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ODPHP Generic Information Collection Request:
Prevention Communication and Formative Research

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

Attachment C:
Consumer Survey
(Research Instrument)

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Submitted to:

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Consumer Survey

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Knowledge of the Physical Activity Guidelines

1. Have you seen, heard, or read anything about government physical activity guidelines?
 - Yes
 - No

2. What best describes what typically happens during **moderate-intensity** physical activity?
 - Your heart beats about the same as usual, and you can sing while doing the activity.
 - Your heart beats somewhat faster than usual, and you can talk while doing the activity. [CODE AS CORRECT]
 - Your heart beats much faster than usual, and you can't say more than a few words without pausing for a breath.

3. Choose the activity below that is typically considered moderate-intensity.
 - Jogging
 - Brisk walking [CODE AS CORRECT]
 - Fast swimming
 - Playing competitive basketball

4. What best describes what typically happens during **vigorous-intensity** physical activity?
 - Your heart beats about the same as usual, and you can sing while doing the activity.
 - Your heart beats somewhat faster than usual, and you can talk while doing the activity.
 - Your heart beats much faster than usual, and you can't say more than a few words without pausing for a breath. [CODE AS CORRECT]

5. Choose the activity below that is typically considered vigorous-intensity.
 - Running [CODE AS CORRECT]
 - Walking the dog
 - Gardening
 - Washing the dishes

6. What is the minimum amount of **moderate-intensity** physical activity the **government recommends** for adults to get big health benefits?
 - 20 minutes a day, 3 or more days a week
 - 100 minutes spread out over a week
 - 30 minutes a day, 5 or more days a week
 - 60 minutes a day, 7 days a week
 - 150 minutes spread out over a week [CODE AS CORRECT]
 - Don't know / Not sure

7. What is the minimum amount of **vigorous-intensity** physical activity the **government recommends** for adults to get big health benefits?
 - 15 minutes a day, 3 or more days a week
 - 75 minutes spread out over a week [CODE AS CORRECT]
 - 15 minutes a day, 5 or more days a week
 - 30 minutes a day, 3 or more days a week
 - 100 minutes spread out over a week
 - Don't know / Not sure

8. How many days a week of **muscle-strengthening** activity does the **government recommend** for adults to get big health benefits?
 - At least 1 day a week
 - At least 2 days a week [CODE AS CORRECT]
 - At least 3 days a week
 - At least 4 days a week
 - Don't know / Not sure

Current Amount/Type of Physical Activity

The next set of questions is about the amounts and types of physical activity that you **currently do**. Physical activity is anything that gets your body moving.

9. During the past 30 days, did you participate in any physical activities? (Some examples are walking, running, dancing, golf, and gardening.)
 - Yes
 - No [SKIP TO QUESTION 15]

10. Aerobic physical activity (also known as cardio) means moving your body's large muscles in the same way over a continuous period of time. During the past 30 days, what type of typically **aerobic** physical activity did you spend the most time doing?
 - [DROP DOWN MENU with open text box option to write in an answer that is not included]
 - Walking

- Dancing
 - Swimming
 - Water aerobics
 - Jogging
 - Running
 - Basketball
 - Hiking
 - Taking a “cardio” exercise class at a gym
 - Doing a video-based or self-directed “cardio” exercise program at home
 - Bicycling
 - Yard work
 - Playing with my kids
 - Tennis
 - Golf (without a cart)
 - Other, please specify: _____
11. About how many days did you take part in [QUESTION 10 ANSWER] during the past 30 days?
- [___] days during the past 30 days
12. When you took part in [QUESTION 10 ANSWER], for how many minutes or hours did you usually keep at it each day?
- [___] hours and [___] minutes
13. During the past 30 days, what type of typically **muscle-strengthening** physical activity did you spend the most time doing?
- [DROP DOWN MENU with open text box option to write in an answer that is not included]
 - Lifting weights or using weight machines
 - Taking a strengthening exercise class at a gym
 - Doing a video-based or self-directed strengthening exercise program at home
 - Doing body weight exercises (like push-ups or lunges)
 - Using rubber tubing or resistance bands
 - Being physically active as part of my job (like lifting or carrying heavy objects)
 - Lifting heavy household items
 - Rock climbing
 - Other, please specify: _____
14. About how many days per week did you take part in [QUESTION 13 ANSWER] during the past 30 days?
- [___] days per week

