

Community Interest and Opinion Survey: *Let your voice be heard today!*

The City of Des Moines Park and Recreation Department would like your input to help determine park and recreation priorities for our community. This survey will take 15 minutes to complete. When you are finished, please return your survey in the enclosed postage-paid, return-reply envelope. We greatly appreciate your time.

1. Counting yourself, how many people live in your household? _____

2. Counting yourself, how many people in your household are?

Under age 5 _____ Ages 15-19 _____ Ages 35-44 _____ Ages 65-74 _____
 Ages 5-9 _____ Ages 20-24 _____ Ages 45-54 _____ Ages 75+ _____
 Ages 10-14 _____ Ages 25-34 _____ Ages 55-64 _____

3. Have you or members of your household visited any of the City of Des Moines parks or recreation facilities during the past year?

____(1) Yes [Please answer Question #3a, 3b, and 3c.]

____(2) No [Please go to Question #4.]

3a. Which park or recreation facility do you visit most often? _____

3b. Please indicate if YOU or any member of your HOUSEHOLD has used any of the following parks and recreation facilities managed by the City of Des Moines listed below by circling the YES or NO next to the park/facility.

If YES, please indicate how you would rate the condition of the parks and recreation facility by circling the corresponding number to the right of the facility.

Facility	Do You Use this Facility?		If YES you use, how would you rate the condition of the facility?			
	Yes	No	Excellent	Good	Fair	Poor
A. Paved walking and biking trails	Yes	No	4	3	2	1
B. Sports fields and courts (i.e. soccer, tennis, disc golf)	Yes	No	4	3	2	1
C. Playground equipment	Yes	No	4	3	2	1
D. Picnic areas and shelters	Yes	No	4	3	2	1
E. Golf courses	Yes	No	4	3	2	1
F. Swimming and wading pools	Yes	No	4	3	2	1
G. Neighborhood community centers	Yes	No	4	3	2	1
H. Cemeteries	Yes	No	4	3	2	1
I. Other: _____	Yes	No	4	3	2	1

3c. Overall, how would you rate the physical condition of ALL the City of Des Moines parks and recreation facilities you have visited?

____(1) Excellent

____(3) Fair

____(2) Good

____(4) Poor

9. Please indicate if YOU or any member of your HOUSEHOLD has a need for each of the parks and recreation facilities listed below by circling the YES or NO next to the park/facility.

If YES, please rate ALL the following parks and recreation FACILITIES of this type in the City of Des Moines on a scale of 5 to 1, where 5 means “100% Meets Needs” and 1 means “Does Not Meet Needs” of your household.

Type of Facility	Do You Have a Need for this Facility?		If YES You Have a Need, How Well Are Your Needs Being Met?				
	Yes	No	100% Met	75% Met	50% Met	25% Met	0% Met
A. Youth athletic fields	Yes	No	5	4	3	2	1
B. Riverfront parks	Yes	No	5	4	3	2	1
C. Outdoor swimming pools/aquatic centers	Yes	No	5	4	3	2	1
D. Neighborhood wading pools/ waterspray playgrounds	Yes	No	5	4	3	2	1
E. Fishing piers/docks	Yes	No	5	4	3	2	1
F. River cruises and dining	Yes	No	5	4	3	2	1
G. High adventure canoe/raft course	Yes	No	5	4	3	2	1
H. Off-leash dog park	Yes	No	5	4	3	2	1
I. Skateboarding park	Yes	No	5	4	3	2	1
J. Walking and biking trails	Yes	No	5	4	3	2	1
K. Campgrounds	Yes	No	5	4	3	2	1
L. Overnight rental cabins	Yes	No	5	4	3	2	1
M. Year-round enclosed park shelters	Yes	No	5	4	3	2	1
N. Indoor recreation centers	Yes	No	5	4	3	2	1
O. All terrain vehicle (ATV) park	Yes	No	5	4	3	2	1
P. Large outdoor amphitheater (5,000 capacity)	Yes	No	5	4	3	2	1
Q. Wildlife habitats, nature and observation areas	Yes	No	5	4	3	2	1
R. Winter recreation (cross country skiing, broomball, etc.)	Yes	No	5	4	3	2	1
S. Marina facilities	Yes	No	5	4	3	2	1
T. Nature trails and hiking	Yes	No	5	4	3	2	1
U. Citizen garden plots	Yes	No	5	4	3	2	1
V. Cemeteries	Yes	No	5	4	3	2	1
W. Public art in parks	Yes	No	5	4	3	2	1
X. “Playscape” areas allowing children to play in/manipulate the landscape (i.e., dig holes, dam a stream)	Yes	No	5	4	3	2	1
Y. Other: _____	Yes	No	5	4	3	2	1

10. Which **FOUR** of the facilities from the list in Question #9 are **most important** to your household? [Using the letters in the left hand column of Question #9 above, please write in the letters below for your 1st, 2nd, 3rd, and 4th choices, or circle “NONE.”]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

11. Please indicate if YOU or any member of your HOUSEHOLD has a need for each of the recreation programs listed below by circling the YES or NO next to the recreation program.

