



Center for
kinanthropological research
Faculty of Physical Culture
Palacky University



Environment and physical activity

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We would like to find out more information about the way that you perceive or think about your neighborhood. Please answer the following questions about your neighborhood and yourself.



A. Types of residences in your neighborhood

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 more than 6 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All



B. Stores, facilities, and other things in your neighborhood

About how long would it take to get from your home to the nearest businesses or facilities listed below if you walked to them? Please put only one check mark (✓) for each business or facility.

	1-5 min	6-10 min	11-20 min	20-30 min	30+ min	don't know
example: gas station	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input checked="" type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
1. convenience/small grocery store	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
2. supermarket	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
3. hardware store	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
4. fruit/vegetable market	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
5. laundry/dry cleaners	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
6. clothing store	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
7. post office	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
8. library	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
9. elementary school	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
10. other schools	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
11. book store	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
12. fast food restaurant	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
13. coffee place	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
14. bank/credit union	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
15. non-fast food restaurant	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
16. video store	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
17. pharmacy/drug store	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
18. salon/barber shop	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
19. your job or school [check here <input type="checkbox"/> if not applicable]	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
20. bus or train stop	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
21. park	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
22. recreation center	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>
23. gym or fitness facility	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	8. <input type="checkbox"/>



C. 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 easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree
2. Parking is difficult in local shopping areas.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree
3. There are many places to go within easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree
4. It is easy to walk to a transit stop (bus, train) from my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree
5. The streets in my neighborhood are hilly, making my neighborhood difficult to walk in.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree
6. There are major barriers to walking in my local area that make it hard to get from place to place (for example, freeways, railway lines, rivers).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree
7. There are many canyons/hillsides in my neighborhood that limit the number of routes for getting from place to place.

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



D. 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	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree
2. 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
strongly disagree	somewhat disagree	somewhat agree	strongly agree
3. 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
strongly disagree	somewhat disagree	somewhat agree	strongly agree



E. Places for walking and cycling

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

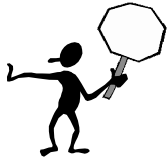
1. There are sidewalks on most of the streets in my neighborhood.
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree
2. Sidewalks are separated from the road/traffic in my neighborhood by parked cars.
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree
3. There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to.
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree
4. There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood.
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree
5. It is safe to ride a bike in or near my neighborhood.
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree



F. 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 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree
2. There are many interesting things to look at while walking in my neighborhood.
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree
3. There are many attractive natural sights in my neighborhood (such as landscaping, views).
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree
4. There are attractive buildings/homes in my neighborhood.
1 2 3 4
strongly somewhat somewhat strongly
disagree disagree agree agree



G. 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 in my neighborhood.

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

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

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

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

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

4. My neighborhood streets are well lit 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 pedestrian signals to help walkers cross busy streets in my neighborhood.

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

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

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

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

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

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

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



H. Home Environment

*Please indicate which items you have in your home, yard, or apartment complex.
Please circle an answer for each item.*

- | | | |
|--|--------------|---------------|
| 1. stationary aerobic equipment (e.g. treadmill, cycle) | 1. Yes 0. No | 8. Don't know |
| 2. bicycle | 1. Yes 0. No | 8. Don't know |
| 3. dog | 1. Yes 0. No | 8. Don't know |
| 4. trampoline for jogging in place | 1. Yes 0. No | 8. Don't know |
| 5. running shoes | 1. Yes 0. No | 8. Don't know |
| 6. swimming pool | 1. Yes 0. No | 8. Don't know |
| 7. weight lifting equipment (e.g. free weights, Nautilus®, Universal®) | 1. Yes 0. No | 8. Don't know |
| 8. skis (snow or water) | 1. Yes 0. No | 8. Don't know |
| 9. toning devices (e.g. exercise balls, ankle weights, Dynabands®, Thighmaster®) | 1. Yes 0. No | 8. Don't know |
| 10. aerobic workout video or audiotapes | 1. Yes 0. No | 8. Don't know |
| 11. step aerobics, slide aerobics | 1. Yes 0. No | 8. Don't know |
| 12. skates (roller, in-line, or ice) | 1. Yes 0. No | 8. Don't know |
| 13. sports equipment (balls, racquets) | 1. Yes 0. No | 8. Don't know |
| 14. surf board, boogie board, windsurf board | 1. Yes 0. No | 8. Don't know |
| 15. canoe, row boat, kayak | 1. Yes 0. No | 8. Don't know |



I. Convenient Facilities

For each of these places where you can exercise, please indicate if it is on a frequently traveled route (e.g., to and from work) or within a 5-minute drive or 10-minute walk from your work or home. Please circle one answer for each item.

