

Physical Fitness and Driving Performance Questionnaire

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Qualifying Questions:

1. Do you own or have possession and use of a car?
2. Do you have a valid driver's license, and if so, when does it expire?
3. What is your date of Birth?
4. About how many times per typical week do you drive your car?
5. Have you been diagnosed with any medical condition for which your doctor has advised you to limit or adjust your driving habits?
6. Do you use adaptive controls in your car?
7. Will you be spending the next two or three months in the area?

Following qualification of respondents to participate in the research effort, and after answering all questions each may have regarding the study, we propose to ask each qualified respondent if he or she wishes to join the study. If so, we propose to present the Phone-FITT items below.

Modified Phone-FITT Physical Activity Interview Questionnaire

I'd like to ask you about some physical activities and find out how often you do them, and for how long. First, I'd like you to think about activities you did around your home **in a typical week in the last month**.

Interviewer: Ask about each activity listed in the following charts. If respondent answers 'yes' to engaging in the activity, ask the follow-up questions about frequency and duration; otherwise skip to the next activity. Record answers in charts.

Household Activities

Activity	Participated?	Frequency (times per week)	Duration (Mark one only)
<i>In a typical week in the last month, did you engage in __</i>		<i>How many times a week did you do this?</i>	<i>And about how much time did you spend on each occasion?</i>
A. Light housework such as tidying, dusting, laundry, or ironing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
B. Making meals, setting and clearing the table, and washing dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
C. Shopping (for groceries or clothes, for example)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
D. Heavy housework such as vacuuming, scrubbing floors, mopping, washing windows, or carrying trash bags.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
E. Home maintenance such as painting, cutting grass, or other yard work <i>(except for gardening which I'll ask about later.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
F. Caring for another person (such as pushing a wheelchair or helping a person in or out of a chair or bed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +

Recreational and Conditioning Activities

Next I'd like to ask you about recreational or conditioning activities you may have engaged in, in a typical week in the last month.

Activity	Participated?	Frequency (times per week)	Duration (Mark one only)
<i>In a typical week in the last month, did you engage in __</i>		<i>How many times a week did you do this?</i>	<i>And about how much time did you spend on each occasion?</i>
G. Lifting weights to strengthen your legs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
H. Other exercises designed to strengthen your legs (such as standing up/sitting down several times in a chair or climbing stairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
I. Lifting weights to strengthen your arms or other exercises to strengthen your arms (such as wall push-ups)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
J. Walking for exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
K. Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
L. Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
M. Bicycling (either outdoors or indoors on a stationary bike)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
N. Other aerobic exercise, (describe below) <i>Include Zumba and Silver Sneakers, but also elliptical, rowing, stairstepper, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
O. Stretching or balance exercises, including activities such as yoga and tai chi (describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +

Seasonal Recreational and Other Physical Activities

Now I would like to ask you about a few specific activities that are seasonal, and about any other activities that you do.

Activity	Participated?	Frequency (times per week)	Duration (Mark one only)
<i>In a typical week in the last month, did you ----</i>		<i>How many times a week did you do this?</i>	<i>And about how much time did you spend on each occasion?</i>
P. Play golf <input type="checkbox"/> Use cart <input type="checkbox"/> Do not use cart	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
Q. Play tennis <input type="checkbox"/> Singles <input type="checkbox"/> Doubles	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
R. Gardening	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +

Do you participate in any **other regular physical activities** that I haven't asked about?

If 'yes,' ask what the activity is, followed by how frequently and for how long. Repeat for up to 3 additional activities, recording answers in chart.

Activity	Participated?	Frequency (times per week)	Duration (Mark one only)
S. Other (write in below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
T. Other (write in below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +
U. Other (write in below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 1 hour +

Thank you very much for taking the time to complete this interview.