**Temple University Community Participation Measure**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAte: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUESTION 1:** I am going to ask you about different activities you might have done **during the past 30 days** without a staff person going with you (i.e., someone from an agency or program you are in who is paid to help you). Please indicate the **number of days** during the **past 30 days** you have participated in each activity outside of your home without a paid staff person going with you **unless it is a personal assistant** or other similar type of support.

**QUESTION 2:** Do you do this activity**, *Enough*, *Not Enough, or Too Much***? (circle the correct response)

* **INTERVIEWER NOTE**: If respondent has NOT done an activity in the past 30 days, the number of days would be 0. See the Library example below.
* If respondent did NOT want to do the activity in the past 30 days, indicate: “Enough.”
* If respondent wanted to go to the Library, but did the activity 0 times during the past 30 days select: “Not Enough.”

**QUESTION 3:** Is this activity important to you? (circle the correct response)

**Example:**

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| **A. How many days during the past 30 days did you do the following activities without a program staff person going with you:** |  | **B. Number of Days**  **(without a staff person)** |  | **C. Do you do this activity?** | | |  | **D. Is this activity important to you?** | |
| **Enough** | **Not Enough** | **Too Much** | **Yes** | **No** |
| 9. Go to a library. | **\_\_ \_0\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 24. Entertain friends in your home or visit friends in their homes. | **\_\_ \_5\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |

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| **A. How many days during the past 30 days did you do the following activities without a program staff person going with you:** |  | **B. Number of Days**  **(without a staff person)** |  | **C. Do you do this activity?** | | |  | **D. Is this activity important to you?** | |
| **Enough** | **Not Enough** | **Too Much** | **Yes** | **No** |
| 1. Go shopping for pleasure or entertainment (e.g., at a grocery store, convenience store, shopping center, mall, other retail store, flea market, or garage sale.) | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 2. Go to a restaurant or coffee shop. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 3. Go to a church, synagogue, or place of worship. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 4. Go to a movie theater. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 5. Go to a park or recreation center. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 6. Go to a theater to watch a play, concert, dance, or other similar type of cultural event (not a movie theater). | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 7. Go to a zoo or botanical garden/arboretum. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 8. Go to a library or museum. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 9. Go out of the house to watch a sports event (including bowling, tennis, basketball, etc.). | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |

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| **A. How many days during the past 30 days did you do the following activities without a program staff person going with you:** |  | **B. Number of Days**  **(without a staff person)** |  | **C. Do you do this activity?** | | |  | **D. Is this activity important to you?** | |
| **Enough** | **Not Enough** | **Too Much** | **Yes** | **No** |
| 10. Go to a gym, health or exercise club, or pool, for leisure and recreation. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 11. Engage in an organized sport’s team or activity (baseball, basketball, soccer game) or other organized physical activity (e.g., exercise class) outside the home. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 12. Play games in-person (e.g., chess, cards, board game) outside of one’s house with friends or family. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 13. Play games, including online gaming, at your own home where you play with others (they may be physically present in your home or online). | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 14. Go to a barber shop, beauty salon, nail salon, or spa for enjoyment (i.e., you do it because you enjoy it and not because you simply need a haircut). | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 15. Use public transportation (buses, subway, trains). | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 16. Go to a group activity outside your home. For example, go to a book club, knitting group, or other group activity with people who have similar interests as you. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 17. Work for pay. This could be full- or part-time work. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 18. Go to school to earn a degree or certificate (for example: GED, adult education, college, vocational or technical school, job training). | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |

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| **A. How many days during the past 30 days did you do the following activities without a program staff person going with you:** |  | **B. Number of Days**  **(without a staff person)** |  | **C. Do you do this activity?** | | |  | **D. Is this activity important to you?** | |
| **Enough** | **Not Enough** | **Too Much** | **Yes** | **No** |
| 19. Take a class for leisure or life skills (for example, classes for cooking, art crafts, ceramics, and photography). |  | **\_\_\_\_ \_\_\_\_**  (# of Days) |  | 1 | 2 | 3 |  | 1 | 0 |
| 20. Participate in volunteer activities (i.e., helping others or an organization without being paid). |  | **\_\_\_ \_\_\_\_**  (# of Days) |  | 1 | 2 | 3 |  | 1 | 0 |
| 21. Get together in the community or attend a formal event with family (for example, a wedding, bar mitzvah). |  | **\_\_\_ \_\_\_\_**  (# of Days) |  | 1 | 2 | 3 |  | 1 | 0 |
| 22. Get together in the community or attend a formal event with friends (for example, a wedding, bar mitzvah). |  | **\_\_\_ \_\_\_\_**  (# of Days) |  | 1 | 2 | 3 |  | 1 | 0 |
| 23. Entertain family in your home or visit family in their homes. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 24. Entertain friends in your home or visit friends in their homes. | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |
| 25. Hang out or socialize with people you know from school, work, the neighborhood, or other acquaintances. These would people you DO NOT consider to be close friends. |  | **\_\_\_\_ \_\_\_\_**  (# of Days) |  | 1 | 2 | 3 |  | 1 | 0 |
| 26.  Go to a community fair, block party, community clean-up day, or other community event or activity. |  | **\_\_\_\_ \_\_\_\_**  (# of Days) |  | 1 | 2 | 3 |  | 1 | 0 |
| 27. Attend or engage in civic or political activities or organizations (e.g., neighborhood watch or advocacy groups) or professional associations (e.g., conference or union meeting). | **\_\_\_\_ \_\_\_\_**  (# of Days) | 1 | 2 | 3 | 1 | 0 |

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| **The following questions asks about your relationship with an intimate partner and you child(ren).** | | | |
| 28. Are you currently married or in a domestic partnership/relationship (i.e., not married, but in a committed relationship or living with someone you are in an intimate relationship with)? |  | Yes | No |
|  |  |  |  |
| 29. If you ARE NOT currently married, in a domestic partnership, or living with an intimate partner (you answered “No” on question 28) please answer these questions… |  | **A. How many days in the last 30 days did you get together with someone you consider to be a boyfriend/girlfriend?** | **B.**  **Do you do this activity?** | | | **C. Is this activity important to you?** | |
| How many days in the last 30 days did you get together with someone you consider to be a boyfriend/girlfriend? |  | **\_\_\_\_ \_\_\_\_**  (# of Days) | Enough | Not Enough | Too Much | Yes | No |
|  | | | | | | | |
| 30. Are you a biological, adoptive, foster, or step parent? |  | Yes | No |
| 31. If you DO have children (“Yes” on Question #30), do you live with your child(ren)? |  | Yes | No |
|  |  |  |  |
| 32. If you have children (“Yes” on Question #30), but do NOT live with them (“No” on Question #30), please answer these questions… |  | **A. How many days in the last 30 days have you gotten together with your child(ren)?** | **B. Do you do this activity?** | | | **C. Is this activity important to you?** | |
| How many days in the last 30 days have you gotten together with your child(ren)? |  | **\_\_\_\_ \_\_\_\_**  (# of Days) | Enough | Not Enough | Too Much | Yes | No |