

# Commuting and health in Cambridge Questionnaire 2009

## About this questionnaire

This questionnaire booklet has two parts.

Part 1 is a **Recent Physical Activity Questionnaire**. This is designed to find out about your physical activity in your everyday life during the last four weeks. It is divided into three sections:

- Section A asks about your physical activity patterns in and around the house
- Section B asks about your travel to work and your activity at work
- Section C asks about your recreational activities.

Part 2 is a **travel and general questionnaire**. This is designed to find out about your general health, your travel patterns, your views, and some background information about yourself.

## YOUR ANSWERS WILL BE TREATED AS STRICTLY CONFIDENTIAL

## How to complete the questionnaire

The questionnaire should take about 20 minutes to complete. Please try to answer every question. Please use a blue or black pen.

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

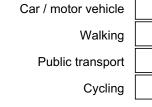
Example:	Are you male or female?	Male	$\checkmark$	Female			
Other quest	tions ask you to <b>write numbers</b> in a box.						
Example:	What is your age?	Write in	53	years			
Don't worry if you make a <b>mistake</b> — just cross out the mistake and put in the correct answer.							
Example:	Do you have access to a bicycle?	Yes	$\times$	No 🗸			

# PART 1: RECENT PHYSICAL ACTIVITY QUESTIONNAIRE

## Section A — Home activities

## Getting about

1	Which form of transport have you used most often in the last	
	four weeks apart from your journey to and from work?	Tick one only



Average over the last four weeks

## TV, DVD or video viewing

#### Less More Hours of TV, DVD or video watched 2 than 1 2 to 3 3 to 4 than 4 1 to 2 per day hour a hours hours hours hours Tick one box on each line None day a day a day a day a day On a weekday before 6 pm On a weekday after 6 pm On a weekend day before 6 pm On a weekend day after 6 pm

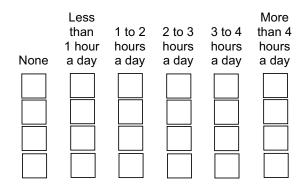
### Computer use at home but not at work (e.g. internet, email, Playstation, Xbox, Gameboy, etc.)

# 3 Hours of home computer use per day

Tick one box on each line

- On a weekday before 6 pm
- On a weekday after 6 pm
- On a weekend day before 6 pm
- On a weekend day after 6 pm

#### Average over the last four weeks



	Stair clir	nbing at	home						
	Average over the last four weeks								
4	Number of times you climbed up a flight of stairs (approx. 10 steps) each day at home <i>Tick one box on each line</i> On a weekday On a weekend day	None	1 to 5 times a day	6–10 times a day	11–15 times a day	16–20 times a day	More than 20 times a day		
	Section B –	- Activ	ity at w	vork					
5	Please answer this section to descri time during the last four weeks or yo Have you been in employment during	ou have o	lone reg	ular, org					
	Tick one only	Yes			N	o			
6	During the last four weeks how many per week?	y hours v	work did	you do		Vrite in nu f none, wi			
			Fou	r weeks a	ago				
			Three	e weeks a	ago				
			Two	weeks a	ago				
				Last w	eek				
						L			

## Type of work

7 We would like to know the type and amount of physical activity involved in your work. Please tick the option that best corresponds with your occupation(s) in the last four weeks from the following four possibilities:

				7	Fick one only
	1. Sedentary occupation You spend most of your time site	ting (such as ir	n an office)		
	2. <b>Standing occupation</b> You spend most of your time stand not require intense physical effo				
	<b>3. Manual work</b> This involves some physical effor and use of tools (e.g. plumber, e			y objects	
	<b>4. Heavy manual work</b> This implies very vigorous physi heavy objects (e.g. dock worker				
	Travel to and	from work in	the last four	weeks	
8	What is the approximate dista	nce from you	r home to you	ur work?	
	Write in	miles	OR		km
	Write in	miles	OR		km
9	How many times a week did y your main work? Count outwar			Write in numbe If none, write '0	
10	How did you normally travel to	o work?			
	Tick one box on each line	Always	Usually	Occasionally	Never or rarely
	By car or motor vehicle				
	By works or public transport				
	By bicycle				
	Walking				