15. When you took part in [QUESTION 13 ANSWER], for how many minutes or hours did you usually keep at it each day?

- [] hours and [] minutes

Desired Amount/Type of Physical Activity

The next set of questions is about the amounts and types of physical activity that **you'd like to do**. When answering these questions, please think about amounts and types of physical activity that are realistic for you.

16. How many days a week would you like to get physical activity?

- 0 days a week
- 1 day a week
- 2-3 days a week
- 4-5 days a week
- 6 days a week
- 7 days a week

17. On those days, how many minutes would you like to be physically active?

- Less than 10 minutes a day
- 10-20 minutes a day
- 21-30 minutes a day
- 31-40 minutes a day
- 41-50 minutes a day
- 51-60 minutes a day
- Over one hour a day

18. Which of these typically aerobic activities would you like to spend the most time doing?

- [DROP DOWN MENU with open text box option to write in an answer that is not included]
- Walking
- Dancing
- Swimming
- Water aerobics
- Jogging
- Running
- Basketball
- Hiking
- Taking a "cardio" exercise class at a gym
- Doing a video-based or self-directed "cardio" exercise program at home
- Bicycling
- Yard work

- Playing with my kids
- Tennis
- Golf (without a cart)
- Other, please specify: _____

19. Which of these typically muscle-strengthening activities would you **like to spend** the most time doing?

- [DROP DOWN MENU with open text box option to write in an answer that is not included]
- Lifting weights or using weight machines
- Taking a strengthening exercise class at a gym
- Doing a video-based or self-directed strengthening exercise program at home
- Doing body weight exercises (like push-ups or lunges)
- Using rubber tubing or resistance bands
- Being physically active as part of my job (like lifting or carrying heavy objects)
- Lifting heavy household items
- Rock climbing
- Other, please specify: _____

Adolescent Physical Activity

[If the participant is a parent of a child 12 to 17 years old, ask questions in this section. Otherwise, skip to next section.]

The next set of questions is about the amount and type of physical activity **your child age 12 to 17** gets. If you have more than one child in this age range, please answer the questions for your **least physically active** child.

20. Within the **next month**, do you plan to encourage your child to get more physical activity than he or she does now?
- Yes [SKIP REMAINDER OF ADOLESCENT SECTION] [CODE: PREPARATION STAGE]
 - No
21. Within the **next 6 months**, do you plan to encourage your child to get more physical activity than he or she does now?
- Yes [CODE: CONTEMPLATION STAGE]
 - No [SKIP REMAINDER OF ADOLESCENT SECTION] [CODE: PRECONTEMPLATION OR MAINTENANCE STAGES]
22. How often does your child get physical activity for at least 1 hour a day?
- Never (0 days a week)
 - Rarely (1 a week)

- Sometimes (2-3 days a week)
 - Often (4-5 days a week) [SKIP REMAINDER OF ADOLESCENT SECTION] [CODE: ACTION/MAINTENANCE STAGE]
 - Almost always (6 days a week) [SKIP REMAINDER OF ADOLESCENT SECTION] [CODE: ACTION/MAINTENANCE STAGE]
 - Always (7 days a week) [SKIP REMAINDER OF ADOLESCENT SECTION] [CODE: ACTION/MAINTENANCE STAGE]
23. What is your child's age?
- [text box]
24. What sex was your child assigned at birth?
- Male
 - Female
25. Is your child deaf or do they have serious difficulty hearing?
- Yes
 - No
 - Don't know / Not sure
 - Prefer not to answer
26. Is your child blind or do they have serious difficulty seeing, even when wearing glasses?
- Yes
 - No
 - Don't know / Not sure
 - Prefer not to answer
27. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering, or making decisions?
- Yes
 - No
 - Don't know / Not sure
 - Prefer not to answer
28. Does your child have serious difficulty walking or climbing stairs?
- Yes
 - No
 - Don't know / Not sure
 - Prefer not to answer
29. On how many of the past 7 days did your child do exercises to strengthen or tone their muscles, such as push-ups, sit-ups, or weight lifting?

