



**A Very Brief Data Collection (5 minutes)**

By completing this questionnaire, you are eligible for a cash draw:  
**1 of \$500, 2 of \$250; and 10 of \$100!**

Thank you for participating once again in the NDIT Study!  
 Your contributions are greatly appreciated.

**1. How often in the past 12 months did you participate in the following physical activities either in-person or online?**

	Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week
Organized team sports in which you practice with teammates and/or play against other teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Physical activity with at least one other person (e.g. yoga class, running club, playing tennis with a friend)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Individual physical activity with a pet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Individual physical activity practiced alone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**The following questions ask about time you have spent outdoors in green and natural spaces such as:**

- **green spaces in towns and cities** (e.g. parks, public gardens)
- **the countryside** (e.g. farmland, forests, hills, mountains,)
- **the coast** (e.g. beaches, shores, cliffs)
- **bodies of water** (e.g. lakes, rivers, sea, ocean)

Please include all time spent outdoors, of any duration, including short trips to the park, dog walking, etc.

**2. In the last 12 months, how often did you ...?**

	Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week	Not applicable
Spend time outdoors in green and natural spaces <u>as part of your job</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Spend <u>leisure time being active</u> outdoors in green and natural spaces (walking, hiking, climbing, kayaking, skiing, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Spend <u>leisure time being inactive or sedentary</u> outdoors in green and natural spaces (reading, meditating, having lunch, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

**3. Indicate your level of agreement with each statement as they relate to your contact with nature in general.**

	Strongly disagree	Disagree	Agree	Strongly agree
Getting away and being in nature is especially meaningful for me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Being in nature seems like a waste of time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I feel relaxed and rejuvenated being in nature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I enjoy the simple beauty of being in nature and reflecting on my life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**4. The next questions ask about your experiences and feelings about being active in nature. Indicate your level of agreement with each statement.**

	Strongly disagree	Disagree	Agree	Strongly agree
Being active outdoors in nature helps me think more clearly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Being active outdoors in nature makes me healthier	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
When I'm angry, being active outdoors in nature calms me down	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I learn new things when I am active outdoors in nature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I feel like I have freedom when I am active outdoors in nature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I like to explore new places outdoors in nature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I am afraid of getting lost outdoors in nature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I don't like being active outdoors in nature because there are strangers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I am afraid of wild animals or insects outdoors in nature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I am afraid of getting hurt if I am active outdoors in nature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**5. In the past month, how often did you feel...?**

	Never	Rarely	Sometimes	Often	Most of the time	Always
Happy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Interested in life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Satisfied with life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
You had something important to contribute to society	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
You belonged to a community (like a social group, or your neighborhood)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
That our society is a good place, or is becoming a better place, for all people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
That people are basically good	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
That the way our society works makes sense to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
That you liked most parts of your personality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Good at managing the responsibilities of your daily life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
You had warm and trusting relationships with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
You had experiences that challenged you to grow and become a better person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Confident to think or express your own ideas and opinions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Your life has a sense of direction or meaning to it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
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**Any comments for us?**

**THANK YOU SO MUCH FOR COMPLETING THIS QUESTIONNAIRE!**