighborhood?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, you will be harassed, verbally abused, or bullied in your neighborhood?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

1. How likely is it that in the next year, your property will be vandalized, damaged, or tagged with graffiti?

1 2 3 4

Very Somewhat Somewhat Very

unlikely unlikely likely likely

### Y. Your Confidence about Staying Safe

For each item, please **CIRCLE** the answer that best shows what you think.

1. I am confident I can avoid crime because I am good at “fitting in.”

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. I am confident I can avoid crime by how I act or carry myself.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. When I am outside and alone in my neighborhood, I can usually tell if something bad is about to happen and I am confident I can avoid dangerous situations.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

1. Because of certain physical qualities I possess, I am confident that I can avoid crime.

1 2 3 4

Disagree Disagree Agree Agree

strongly somewhat somewhat strongly

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**Z. How You Hear About Crime**

|  |  |  |
| --- | --- | --- |
| For each item, please CIRCLE whether you get information about CRIME IN YOUR NEIGHBORHOOD from the following sources: | | |
| 1. Word of mouth (in-person or on telephone) | Yes1 | No0 |
| 1. Electronically by text or email (not including text alerts) | Yes1 | No0 |
| 1. Text alerts | Yes1 | No0 |
| 1. TV (local news) | Yes1 | No0 |
| 1. Radio | Yes1 | No0 |
| 1. Local Newspaper | Yes1 | No0 |
| 1. Websites with crime statistics | Yes1 | No0 |
| 1. Sex offender websites | Yes1 | No0 |
| 1. Social media (e.g., twitter, facebook, neighborhood blog, or other online forum) | Yes1 | No0 |
| 10. Community meetings | Yes1 | No0 |

### For each item, please indicate if CRIME-RELATED NEWS STORIES have affected your

### outdoor activities in the past year:

|  |  |  |
| --- | --- | --- |
| 1. I have changed or avoided outdoor activities in   response to a crime-related news story that happened  **in my neighborhood.** | Yes1 | No0 |
| 1. I have changed or avoided outdoor activities in   response to a crime-related news story that happened  **in my city**. | Yes1 | No0 |
| 1. I have changed or avoided outdoor activities in response to a **national** crime-related news story that happened **outside my city**. | Yes1 | No0 |

**AA. Your Activities**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please CIRCLE the **number of days per week** you usually engage in each of the following activities: | | | | | | | | |
|  | **0**  **Days** | **1 Days** | **2**  **Days** | **3**  **Days** | **4 Days** | **5**  **Days** | **6**  **Days** | **7**  **Days** |
| 1. Go shopping | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Go out for the evening (e.g., to dinner, movie, meet friends, etc.) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Ride public transportation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

### BB. Your Experience with Crime

**In the past 12 months**, how many times have **YOU** been the victim of any of the following? Please **CIRCLE** one answer for each item (a-d).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **None** | **1**  **time** | **2-5**  **times** | **6 or more**  **times** |
| a. **Property crimes** (including theft, motor vehicle theft, burglary, vandalism)? | 0 | 1 | 2 | 3 |
| b. **A shooting or attempted shooting?** | 0 | 1 | 2 | 3 |
| c. **Other personal crimes** (including being beat up, robbed, mugged, sexually assaulted, or attacked)? | 0 | 1 | 2 | 3 |
| d. **Harassment, verbal abuse, or bullying?** | 0 | 1 | 2 | 3 |

**2. PRIOR to the past 12 months**, how many times have **YOU** ***ever*** been the victim of any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **1**  **time** | **2-5**  **times** | **6 or more**  **times** |
| a. **Property crimes** (including theft, motor vehicle theft, burglary, vandalism)? | 0 | 1 | 2 | 3 |
| b. **A shooting or attempted shooting?** | 0 | 1 | 2 | 3 |
| c. **Other personal crimes** (including being beat up, robbed, mugged, sexually assaulted, or attacked)? | 0 | 1 | 2 | 3 |
| d. **Harassment, verbal abuse, or bullying?** | 0 | 1 | 2 | 3 |