11 What is the postcode for your main place of work DURING THE LAST 4 WEEKS?

	Write in	
12	lf not known please give your work address	

13 What is the postcode for your home address?

Write	in	

## Section C — Recreation

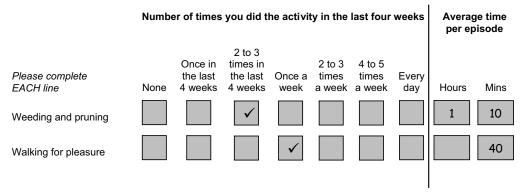
The following questions ask about how you spent your leisure time.

Please indicate how often you did each activity on average over the last four weeks

Please indicate the average length of time that you spent doing the activity on each occasion.

Example: If you went walking for pleasure for 40 minutes once a week, and if you did weeding or pruning every fortnight and took 1 hour and 10 minutes on each occasion, you would complete the table below as follows:

# Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity



#### Now complete the table on pages 6 and 7

# 14 Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity

	Number of times you did the activity in the last four weeks						Average time per episode		
Please complete EACH line	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week		4 to 5 times a week	Every day	Hours	Mins
Swimming — competitive									
Swimming — leisurely									
Backpacking or mountain climbing									
Walking for pleasure (not as a means of transport)									
Racing or rough terrain cycling									
Cycling for pleasure (not as a means of transport)									
Mowing the lawn									
Watering the lawn or garden									
Digging, shovelling or chopping wood									
Weeding or pruning									
DIY, e.g. carpentry, home or car maintenance									
High impact aerobics or step aerobics									
Other types of aerobics									
Exercise with weights									
Conditioning exercises, e.g. using a bike or rowing machine									
Floor exercises, e.g. stretching, bending, keep fit or yoga									
Dancing, e.g. ballroom or disco									

# Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity

	Number of times you did the activity in the last four weeks						Average time per episode		
Please complete EACH line	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week		4 to 5 times a week	Every day	Hours	Mins
Competitive running									
Jogging									
Bowling — indoor, lawn or ten pin									
Tennis or badminton									
Squash									
Table tennis									
Golf									
Football, rugby or hockey									
Cricket									
Rowing									
Netball, volleyball or basketball									
Fishing									
Horse-riding									
Snooker, billiards or darts									
Musical instrument playing or singing									
Ice skating									
Sailing, wind-surfing or boating									
Martial arts, boxing or wrestling									

	PART 2: TRAVEL AND GENERAL QUESTIONNAIRE						
	About your health						
15	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						
16	Do you have any difficulty walking for a quarter of a mile on the level?						
	Tick one only Yes No						
17	In the PAST TWELVE MONTHS how many days were you off sick for health reasons? <i>Write in number</i> <i>If none, write '0'</i>						
18	How tall are you? (with your shoes off)						
	Write in ft in OR cm						
19	How much do you weigh? (in light indoor clothes) Write in st Bork 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.						
20	Overall, how would you rate your health during the PAST FOUR WEEKS?						
	Excellent     Very good     Good     Fair     Poor     Very poor       Image: Second s						
21	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       physical activities         Image: Some what imag						
22	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						

23	How much BODILY pain have you had during the PAST FOUR WEEKS?								
	None	Very mild	Mild Mod	derate Severe	e Very severe				
24	During the PAS	ST FOUR WEEKS,	how much energ	gy did you have?					
	Very much	Quite a lot	Some	A little	None				
25		ST FOUR WEEKS, your usual social		our physical healtl mily or friends?	h or emotional				
					Could not do				
	Not at all	Very little	Somewhat	Quite a lot	social activities				
26		ST FOUR WEEKS, h as feeling anxio		you been bothered rirritable)?	d by emotional				
	Not at all	Slightly	Moderately	Quite a lot	Extremely				
27				ersonal or emotion other daily activition					
					Could not do				
	Not at all	Very little	Somewhat	Quite a lot	daily activities				
	SF-8™ 4-Week Re	call Version — © 1999-	2001 — QualityMetric	, Inc. — All rights reserv	ed				
		About	your travel op	otions					
28	use, by membe	s or vans are own ers of your housel notorcycles, scoote	hold?	or Write in n If none, w					
29		full driving licenco prcycle, scooter of		Britain either to driv	/e a car or				
			Tick one only	Yes	No				

**30 Do you have access to car parking at your place of work?** This includes parking anywhere on the site, for example in a multi-storey car park. It does not include parking on the streets nearby or at a park-and-ride.

