



**Spatial Accessibility to Multitude of Services and Amenities** as indicators of health-promoting opportunity structures in communities

Please ensure you have read and signed the SAMoSA consent form before participating in this survey.

**General Health Outcomes**

This component of the survey consists of RAND 36-Item Health Survey questionnaire (SF-36). SF-36 is a commonly used survey for health studies, and is well validated across different health outcomes. The survey was reprinted with permission from the RAND Corporation. Copyright © the RAND Corporation. RAND’s permission to reproduce the survey is not an endorsement of the products, services, or other uses in which the survey appears or is applied.

1. In general, would you say your health is:
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
  
2. **Compared to one year ago**, how would you rate your health in general **now**?
  - Much better now than one year ago
  - Somewhat better now than one year ago
  - About the same
  - Somewhat worse now than one year ago
  - Much worse now than one year ago

The following items are about activities you might do during a typical day. **Does your health now limit you** in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
3. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Climbing <b>several</b> flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Climbing <b>one</b> flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Walking <b>more than a mile</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Walking <b>several blocks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Walking <b>one block</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

	Yes	No
13. Cut down the <b>amount of time</b> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
14. <b>Accomplished less</b> than you would like	<input type="checkbox"/>	<input type="checkbox"/>
15. Were limited in the <b>kind</b> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
16. Had difficulty performing the work or other activities (e.g. it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	Yes	No
17. Cut down the <b>amount of time</b> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
18. <b>Accomplished less</b> than you would like	<input type="checkbox"/>	<input type="checkbox"/>
19. Didn't do work or other activities as <b>carefully</b> as usual	<input type="checkbox"/>	<input type="checkbox"/>

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

21. How much **bodily** pain have you experienced during the **past 4 weeks**?

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. Did you feel full of pep?	<input type="checkbox"/>					
24. Have you been a very nervous person?	<input type="checkbox"/>					
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>					
26. Have you felt calm and peaceful?	<input type="checkbox"/>					
27. Did you have a lot of energy?	<input type="checkbox"/>					
28. Have you felt downhearted and blue?	<input type="checkbox"/>					
29. Did you feel worn out?	<input type="checkbox"/>					
30. Have you been a happy person?	<input type="checkbox"/>					
31. Did you feel tired?	<input type="checkbox"/>					

32. During the **past 4 weeks**, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

How TRUE or FALSE is **each** of the following statements for you?

	TRUE	Mostly true	Don't know	Mostly false	FALSE
33. I seem to get sick a little easier than other people	<input type="checkbox"/>				
34. I am as healthy as anybody I know	<input type="checkbox"/>				
35. I expect my health to get worse	<input type="checkbox"/>				
36. My health is excellent	<input type="checkbox"/>				

## Demographic and other Health-related Questions

1. On your birthday this year, what age will you become (or did you become)?
  - Less than 15 years of age
  - 15-24 years of age
  - 25-34 years of age
  - 35-44 years of age
  - 45-54 years of age
  - 55-64 years of age
  - 65 and older years of age
  - Prefer not to say/Refuse to say
2. To which gender do you identify?
  - Female
  - Male
  - Other (e.g. transgender, gender variant or non-conforming)
  - Prefer not to say/Refuse to say
3. What was your household income last year? Please choose:
  - Less than \$10,000
  - \$10,000 to less than \$20,000
  - \$20,000 to less than \$40,000
  - \$40,000 to less than \$60,000
  - \$60,000 to less than \$80,000
  - \$80,000 to less than \$100,000
  - \$100,000 and over
  - Prefer not to say/Refuse to say

4. **At present**, do you smoke cigarettes every day, occasionally or not at all?

- Daily
- Occasionally
- Not at all
- Prefer not to say/Refuse to say

5. Please ask the surveyor for the name of your **community of residence** as appearing on the study map. Only the name of the community will be recorded.

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6. How long have you lived in the community?

- Less than a year
- 1 year to less than 5 years
- 5 years or longer
- Prefer not to say/Refuse to say

7. Please ask the surveyor for the name of your **community of work** as appearing on the study map. Only the name of the community will be recorded.

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8. What is your marital status?

- Married or common-law
- Separated, widowed or divorced
- Single
- None of the above
- Prefer not to say/Refuse to say\*

9. What is your height? (enter in feet and inches or centimetres) \_\_\_\_\_ (ft/cm)

10. What is your weight? (enter in pounds or kilograms) \_\_\_\_\_ (lb/kg)

11. Do you own or rent your current residence?

- Own
  - Rent
  - Prefer not to say/Refuse to say
-

12. Do you or any of your household members own a car?

- Yes
- No
- Prefer not to say/Refuse to say

13. Have you been diagnosed with high blood pressure?

- Yes
- No
- Prefer not to say/Refuse to say

14. Have you been diagnosed with any heart diseases other than high blood pressure?

- Yes
- No
- Prefer not to say/Refuse to say

15. Have you been diagnosed with diabetes while you were not pregnant?

- Yes
- No
- Prefer not to say/Refuse to say

16. Have you been diagnosed with cancer?

- Yes
- No
- Prefer not to say/Refuse to say

Thank you for your participation. If you have any questions regarding this survey, or would like the report produced from this survey, please contact Mikiko Terashima at [Mikiko.Terashima@dal.ca](mailto:Mikiko.Terashima@dal.ca).