

**OMB Control Number: 0990-0281**  
**ODPHP Generic Information Collection Request:**  
**Prevention Communication and Formative Research**

**Audience Research to Inform Physical Activity  
Guidelines Strategic Communication**

**Attachment B:**  
**Screening Questions**  
**(Research Instrument)**

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## Screening Questions

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0281. The time required to complete this information collection is estimated to average **5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

### Welcome

You're being asked to participate in a survey about physical activity.

We are conducting this survey on behalf of the Office for Disease Prevention and Health Promotion, part of the U.S. Department of Health and Human Services.

### Screener Questions

First, we want to **see if you qualify**.

We have a few simple questions to ask. At some point, the questions may end if you don't qualify. This has nothing to do with you. We are simply looking for people who meet certain criteria.

Please tell us a little bit about yourself.

1. Where do you live?
  - Baltimore, MD area
  - Chicago, IL area
  - Jackson, MS area
  - Las Vegas, NV area
  - None of the above [TERMINATE]
  
2. Which best describes where you live?
  - City or urban area
  - Suburbs
  - Country or rural area
  
3. What is your age?
  - 24 years old or younger [TERMINATE]
  - 25 to 34 years old
  - 35 to 44 years old
  - 45 to 54 years old
  - 55 to 64 years old
  - 65 to 74 years old

- 75 years old or older [TERMINATE]
4. Are you comfortable answering questions in English?
    - Yes
    - No [TERMINATE]
  5. How often do you get physical activity for at least 30 minutes a day? Physical activity is anything that gets your body moving.
    - Never (0 days a week)
    - Rarely (1 day a week)
    - Sometimes (2-3 days a week)
    - Often (4-5 days a week) [TERMINATE - ACTION/MAINTENANCE STAGES]
    - Almost always (6 days a week) [TERMINATE - ACTION/MAINTENANCE STAGES]
    - Always (7 days a week) [TERMINATE - ACTION/MAINTENANCE STAGES]
  6. Within the next **month**, do you plan to start getting more physical activity than you do now?
    - Yes [TERMINATE - PREPARATION STAGE]
    - No
  7. Within the next **6 months**, do you plan to start getting more physical activity than you do now?
    - Yes
    - No [TERMINATE - PRECONTEMPLATION OR MAINTENANCE STAGES]
  8. What sex were you assigned at birth?
    - Male
    - Female
  9. Are you a parent of an adolescent? (Adolescent is defined as being 12 to 17 years old.)
    - Yes
    - No [SKIP TO QUESTION 11]
  10. How many adolescents do you have?
    - 1
    - 2
    - 3 or more
  11. Are you of Hispanic or Latino origin?
    - Yes
    - No

12. Which category best describes your race?

- White only
- Black or African American only
- American Indian or Alaska Native only
- Asian or Pacific Islander only
- 2 or more races
- Other

13. What is the highest level of education you have completed?

- Less than high school
- High school
- Some college
- Associates degree
- 4-year college
- Advanced degree

14. Which is your total, yearly household income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

15. Are you deaf or do you have serious difficulty hearing?

- Yes
- No
- Don't know / Not sure
- Prefer not to answer

16. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No
- Don't know / Not sure
- Prefer not to answer

17. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

- Don't know / Not sure
- Prefer not to answer

18. Do you have serious difficulty walking or climbing stairs?

- Yes
- No
- Don't know / Not sure
- Prefer not to answer