

ID# _____

**PLEASE COMPLETE BEFORE
THE END OF THE SCHOOL YEAR**



Study of Youth Physical Activity

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
- When completing the survey please think about this school year.

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?

Please call us toll-free at 1-800-990-6757 or email us at parcstudy@ucsd.edu and we will gladly assist you

FOR OFFICE USE ONLY

Date Received _____

Date entered _____

By _____

W_score _____

Date entered _____

T_score _____

By _____

B_score _____

A. Places Where You Do Physical Activity Now

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

	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
1. Inside your home	0	1	2	3	4	5
2. In your yard or common area	0	1	2	3	4	5
3. In your driveway or alley	0	1	2	3	4	5
4. At a neighbor's house, yard or driveway	0	1	2	3	4	5
5. On a local street, sidewalk or vacant lot	0	1	2	3	4	5
6. In a nearby cul-de-sac or dead-end street	0	1	2	3	4	5
7. In a nearby park or open space	0	1	2	3	4	5
8. Indoor recreation or exercise facility (public or private; YMCA/Boys & Girls Club, dance, martial arts)	0	1	2	3	4	5
9. Beach, lake, river or creek	0	1	2	3	4	5
10. Bike/hiking/walking trails, paths	0	1	2	3	4	5
11. Basketball court	0	1	2	3	4	5
12. Other playing fields/courts (like football, softball, tennis)	0	1	2	3	4	5
13. Indoor swimming pool	0	1	2	3	4	5
14. Public park outside of your neighborhood	0	1	2	3	4	5
15. Public open space (like grass or sand/dirt) that is not a park	0	1	2	3	4	5
16. Friend's or relative's house	0	1	2	3	4	5
17. School grounds (during non-school hours)	0	1	2	3	4	5
18. Outdoor swimming pool (during warmer months)	0	1	2	3	4	5
19. Ski or other winter area (during colder months)	0	1	2	3	4	5
20. Skatepark	0	1	2	3	4	5
21. Parking lot	0	1	2	3	4	5

B. Ideal Places for Physical Activity

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

In your ideal world, how often would you like to do physical activity at these places during the SCHOOL YEAR?						
	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
1. Inside your home	0	1	2	3	4	5
2. In your yard or common area	0	1	2	3	4	5

	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
3. In your driveway or alley	0	1	2	3	4	5
4. At a neighbor's house, yard or driveway	0	1	2	3	4	5
5. On a local street, sidewalk or vacant lot	0	1	2	3	4	5
6. In a nearby cul-de-sac or dead-end street	0	1	2	3	4	5
7. In a nearby park or open space	0	1	2	3	4	5
8. Indoor recreation or exercise facility (public or private; YMCA/Boys & Girls Club, dance, martial arts)	0	1	2	3	4	5
9. Beach, lake, river or creek	0	1	2	3	4	5
10. Bike/hiking/walking trails, paths	0	1	2	3	4	5
11. Basketball court	0	1	2	3	4	5
12. Other playing fields/courts (like football, softball, tennis)	0	1	2	3	4	5
13. Indoor swimming pool	0	1	2	3	4	5
14. Public park outside of your neighborhood	0	1	2	3	4	5
15. Public open space (like grass or sand/dirt) that is not a park	0	1	2	3	4	5
16. Friend's or relative's house	0	1	2	3	4	5
17. School grounds (during non-school hours)	0	1	2	3	4	5
18. Outdoor swimming pool (during warmer months)	0	1	2	3	4	5
19. Ski or other winter area (during colder months)	0	1	2	3	4	5
20. Skatepark	0	1	2	3	4	5
21. Parking lot	0	1	2	3	4	5

C. Activities

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

Which of these physical activities would you like to do often this SCHOOL YEAR ?		
	No, I don't want to do this often	Yes, I want to do this often
1. Walking	No ₀	Yes ₁
2. Running	No ₀	Yes ₁
3. Bicycling	No ₀	Yes ₁
4. Swimming Laps	No ₀	Yes ₁
5. Dance	No ₀	Yes ₁
6. Cheerleading	No ₀	Yes ₁
7. Gymnastics: Bars, beam, tumbling, trampoline	No ₀	Yes ₁
8. Exercise: push-ups, sit-ups, jumping jacks	No ₀	Yes ₁
9. Basketball	No ₀	Yes ₁
10. Baseball/softball	No ₀	Yes ₁

