

Interviewer: _____

Trail name and location (parking lot, trailhead, other?): _____

Date: _____

Begin Time: _____

Weather:

Temp: _____ sunny sun/overcast cloudy humid dry rain/drizzle fog

National Park Service Health & Recreation Intercept Survey

Introductory script:

Hello, I'm [NAME] _____ from [UNIVERSITY] _____. We are collecting information on people who use the [TRAIL] _____. We would like to ask you some questions about your experience on the trail. We will try to get through the questions as quickly as possible. The interview should take about 15 minutes. All of the information that you provide in this conversation will be kept anonymous.

The Paperwork Reduction Act requires approval of all federal government surveys by the Office of Management and Budget. This survey has been approved under this Act. Additional information about this survey and its approval is available at your request.*

Are you willing to answer a few questions? Are you at least 18 years old? **[ONLY ASK IF UNSURE]**

1. **[Interviewer]** Check type of physical activity person is doing:
 walking jogging or running bicycling
 in-line skating, roller skating, or skateboarding
 other (please specify) _____
2. **[Interviewer]** Check if the person was on the trail:
[If applicable, check more than one.]
 alone with pet with baby stroller
 with others (indicate #) _____
3. **[Interviewer]** Record person's sex:
 female male
 don't know/not sure
4. What different sources of information helped make you aware of the _____ trail?
[Check all that apply]
 word of mouth local newspaper article
 saw trail local newspaper ad
 roadside signage brochure
 bike shop posters
 workplace park map
 park ranger tourist weekly article
 internet web site tourist weekly "Trail of the Week"
 television bus placard
 e-mail
 other (please specify): _____

5. What were some specific locations where you obtained information about the _____ trail?
[Check all that apply]
- driving park shuttle/bus
 dock trailhead
 bike shop: _____ store: _____
 online: _____ hotel: _____
 workplace: _____ visitor center: _____
 gym: _____ retirement center: _____
 other (please specify): _____
6. How did you get to this trail?
- walk jog or run bicycle park bus
 automobile bus other than park shuttle
 in-line skate, roller skate, or skateboard
 other (please specify) _____

7. **[Read]:** Below is a list of possible experiences you may have on **[TRAIL]** _____.
Please indicate how important each experience is to you on this visit.

	Very Unimportant	Unimportant	Undecided	Important	Very Important
Physical Health					
a. To get exercise	1	2	3	4	5
b. To keep physically fit	1	2	3	4	5
c. To improve my cardiovascular health	1	2	3	4	5
d. To tone up my muscles	1	2	3	4	5
e. To lose weight	1	2	3	4	5
Mental Health					
f. To relax physically	1	2	3	4	5
g. To reduce mental stress	1	2	3	4	5
h. To experience new and different things	1	2	3	4	5
i. To think about my personal values	1	2	3	4	5

[Optional Domains]

Social Experience					
j. To do something with my family	1	2	3	4	5
k. To be with members of my group	1	2	3	4	5
l. To be with people who enjoy the same things I do	1	2	3	4	5
m. To meet new people	1	2	3	4	5
Nature Experience					
n. To experience nature	1	2	3	4	5
o. To be close to nature	1	2	3	4	5

Escape Experience

- | | | | | | | |
|----|--|---|---|---|---|---|
| p. | To be away from other people | 1 | 2 | 3 | 4 | 5 |
| q. | To experience solitude | 1 | 2 | 3 | 4 | 5 |
| r. | To get away from the usual demands of life | 1 | 2 | 3 | 4 | 5 |
| s. | To be on my own | 1 | 2 | 3 | 4 | 5 |

Creative Experience

- | | | | | | | |
|----|--|---|---|---|---|---|
| t. | To do something creative, such as paint, sketch, or take photographs | 1 | 2 | 3 | 4 | 5 |
|----|--|---|---|---|---|---|

8. How much time did you (do you expect to) spend on the trail today for exercise or recreational purposes?
- | | |
|--|--|
| <input type="checkbox"/> < 15 minutes | <input type="checkbox"/> between 1-2 hours |
| <input type="checkbox"/> 15-29 minutes | <input type="checkbox"/> between 2-3 hours |
| <input type="checkbox"/> 30-44 minutes | <input type="checkbox"/> between 3-5 hours |
| <input type="checkbox"/> 45-59 minutes | <input type="checkbox"/> more than 5 hours |

9. When was the first time you used this trail?
- | | |
|--|--|
| <input type="checkbox"/> today | <input type="checkbox"/> sometime in March 07 |
| <input type="checkbox"/> sometime in August 07 | <input type="checkbox"/> 1-3 months ago |
| <input type="checkbox"/> sometime in July 07 | <input type="checkbox"/> 4-6 months ago |
| <input type="checkbox"/> sometime in June 07 | <input type="checkbox"/> 7-11 months ago |
| <input type="checkbox"/> sometime in May 07 | <input type="checkbox"/> 1-3 years ago |
| <input type="checkbox"/> sometime in April 07 | <input type="checkbox"/> more than 3 years ago |

[If respondent answers today, skip to Question 13.]

