

RECREATION CATEGORIES

For each activity listed below please circle the appropriate number to indicate whether you and/or anyone in your family would have **interest** in the activity. Then circle the appropriate number to indicate if you and/or anyone in your family have **participated** in the activity in the past 12 months.

| Category | Example | Not Interested | Interested | Participated |
|-----------------------------|--|----------------|------------|--------------|
| Activities for the disabled | Sports, crafts, trips, social events, etc. | 1 | 2 | 1 |
| Adventure activities | Hiking, camping, boating, skiing, climbing, etc. | 1 | 2 | 1 |
| Aquatics | Lap swim, swim lessons, open swim, etc. | 1 | 2 | 1 |
| Environmental | Nature study, nature walks, bird watching, etc. | 1 | 2 | 1 |
| Extreme sports | Skateboarding, BMX biking, snowboarding, etc. | 1 | 2 | 1 |
| Family fitness activities | Parties, and parent/child dances, family nights, etc. | 1 | 2 | 1 |
| Gardening | Gardening, landscaping, etc. | 1 | 2 | 1 |
| Indoor fitness | Exercise equipment, jogging track, aerobics, etc. | 1 | 2 | 1 |
| Outdoor fitness | In-line skating, running, walking, biking, etc. | 1 | 2 | 1 |
| Outdoor sports | Archery, fishing, hunting, sporting clays, etc. | 1 | 2 | 1 |
| Special events | One or two day events, festivals, shows, fairs, etc. | 1 | 2 | 1 |
| Sports and athletics | Baseball, soccer, basketball, football, tennis, golf, etc. | 1 | 2 | 1 |
| Wellness and self help | Martial arts, yoga, stress management, nutrition, etc. | 1 | 2 | 1 |

ATTENDANCE

Please indicate by circling the appropriate number approximately how many times in the past 12 months you and/or another member of your family utilized the following facilities and/or programs.

| | Never | Once | 1 to 6 times | 7 to 12 times | 13 to 24 times | 26 times or more |
|--------------------------------|-------|------|--------------|---------------|----------------|------------------|
| After School Programs | 0 | 1 | 2 | 3 | 4 | 5 |
| Bailey Park | 0 | 1 | 2 | 3 | 4 | 5 |
| Binder Park Golf Course | 0 | 1 | 2 | 3 | 4 | 5 |
| Full Blast (Recreation Center) | 0 | 1 | 2 | 3 | 4 | 5 |
| Linear Path | 0 | 1 | 2 | 3 | 4 | 5 |
| Neighborhood Parks | 0 | 1 | 2 | 3 | 4 | 5 |
| Parks in General | 0 | 1 | 2 | 3 | 4 | 5 |
| Pre-School Programming | 0 | 1 | 2 | 3 | 4 | 5 |
| Riverside Park | 0 | 1 | 2 | 3 | 4 | 5 |
| Summer Camp | 0 | 1 | 2 | 3 | 4 | 5 |
| The Rink (Ice Arena) | 0 | 1 | 2 | 3 | 4 | 5 |
| Water Activities | 0 | 1 | 2 | 3 | 4 | 5 |
| Willard Beach | 0 | 1 | 2 | 3 | 4 | 5 |
| Woodland Park | 0 | 1 | 2 | 3 | 4 | 5 |
| Youth Sports Programming | 0 | 1 | 2 | 3 | 4 | 5 |
| Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 |

BARRIERS TO PARTICIPATION

Please indicate by circling yes if the following are barriers to participation in Battle Creek Parks and Recreation Department (BCPRD) programs & facilities (indicate all that apply).

| | | | |
|---|-----|--|-----|
| Better facilities are available elsewhere | Yes | Lack of maintenance | Yes |
| Cost | Yes | Lack of parking | Yes |
| Difficulties with registration | Yes | Lack of restrooms | Yes |
| I am not sure what specific things I need to do to be healthier | Yes | Lack of variety of programs | Yes |
| Inconvenient location | Yes | Language/Cultural barriers | Yes |
| Inconvenient timing of activities | Yes | Location does not appear safe | Yes |
| Lack of cleanliness | Yes | My physical condition does not allow me to participate | Yes |
| Lack of information | Yes | Programs get cancelled | Yes |