11. Football	No ₀	Yes ₁
12. Soccer	No ₀	Yes ₁
13. Volleyball	No ₀	Yes ₁
14. Racket Sports: badminton, tennis	No ₀	Yes ₁
15. Ball playing: Four square, dodge ball, kickball, catch	No ₀	Yes ₁
16. Games: Chase, tag, hopscotch	No ₀	Yes ₁
17. Outdoor play: Climbing trees, hide and seek	No ₀	Yes ₁
18. Water play: swimming pool or lake	No ₀	Yes ₁
19. Jump Rope	No ₀	Yes ₁
20. Outdoor chores: Mowing, raking, gardening	No ₀	Yes ₁
21. Indoor chores: mopping, vacuuming, sweeping	No ₀	Yes ₁
22. Other (please specify): _____	No ₀	Yes ₁

D. Transportation to school

In an average school week, on how many days do you use the following modes of transportation to get to and from school?

Days per week TO school:	0 days	1 day	2 days	3 days	4 days	5 days
1. Walk	0	1	2	3	4	5
2. Bicycle	0	1	2	3	4	5
3. Skateboard	0	1	2	3	4	5
4. Bus	0	1	2	3	4	5
5. Car	0	1	2	3	4	5
Days per week FROM school:	0 days	1 day	2 days	3 days	4 days	5 days
6. Walk	0	1	2	3	4	5
7. Bicycle	0	1	2	3	4	5
8. Skateboard	0	1	2	3	4	5
9. Bus	0	1	2	3	4	5
10. Car	0	1	2	3	4	5

11. How long does it or would it take you to walk to school?

1
1-5 min

2
6 -10 min

3
11–20 min

4
21–30 min

5
31+ min

E. Walking and Biking

Remember, think about the **SCHOOL YEAR**.

How often do you usually walk or bike to/from the following during the SCHOOL YEAR ?						
	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
1. Indoor recreation or exercise facility (public or private; YMCA, Boys & Girls Club, dance, martial arts)	0	1	2	3	4	5
2. Friend's or relative's house	0	1	2	3	4	5

	Never	Once a month or less	Once every other week	Once a week	2 or 3 times per week	4 or more times per week
3. Outdoor recreation place (park, sports field, open space, creek)	0	1	2	3	4	5
4. Food store or restaurant/cafe	0	1	2	3	4	5
5. Other retail stores (e.g., music, clothes)	0	1	2	3	4	5
6. Non-school social or educational activities (e.g., church group, band)	0	1	2	3	4	5
7. Public transportation stop (bus, train, light rail)	0	1	2	3	4	5
8. Other: (please specify) _____	0	1	2	3	4	5

9. How often do you skateboard to go places?

0 1 2 3 4 5
 Never Once a month or less Once every other week Once a week 2 or 3 times per week 4 or more times per week

F. Physical Activity at School

1. How many days per week do you have gym or Physical Education (PE) class at school?

0 days 1 day 2 days 3 days 4 days 5 days

1a. If you have PE, on average, how long is each PE period?

_____minutes per class

2. How many days per week do you have recess at school?

0 days 1 day 2 days 3 days 4 days 5 days

2a. On days that you have recess, on average, how long is the total time spent in

_____minutes

3. This school year, how many sports teams or “after school” physical activity classes (not PE) have you participated in at your school? Think about school sponsored activities. If you play for more than 1 team of the same sport or across 2 seasons (e.g., two softball leagues), count this as 2.

0 1 2 3 4 or more

G. After-School Environment

1. How often does your school have supervised physical activities after school?

0 1 2 3 4
 Never Rarely Sometimes Frequently Always

2. How often does your school allow students to use play areas or fields after school?

0 1 2 3 4
Never Rarely Sometimes Frequently Always

3. During this school year, how many sports teams or physical activity classes have you participated in **outside of school**? If you play for more than 1 team of the same sport or across 2 seasons (e.g., two softball leagues), count this as 2.

