

# Austin Fitness Index

- Q1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?  
(Please select only one.)

<input type="radio"/>	Yes	<b>GO TO Q2</b>
<input type="radio"/>	No	<b>SKIP TO Q8</b>
<input type="radio"/>	Don't Know / Not sure	<b>SKIP TO Q8</b>
<input type="radio"/>	Prefer not to say	<b>SKIP TO Q8</b>

- Q2. We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do when you are not working in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?  
(Please select only one.)

<input type="radio"/>	Yes	<b>GO TO Q3</b>
<input type="radio"/>	No	<b>SKIP TO Q5</b>
<input type="radio"/>	Don't Know / Not sure	<b>SKIP TO Q5</b>
<input type="radio"/>	Prefer not to say	<b>SKIP TO Q5</b>

- Q3. How many days per week do you do these moderate activities for at least 10 minutes at a time?  
(Please select only one.)

<input type="radio"/>	1 day	<b>GO TO Q4</b>
<input type="radio"/>	2 days	<b>GO TO Q4</b>
<input type="radio"/>	3 days	<b>GO TO Q4</b>
<input type="radio"/>	4 days	<b>GO TO Q4</b>
<input type="radio"/>	5 days	<b>GO TO Q4</b>
<input type="radio"/>	6 days	<b>GO TO Q4</b>
<input type="radio"/>	7 days	<b>GO TO Q4</b>

- Q4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?  
(Please enter your estimate in minutes. Your estimate should end with a 5 or 0. Example: 1 hour = 60 minutes, 1.25 hours = 75 minutes, etc.)

<input type="text"/>	Minutes per day	<b>GO TO Q5</b>
<input type="radio"/>	Don't Know	<b>GO TO Q5</b>

Q5. Now, thinking about the vigorous activities you do when you are not working in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?  
(Please select only one.)

<input type="radio"/>	Yes	<b>GO TO Q6</b>
<input type="radio"/>	No	<b>SKIP TO Q8</b>
<input type="radio"/>	Don't Know / Not sure	<b>SKIP TO Q8</b>
<input type="radio"/>	Prefer not to say	<b>SKIP TO Q8</b>

Q6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?  
(Please select only one.)

<input type="radio"/>	1 day	<b>GO TO Q7</b>
<input type="radio"/>	2 days	<b>GO TO Q7</b>
<input type="radio"/>	3 days	<b>GO TO Q7</b>
<input type="radio"/>	4 days	<b>GO TO Q7</b>
<input type="radio"/>	5 days	<b>GO TO Q7</b>
<input type="radio"/>	6 days	<b>GO TO Q7</b>
<input type="radio"/>	7 days	<b>GO TO Q7</b>

Q7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?  
(Please enter your estimate in minutes. Your estimate should end with a 5 or 0. Example: 1 hour = 60 minutes, 1.25 hours = 75 minutes, etc.)

_____	Minutes per day	<b>GO TO Q8</b>
<input type="radio"/>	Don't Know	<b>GO TO Q8</b>

These next few questions are about the foods you usually eat or drink.

Q8. How often do you drink fruit juices such as orange, grapefruit or tomato?  
(Please select only one of the following frequencies and enter a whole number in the space provided.)

_____	Servings per <u>day</u>	<b>GO TO Q9</b>
_____	Servings per <u>week</u>	<b>GO TO Q9</b>
_____	Servings per <u>month</u>	<b>GO TO Q9</b>
_____	Servings per <u>year</u>	<b>GO TO Q9</b>
<input type="radio"/>	Never	<b>GO TO Q9</b>

- Q9. How often do you eat fruit, not including juices?  
*(Please select only one of the following frequencies and enter a whole number in the space provided.)*

<input type="text"/>	Servings per <u>day</u>	<b>GO TO Q10</b>
<input type="text"/>	Servings per <u>week</u>	<b>GO TO Q10</b>
<input type="text"/>	Servings per <u>month</u>	<b>GO TO Q10</b>
<input type="text"/>	Servings per <u>year</u>	<b>GO TO Q10</b>
<input type="radio"/>	Never	<b>GO TO Q10</b>

