

Supplementary Material A: Checklist Questionnaire

Instructions for the interviewer:

- Instruct the participant to read the instructions and then review the examples with the participant.
- Read the instructions on top of the first page of the survey with the participant to make sure that the participant only records activities that were performed for 10 minutes in duration.
- Complete the first question on the first page of the survey with the participant (sweeping carpets or floor) to make sure the instructions were understood.
- Ask the participant to complete the survey until they reach the section that is labeled “Interviewer-Administered.”
- Review with the participant all the answers where the participant circled a “Yes.” Make sure that you can read the participant’s writing, that minutes and hours are filled out correctly, review sleep time, review time spent shopping and make sure the participant has only recorded the time spent walking while shopping, and make sure that driving time is not included. Finally, if the participant recorded that she went to a Laundromat, make sure that driving time is not included.
- After reviewing the information, proceed with interviewer-administered portion of the survey. Ask about activities that lasted for at least 10 minutes at one time in the last 7 days.
- For the exercise/dancing/sport questions, ask the participant to tell you only about activities not already recorded in the survey.
- For the questions on paid work, tell the participant that you are asking about the five most frequent things that the participant did for her job. Activities to be listed may or may not be of moderate intensity. The focus should be to record the most common type of activities that the participant is performing while at work. You may give examples based on what the participant told you in the demographic profile about her job. For example, if someone has a desk job, the following activities may be listed: desk work, filing, computer work, and attending meetings.
- For the last question, ask the participant to list any activities not mentioned so far on the questionnaire that were performed in the last 7 days and that are at least the intensity of brisk walking.

Checklist

Participant Instructions

1. To complete the checklist, circle **Y** (yes) if you did the activity in the last 7 days and **N** (no) if you did not do the activity in the last 7 days. **DO NOT CIRCLE YES IF YOU HAVE PERFORMED AN ACTIVITY LESS THAN 10 MINUTES AT A TIME.**
2. If you answered YES, then circle the number of days you performed this activity in the last 7 days.
3. Record the total number of hours (hr) or minutes (min) you performed this activity in the last 7 days.
4. Please review the examples before you complete the checklist.

Example 1:

You swept the kitchen floor Tuesday and Thursday and it took you 5 minutes each time. You would then circle **N** because you have not performed that activity for more than 10 at a time.

Sweeping carpets or floors	Y	if yes ⇒	1 2 3 4 5 6 7	_____	:	_____
	<input checked="" type="radio"/> N			hr	:	min

Example 2:

You swept the house last Tuesday, and it took you 15 minutes. You swept the kitchen floor Friday, and it took you 5 minutes. You would **circle Y** and then **circle 1** to indicate that you did this 1 day in the past week, and then **write 15 and circle min** to indicate that you did this for 15 minutes. You would not record Friday's sweeping because it took you less than 10 minutes to sweep on Friday.

Sweeping carpets or floors	<input checked="" type="radio"/> Y	if yes ⇒	1 <input checked="" type="radio"/> 2 3 4 5 6 7	_____	:	15
	N			hr	:	<input checked="" type="radio"/> min

Example 3:

You swept the house last Tuesday and it took you 15 minutes and you swept the kitchen floor Friday and it took you 15 minutes. You would **circle Y** and then **circle 2** to indicate that you did this 2 days in the past week and then **write 30 and circle min** to indicate that you did this for 30 minutes.

Sweeping carpets or floors	<input checked="" type="radio"/> Y	if yes ⇒	1 <input checked="" type="radio"/> 2 3 4 5 6 7	_____	:	30
	N			hr	:	<input checked="" type="radio"/> min

Checklist

Record only activities that you performed for more than **10 MINUTES at a time**

ACTIVITY	In the last 7 days, did you do this activity? Please circle Y (yes) or N (no).	Please circle the number of days you did this activity <u>in the last 7 days.</u>	Indicate the total number of hours or minutes you did this activity <u>in the last 7 days.</u>
HOUSEHOLD ACTIVITIES			
Sweeping carpets or floors	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Vacuuming carpets or floors	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Sweeping outside the home	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Mopping floors (standing)	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Scrubbing floors by hand	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Dusting & straightening up	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Scrubbing & cleaning the bathroom	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Waxing floors	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Other major cleaning (washing windows & walls; cleaning out the closet, tidying up in the garage, etc...)	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Washing dishes	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Cooking meals	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Kneading bread/tortillas	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Grocery shopping	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Putting away groceries	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Carrying groceries	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Other shopping (going to the mall or other stores)	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min Walking time only
Doing laundry at home	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Doing laundry at the Laundromat	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Changing bed linens	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Taking out the trash	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Home remodeling, repairing,	Y if yes ⇒	1 2 3 4 5 6 7	_____ : _____