0 1 2 3 4 or more

H. Sedentary Activities

During the last 7 days, how much time did you usually spend on the following activities?

	On a typical weekday ?	On a typical weekend day ?
1. Computer or Internet for leisure	____ hours ____ minutes per day	____ hours ____ minutes per day
2. Computer/ 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

I. Things in Your Bedroom

Please indicate whether the following is in your bedroom.	(1)	(0)
1. TV	Yes	No
2. DVD player	Yes	No
3. Music player (radio, CD player, stereo)	Yes	No
4. Computer	Yes	No
5. Video game system (non-hand-held—Playstation, Xbox, etc.)	Yes	No
6. Internet access	Yes	No

J. Your Personal Electronics

Do you have the following items for your own use?	(1)	(0)
1. Cell phone	Yes	No
2. Hand-held video game player (Game Boy, Sony PSP, etc.)	Yes	No
3. Personal stereo (iPod, MP3 player)	Yes	No
4. Do you have your own social media account (Facebook, Instagram)?	Yes	No
5. Laptop, Tablet, iPad	Yes	No



K. Types of Residences in Your Neighborhood

Please select the answer that best applies to your neighborhood (please select only one answer).

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

1. ☐ Very few residential buildings/dwellings within 2-5 min walk of my house
2. ☐ Detached single-family houses
3. ☐ Attached (row) housing, apartment buildings, or condos of 1-3 stories
4. ☐ Multiple apartment blocks or condos of 4-6 stories
5. ☐ Apartments or condos of 7+ stories

L. Access to Services

Please circle the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

1. Stores are within an easy walking distance of my home.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

2. Parking is difficult in local shopping areas.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

3. There are many places to go (alone or with someone) within easy walking distance from my home.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

4. From my home, it is easy to walk to a transit stop (bus, subway, train) alone or with someone.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

5. The streets in my neighborhood are hilly, making my neighborhood difficult to walk in (alone or with someone else).

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

6. There are major barriers to walking (alone or with someone) in my local areas that make it hard to get from place to place (for example, freeways, railway lines, rivers).

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

M. Streets in my Neighborhood

Please circle the answer that best applies to you and your neighborhood.

1. The streets in my neighborhood do not have many cul-de-sacs (dead-end streets).

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

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

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

3. There are many different routes for getting from place to place in my neighborhood (I don't have to go the same way every time).

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

N. Places for Walking

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
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

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

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

3. There is grass/dirt between the streets and the sidewalks in my neighborhood.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree



O. Neighborhood Surroundings

Please circle the answer that best applies to you and your neighborhood.

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

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

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

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

3. There are many beautiful natural things to look at in my neighborhood (e.g. gardens, views).

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

4. There are many buildings/homes in my neighborhood that are nice to look at.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

P. Neighborhood Safety

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 (alone or with someone) in my neighborhood.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

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

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

3. Most drivers go faster than the posted speed limit in my neighborhood.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

4. My neighborhood streets have good lighting at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

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

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

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

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

7. When walking in my neighborhood there are a lot of exhaust fumes.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

Q. Crime Safety

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
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. The crime rate in my neighborhood makes it unsafe to go on walks alone or with someone at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. I am worried about being outside alone around my home (like in yard, driveway, or apartment common area) because I am afraid of being taken or hurt by a stranger.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. I am worried about being outside with a friend around my home because I am afraid of being taken or hurt by a stranger.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. I am worried about being or walking alone or with friends in my neighborhood and local streets because I am afraid of being taken or hurt by a stranger.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

6. I am worried about being in a local/nearby park because I am afraid of being taken or hurt by a stranger.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

R. Enjoyment of Physical Activity

1. I enjoy doing physical activity.

1
strongly
disagree

2
somewhat
disagree

3
somewhat
agree

4
strongly
agree

S. Social Support

During a typical week, how often does an **adult in your household**:

