Flint Healthy Kids, Healthy Communities – Tell us about your parks survey

1. Are you a City of Flint resident? (Please check one) \Box Yes \Box No

2. Do you (or your family) currently use parks in the City of Flint? (Please check one)
 □ Yes □ No

If yes, which parks? (Please list them by name or where they are located)

3. Why do you (or your family) use the parks you listed above? (Please check all that apply) □ I/We do not use Flint city parks

- \Box They are close to home
- □ I/We like the facilities (e.g., ball fields, picnic tables, basketball courts)
- \Box They are affordable
- □ I/We participate in an organized activity (e.g., softball, walking club)
- □ I/We enjoy spending time outside

 \Box They are good meeting places to spend time with friends, family or neighbors Other _____

- 4. Why don't you (or your family) use Flint city parks more often? (Please check all that apply)
 - □ I/We do use Flint city parks frequently
 - \Box They are difficult to get to
 - □ I don't feel safe/secure (e.g., lack of lighting, crime, overgrown brush)
 - \Box They are not accessible to persons with disabilities
 - □ There is nothing to do there (e.g., no playgrounds/ball fields or programs)
 - \Box I/We don't like to spend time outdoors
 - \Box I/We don't have time
 - Other _____
- 5. If you use Flint city parks, how do you get there most of the time? (Please check one)

6. Is there a safe route to get to parks in your neighborhood by walking or bicycling? (Please check one) □ Yes □ No □ Don't know □ There are no parks in my neighborhood

7. If you have children in your family	do you (or your family members) take them to Flint city parks or
let them go alone to Flint city parks?	(Please check one)

- \Box Take them \Box Let them go alone \Box I/We don't use Flint city parks
- 8. How would you rate the overall condition of the park(s) in your neighborhood? (Please check one)

 □ Poor
 □ Fair
 □ Good
 □ Excellent
 □ Do not know

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9. What is your interest in participating in the following activities to improve your neighborhood park(s)? (Please check one response for each option)

	Very Interested	Interested	Not interested	Don't Know
Leading an organized activity (e.g., walking club)				
Neighborhood watch				
Park clean up				
Serve on an advisory group/committee				
Advocate for parks improvements, maintenance, and funding				

10. Which parks do you think have the most potential to become places for youth and families to play? (Please list them)

Why?

11. How important are the following to create safe Flint city parks that you would want to use? (Please check one response for each option)

	Not Important	Somewhat Important	Important	Very Important
<i>Consistent maintenance</i> (e.g., mowing, facility repair, trash removal)				
<i>Community Input</i> (e.g., community parks board, community review of parks policies/plans)				
Safe access to parks in your neighborhood via walk/bike				
Policies that allow neighborhood projects like community gardens or adopt a park partnerships				
Community policies that address safety and security				
Organized activities for youth and families				

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12. What activities in City of Flint parks would you like to participate in?	(Please check all that
apply)	

- □ Clubs (e.g., walking, running, biking)
- □ Organized sports (e.g., softball, soccer)
- □ Arts/culture programs (e.g., performing arts, concerts)
- □ Family-fun opportunities (e.g., host family gatherings, movie nights)
- \Box Host community events
- □ Nature and environmental education programs
- □ Gardening groups
- □ Take time to de-stress (e.g., take a walk, have a picnic)
- Other:_____

13. How important do you think that creating and maintaining a vibrant parks system are as part of the economic revitalization in the City of Flint? (Please check one)

 \Box Very important \Box Important \Box Somewhat important \Box Not important

Demographic information: the following information is for statistical purposes only and will be kept in the strictest confidence.

14. What is your zip code?	
15. Which neighborhood do you live in?	
16. Are you? (Please check one) \Box N	Iale
17. What is your age? (Please write it)	
18. Which race/ethnicity do you most ident	ify with? (Please check one)
□ African-American/Black	□ American Indian
\Box White	□ Asian or Pacific Islander
□ Hispanic or Latino	Other (please specify):
\Box Choose not to answer	
19. Which category listed below best descri	bes your 2009 household income? (Please Check one)
\Box Less than or equal to \$29,000	

- □ \$30,000-\$45,000
- □ \$46,000-\$60,000
- □ \$61,000-\$75,000
- \Box Greater than or equal to \$76,000
- \Box Choose not to answer