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)

March 28, 2019

Submitted to:

Sherrette Funn
Office of the Chief Information Officer
U.S. Department of Health and Human Services

Submitted by:

Frances Bevington
Strategic Communication and Public Affairs Advisor
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services

Form Approved OMB No. 0990-0281 Exp. Date 09/30/2021

Screening Questions

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

Q1 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.

Q2 Screener Questions

O3 What is your 5-digit zip code?

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.

٦-	a / agp
\mathbf{O}	Jackson, MS area codes (1)
\mathbf{C}	Southern Nevada area codes (2)
O	None of the above (3) \rightarrow Terminate
Q4	Which best describes where you live?
O	City or urban area (1)
\mathbf{C}	Suburbs (2)
O	Country or rural area (3)
Q5	What is your age?
O	24 years old or younger (1) → Terminate
\mathbf{C}	25 to 34 years old (2)
\mathbf{C}	35 to 44 years old (3)
O	45 to 54 years old (4)
\mathbf{C}	55 to 64 years old (5)
O	65 to 74 years old (6)
O	75 years old or older (7) → Terminate

Form Approved OMB No. 0990-0281 Exp. Date 09/30/2021

Q6 Are you comfortable answering questions in English?
O Yes (1)
○ No (2) \rightarrow Terminate
Q7 How often do you get physical activity for at least 30 minutes a day? Physical activity is anything that gets your body moving. O Never (0 days a week) (1)
O Rarely (1 day a week) (2)
O Sometimes (2–3 days a week) (3)
 Often (4-5 days a week) (4) → Skip to Q9
O Almost always (6 days a week) (5) → Skip to Q9
O Always (7 days a week) (6) → Skip to Q9
Q8 How likely are you to become more physically active in the next month? ○ Extremely likely (1) → Skip to Q11 [Preparation] ○ Somewhat likely (2) → Skip to Q11 [Preparation]
○ Somewhat unlikely (4) → Skip to Q10
○ Extremely unlikely (5) → Skip to Q10
Q9 You noted you've been getting physical activity regularly — for at least 30 minutes a day, at least 4 days a week. Have you been getting at least this much physical activity for the past 6 months?
O Yes (1) → Terminate [Maintenance]
○ No (2) \rightarrow Skip to Q11 [Action]
Q10 How likely are you to become more physically active in the next 6 months? O Extremely likely (1) [Contemplation]
O Somewhat likely (2) [Contemplation]
O Somewhat unlikely (4) → Terminate [Precontemplation]
○ Extremely unlikely (5) → Terminate [Precontemplation]
Q11 What sex were you assigned at birth? O Male (1) O Female (2)

Form Approved OMB No. 0990-0281 Exp. Date 09/30/2021

Q1 18	2 Are you a parent or guardian of at least 1 child who lives with you and is under the age of?
\mathbf{O}	Yes (1)
O	No (2)
Q1	3 Are you of Hispanic or Latino origin?
\mathbf{O}	Yes (1)
O	No (2)
	4 Which category or categories best describe your race? [Select 1 or more.]
0	White (1)
0	Black or African American (2)
O	American Indian or Alaska Native (3)
Ō	Asian (4)
Q	Native Hawaiian or Other Pacific Islander (5)
Q1	5 What is the highest level of education you have completed?
0	Less than high school (1)
\mathbf{O}	High school (2)
\mathbf{O}	Some college (3)
\mathbf{O}	Associates degree (4)
\mathbf{C}	4-year college (5)
O	Advanced degree (6)
Q1	6 Which is your total, yearly household income?
\mathbf{O}	Less than \$20,000 (1)
\mathbf{C}	\$20,000 to \$34,999 (2)
\mathbf{C}	\$35,000 to \$49,999 (3)
\mathbf{O}	\$50,000 to \$74,999 (4)
O	\$75,000 to \$99,999 (5)
O	\$100,000 to \$149,999 (6)
O	\$150,000 to \$199,999 (7)
O	\$200,000 or more (8)

Attachment B Screening Questions Research Instrument Form Approved OMB No. 0990-0281 Exp. Date 09/30/2021

Q1	./ Are you deaf or do you have serious difficulty hearing?
O	Yes (1)
O	No (2)
O	Don't know / Not sure (3)
0	Prefer not to answer (4)
	8 Are you blind or do you have serious difficulty seeing, even when wearing glasses?
O	Yes (1)
O	No (2)
O	Don't know / Not sure (3)
O	Prefer not to answer (4)
	.9 Because of a physical, mental, or emotional condition, do you have serious difficulty ncentrating, remembering, or making decisions?
O	Yes (1)
O	No (2)
O	Don't know / Not sure (4)
0	Prefer not to answer (5)
Q2	20 Do you have serious difficulty walking or climbing stairs?
O	Yes (1)
O	No (2)
	• •
0	Don't know / Not sure (4)