- | | | |
|--|--------------|---------------|
| 1. aerobic dance studio | 1. Yes 0. No | 8. Don't know |
| 2. basketball court | 1. Yes 0. No | 8. Don't know |
| 3. beach, lake, river, or creek | 1. Yes 0. No | 8. Don't know |
| 4. bike lane or trails | 1. Yes 0. No | 8. Don't know |
| 5. golf course | 1. Yes 0. No | 8. Don't know |
| 6. health spa/gym | 1. Yes 0. No | 8. Don't know |
| 7. martial arts studio | 1. Yes 0. No | 8. Don't know |
| 8. playing field
(soccer, football, softball, etc.) | 1. Yes 0. No | 8. Don't know |
| 9. public park | 1. Yes 0. No | 8. Don't know |
| 10. public recreation center | 1. Yes 0. No | 8. Don't know |
| 11. racquetball/squash court | 1. Yes 0. No | 8. Don't know |
| 12. running track | 1. Yes 0. No | 8. Don't know |
| 13. skating rink | 1. Yes 0. No | 8. Don't know |
| 14. sporting goods store | 1. Yes 0. No | 8. Don't know |
| 15. swimming pool | 1. Yes 0. No | 8. Don't know |
| 16. walking/hiking trails | 1. Yes 0. No | 8. Don't know |
| 17. tennis courts | 1. Yes 0. No | 8. Don't know |
| 18. dance studio | 1. Yes 0. No | 8. Don't know |

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

1. Do you currently have a job or do any unpaid work outside your home?

Yes

No



Skip to PART 2: TRANSPORTATION

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include traveling to and from work.

2. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work**? Think about only those physical activities that you did for at least 10 minutes at a time.

_____ **days per week**

No vigorous job-related physical activity



Skip to question 4

3. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

_____ **hours per day**

_____ **minutes per day**

4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work**? Please do not include walking.

_____ **days per week**

No moderate job-related physical activity



Skip to question 6

5. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

_____ **hours per day**

_____ **minutes per day**

6. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **as part of your work**? Please do not count any walking you did to travel to or from work.

_____ **days per week**

No job-related walking



Skip to PART 2: TRANSPORTATION

7. How much time did you usually spend on one of those days **walking** as part of your work?

_____ **hours per day**

_____ **minutes per day**

PART 2: TRANSPORTATION PHYSICAL ACTIVITY

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

8. During the **last 7 days**, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?

_____ **days per week**

No traveling in a motor vehicle



Skip to question 10

9. How much time did you usually spend on one of those days **traveling** in a train, bus, car, tram, or other kind of motor vehicle?

_____ **hours per day**

_____ **minutes per day**

Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

10. 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 per week**

No bicycling from place to place



Skip to question 12

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

_____ **hours per day**

_____ **minutes per day**

12. 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 per week**

No walking from place to place



Skip to PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

13. How much time did you usually spend on one of those days walking from place to place?

_____ **hours per day**
_____ **minutes per day**

PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

14. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging **in the garden or yard**?

_____ **days per week**

No vigorous activity in garden or yard → **Skip to question 16**

15. How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?

_____ **hours per day**
_____ **minutes per day**

16. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?

_____ **days per week**

No moderate activity in garden or yard → **Skip to question 18**

17. How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

_____ **hours per day**
_____ **minutes per day**

18. Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside your home**?

_____ **days per week**

No moderate activity inside home → **Skip to PART 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY**

19. How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

_____ **hours per day**
_____ **minutes per day**

PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

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

20. Not counting any walking you have already mentioned, 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 per week**

No walking in leisure time



Skip to question 22

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

_____ **hours per day**

_____ **minutes per day**

22. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming **in your leisure time**?

_____ **days per week**

No vigorous activity in leisure time



Skip to question 24

23. How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

_____ **hours per day**

_____ **minutes per day**

24. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time**?

_____ **days per week**

No moderate activity in leisure time



Skip to PART 5: TIME SPENT SITTING

25. How much time did you usually spend on one of those days doing **moderate** physical activities in your leisure time?

_____ **hours per day**

_____ **minutes per day**

If you would like to obtain your results from the monitoring, please state your first name and last name. _____ .

Please tick if you want us to e-mail or mail the result.



Thank you for your time and effort.

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