10. How many times per week or month do you use this trail?
- ___ times per week
___ times per month

11. How much time do you usually spend on the trail per visit when you use it for exercise or recreational purposes?
- | | |
|--|--|
| <input type="checkbox"/> < 15 minutes | <input type="checkbox"/> between 1-2 hours |
| <input type="checkbox"/> 15-29 minutes | <input type="checkbox"/> between 2-3 hours |
| <input type="checkbox"/> 30-44 minutes | <input type="checkbox"/> between 3-5 hours |
| <input type="checkbox"/> 45-59 minutes | <input type="checkbox"/> more than 5 hours |

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Baseline:

- a Since you began using the trail, has the number of times you walk/bike/run per week: **[READ LIST]**
- | |
|---|
| <input type="checkbox"/> increased (why?) _____ |
| <input type="checkbox"/> decreased (why?) _____ |
| <input type="checkbox"/> stayed the same <input type="checkbox"/> don't know/not sure |

Follow-up:

- b Since **[date the intervention initiated]**, has the number of times you walk/bike/run per week: **[READ LIST]**
- | |
|---|
| <input type="checkbox"/> increased (why?) _____ |
| <input type="checkbox"/> decreased (why?) _____ |
| <input type="checkbox"/> stayed the same <input type="checkbox"/> don't know/not sure |

13. What do you like the most about this trail?
[Check one]
- place to exercise
 - free to use
 - distances are marked
 - convenient location
 - scenic beauty
 - good surface
 - lighting
 - other walkers/bicyclist, etc.
 - safety
 - other (please specify) _____
14. What would you most like to see improved?
[Check one]
- lighting
 - bathrooms
 - smoother surface
 - safety
 - parking
 - other (please specify) _____
 - cleanliness
 - drinking fountains
 - wider surface
 - trail markers
15. How would you rate the quality of your experience on this trail today?
[READ LIST]
- very poor
 - poor
 - okay
 - good
 - very good
16. **[READ]:** Experts say that getting regular physical activity means doing moderate activities such as walking briskly, for at least 30 minutes on 5 or more days of the week.
- Are you currently regularly physically active according to the definition above?
[PROBE TO ESTABLISH TIME WINDOW ONCE THE YES/NO RESPONSE IS DETERMINED]
- yes, I have been for more than 6 months
 - yes, I have been for less than 6 months
 - no, but I intend to in the next 30 days
 - no, but I intend to in the next 6 months
 - no, and I do not intend to in the next 6 months
17. How would you rate your awareness of the importance of being physically active?
- High Medium Low
18. How would you rate your knowledge about how to be physically active?
- High Medium Low

19. **[READ]:** I am going to read you some things that may interfere with or prevent you from exercising or being physically active. For each one, tell me how often it interferes or prevents you from exercising or being physically active.

	Never	Rarely	Sometimes	Often	Very Often
a. I am afraid of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't have time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am too tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I don't have a safe place to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I don't have the energy to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I get plenty of exercise at my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't have the motivation to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I don't like to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have an injury or health condition that limits my ability to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. **[READ]:** Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Somewhat Disagree	Agree	Strongly Agree	No Relatives Close By N/A
a. If you had someone, such as a friend or family member, to exercise with, chances are you would exercise more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
b. Your friends encourage you to exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
c. You have at least one friend who would commit to exercise with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
d. Relatives encourage you to exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
e. You have at least one relative who would commit to exercise with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Are you a visitor to this park, a full-time resident of a nearby community, or a part-time resident? Full-time resident Part-time Resident Visitor

22. Where did you stay last night? At home Campground Hotel/motel With friends or family B&B Cruise Ship Other: _____

23. Are you Hispanic or Latino? yes no

refused

24. Please select one or more of the following categories to best describe your race.

- American Indian or Alaska native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- refused

25. What is the highest grade in school you have completed?

- 6th grade or less
- 7-11th grade
- high school graduate
- some college
- college graduate
- some graduate school
- completed graduate school
- doctoral or professional degree
- refused

26. What is your age?

_____ refused

27. Is there anything else you would like to comment on?

End Time _____

Interviewer Notes

OMB control #
Expiration date:

PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your group on the questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Person collecting and analyzing information: Ross C. Brownson, Ph.D., St. Louis University School of Public Health, 3545 Lafayette Avenue, St. Louis, MO 63104, phone (314) 977-8110.

Burden estimate statement: Public reporting burden for this form is estimated to average 15 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to: Megan McBride, National Park Service Social Science Program, c/o Air Resource Division, PO Box 25287, Denver, CO 80225, phone (303) 969-2184.