If YES, please rate the following recreation PROGRAMS on a scale of 5 to 1, where 5 means "100% Meets Needs" and 1 means "Does Not Meet Needs" of your household.

Type of Program	Do You Have a Need for this Program?		If YES You Have a Need, How Well Are Your Needs Being Met?				
	Yes	No	100% Met	75% Met	50% Met	25% Met	0% Met
A. Youth Learn to Swim instruction	Yes	No	5	4	3	2	1
B. Before and after school programs	Yes	No	5	4	3	2	1
C. Neighborhood park youth summer activities	Yes	No	5	4	3	2	1
D. Youth sports programs	Yes	No	5	4	3	2	1
E. Youth fitness and wellness programs	Yes	No	5	4	3	2	1
F. Programs for teens	Yes	No	5	4	3	2	1
G. Adult fitness and wellness programs	Yes	No	5	4	3	2	1
H. Therapeutic fitness programs	Yes	No	5	4	3	2	1
I. Tennis lessons and leagues	Yes	No	5	4	3	2	1
J. Adult sports programs	Yes	No	5	4	3	2	1
K. Programs for adults 50 years and older	Yes	No	5	4	3	2	1
L. Archery instruction/competition	Yes	No	5	4	3	2	1
M. Watercraft instruction (canoe, sail, kayak)	Yes	No	5	4	3	2	1
N. Golf lessons and leagues	Yes	No	5	4	3	2	1
O. Special events, i.e. concerts, movies, sports tournaments	Yes	No	5	4	3	2	1
P. Genealogy	Yes	No	5	4	3	2	1
Q. Adventure sports, i.e. skateboarding, rock climbing	Yes	No	5	4	3	2	1
R. Nature-based summer camps	Yes	No	5	4	3	2	1
S. Orienteering and geo caching	Yes	No	5	4	3	2	1
T. Gardening	Yes	No	5	4	3	2	1
U. Hunting and fishing education	Yes	No	5	4	3	2	1
V. Paleontology and natural history	Yes	No	5	4	3	2	1
W. Ecology and conservation programs	Yes	No	5	4	3	2	1
X. Other: _____	Yes	No	5	4	3	2	1

12. Which FOUR of the programs from the list in Question #11 are *most important* to your household? [Using the letters in Question #11 above, please write in the letters below for your 1st, 2nd, 3rd, and 4th choices, or circle "NONE."]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

13. Which FOUR of the programs from the list in Question #11 *do you currently participate in MOST OFTEN* at City of Des Moines Parks and Recreation facilities? [Using the letters in Question #11 above, please write in the letters below for your 1st, 2nd, 3rd, and 4th choices, or circle "NONE."]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

14. The following are some passive and active recreation facilities and activities that the City of Des Moines can develop along the Des Moines or Raccoon Rivers. Please indicate whether you would be very supportive, somewhat supportive, or not supportive of each recreation facility or activity by circling the number next to the facility or activity.

<u>How supportive are you of having the City of Des Moines develop the following facilities and activities along the Des Moines or Raccoon Rivers</u>	<u>Very Supportive</u>	<u>Somewhat Supportive</u>	<u>Not Sure</u>	<u>Not Supportive</u>
(A) Fishing areas.....	4	3	2	1
(B) Motorized water craft rentals	4	3	2	1
(C) Dinner cruises.....	4	3	2	1
(D) Walking and biking trails.....	4	3	2	1
(E) Marina boat slips	4	3	2	1
(F) White water rafting course.....	4	3	2	1
(G) Outdoor sports retailer.....	4	3	2	1
(H) Riverboat rides	4	3	2	1
(I) Riverfront dining	4	3	2	1
(J) Land/water amphibious boats.....	4	3	2	1
(K) Bird observation tower.....	4	3	2	1
(L) Nature center.....	4	3	2	1
(M) Raft, canoe, and kayak rentals.....	4	3	2	1
(N) Other: _____	4	3	2	1

15. Which FOUR of the actions from the list in Question #14 would you be most willing to fund with your city tax dollars? [Using the letters in the left hand column of Question #14 above, please write in the letters below for your 1st, 2nd, 3rd, and 4th choices, or circle "NONE."]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

16. Please CHECK ALL the reasons that prevent you or other members of your household from using parks, recreation facilities or programs of the City of Des Moines Park and Recreation Department more often.

