

Healthy Kids, Healthy Communities Survey

Your honest answers to the items in this survey are very important to us. This will only take a few minutes to complete.

Remember....

- There are no right or wrong answers
 - Everything you tell us will be kept confidential
 - Try to answer all questions
-

A. Neighborhood

Please **circle** the answer that best applies to you

1. My neighborhood is a good place to live overall.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2. My neighborhood is a good place to raise children.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3. I feel safe in my neighborhood.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Please **mark all** that apply to you

4. What would make it safer to walk in your neighborhood?

- Crosswalks Less traffic Sidewalks Wider sidewalks
 Street lights Other: _____

B. Bicycling

Please **mark all** that apply to you

1. Why do you bike?

- Transportation Health benefits Recreation Other: _____
 I do not bike

2. What would make it safer for you to bike in south Corvallis?

- | | | |
|---|---|--|
| <input type="checkbox"/> Bike lanes (on main roads) | <input type="checkbox"/> Safe storage | <input type="checkbox"/> Paths (connect to town) |
| <input type="checkbox"/> Helmet | <input type="checkbox"/> Better air quality | <input type="checkbox"/> Reduce traffic speeds |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> I do not bike | | |

C. Parks

Please **circle** the answer that best applies to you

1. The parks near my home are clean.

- | | | | |
|-------------------|----------|----------|----------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

2. The parks near my home have good play equipment for kids.

- | | | | |
|-------------------|----------|----------|----------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

Please **mark all** that apply to you:

3. What would you like to see at the parks in your neighborhood?

- | | | | |
|--------------------------------------|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Pool | <input type="checkbox"/> Tennis court | <input type="checkbox"/> Basketball court | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Picnic area | <input type="checkbox"/> Track | <input type="checkbox"/> Dog run | <input type="checkbox"/> Other: _____ |

D. Recreation Programs

1. Have you or your children participated in a City of Corvallis Park & Recreation programmed activity during the past year ?(Examples: swim lessons, dance, karate)

- Yes (Please specify): _____ No

2. Have you or your children participated in any other youth recreational program during the past year? (Example: American Youth Soccer Organization (AYSO), Corvallis Little League, Boys and Girls Club of Corvallis)

- Yes (Please specify): _____ No

3. If your family has not participated in any of the above recreation activities, why not?

- Cost of fee Location of activities No interest
 No transportation Language/culture barriers Not age appropriate
 Other: (Please specify): _____

E. Gardening

1. Do you garden? Yes No a. If no, would you like to? Yes No

2. What type of assistance do you need with gardening?

- Training Equipment Space Affordable fees
 Plants / Seeds Other: _____ No assistance

F. Community Programs and Services

Please **mark** all answers that apply to your family.

1. Has your family participated in any of the following programs during the past year?

- | | |
|---|--|
| <input type="checkbox"/> Free or reduced school lunch | <input type="checkbox"/> Oregon Health Plan |
| <input type="checkbox"/> Summer food program | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Emergency food pantry |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Free meals at churches or community centers |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> None |

2. Has your family visited or used any of the following community services during the past year?

- | | |
|---|---|
| <input type="checkbox"/> Lincoln Health Center | <input type="checkbox"/> Osborn Aquatic Center |
| <input type="checkbox"/> Benton Health Center | <input type="checkbox"/> Corvallis-Benton County Public Library |
| <input type="checkbox"/> Monroe Health Center | <input type="checkbox"/> Bookmobile |
| <input type="checkbox"/> Tunison Community Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chintimini Senior Center | <input type="checkbox"/> None |

G. General Information

Reminder- This information will not be shared with others and will only be used to improve health and recreation activities

1. Where do you get **most** of your information about news and events in Corvallis?

- Internet Radio Word of Mouth Newspaper
 Family or Friends Spanish TV TV Other _____

2. Are you? Male Female

3. Your age? _____

4. How many people live in your home? _____

5. Are there any children in your home ages:
- | | | |
|-------|------------------------------|-----------------------------|
| 0-2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3-5 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6-9 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10-13 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14-18 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. What is your Race?

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |

7. Are you Hispanic/Latino? Yes No

8. In general, how much did your family earn last year?

(We will not share this information with others. It is helpful to us as we plan activities in the community.)

- \$0-15,000
 \$15,000-25,000
 \$25,000-35,000
 \$35,000-45,000
 \$45,000-55,000
 over \$55,000

Do you have questions?
Please contact Megan Patton-Lopez
at the Benton County Health Department
at 541-766-6364

THANK YOU FOR COMPLETING OUR SURVEY!
Please return in the stamped envelope provided by 5/31/10- thank you!