- Q10. How often do you eat green salad?  
*(Please select only one of the following frequencies and enter a whole number in the space provided.)*

<input type="text"/>	Servings per <u>day</u>	<b>GO TO Q11</b>
<input type="text"/>	Servings per <u>week</u>	<b>GO TO Q11</b>
<input type="text"/>	Servings per <u>month</u>	<b>GO TO Q11</b>
<input type="text"/>	Servings per <u>year</u>	<b>GO TO Q11</b>
<input type="radio"/>	Never	<b>GO TO Q11</b>

- Q11. How often do you eat potatoes, not including french fries, fried potatoes or potato chips?  
*(Please select only one of the following frequencies and enter a whole number in the space provided.)*

<input type="text"/>	Servings per <u>day</u>	<b>GO TO Q12</b>
<input type="text"/>	Servings per <u>week</u>	<b>GO TO Q12</b>
<input type="text"/>	Servings per <u>month</u>	<b>GO TO Q12</b>
<input type="text"/>	Servings per <u>year</u>	<b>GO TO Q12</b>
<input type="radio"/>	Never	<b>GO TO Q12</b>

- Q12. How often do you eat carrots?  
*(Please select only one of the following frequencies and enter a whole number in the space provided.)*

<input type="text"/>	Servings per <u>day</u>	<b>GO TO Q13</b>
<input type="text"/>	Servings per <u>week</u>	<b>GO TO Q13</b>
<input type="text"/>	Servings per <u>month</u>	<b>GO TO Q13</b>
<input type="text"/>	Servings per <u>year</u>	<b>GO TO Q13</b>
<input type="radio"/>	Never	<b>GO TO Q13</b>

Q13. How many servings of vegetables do you eat, not counting carrots, potatoes, or salad? (For example, a serving of vegetables at both lunch and dinner would be two servings.)  
 (Please select only one of the following frequencies and enter a whole number in the space provided.)

<input type="text"/>	Servings per <u>day</u>	<b>GO TO Q14</b>
<input type="text"/>	Servings per <u>week</u>	<b>GO TO Q14</b>
<input type="text"/>	Servings per <u>month</u>	<b>GO TO Q14</b>
<input type="text"/>	Servings per <u>year</u>	<b>GO TO Q14</b>
<input type="radio"/>	Never	<b>GO TO Q14</b>

Q14. Have you smoked at least 100 cigarettes in your entire life? 5 packs = 100 cigarettes  
 (Please select only one.)

<input type="radio"/>	Yes	<b>GO TO Q15</b>
<input type="radio"/>	No	<b>SKIP TO Q17</b>
<input type="radio"/>	Don't Know / Not sure	<b>SKIP TO Q17</b>
<input type="radio"/>	Prefer not to say	<b>SKIP TO Q17</b>

Q15. Do you now smoke cigarettes every day, some days, or not at all?  
 (Please select only one.)

<input type="radio"/>	Every day	<b>GO TO Q16</b>
<input type="radio"/>	Some days	<b>GO TO Q16</b>
<input type="radio"/>	Not at all	<b>SKIP TO Q17</b>
<input type="radio"/>	Don't Know / Not sure	<b>SKIP TO Q17</b>
<input type="radio"/>	Prefer not to say	<b>SKIP TO Q17</b>

Q16. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?  
 (Please select only one.)

<input type="radio"/>	Yes	<b>GO TO Q17</b>
<input type="radio"/>	No	<b>GO TO Q17</b>
<input type="radio"/>	Don't Know / Not sure	<b>GO TO Q17</b>
<input type="radio"/>	Prefer not to say	<b>GO TO Q17</b>

Q17. About how much do you weigh without shoes?  
 (Please enter a whole number in the space provided below.)

Number of pounds	<input type="text"/>	<b>GO TO Q18</b>
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Q18. About how tall are you without shoes?  
 (Please enter a whole number for feet and inches in the spaces provided below.)