AVAILABILITY

The BCPRD wants to schedule recreation activities and special events when it is most convenient for you and your family. Please circle all the times when you and your family are available to attend recreation activities, programs and facilities.

| | ADULTS | | | | | | | YOUTH | | | | | | |
|------------------------|--------|---|---|----|---|----|---|-------|---|---|----|---|----|---|
| | M | T | W | Th | F | Sa | S | M | T | W | Th | F | Sa | S |
| 6 a.m. - 8 a.m. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 a.m. - Noon | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Noon – 2 p.m. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 p.m. - 5 p.m. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5 p.m. - 8 p.m. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

INFORMATION

Please circle the appropriate number and indicate what is your preferred method for staying informed.

| | Not preferred | Somewhat preferred | Most preferred | | Not preferred | Somewhat preferred | Most preferred |
|--------------------------------|---------------|--------------------|----------------|---------------------------|---------------|--------------------|----------------|
| Access Vision | 1 | 2 | 3 | Marquees/Billboards | 1 | 2 | 3 |
| Applications for mobile phones | 1 | 2 | 3 | Newspaper ads | 1 | 2 | 3 |
| Voicemail/phone messages | 1 | 2 | 3 | Radio ads | 1 | 2 | 3 |
| Department Website | 1 | 2 | 3 | Social Media | 1 | 2 | 3 |
| Direct Mail (Newsletter) | 1 | 2 | 3 | Special mailings to homes | 1 | 2 | 3 |
| E-mail announcements | 1 | 2 | 3 | Text messages | 1 | 2 | 3 |
| Flyers in public places | 1 | 2 | 3 | TV ads | 1 | 2 | 3 |
| Flyers in schools | 1 | 2 | 3 | Word of mouth | 1 | 2 | 3 |
| Mailing with water bills | 1 | 2 | 3 | Other: _____ | 1 | 2 | 3 |

AREAS OF IMPORTANCE

Please indicate by circling the appropriate number how important you feel the following facilities and programs are for the children, teens, adults and seniors in your family. For each item, please also indicate how you think it should be paid for.

| | Not Important | Important | Pay by Tax | Pay by Fess | | Not Important | Important | Pay by Tax | Pay by Fess |
|--------------------|---------------|-----------|------------|-------------|----------------------|---------------|-----------|------------|-------------|
| Active video games | 1 | 2 | 1 | 2 | Kayaking | 1 | 2 | 1 | 2 |
| Baseball Fields | 1 | 2 | 1 | 2 | Lacrosse Fields | 1 | 2 | 1 | 2 |
| Basketball Courts | 1 | 2 | 1 | 2 | Linear Trails | 1 | 2 | 1 | 2 |
| Bike Lanes | 1 | 2 | 1 | 2 | Neighborhood Parks | 1 | 2 | 1 | 2 |
| Bike Trails | 1 | 2 | 1 | 2 | Non-motorized trails | 1 | 2 | 1 | 2 |
| BMX Biking | 1 | 2 | 1 | 2 | Off-road Biking | 1 | 2 | 1 | 2 |
| Boating | 1 | 2 | 1 | 2 | Pickleball | 1 | 2 | 1 | 2 |
| Bowling | 1 | 2 | 1 | 2 | Rollerblading | 1 | 2 | 1 | 2 |
| Community gardens | 1 | 2 | 1 | 2 | Running | 1 | 2 | 1 | 2 |
| Cross fit training | 1 | 2 | 1 | 2 | Shuffleboard | 1 | 2 | 1 | 2 |
| Disc Golf | 1 | 2 | 1 | 2 | Skate Parks | 1 | 2 | 1 | 2 |
| Dog Parks | 1 | 2 | 1 | 2 | Soccer Fields | 1 | 2 | 1 | 2 |
| Fitness classes | 1 | 2 | 1 | 2 | Strength Training | 1 | 2 | 1 | 2 |
| Fitness Walking | 1 | 2 | 1 | 2 | Swimming | 1 | 2 | 1 | 2 |
| Geo Caching | 1 | 2 | 1 | 2 | Swimming Pool | 1 | 2 | 1 | 2 |
| Golf | 1 | 2 | 1 | 2 | Tennis Courts | 1 | 2 | 1 | 2 |
| Horseshoes | 1 | 2 | 1 | 2 | Volleyball | 1 | 2 | 1 | 2 |
| Ice Hockey | 1 | 2 | 1 | 2 | Walking | 1 | 2 | 1 | 2 |
| Ice Skating | 1 | 2 | 1 | 2 | Weight Lifting | 1 | 2 | 1 | 2 |
| Jogging | 1 | 2 | 1 | 2 | Other: _____ | 1 | 2 | 1 | 2 |