- 0 days
- 1 day
- 2-3 days
- 4-5 days
- 6 days
- 7 days

Barriers and Motivators

30. What makes it **harder** to be physically active? (Choose your top 3.)

- When the weather bothers me
- When I am bored by the activity
- When I feel pain when exercising
- When I have to be active alone
- When I don't enjoy the activity
- When I'm too busy with other things
- When I feel tired
- When I feel stressed
- When I feel depressed
- Other (please specify): _____

31. What makes it **easier** to be physically active? (Choose your top 3.)

- When the weather is good
- When I am excited by the activity
- When my body feels good when exercising
- When I can be active with friends or family
- When I enjoy the activity
- When I have time
- When I feel rested
- When I feel like things are under control
- When I feel happy
- Other (please specify): _____

Mobile Health Tools

32. Have you used mobile health tools to help you be more physically active? (Some examples are apps like MapMyRun, websites like MyFitnessPal, or trackers like FitBit.)

- Yes
- No [SKIP TO QUESTION 34]

33. What mobile health tools have you used to help you be more physically active? (Check all that apply.)

- Fitness tracker (like Fitbit, Garmin, Apple Watch, or pedometer)

- Website where I can log my activity (like MyFitnessPal, RunKeeper, or SparkPeople)
 - App where I can track my activity (like MapMyRun)
 - App that coach me through exercises (like Sworkit or Touchfit)
 - Heart rate monitor
 - Other (please specify): _____
34. Are you interested in using mobile health tools in the future?
- Yes
 - No
35. What features in physical activity-related mobile health tools are or would be most helpful for you? (Choose your top 2.)
- Reminder notifications
 - Goal-setting
 - Tracking my progress
 - Seeing how well I'm doing compared to others
 - Instructions on how to do a physical activity or stretch
 - Sharing my progress with others
 - Getting congratulated for accomplishments
 - Earning points or prizes
 - Other: _____

Health Information Channels

36. List **up to 3** websites that you visit most often. These websites can be about anything (they don't need to be about health or physical activity).
- [text box]
 - [text box]
 - [text box]
 - I don't use websites.
37. What social media platform do you use most?
[Drop down menu with option to write in an answer]
- Facebook
 - Tumblr
 - Snapchat
 - Instagram
 - Twitter
 - Pinterest
 - LinkedIn
 - Other: _____

- I don't use social media sites.

38. Do you ever look online for information about how to stay healthy?

- Yes
- No [SKIP TO QUESTION 40]
- I don't seek out this information online, but it shows up in my social media or news feeds. [SKIP TO QUESTION 40]

39. List **up to 3** websites that you visit most often to get information about how to **stay healthy**.

- [text box]
- [text box]
- [text box]
- I don't use websites to get health information.

40. Where do you **typically get** information on how to **stay healthy**? (Choose your top 3.)

[CODE AS DIGITAL]

- Social media [name favorite site: _____]
- Websites (besides social media) [name favorite site: _____]
- Internet searches
- Video-sharing sites [name favorite site: _____]
- Emails or listservs [name favorite listserv: _____]
- Blogs [name favorite blog: _____]
- Mobile or tablet apps [name favorite app: _____]

[CODE AS OTHER MEDIA]

- Radio [name favorite station or show: _____]
- TV [name favorite station or show: _____]
- Newspapers or magazines [name favorite source: _____]
- Books [name favorite book: _____]

[CODE AS SOCIAL]

- Family and friends
- Work or co-workers
- Health coach or personal trainer
- Doctor or medical professional

[CODE AS COMMUNITY]

- Community health center
- Grocery/corner store
- Billboard

- Library
- Place of worship
- Other: _____

41. In the past 30 days, where have you seen, read, or heard information about physical activity? (Choose your top 3.)

[CODE AS DIGITAL]