Feet	<input type="text"/>	Inches	<input type="text"/>	<b>GO TO Q19</b>
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Q19. Have you ever been told by a doctor that you have diabetes? *(Please select only one.)*

<input type="radio"/>	Yes	<b>GO TO Q20</b>
<input type="radio"/>	Yes, but only during pregnancy	<b>GO TO Q20</b>
<input type="radio"/>	No	<b>GO TO Q20</b>
<input type="radio"/>	No, but I have pre-diabetes or borderline diabetes	<b>GO TO Q20</b>
<input type="radio"/>	Don't know / Not sure	<b>GO TO Q20</b>
<input type="radio"/>	Prefer not to answer	<b>GO TO Q20</b>

Q20. Have you ever been told by a doctor, nurse or health professional that you have high blood pressure? *(Please select only one.)*

<input type="radio"/>	Yes, and I take medication	<b>GO TO Q21</b>
<input type="radio"/>	Yes, but I do not take medication	<b>GO TO Q21</b>
<input type="radio"/>	Yes, but only during pregnancy	<b>GO TO Q21</b>
<input type="radio"/>	No	<b>GO TO Q21</b>
<input type="radio"/>	Borderline high or pre-hypertensive	<b>GO TO Q21</b>
<input type="radio"/>	Don't know / Not sure	<b>GO TO Q21</b>
<input type="radio"/>	Prefer not to answer	<b>GO TO Q21</b>

Q21. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? *(Please select only one.)*

<input type="radio"/>	Yes	<b>GO TO Q22</b>
<input type="radio"/>	No	<b>GO TO Q22</b>
<input type="radio"/>	Don't know / Not sure	<b>GO TO Q22</b>
<input type="radio"/>	Prefer not to answer	<b>GO TO Q22</b>

Q22. How long have you worked for...? *(Please select only one.)*

<input type="radio"/>	0-1 year	<b>GO TO Q23</b>
<input type="radio"/>	1-3 years	<b>GO TO Q23</b>
<input type="radio"/>	4-10 years	<b>GO TO Q23</b>
<input type="radio"/>	11-20 years	<b>GO TO Q23</b>
<input type="radio"/>	More than 20 years	<b>GO TO Q23</b>
<input type="radio"/>	Not applicable	<b>GO TO Q23</b>

Q23. Do you work: *(Please select only one.)*

<input type="radio"/>	Full-time	<b>GO TO Q24</b>
<input type="radio"/>	Part-time	<b>GO TO Q24</b>
<input type="radio"/>	Contract	<b>GO TO Q24</b>
<input type="radio"/>	Not applicable	<b>GO TO Q24</b>

Q24. Do you supervise other employees?  
(Please select only one.)

<input type="radio"/>	Yes	<b>GO TO Q25</b>
<input type="radio"/>	No	<b>GO TO Q25</b>
<input type="radio"/>	Not applicable	<b>GO TO Q25</b>

Q25. Are you:  
(Please select only one.)

<input type="radio"/>	Male	<b>GO TO Q26</b>
<input type="radio"/>	Female	<b>GO TO Q26</b>

Q26. What is your age?  
(Please enter a whole number.)

_____	Please enter your age	<b>GO TO Q27</b>
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Q27. What is your race/ethnic category?  
(Please select only one.)

<input type="radio"/>	Hispanic	<b>GO TO Q25</b>
<input type="radio"/>	White (not Hispanic)	<b>GO TO Q25</b>
<input type="radio"/>	African-American (not Hispanic)	<b>GO TO Q25</b>
<input type="radio"/>	Asian/Pacific Islander	<b>GO TO Q25</b>
<input type="radio"/>	Native American	<b>GO TO Q25</b>
<input type="radio"/>	Multi-ethnic	<b>GO TO Q25</b>

Q28. Finally, what is the five-digit zip code of your residence?  
(Please enter a 5 digit zip code.)

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Those are all of the questions we have for you. Thank you for your participation!