**3. In the past 12 months**, how many times have you **WITNESSED** any of the following happening to **SOMEONE ELSE** in your neighborhood? (When we ask about your neighborhood, please think about the area within a 10-15 minute walk of your home).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **1**  **time** | **2-5**  **times** | **6 or more**  **times** |
| a. **Property crimes** (including theft, motor vehicle theft, burglary, vandalism)? | 0 | 1 | 2 | 3 |
| b. **A shooting or attempted shooting?** | 0 | 1 | 2 | 3 |
| c. **Other personal crimes** (including being beat up, robbed, mugged, sexually assaulted, or attacked)? | 0 | 1 | 2 | 3 |
| d. **Harassment, verbal abuse, or bullying?** | 0 | 1 | 2 | 3 |

**4. In the past 12 months**, how many times have you **HEARD** (or seen evidence) any of the following happening to **SOMEONE ELSE** in your neighborhood?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **1**  **time** | **2-5**  **times** | **6 or more**  **times** |
| a. **Property crimes** (including theft, motor vehicle theft, burglary, vandalism)? | 0 | 1 | 2 | 3 |
| b. **A shooting or attempted shooting?** | 0 | 1 | 2 | 3 |
| c. **Other personal crimes** (including being beat up, robbed, mugged, sexually assaulted, or attacked)? | 0 | 1 | 2 | 3 |
| d. **Harassment, verbal abuse, or bullying?** | 0 | 1 | 2 | 3 |

**CC.** **About Your Health**

1. In a typical day, how many servings of fruit do you eat?

NOTE: A serving is equal to: 1 medium piece of fresh fruit, 1/2 cup of fruit salad, 1/4 cup of raisins, apricots or other dried fruit, or 6 oz. of 100% orange, apple, or grapefruit juice. Do not count fruit punch, lemonade, Gatorade or Sunny Delight.

**0 1 2 3 4 5 or more**

# In a typical day, how many servings of vegetables do you eat?

# NOTE: A serving is equal to: 1 medium carrot or other fresh vegetable, 1 small bowl of green salad, 1/2 cup of fresh or cooked vegetables, or 3/4 cup of vegetable soup. Do not count french fries, onion rings, potato chips or other fried vegetables.

**0 1 2 3 4 5 or more**

# In a typical day, how many servings of sugar-sweetened beverages do you drink?

# NOTE: A serving is equal to: 12 oz. of soda, sports drink, energy drink, punch, fruit-flavored drink, flavored coffee, or sweetened tea. Do not count 100% fruit juice or diet drinks.

**0 1 2 3 4 5 or more**

1. Do you now smoke tobacco cigarettes every day, some days, or not at all?

1 2 3

Every day Some days Not at all

1. Do you now smoke E-Cigarettes every day, some days, or not at all?

1 2 3

Every day Some days Not at all

1. During the past 30 days, how many days did you have at least one drink of any

alcoholic beverage such as beer, wine, a malt beverage or liquor?

**\_\_\_\_\_ Days in the past 30 days** (If you didn't drink in the last

30 days, enter "0" and skip to #8)

1. During the past 30 days, on the days when you drank, about how many drinks did you have on average?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink

with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

**\_\_\_\_\_ Drinks per day**

These questions ask you about your feelings and thoughts during the last month. For each item, please **CIRCLE** the answer that best shows what you think.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the last month, how often have you felt. . .** | | | | | |
|  | **Never** | **Almost Never** | **Some-times** | **Fairly Often** | **Very Often** |
| 1. That you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 1. Confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 1. That things were going your way? | 0 | 1 | 2 | 3 | 4 |
| 1. Difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

12. In general, would you say your health is:

1 2 3 4 5

Poor Fair Good Very Good Excellent

13. All things considered, how satisfied are you with your life as a whole?

1 2 3 4 5

Very Moderately No feelings Moderately Very

dissatisfied dissatisfied either way satisfied satisfied

14. During the past year, have you had 2 consecutive weeks or more during which you felt sad, blue, or depressed or lost pleasure in things you usually cared about or enjoyed?

* 1. Yes
* 0. No



**Keep up the good work!**

**MCj02383730000[1]DD. Just a Few More Questions**

***Reasons for Moving To Your Current Neighborhood***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the importance of the following reasons for choosing your current neighborhood. For each item, please CIRCLE the answer that best shows what you think. | | | | | |
|  | **Not at all important** |  | **Somewhat important** |  | **Very important** |
| 1. Closeness to open space (e.g., parks) | 1 | 2 | 3 | 4 | 5 |
| 1. Closeness to public transportation | 1 | 2 | 3 | 4 | 5 |
| 1. Closeness to shops and services | 1 | 2 | 3 | 4 | 5 |
| 1. Ease of walking | 1 | 2 | 3 | 4 | 5 |
| 1. Safety from crime | 1 | 2 | 3 | 4 | 5 |
| 1. Closeness to recreational facilities (e.g., YMCA, pools, sports facilities) | 1 | 2 | 3 | 4 | 5 |

1. What is the name and address of the local park you go to most often? (If you don’t go to a park write none)

a. Park name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Park Address (or cross streets):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. I have to walk or bike because I don't have a car to use all the time.