PERSONAL OPINIONS

The BCPRD would like to obtain your personal opinions about a variety of issues. Please indicate by circling the appropriate number your opinions about the following.

| | Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know |
|--|-------------------|----------|-------|----------------|------------|
| Battle Creek has the right amount of parks and green space | 1 | 2 | 3 | 4 | 8 |
| BCPRD does a good job of maintaining parks in the community | 1 | 2 | 3 | 4 | 8 |
| BCPRD is responsive to the physical recreation needs of the community | 1 | 2 | 3 | 4 | 8 |
| BCPRD offers good quality programs and facilities | 1 | 2 | 3 | 4 | 8 |
| BCPRD programs and facilities are safe | 1 | 2 | 3 | 4 | 8 |
| BCPRD programs and services are a good value for the fees paid | 1 | 2 | 3 | 4 | 8 |
| BCPRD should leverage its resources and extend its reach by partnering with other recreation providers in the community? | 1 | 2 | 3 | 4 | 8 |
| BCPRD staff is courteous and helpful | 1 | 2 | 3 | 4 | 8 |
| Having dog parks would help to the quality of a healthy lifestyle in my community | 1 | 2 | 3 | 4 | 8 |
| I am generally aware of the BCPRD programs and activities | 1 | 2 | 3 | 4 | 8 |
| I believe Battle Creek has the right amount of parks and green space | 1 | 2 | 3 | 4 | 8 |
| I believe my family and I are generally in good health | 1 | 2 | 3 | 4 | 8 |
| I believe that greenspaces/parks and walking trails are an important component of healthy communities | 1 | 2 | 3 | 4 | 8 |
| I believe that overweight/obesity is a problem in the community | 1 | 2 | 3 | 4 | 8 |
| I believe the Full Blast recreation center should be used for programs and services that promote health and fitness activities for youth | 1 | 2 | 3 | 4 | 8 |
| I believe the people in Battle Creek would experience a better quality of life if there were more opportunities to be physically active. | 1 | 2 | 3 | 4 | 8 |
| I believe the preservation and maintenance of green space/parks adds to the quality of life in the community | 1 | 2 | 3 | 4 | 8 |
| I believe the primary role of the BCPRD is to encourage physical fitness and healthy lifestyles | 1 | 2 | 3 | 4 | 8 |
| I believe there is a need for greater access to recreation programs and services that encourage healthy lifestyles | 1 | 2 | 3 | 4 | 8 |
| I believe there is a need for more recreation opportunities in Battle Creek | 1 | 2 | 3 | 4 | 8 |
| I consider myself to be a healthy person | 1 | 2 | 3 | 4 | 8 |
| I feel that there is a problem with the quality of health and wellbeing in my community | 1 | 2 | 3 | 4 | 8 |
| I feel that, in general, Battle Creek is a healthy place to live | 1 | 2 | 3 | 4 | 8 |
| I prefer larger centralized parks to smaller parks closer to my home | 1 | 2 | 3 | 4 | 8 |
| My family and I need to exercise more to live a healthier life | 1 | 2 | 3 | 4 | 8 |
| People in Battle Creek would experience a better quality of life if there were more opportunities to exercise | 1 | 2 | 3 | 4 | 8 |
| The quality of programs and facilities offered by the BCPRD is good | 1 | 2 | 3 | 4 | 8 |

PRIORITIES

Please indicate how important you feel the following priorities are to the BCPRD.