	Tick one only	
	Yes, and I have to pay to park there	
	Yes, and I do not have to pay to park there	
	No	
31	<b>Do you ever travel by car for part or all of the journey to or from work?</b> This includes as a passenger in a car driven by someone else.	
	Tick one only Yes $\longrightarrow$ Go to Q. 32 No $\longrightarrow$ Go to Q.	34
	Thinking about the car you are most likely to use to travel to and from work:	
32	What type of fuel does the car use?Tick one only	
	Petrol	
	Diesel	
	Hybrid or other	
33	What is the engine size of the car?	
	Write in cc OR litres	
34	Do you have access to a bicycle?	
	Tick one only Yes No	]
35	<b>Do you ever cycle part or all of the journey to or from work?</b> This includes cycling to or from a bus stop, railway station or park-and-ride.	
	Tick one only Yes $\longrightarrow$ Go to Q. 36 No $\longrightarrow$ Go to Q.	37
36	How long does the cycling part of the journey minutes each w	'ay
37	<b>Do you ever walk part or all of the journey to or from work?</b> This includes walking to or from a bus stop, railway station or park-and-ride.	
	Tick one only Yes $\longrightarrow$ Go to Q. 38 No $\longrightarrow$ Go to Q.	39
38	How long does the walking part of the journey minutes each w	ay

## About your travel to and from work in the last seven days

In this section, we are interested in how you travelled to and from work on each of the last seven days.

**39** For each of the last seven days, please tell us what time you started and finished work and tick all the modes of transport you used on the journey to and from work. If you did not travel to work on a particular day (either because it was a day off or because you worked at home), please tick the box 'Did not travel to work'. If your journey to and from work was the same on more than one day, you can tick the box 'Same as previous' instead of repeating the information again. *We have given you an example for one day in the first row of the table.* 

Day	Time started work	Time finished work	Did not travel to work		which modes of transport did you use on this journey? Fick an that apply								
of the week					Same as previous	Bus or coach	Train or underground	Car, taxi or van	Motorcycle or moped	Bicycle	Walking	Other	
Thu	7.30 am	3.30 pm		To work From work		<ul><li>✓</li></ul>					<b>V</b>		
				To work From work									
				To work From work									
				To work From work									
				To work From work									
				To work From work									
				To work From work									
				To work From work									

Which modes of transport did you use on this journey? Tick all that apply

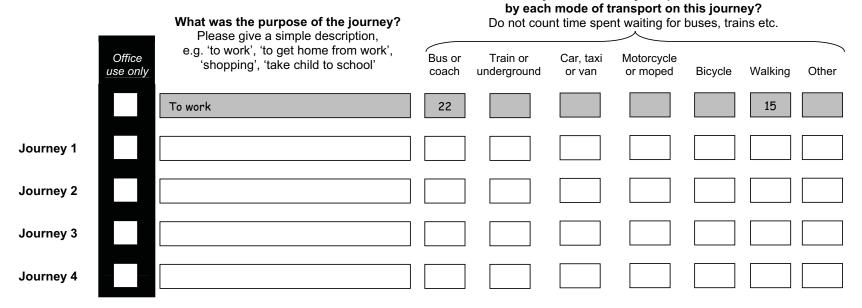
## About all the journeys you made yesterday

In this section, we are interested in more detail about all the journeys you made yesterday (between 3 a.m. yesterday and 3 a.m. today).

40 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 delivery driver), or walking or cycling purely for recreation or exercise (e.g. walking the dog).