* 1. Yes
* 0. No

9. I have to walk or bike because I don't have a driver's license or I don't drive.

* 1. Yes
* 0. No

10. I have to take public transportation because I do not have a car to use all the time.

* 1. Yes
* 0. No

11. How many driveable motor vehicles (cars, trucks, motorcycles) are there at your household?

C:\Users\emarquez\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8PEPJB4Z\MC900365744[1].wmf# of vehicles \_\_\_\_\_\_\_\_

12. Do you have a dog at home?

* 1. Yes
* 0. No

12a. If you answered yes, approximately how much total time did you spend walking your dog last week?

\_\_\_\_\_ hours \_\_\_\_\_\_ minutes

**EE. Demographics**

1. Height: \_\_\_\_­­\_ feet and \_\_\_­­\_ inches
2. Weight: \_\_\_\_\_\_\_\_ pounds
3. What is your marital status?

* 1. Married
* 2. Widowed
* 3. Divorced/separated
* 4. Single and never married
* 5. Living with partner

1. Race and ethnicity (you can check one or more):

* 1. Caucasian
* 2. African-American or Black
* 3. Hispanic, Mexican, or Latino
* 4. Asian-American
* 5. Pacific Islander
* 6. American Indian or Alaskan Native
* 7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your current employment status? Please CHECK one.

* 1. Unemployed
* 2. Full-time homemaker
* 3. Employed full-time
* 4. Employed part-time
* 5. Permanently disabled
* 6. Retired and currently not working
* 7. On temporary medical leave

1. How many years have you lived in the United States?

\_\_\_\_ Years in the U.S. **OR** My whole life

1. Approximate annual household income? Please CHECK one.

* 1. <$20,000
* 2. $20,000-$39,999
* 3. $40,000-$59,999
* 4. $60,000-$79,999
* 5. $80,000-$99,999
* 6. $100,000-$119,999
* 7. >$120,000

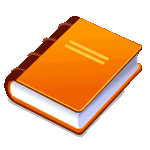
1. How many people (including yourself) live in your household? \_\_\_\_\_\_\_ people
2. What are the ages and genders (circle male or female) of all people living in your

household (including yourself)?

a) \_\_\_\_\_\_\_\_\_ m / f b) \_\_\_\_\_\_\_\_\_ m / f c) \_\_\_\_\_\_\_\_\_ m / f

d) \_\_\_\_\_\_\_\_\_ m / f e) \_\_\_\_\_\_\_\_\_ m / f f) \_\_\_\_\_\_\_\_\_ m / f

10. Are you a student?



* 1. Full-time
* 2. Part-time
* 0. Not a student

11. What was your highest education level completed? If you are **17 years old** or younger,

what is the highest level of education completed by your parents or legal guardian?

(please check one)

* + 1. Less than 7th grade
  + 2. Junior high/middle school
  + 3. Some high school
  + 4. Some college or vocational training
  + 5. Completed college or university
  + 6. Completed graduate or professional degree

12. Did you complete this survey unassisted, or did someone help?

* 1. I completed this survey on my own
* 2. The questions were read to me and filled in by someone else
* 3. This survey was completed by someone else

13.Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any additional comments about crime and physical activity your neighborhood, please use the space below. Any feedback or personal stories you have for us is welcome. Thank you for your time and effort. We appreciate your participation!

**Once you are finished wearing the belt and activity meter for 7 days**, mail this survey, the belt with activity meter, and the log sheet back to us. Don’t forget to use the return envelope we provided.

* Remember, the envelope should include 3 items:

the belt and activity meter

the log sheet

and this survey

j0078771

**If you don’t have the envelope we provided, mail to:**

Safe and Fit Environments (SAFE) Study

3900 Fifth Avenue, Suite 310

San Diego, CA 92103

## Please feel free to give us a call if you have any questions.

Our **toll-free number** is 1-844-206-5547

You can also email questions to [safestudy@ucsd.edu](mailto:safestudy@ucsd.edu).

**j0078762**