| | Not Imp. | Somewhat Imp. | Imp. | Very Imp. | Don't Know |
|---|----------|---------------|------|-----------|------------|
| Construct additional new parks and facilities | 1 | 2 | 3 | 4 | 8 |
| Focus on neighborhood-based programming | 1 | 2 | 3 | 4 | 8 |
| Improve access for all to recreation programs and services | 1 | 2 | 3 | 4 | 8 |
| Maintain and improve existing parks and facilities | 1 | 2 | 3 | 4 | 8 |
| Offer centralized program at larger rec facilities (i.e. Bailey Park, Full Blast) | 1 | 2 | 3 | 4 | 8 |
| Provide information on proper nutrition as part of all programs and services | 1 | 2 | 3 | 4 | 8 |

FUNDING

Funding for parks and recreation is important to the health, wellbeing and quality of life in the community. Please circle the appropriate number, reflecting your level of agreement regarding funding for Parks and Recreation programs and services.

| | Strongly Disagree | Disagree | Agree | Strongly Agree | Don't Know |
|---|-------------------|----------|-------|----------------|------------|
| I am satisfied with the recreation opportunities I receive for my tax dollars | 1 | 2 | 3 | 4 | 8 |
| I would be willing to pay more in general taxes (property, income, etc.) for additional BCPRD programs and services | 1 | 2 | 3 | 4 | 8 |
| I would be willing to pay more in user fees for additional BCPRD programs and services | 1 | 2 | 3 | 4 | 8 |
| I would be willing to support a dedicated Parks and Recreation millage in lieu of general taxes for BCPRD programs and services | 1 | 2 | 3 | 4 | 8 |
| Non-residents should pay a higher fee for BCPRD programs and services | 1 | 2 | 3 | 4 | 8 |

GENERAL INFORMATION

To help us make better decisions, please tell us a little bit about you and your family. This information will be used for research only and not connected with any specific individual.

What is your gender?

Male...1 Female...2

What is your age?

18-24...1 25-34...2 35-44...3 45-54...4
 55-64...5 65-69...6 70-74...7 Over 75...8

What was your household income before taxes in 2012?

Under \$24,999.....1 \$75,000 to \$99,999.....4
 \$25,000 to \$49,999.....2 \$100,000 to \$124,900 ...5
 \$50,000 to \$74,999....3 Over \$125,0006

What is the highest level of education obtained by you?

No school completed...1 Elementary school...2 Middle school...3 High school...4
 Some college (no degree)...5 Associate degree...6 Bachelors degree...7 Graduate or post-graduate degree...8

How many people, including yourself, currently live in your household?

Under age five ____; ages 5 to 10 ____; ages 11 to 14 ____; ages 15 to 18 ____; ages 18 - 25 ____; ages 26 - 54____, ages 55 & older ____

What is your marital status?

Married...1 Divorced/Separated...2 Single...3 Widowed...4

Do you have a grand child/nephew/niece living in Battle Creek? Yes...1 No...2

How many working adults live in your household? ____

How many years have you lived in Battle Creek? ____ **Do you have a:** Dog...1 Cat...2 Other pet...3

What is your ethnicity (please circle only one)?

African-American ...1 American-Indian or Alaskan Native.....2 Asian... 3
 Caucasian ...4 Hispanic...5 Middle Eastern (e.g., Iraq, Iran, etc.) ...6
 Pacific Islander...7 Person from the Indian Sub-Continent...8 Multi-ethnic...9
 Other (Specify) _____

On what kind of device do you use the Internet (circle all that apply):

Desktop computer...1 Laptop computer...2 Tablet computer...3 Cell phone...4 No access...5

Please indicate ALL the other places you go for recreation and leisure activities (indicate all that apply)?

Sports clubs and associations ...1 Private health clubs (e.g. Blue Moon)...2 Programs offered by school district...3
 Programs by religious institutions...4 Recreation in neighboring cities...5 Ethnic clubs and programs ...6
 Boys and Girls Club...7 Family YMCA...8 LYA...9
 Wattles Park Men's Club...10 Cereal City Hoopsters...11 First Tee of Battle Creek...12
 Other (Specify) _____

Looking at the list of Elementary Schools printed on the back of the cover letter, please write in the number that corresponds to the Elementary School closest to where you live: ____