	Never	Rarely	Sometimes	Often	Very Often
1. Encourage you to do physical activity or play sports?	0	1	2	3	4
2. Provide transportation to a place where you can do physical activity or play sports?	0	1	2	3	4
3. Do physical activity or play sports with you?	0	1	2	3	4

During a typical week how often do your **brothers/sisters or friends**:

	Never	Rarely	Sometimes	Often	Very Often
4. Do physical activity or play sports with you?	0	1	2	3	4
5. Ask you to walk or bike to school or to a friend's house?	0	1	2	3	4

T. Confidence about Physical Activity: Remember, think about the **SCHOOL YEAR**.

There are many things that can get in the way of physical activity. HOW SURE are you that you can do physical activity in each situation? Please answer ALL questions.

	I'm sure I can't				I'm sure I can
1. Do physical activity even when you feel sad or stressed	1	2	3	4	5
2. Set aside time for physical activity on most days of the week	1	2	3	4	5

	I'm sure I can't				I'm sure I can
3. Do physical activity even when your family or friends want you to do something else	1	2	3	4	5
4. Get up early, even on weekends, to do physical activity	1	2	3	4	5
5. Do physical activity even when you have a lot of homework	1	2	3	4	5
6. Do physical activity even when it is raining or really hot outside	1	2	3	4	5

U. Workout Equipment

How often do you use these items in or around your home (or in a common apartment area)?					
	Not available (don't have)	Available but never use	Once a month or less	Once every other week	Once a week or more
1. Bike	0	1	2	3	4
2. Basketball hoop	0	1	2	3	4
3. Jump rope	0	1	2	3	4
4. Active video games (like Dance Dance Revolution, Wii, etc.)	0	1	2	3	4
5. Sports equipment (like balls, racquets, bats, sticks)	0	1	2	3	4
6. Swimming pool	0	1	2	3	4
7. Rollerblades, skateboard, scooter	0	1	2	3	4
8. Home aerobic equipment (like treadmill, stationary bike, workout videos)	0	1	2	3	4
9. Weight-lifting equipment (like free-weights, weight machines)	0	1	2	3	4
10. Water or snow equipment (like skis, kayak, snowboard)	0	1	2	3	4



V. Dog Ownership

1. Do you have a dog at home? 1. Yes 0. No ***If no, skip to Section W.***

2. If you answered yes, how many days did you walk your dog last week?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

3. If you answered yes, how many days did you play outside with your dog last week (not including walking)?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

W. About You

1. Date of Birth: Month: _____ Day: _____ Year: _____
2. Sex (please circle one): Male₀ Female₁
3. Weight: _____ pounds
4. Height: _____ feet and _____ inches
5. Email address: _____
6. Current address (where you live now): _____

Number/ street
Apt/suite

City
State
Zip code
7. How long have you lived at your current address? _____ year(s) and _____ month(s)
8. What type of residence do you live in?
 - ☐ 1. Single family house
 - ☐ 2. Multi-family house
 - ☐ 3. Apartment
 - ☐ 4. Condominium/townhouse
 - ☐ 5. Other _____
9. Race or 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. Filipino
 - ☐ 7. American Indian or Alaskan Native
 - ☐ 8. Other _____
10. What is the name of your school? _____
11. What is the address of your school? _____

Number/ street
suite

City
State
Zip code
12. Is this a private or public school?
 - ☐ 1. Private
 - ☐ 2. Public



You are almost done!!

13. What is your PARENTS' or guardians' marital status (parent you live with the most)?

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

14. How many adults (18+) live in your household? _____ adults

15. How many children (<17), including yourself, live in your household? _____ children

16. What was the highest education level completed among the ADULTS (18+) in the household? (please check one)

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

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

of vehicles _____

18. 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

19. Today's Date: _____

Participant ID: _____

If you have any additional comments about physical activity and 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 10 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 with activity meter
 - the log sheet
 - and this survey



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

Study of Youth Physical Activity
Attn: Edith Bonilla
9500 Gilman Drive, MC 0631
La Jolla, CA 92093-0631

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

Our **toll-free number** is **1-800-990-6757**

You can also email questions to parcstudy@ucsd.edu