ACTIVITY	In the last 7 days, did you do this activity? Please circle Y (yes) or N (no).	Please circle the number of days you did this activity in the last 7 days.	Indicate the total number of hours or minutes you did this activity in the last 7 days.
wallpapering, painting, etc...	N		hr : min
Moving furniture or boxes	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Washing the car	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Vacuuming the inside of the car or waxing the car	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
YARD ACTIVITIES			
Mowing the lawn	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Pulling weeds	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Fertilizing the yard or garden	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Spreading mulch	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Raking the lawn	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Sacking grass, leaves, & branches	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Picking up the yard	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Planting flowers & plants	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Trimming hedges -trees or shrubs	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Digging & shoveling dirt	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
FAMILY ACTIVITIES			
Pushing a stroller	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Carrying a child while walking (mall, grocery store, etc...)	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Running/playing sports with children	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Carrying a child while cleaning or doing chores	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Taking the dog for a brisk walk	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Caring for older or disabled person (bathing, lifting, pushing wheelchair)	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
COMMUNITY / VOLUNTEER / CHURCH ACTIVITIES			
Distributing materials (door-to-door)	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min
Cleaning up the neighborhood: picking up trash, cutting bushes or trees	Y if yes ⇒ N	1 2 3 4 5 6 7	____ : ____ hr : min

ACTIVITY	In the last 7 days, did you do this activity? Please circle Y (yes) or N (no).	Please circle the number of days you did this activity <u>in the last 7 days.</u>	Indicate the total number of hours or minutes you did this activity <u>in the last 7 days.</u>
Moving things during community or volunteer work	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Volunteered patient care: bathing, lifting, or pushing a wheelchair	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Walking briskly on field trips with children	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Serving food & cooking at an event	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Decorating for a community or church event	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Cleaning up after a community or church event	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Bagging & stocking food or clothes to donate	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Building, painting, & repairing for your community or church	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Volunteering in a nursery or youth center	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
TRANSPORATION			
Walking briskly to and from places (bus stop, work, corner store, etc...)	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Cycling to and from places (work, corner store, grocery store, etc...)	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
MISCELLANEOUS			
Dancing & singing in a choir	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Dancing at an event (slow pace)	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Dancing at an event (fast pace)	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
OTHER TIME			
Taking naps	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Watching TV or movies	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Driving or riding to and from work	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Driving to and from other places	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Sitting at work	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Reading for pleasure	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Praying or meditating at home	Y if yes ⇒ N	1 2 3 4 5 6 7	_____ : _____ hr : min
Praying or meditating at church	Y if yes ⇒	1 2 3 4 5 6 7	_____ : _____

ACTIVITY	In the last 7 days, did you do this activity? Please circle Y (yes) or N (no).	Please circle the number of days you did this activity <u>in the last 7 days.</u>	Indicate the total number of hours or minutes you did this activity <u>in the last 7 days.</u>
	N		hr : min
How many hours of sleep did you usually get in the last 7 days during the <u>week</u> ? _____ : _____ hr : min			
How many hours of sleep did you usually get in the last 7 days during the <u>weekend</u> ? _____ : _____ hr : min			

THIS NEXT SECTION IS TO BE FILLED OUT BY THE INTERVIEWER.

EXERCISE, SPORTS, AND DANCING		
Record all other exercise, dancing, and sports that you did in the last 7 days that were not listed above. (If no others, then skip)	Please circle the number of days the activity was performed <u>in the last 7 days.</u>	Indicate the total number of minutes or hours activity was performed <u>in the last 7 days.</u>
1. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
2. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
3. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
4. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
5. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
EMPLOYMENT		
List the 5 most frequent activities you did in the last 7 days as part of your paid work. (Skip only if participant did not work)	Please circle the number of days the activity was performed, <u>in the last 7 days.</u>	Indicate the total number of minutes or hours activity was performed, <u>in the last 7 days.</u>
1. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
2. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
3. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
4. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
5. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
MISCELLANEOUS		
List any other activities not listed above that you did in the last 7 days. Focus on activities that are at least the intensity of brisk walking.	Please circle the number of days the activity was performed, <u>in the last 7 days.</u>	Indicate the total number of minutes or hours activity was performed, <u>in the last 7 days.</u>
1. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min
2. _____ go to ⇒	1 2 3 4 5 6 7	_____ : _____ hr : min

Supplementary Material B: Global Questionnaire

Interviewer Instructions: The Global survey is interviewer-administered. Before proceeding with the interview, please review the brisk walking protocol and provide examples of brisk walking.

