

SURVEY ON WALKING HABITS & BARRIERS

We are doing a short survey about barriers to exercise and walking in your neighborhood. Your neighborhood is the local area around your home within a 15-20 minute walk from your home in any direction. **This survey is voluntary and anonymous and your responses will be kept strictly confidential.** We will not ask for your name, address or telephone number, nor will we contact you further regarding this matter. If you have any questions regarding this survey, please contact the Veterinary Public Health Program at (213) 989-7060.

Today's Date: __ / __ / __ **Sex:** Male Female **Zip code of residence:** _____

Your age (years): 18-25 26-35 36-45 46-55 56-65 65+

Your race/ethnicity: White/Caucasian Black/African American
(Check all that apply) Asian Pacific Islander
 American Indian/Alaskan Native Hispanic/Latino
 Other: _____ Don't Know

What is the highest level of school you have completed or the highest degree you have received?

8th grade or less Grades 9-12 High school graduate/GED
 Some college/trade school/associates degree College graduate
 Post-graduate degree Don't Know

In what type of residence do you live?

Separate or stand alone one family home
 Connected townhouses or row of houses
 Multiple family or duplex home
 Apartment or condo building
 Other: _____

RESIDENT WALKING HABITS & REASONS

1. Do you walk in your neighborhood? (If no, skip to question 2) Yes No

1.a. In a typical week, how many days do you walk in your neighborhood? (Circle only one)

0 1 2 3 4 5 6 7

1.b. If you do walk in your neighborhood, what are the reasons? (Check all that apply)

Walking the dog Work
 Activities for children Exercise
 Go to the park Other: _____
 Reach local destinations (i.e., grocery stores, shopping centers, restaurants, movie theater, bank, school, post office, etc.)

1.c. If you do walk in your neighborhood, how often do you walk with someone else? (Check only one) Usually Occasionally Never

2. Do you see other people walking around in your neighborhood?

- Yes No Don't know

2.a. If so, do you see people walking dogs? Yes No Don't Know

3. If you do not walk in your neighborhood, what are the reasons? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Easier to use the car | <input type="checkbox"/> It's not safe to walk outside |
| <input type="checkbox"/> The distances I need to go are too great | <input type="checkbox"/> Too much pollution/smog |
| <input type="checkbox"/> It's too hot out | <input type="checkbox"/> Exercise at gym |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Walk/hike/run outside of neighborhood |
| <input type="checkbox"/> There's no time | <input type="checkbox"/> No sidewalks or poorly maintained |
| <input type="checkbox"/> Other: _____ | |

PLACES FOR WALKING AND NEIGHBORHOOD SURROUNDINGS

Please choose only one answer; the answer that best applies to you and your neighborhood.

4. Are there sidewalks on most of the streets in your neighborhood? (If no or don't know, skip to question 5) Yes No Don't know

4.a. Do parked cars separate the sidewalks from the road/traffic?

- Yes No Don't know

4.b. Are there grass/dirt strips that separate the streets from the sidewalks?

- Yes No Don't know

5. In general, are the streets and sidewalks well-maintained in your neighborhood?

- Yes No Don't know

6. Are there pedestrian trails (walking or running paths, hiking trails, etc.) in or near your neighborhood that are easy to get to? Yes No Don't know

7. Are there trees along the streets in your neighborhood? (If no or don't know, skip to question 8)

- Yes No Don't know

7.a. Do the trees provide shade?

- Yes No Don't know

8. Are there many beautiful natural things to look at in your neighborhood (for example gardens, views, etc.)? Yes No Don't know

9. Are there attractive buildings/homes in your neighborhood?

- Yes No Don't know

10. How much trash and litter do you see in the streets or on properties in your neighborhood?

- A lot Some A little None Don't know

11. Are there stores, facilities or other public places in your neighborhood (for example restaurants, stores, post office, schools, bus/subway/train stop, etc.)?

- Yes No Don't know

NEIGHBORHOOD SAFETY

Please choose only one answer; the answer that best applies to you and your neighborhood.

12. Does traffic make it difficult or unpleasant to walk in your neighborhood?

- Yes No Don't know

13. Is the speed of traffic in your neighborhood usually slow (30 mph or less)?

- Yes No Don't know

14. Are there posted speed limits in your neighborhood? (If no or don't know, skip to question 15)

- Yes No Don't know

14.a. Do most drivers exceed the posted speed limits while driving in your neighborhood?

- Yes No Don't know

15. Is there adequate lighting around buildings and on streets in your neighborhood?

- Yes No Don't know

16. Can walkers on the streets in your neighborhood be easily seen by people in their homes?

- Yes No Don't know

17. Are there crosswalks or signals to help walkers cross busy streets in your neighborhood?

- Yes No Don't know

18. Are there a lot of exhaust fumes in your neighborhood?

- Yes No Don't know

19. Are there major physical barriers to walking in your neighborhood (for example freeways, railway lines, tunnels, construction, etc.)?

- Yes No Don't know

20. Do you often see police cars in your neighborhood?

- Yes No Don't know

20.a. Do police cars in your neighborhood make you feel safer?

- Yes No Don't know

21. How safe from crime do you consider your neighborhood to be?

- Very safe Somewhat safe Somewhat unsafe
 Very unsafe Don't know

22. Do you feel safe in your neighborhood?

- Yes No Don't know

PARKS INFORMATION

Please choose only one answer; the answer that best applies to you and your neighborhood.

23. Are there parks in your neighborhood? (If no or don't know, skip to question 24)

- Yes No Don't know

23.a. If there are parks in your neighborhood, are they generally safe?

- Yes No Don't know

23.b. If there are parks in your neighborhood, are dogs allowed?

- Yes No Don't know

24. Are there dog parks in your neighborhood?

- Yes No Don't know
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DOG INFORMATION

25. Do you feel your neighborhood is dog friendly?

- Yes No Don't know

26. Do you own one or more dogs? (If no, skip to end; you are complete) Yes No

27. Do you feel your dog(s) motivate(s) you to walk?

- Yes No Don't know

28. In a typical week, how many days do you walk your dog? (Circle only one)

- 0 1 2 3 4 5 6 7

29. Do you walk your dog in your neighborhood? (If no or don't know, skip to question 30)

- Yes No Don't know

29.a. Do you feel safer when walking with your dog?

- Yes No Don't know

30. If you do not walk your dog in your neighborhood, what are the reasons? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> The dog is too small | <input type="checkbox"/> The dog is too hard to control |
| <input type="checkbox"/> The dog doesn't like it | <input type="checkbox"/> The dog has health issues |
| <input type="checkbox"/> Someone else walks the dog | <input type="checkbox"/> There is no time |
| <input type="checkbox"/> The dog is aggressive | <input type="checkbox"/> Too many stray dogs |
| <input type="checkbox"/> The dog has a yard to run around in | <input type="checkbox"/> Too much wildlife |
| <input type="checkbox"/> It is not safe to walk my dog in my neighborhood | <input type="checkbox"/> Drive elsewhere to walk my dog |
| | <input type="checkbox"/> Other: _____ |

THE END

THANK YOU FOR COMPLETING THE SURVEY. PLEASE RETURN IT TO THE ATTENDANT.