- Social media [name favorite site: _____]
- Websites (besides social media) [name favorite site: _____]
- Internet searches
- Video-sharing sites [name favorite site: _____]
- Emails or listservs [name favorite listserv: _____]
- Blogs [name favorite blog: _____]
- Mobile or tablet apps [name favorite app: _____]

[CODE AS OTHER MEDIA]

- Radio [name favorite station or show: _____]
- TV [name favorite station or show: _____]
- Newspapers or magazines [name favorite source: _____]
- Books [name favorite book: _____]

[CODE AS SOCIAL]

- Family and friends
- Work or co-workers
- Health coach or personal trainer
- Doctor or medical professional

[CODE AS COMMUNITY]

- Community health center
- Grocery/corner store
- Billboard
- Library
- Place of worship
- Other: _____

42. What type of health-related information are you most likely to share with friends or family members?

- Images or photos
- Videos

- Motivational quotes
 - Blog entries
 - News articles
 - Success stories
 - None of the above
 - Other: _____
43. Do you ever watch videos to get information about a topic?
- Yes
 - No [SKIP TO QUESTION 46]
44. Where do you usually find these videos?
- Facebook
 - Instagram
 - Snapchat
 - YouTube
 - Twitter
 - Email lists
 - Other: _____
45. When you watch one of these videos, how long do you usually watch?
- Less than 1 minute
 - 1-2 minutes
 - 3-5 minutes
 - 6-10 minutes
 - Longer than 10 minutes
46. How often do you sign up to receive email newsletters from organizations, groups, or companies?
- Never [SKIP TO QUESTION 48]
 - Rarely
 - Sometimes
 - Often
47. For these email newsletters, what kind of information do you find most useful?
- [text box]
48. What kinds of information would motivate you to be more physically active? (Choose your top 2.)
- Tips on how to be physically active with a friend or family member
 - Examples of physical activity I could do in my home or at the office
 - Having clear instructions about **what types** of physical activity I should do

- Having clear instructions about **how much** physical activity I should do
- Seeing pictures or videos of someone like me being physically active
- Tips on how to sneak physical activity into my usual routine
- Other: _____

Adolescent Health Information Channels

[If the participant is a parent of a child 12 to 17 and was prompted to answer ALL questions in the Adolescent Physical Activity section, ask questions in this section.]

The next set of questions is about the ways **your child age 12 to 17** gets information. If you have more than one child in this age range, please answer the questions for your **least physically active** child.

49. List up to 3 websites that your child visits most often. These websites can be about anything (they don't need to be about health or physical activity).

- [text box]
- [text box]
- [text box]
- My child doesn't use websites.

50. What social media platform does your child use most?

[Drop down menu with option to write in an answer]

- Facebook
- Tumblr
- Snapchat
- Instagram
- Twitter
- Pinterest
- Other: _____
- My child doesn't use social media.

51. List up to 3 websites that your child visits most often to get information about how to **stay healthy**.

- [text box]
- [text box]
- [text box]
- My child doesn't use websites to get health information.

52. Where does your child typically get information about how to **stay healthy**? (Choose the top 3.)

[CODE AS DIGITAL]

- Social media [name favorite site: _____]
- Websites (besides social media) [name favorite site: _____]
- Internet searches
- Video-sharing sites [name favorite site: _____]
- Emails or listservs [name favorite listserv: _____]
- Blogs [name favorite blog: _____]
- Mobile or tablet apps [name favorite app: _____]

[CODE AS OTHER MEDIA]

- Radio [name favorite station or show: _____]
- TV [name favorite station or show: _____]
- Newspapers or magazines [name favorite source: _____]
- Books [name favorite book: _____]

[CODE AS SOCIAL]

- Family and friends
- Coach or personal trainer
- Doctor or medical professional
- Teacher or school

[CODE AS COMMUNITY]

- Community health center
- Grocery/corner store
- Billboard
- Library
- Place of worship
- Other: _____