Demonstration of brisk walking: Brisk walking is equivalent to walking at 3 to 4 m.p.h. The participant is instructed to begin walking at a pace that she considers to be brisk. The interviewer then walks along the participant and tells her if her pace is equivalent to 3 to 4 m.p.h. If the pace of the participant is brisk, the interviewer tells her that her pace is what we term 'brisk walking' in the interview. If the pace of the participant is either slower or faster than what is considered brisk, the interviewer tells the participant that her pace is slower/faster than what we consider brisk and demonstrates to her what is considered brisk. The interviewer will walk a long enough time with the participant to ensure that the participant has a good idea of what a brisk walk feels like.

Examples of activities comparable to brisk walking or higher level of activities: Before proceeding with the Global questionnaire, the interviewer reviews with the participants examples of activities that may be performed at an intensity comparable to brisk walking or higher. The interviewer needs to emphasize that not everyone performs these activities at the same intensity and that some of these activities may be performed at a much lower intensity.

Occupation/paid activities

- Patient care: bathing, lifting & pushing a wheelchair
- Serving & cooking food in a restaurant
- Crossing guard
- Assembling equipment
- Lifting, shelving, & moving objects
- Delivering mail or packages
- House keeper
- Walking & carrying files
- Walking briskly to and from workplaces

Household activities

- Scrubbing & washing: oven, fridge, floors, bathroom, carpet, or car
- Changing bed linens
- Major cleaning: wash windows or walls, clean out closet

- Moving heavy things or furniture around
- Home remodeling, repairing, wallpapering & painting
- Kneading bread/tortillas
- Waxing the floor/car

Yard activities

- Moving & raking the lawn
- Gardening: planting flowers-plants, pulling weeds, trimming hedges – trees, sacking leaves-branches, digging, shoveling
- Picking up yard
- Sweeping outside/driveway
- Spreading mulch

Family activities

- Step aerobics/aerobic dancing
- Dancing

- Brisk walking (outside, treadmill, trail, mall)
- Stationary bicycling
- Exercise machine
- Floor exercises – weight lifting
- Other exercises or sports

Community/volunteer/church activities

- Distributing materials (door-to-door)
- Cleaning up the neighborhood
- Picking up trash, cut bushes, or trees
- Moving items
- Patient care: bathing, lifting & pushing a wheelchair
- Walking briskly in field trips with children
- Serving/cooking food at events
- Cleaning after an event

- Bagging & stocking food or clothes
- Building, painting & repairing
- Directing a choir
- Decorating for an event
- Volunteering in a nursery or youth center

Transportation

- Walking briskly to and from places (bus stop, video store, corner store, church, mall, community center, library, work, grocery store)

Other walking

- Walk briskly to do an errand

Miscellaneous activities

- Dancing & singing in a choir

<p>In the last 7 days, how many minutes or hours of activity, that was at least the intensity of brisk walking, did you get from exercise/dancing/sport activities? <i>For example</i>, you may have done step aerobics; walked briskly for exercise; or used exercise equipment. You may have done other exercises, sports, or dancing that were at least the intensity of brisk walking.</p>	List the activities		
		1	2 Specify ____:____ hr : min
		1	2 Specify ____:____ hr : min
		1	2 Specify ____:____ hr : min
		1	2 Specify ____:____ hr : min
<p>In the last 7 days, how many minutes or hours of activity, that was at least the intensity of brisk walking, did you get from doing community, volunteer, or church activities? <i>For example</i>, you may have distributed materials door to door; cleaned up the neighborhood; served or cooked food at an event; or set up and cleaned up after an event. You may have done other activities that were at least the intensity of brisk walking.</p>	1	2 Specify ____:____ hr : min	
<p>In the last 7 days, how many minutes or hours of activity, that was at least the intensity of brisk walking, did you get from going to and from places? <i>For example</i>, you may have walked briskly to and from a bus stop, a video store, a corner store, or other places.</p>	1	2 Specify ____:____ hr : min	
<p>In the last 7 days, how many minutes or hours of activity, that was at least the intensity of brisk walking, did you get in your free time or other time? This includes any other walking not already mentioned.</p>	1	2 Specify ____:____ hr : min	