



UNIVERSITY
of
GLASGOW



Traffic and health in Glasgow Questionnaire

CONFIDENTIAL

Who should complete this questionnaire

This questionnaire should be completed by **one adult member of the household** (aged 16 and over) to which the envelope was addressed. Please do **not** pass it on to another household.

If there is more than one adult in the household, please choose the adult who has most recently had their birthday to complete the questionnaire. For example, if one person has a birthday in March and the other has a birthday in May, please choose the person whose birthday is in May.

How to complete the questionnaire

The questionnaire is not long. It should take about 15 minutes to complete.

Please use a blue or black pen.

Some questions ask you to **tick** a box. Please tick the box that applies to you.

Example: Are you male or female?

Male

Female

Other questions ask you to **write numbers** in a box.

Example: What is your age?

Write in

years

Don't worry if you make a **mistake** — just cross out the mistake and put in the correct answer.

Example: Do you have access to a bicycle?

Yes

No

About you and your household

1 Are you male or female?

Tick one only

Male

Female

2 What is your age?

Write in

years

3 How far do you have to travel to get to your usual place of work or study?

Tick one only

Do not work or study

Usually work at home or from home

Less than one mile

One mile or more

Write in number of miles

4 Do you have access to a bicycle?

Tick one only

Yes

No

5 How many other people live in your household?

We mean people who have your accommodation as their only or main residence, and who either share at least one meal a day with you or share the living accommodation (living room or sitting room) with you.

*Write in number
If none, write "0"*

Children aged under 5

Children aged between 5 and 15

Adults aged 16 and over (do not include yourself)

6 Does your household own or rent its accommodation?

Tick one only

Rents it from the council, Scottish Homes, a housing association, or a charity

Rents it from a private landlord or letting agency

Partly owns it and partly rents it (shared ownership)

Owens it (including buying with a mortgage)

Other

7 How many cars or vans are owned, or available for use, by members of your household?
Do not include motorcycles, scooters or mopeds.

Write in number
If none, write "0"

8 Thinking about the work you do, which of these best describes your situation at present?
Please answer for yourself, and for your spouse or partner if you have one who lives with you.

	<i>Yourself Tick one only</i>	<i>Your spouse/partner Tick one only</i>
Doing paid work full time	<input type="checkbox"/>	<input type="checkbox"/>
Doing paid work part time	<input type="checkbox"/>	<input type="checkbox"/>
On a government training scheme	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Full time student	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Disabled, invalid or permanently sick	<input type="checkbox"/>	<input type="checkbox"/>
Caring for home and family or dependants	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Not living with a spouse or partner		<input type="checkbox"/>

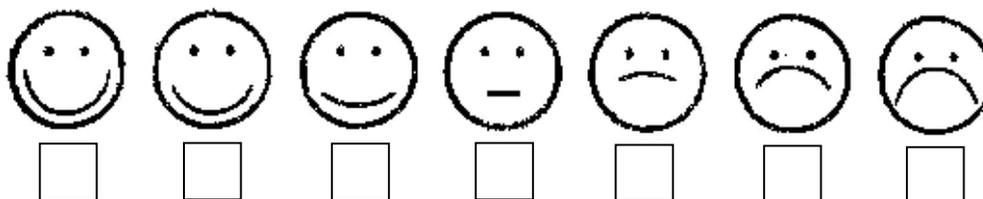
9 Thinking about the cost of living as it affects you and your household, which of these best describes your situation at present?

	<i>Tick one only</i>
Find it a strain to get by from week to week	<input type="checkbox"/>
Have to be careful about money	<input type="checkbox"/>
Able to manage without much difficulty	<input type="checkbox"/>
Quite comfortably off	<input type="checkbox"/>

About your health

- 10 Looking at the faces scale, which face shows best how you feel about your life as it is now?

Tick one only



- 11 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.

Tick one only

Yes

No

- 12 Do you have any difficulty walking for a quarter of a mile on the level?

Tick one only

Yes

No

- 13 How tall are you? (with your shoes off)

Write in ft in **OR** cm

- 14 How much do you weigh? (in light indoor clothes)

Write in st lb **OR** kg

The next section asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please tick the one box that best describes your answer.

- 15 Overall, how would you rate your health during the PAST FOUR WEEKS?

Excellent Very good Good Fair Poor Very poor

- 16 During the PAST FOUR WEEKS, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Not at all Very little Somewhat Quite a lot Could not do physical activities

17 During the PAST FOUR WEEKS, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

None at all	A little bit	Some	Quite a lot	Could not do daily work
<input type="checkbox"/>				

18 How much BODILY pain have you had during the PAST FOUR WEEKS?

None	Very mild	Mild	Moderate	Severe	Very severe
<input type="checkbox"/>					

19 During the PAST FOUR WEEKS, how much energy did you have?

Very much	Quite a lot	Some	A little	None
<input type="checkbox"/>				

20 During the PAST FOUR WEEKS, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all	Very little	Somewhat	Quite a lot	Could not do social activities
<input type="checkbox"/>				

21 During the PAST FOUR WEEKS, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not at all	Slightly	Moderately	Quite a lot	Extremely
<input type="checkbox"/>				

22 During the PAST FOUR WEEKS, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Not at all	Very little	Somewhat	Quite a lot	Could not do daily activities
<input type="checkbox"/>				

About your local area

This section asks for your views about your **local area**. Think of your local area as everywhere within a ten-minute walk (about half a mile) from your home.

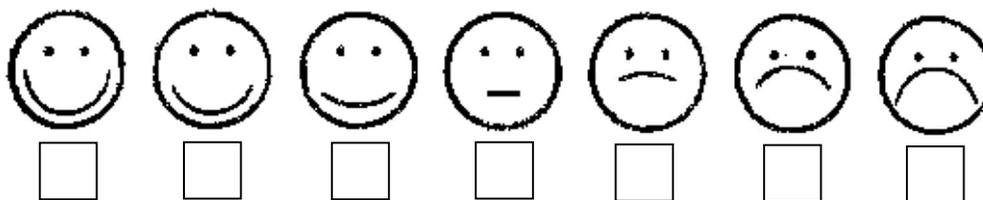
23 How long have you lived in your local area?

If you have lived this area previously and come back again, please just answer about the current period of time that you have lived in your local area.

Write in years and months

24 Looking at the faces scale, which face shows best how you feel about living in your local area?

Tick one only



25 For each of the following statements about your local area, please tick one box to show how strongly you agree or disagree.

Tick one per row

In my local area...	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is pleasant to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of traffic noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a park within walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The roads are dangerous for cyclists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is convenient public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People are likely to be attacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are convenient routes for cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little green space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to walk after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest shops are too far to walk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are no convenient routes for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to cross the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The surroundings are unattractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About your travel

In this section, we are interested in all the journeys you made **yesterday** (between 3 a.m. yesterday morning and 3 a.m. this morning).

- 26 Please list each journey you made yesterday to get from place to place.** These might include, for example, going to work, going out to get lunch, coming home from work, going shopping, going to the doctor's, visiting friends, or escorting someone else (e.g. taking a child to school). Please include time spent travelling on foot or by bike, even if this was part of a longer journey (e.g. by bus or train). But please **do not include** journeys you made as part of your job (e.g. as a bus driver), or walking or cycling purely for recreation or exercise (e.g. walking the dog).

*We have given you an example of **one** journey. This person walked for ten minutes to the bus stop, rode on the bus for 22 minutes, and then walked for five minutes to get to work (a total of 15 minutes walking). They did not count the time spent waiting for the bus.*

How many MINUTES did you spend TRAVELLING by each mode of transport on this journey?

Do not count time spent waiting for buses, trains etc.

	What was the purpose of the journey? Please give a simple description, e.g. "to work", "to get home from work", "shopping", "take child to school"	How many MINUTES did you spend TRAVELLING by each mode of transport on this journey? Do not count time spent waiting for buses, trains etc.						
		Bus or coach	Train or underground	Car, taxi or van	Motorcycle or moped	Bicycle	Walking	Other
Example	To work	22					15	
Journey 1								
Journey 2								
Journey 3								
Journey 4								

Continue over the page if necessary

About your travel (continued)

How many MINUTES did you spend TRAVELLING
by each mode of transport on this journey?

Do not count time spent waiting for buses, trains etc.

What was the purpose of the journey?

Please give a simple description,
e.g. "to work", "to get home from work",
"shopping", "take child to school"

Bus or
coach

Train or
underground

Car, taxi
or van

Motorcycle
or moped

Bicycle

Walking

Other

Journey 5

Journey 6

Journey 7

Journey 8

Journey 9

Journey 10

Journey 11

Journey 12

27 What day of the week was it yesterday? Write in day

28 Were you at home at any time yesterday?
Tick one only Yes No

29 Was yesterday a normal working day for you?
Tick one only Yes No Not applicable

About your physical activity

This is the last section of the questionnaire.

In this section, we are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last seven days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, around your home and garden, to get from place to place, and in your spare time for recreation, exercise or sport.

For each question, write the numbers in the boxes to the left OR tick the box to the right, as appropriate.

30 Think about all the **vigorous** activities that you did in the **last seven days**. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least ten minutes at a time.

During the LAST SEVEN DAYS, on how many days did you do vigorous physical activities like heavy lifting, digging, five-a-side football, aerobics, running, or fast cycling?

days per week OR tick No vigorous activities → Go to Q. 32

31 How much time did you spend doing **VIGOROUS** physical activities on average on each of those days?

hours and minutes per day OR tick Don't know/not sure

- 32 Think about all the **moderate** activities that you did in the **last seven days**. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least ten minutes at a time.

During the LAST SEVEN DAYS, on how many days did you do moderate physical activities like carrying light loads, vacuuming, gardening, dancing, leisurely swimming, or cycling at a regular pace? Do not include walking.

days per week *OR tick* No moderate activities → **Go to Q. 34**

- 33 **How much time did you spend doing MODERATE physical activities on average on each of those days?**

hours and minutes per day *OR tick* Don't know/not sure

- 34 **During the LAST SEVEN DAYS, on how many days did you walk for at least ten minutes at a time?**

days per week *OR tick* No walking → **Go to Q. 36**

- 35 **How much time did you spend WALKING on average on each of those days?**

hours and minutes per day *OR tick* Don't know/not sure

- 36 The last question is about the time you spent **sitting** on weekdays during the **last seven days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the LAST SEVEN DAYS, how much time did you spend SITTING on average on each weekday?

hours and minutes per day *OR tick* Don't know/not sure

International Physical Activity Questionnaire — Short last seven days self-administered version (August 2002)

Finally

- 37 **Please enter today's date.**
We mean the date on which you filled in the questionnaire.

Write in / / 05
date month

Thank you very much for taking part. Please now return the questionnaire in the envelope provided. No stamp is required. Don't forget to enclose the **signed consent form** if you agree to being contacted again for a follow-up study.