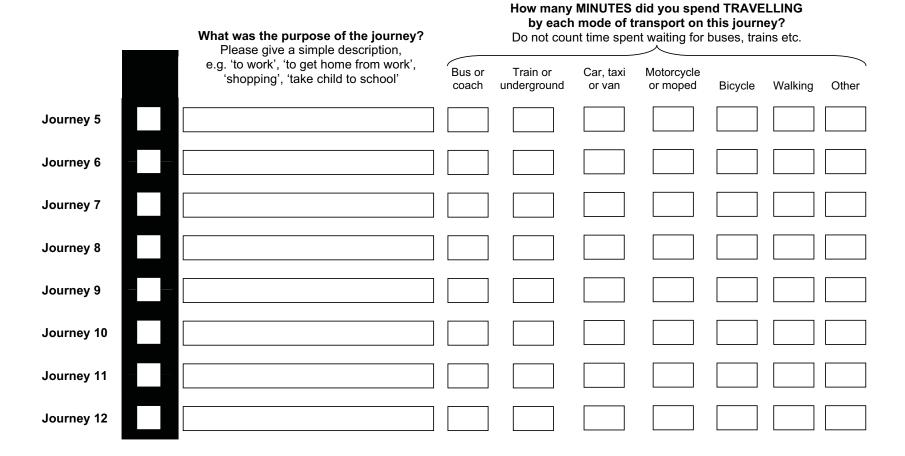
We have given you an example of **one** journey. This person walked for ten minutes to the bus stop, rode on the bus for 22 minutes, and then walked for five minutes to get to work (a total of 15 minutes walking). They did not count the time spent waiting for the bus.

How many MINUTES did you spend TRAVELLING



Continue over the page if necessary

## About all the journeys you made yesterday (continued)



# About your views on travelling to and from work

For each of the following statements about your journey to and from work, please tick one box to show how strongly you agree or disagree.

			Tic	ck one per i	тоw	
41	On my journey to and from work:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	It is pleasant to walk					
	The roads are dangerous for cyclists					
	There is convenient public transport					
	There are convenient routes for cycling					
	There is little traffic					
	There are no convenient routes for walking					
	It is safe to cross the road					
42	For me, to get to and from work next time:					
	Overall, it would be good to use a car					
	Most people who are important to me would support my using a car					
	It would be easy for me to use a car					
	I intend to use a car					
	It would be pleasant to use a car					
	Most people who are important to me think I should use a car					
	I would be able to use a car					
	I am likely to use a car					

For each of the following statements about your journey to and from work, please tick one box to show how strongly you agree or disagree.

		Tick one per row							
43	Using a car to get to and from work is something:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			
	I do frequently								
	I do automatically								
	that would require effort not to do								
	that belongs to my daily routine								
	I would find hard not to do								
	that's typically 'me'								
	I have been doing for a long time								
	About you and	your ho	usehol	d					
44	Are you male or female? Tick of	one only	Male		Fema	le			
45	What is your date of birth?	Write in		$\Box/\Box$	/				
			date	e n	nonth	year			
46	What is your highest educational qualifi	cation?							
					Tick on	e only			
	Degree, NVQ4, NVQ5 or equivalent								
	BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND or equivalent								
	GCE 'A' Level, NVQ3, Scottish Higher or equivalent								
	BTEC (National), TEC (National), BEC (	National),	ONC, ON	ND or equi	valent				
	GCSE Grades A to C, GCSE 'O' Level,	GCSE Grades A to C, GCSE 'O' Level, CSE Grade 1, NVQ2 or equivalent							
	Other qualifications								
	No formal qualifications								

#### 47 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	
16 and over (do not include yourself)	Adul

### 48 Does your household own or rent its accommodation?

Tick one only

Rents it from the council, a housing association, or a charity	
Rents it from a private landlord or letting agency	
Partly owns it and partly rents it (shared ownership)	
Owns it (including buying with a mortgage)	
Other	

# Finally 49 Please enter today's date. Write in Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3" Image: Colspa="3" Image: Colspan="3" Image: Colspan="" Image: Colspa

## THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY