



*ACT!vate Omaha is a community-wide initiative to encourage citizens to be active in their daily lives and to promote healthy community design standards. Our mission at ACT!vate Omaha is to create awareness, advocacy and excitement about activity and the importance of designing our community for active lifestyles.*

*This survey serves to identify the perceptions and opinions of your neighborhood group, in efforts to help us determine the opportunities and barriers to active living in your community. It is the intent of ACT!vate Omaha to present the combined data to your neighborhood group and to show the trends and opinions of area residents. We hope that you will use this data to support future community development projects affecting your neighborhood. This survey does not ask for personal information that can identify you in any way.*

*Please contact ACT!vate Omaha for distribution and collection information with regards to this survey. Thank you!*

1. How would you rate your overall health.
 

1. Excellent	2. Very Good	3. Good	4. Fair	5. Poor
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2. In a typical week, do you meet the Surgeon General’s guidelines of 30 minutes of physical activity 5 or more days each week? *The Surgeon General recommends moderate to intensive physical activity on most days of the week to reduce the risk of developing chronic diseases such as heart disease, diabetes, and cancer during a lifetime. Examples of moderate and vigorous activities include brisk walking, bicycling, jogging, aerobics, yard work, swimming, basketball and other similar activities.*  
 Yes\_\_\_\_\_ No\_\_\_\_\_
  
3. Physical activity can be achieved in many different ways. Which of the following best represents the type of physical activity you do? Circle all that apply.
 

a. I am not physically active	d. I do yard work and/or garden	g. I do aerobics
b. I use indoor exercise equipment	e. I walk and/or bike to destinations	h. I do household chores
c. I jog, bike, walk for recreation	f. I take the stairs	i. Other, please specify_____
  
4. What do you believe to be a major barrier to you becoming more physically active? Circle all that apply.
 

a. Not enough time	d. Lack of trails, parks, etc.	g. Neighborhood sidewalks
b. Too tired	e. Traffic	h. Poor health
c. Not enough money	f. Unsure of ability (self-efficacy)	i. Other, please specify_____
  
5. What would be helpful for you to become more regularly physically active?
 

a. Pedometers	c. Trails	e. Other, please specify_____
b. Walking groups	d. Sidewalks	
  
6. Do you feel your personal safety is threatened by any of the following when you are physically active in your community? Circle all that apply.
 

a. Vehicular traffic	d. Lack of streetlights	f. Inaccessible trails or sidewalks
b. Inadequate trails or walkways	e. Potential for crime	g. Inadequate pedestrian crossings
c. Too much bike/blade traffic on trail		h. Other, please specify_____
  
7. As a pedestrian, do you feel that drivers typically obey traffic laws?  
 Yes\_\_\_\_\_ Not always because they:
  - a. back out of driveways without looking
  - b. do not yield to pedestrians in the crosswalk
  - c. speed
  - d. talk on cell phone
  - e. other, please specify\_\_\_\_\_
  
8. As a bicyclist, do you feel that drivers typically obey traffic laws?  
 Yes\_\_\_\_\_ Not always because they:
  - a. back out of driveways without looking
  - b. cut me off while I am bicycling
  - c. speed

- d. talk on cell phone
- e. other, please specify \_\_\_\_\_

over ——>

9. Please list the top 3 intersections or roadways where you feel unsafe walking or bicycling.
- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
10. In your neighborhood, do you walk or bike to public recreation and/or physical activity facilities listed below? Circle all that apply.
- a. Parks                      d. Playground/school      g. Swimming pools              j. Open/green space
  - b. Walking trails      e. Recreation centers      h. Skatepark                      k. Other, please specify \_\_\_\_\_
  - c. Bike paths              f. Worksite                      i. I drive or utilize public transit
11. If you walk or bike to any of the above, how often do you walk or bike to all of the facilities combined?
- 1. Never      2. A few times a year      3. A few times a month      4. Weekly      5. Almost daily
12. For your own physical activity, how important is it to have access to the above facilities in your neighborhood?
- 1. Extremely Important      2. Very Important      3. Important      4. Somewhat Important      5. Not Important
13. Within one mile of your neighborhood, would you say that you have pedestrian or bicycle access to any of the following? Circle all that apply.
- a. Convenience store                      d. Restaurant              g. Gas station              j. Hospital/health center or clinic
  - b. Grocery store                              e. Bank                      h. Retail                      k. Don't know/unsure
  - c. Coffee shop                                  f. Shopping                      i. School                      l. Other, please specify \_\_\_\_\_
14. If you have access to any of the above, how often do you walk or bike to these places combined?
- 0 \_\_\_\_\_ 1-5 times/week \_\_\_\_\_ 6-10 times/week \_\_\_\_\_ 11-15 times/week \_\_\_\_\_ 16-20 times/week \_\_\_\_\_ Other \_\_\_\_\_
15. How important is it that you are able to walk or bike to these local places?
- 1. Extremely Important      2. Very Important      3. Important      4. Somewhat Important      5. Not Important
16. What changes (if any) would you recommend to the physical environment of your neighborhood?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
17. What is your zip code? \_\_\_\_\_
18. In what age group are you?
- Under 18 yrs \_\_\_\_\_ 18-35 yrs \_\_\_\_\_ 36-54 yrs \_\_\_\_\_ 55-69 yrs \_\_\_\_\_ 70yrs & over \_\_\_\_\_
19. What is your gender?
- Male \_\_\_\_\_ Female \_\_\_\_\_
20. Which of these groups best represents your race?
- African American/Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Caucasian/White \_\_\_\_\_
- Asian \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

THANK YOU FOR YOUR PARTICIPATION!