- | | |
|---|---|
| <input type="checkbox"/> (01) Facilities are not well maintained | <input type="checkbox"/> (12) Poor customer service by staff |
| <input type="checkbox"/> (02) Program or facility not offered | <input type="checkbox"/> (13) I do not know locations of facilities |
| <input type="checkbox"/> (03) Facilities lack the right equipment | <input type="checkbox"/> (14) We are too busy |
| <input type="checkbox"/> (04) Security is insufficient | <input type="checkbox"/> (15) Use services of other Des Moines agencies |
| <input type="checkbox"/> (05) Lack of quality programs | <input type="checkbox"/> (16) I do not know what is being offered |
| <input type="checkbox"/> (06) Too far from our residence | <input type="checkbox"/> (17) Facility operating hours not convenient |
| <input type="checkbox"/> (07) Class full | <input type="checkbox"/> (18) Registration for programs is difficult |
| <input type="checkbox"/> (08) Fees are too high | <input type="checkbox"/> (19) Lack of parking |
| <input type="checkbox"/> (09) Program times are not convenient | <input type="checkbox"/> (20) We are not interested |
| <input type="checkbox"/> (10) Lack of transportation | <input type="checkbox"/> (21) Other: _____ |
| <input type="checkbox"/> (11) Use parks in neighboring cities | |

17. Following are actions that the City of Des Moines could take to improve the parks and recreation system. Please indicate whether you would be very supportive, somewhat supportive, or not supportive of each action by circling the number next to the action.

<u>How supportive are you of having the City of Des Moines</u>	Very Supportive	Somewhat Supportive	Not Sure	Not Supportive
(A) Purchase land to preserve open space and green space	4	3	2	1
(B) Purchase land for developing athletic fields and recreational facilities....	4	3	2	1
(C) Purchase land for developing passive parks and recreation facilities, e.g. trails, picnicking areas, shelters, etc.	4	3	2	1
(D) Fix-up/repair older park buildings and facilities	4	3	2	1
(E) Upgrade existing athletic fields.....	4	3	2	1
(F) Upgrade existing neighborhood and community parks	4	3	2	1
(G) Reduce chemical usage for weed control and park maintenance	4	3	2	1
(H) Develop new walking/biking trails and connect existing trails	4	3	2	1
(I) Develop new indoor recreation centers with pools, fitness equipment, gyms, walking tracks, etc.	4	3	2	1
(J) Develop new youth and adult athletic fields	4	3	2	1
(K) Develop active recreation areas and activities along the rivers, e.g. motorized water craft areas, boat, canoe, and kayak rentals, etc.	4	3	2	1
(L) Develop passive recreation facilities and activities along the rivers, e.g. trails, restaurants, nature centers, etc.	4	3	2	1
(M) Develop habitats for birds and other wildlife species.....	4	3	2	1
(N) Develop new off-leash dog parks	4	3	2	1
(O) Other: _____	4	3	2	1

18. Which FOUR of the actions from the list in Question #17 would you be most willing to fund with your city tax dollars? [Using the letters in the left hand column of Question #17 above, please write in the letters below for your 1st, 2nd, 3rd, and 4th choices, or circle "NONE."]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

19. If an additional \$100 were available for City of Des Moines parks, trails, sports, conservation activities and recreation facilities, how would you allocate the funds among the categories of funding listed below? [Please be sure your total adds up to \$100.]

\$ _____ Improvements/maintenance of existing parks, pools, and recreation facilities

\$ _____ Acquisition of new park land and open space

\$ _____ Construction of new sports fields (softball, soccer, archery, etc.)

\$ _____ Acquisition and development of walking and biking trails

\$ _____ Development of active and passive facilities along the Raccoon and Des Moines Rivers

\$ _____ Development of new indoor facilities (indoor walking track, fitness centers, pool, gyms, etc.)

\$ _____ Other: _____

\$ 100 TOTAL

20. Please rate your satisfaction on a scale of 5 to 1, where 5 means "Very Satisfied" and 1 means "Very Dissatisfied", with the overall value your household receives from The City of Des Moines Park and Recreation Department.

- | | |
|---|--|
| <input type="checkbox"/> (5) Very Satisfied | <input type="checkbox"/> (2) Somewhat Dissatisfied |
| <input type="checkbox"/> (4) Somewhat Satisfied | <input type="checkbox"/> (1) Very Dissatisfied |
| <input type="checkbox"/> (3) Neutral | <input type="checkbox"/> (9) Don't Know |

21. What is your age? _____

22. Your gender: (1) Male (2) Female

23. What is your zip code? _____

24. Which of the following best describes your race/ethnicity? [Please check ALL that apply.]

- | | |
|---|---|
| <input type="checkbox"/> (1) African American/Black | <input type="checkbox"/> (4) Native American |
| <input type="checkbox"/> (2) Asian | <input type="checkbox"/> (5) Pacific Islander |
| <input type="checkbox"/> (3) Hispanic/Latino | <input type="checkbox"/> (6) White/Caucasian |
| | <input type="checkbox"/> (7) Other: _____ |

25. What is your total annual household income?

- | | |
|--|--|
| <input type="checkbox"/> (1) Under \$25,000 | <input type="checkbox"/> (4) \$75,000-\$99,999 |
| <input type="checkbox"/> (2) \$25,000-\$49,999 | <input type="checkbox"/> (5) \$100,000 or more |
| <input type="checkbox"/> (3) \$50,000-\$74,999 | |

This concludes the survey. Thank you for your time.

Please Return Your Completed Survey in the Enclosed Postage-Paid Return-Reply Envelope Addressed to:
ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061

Your response will remain Completely Confidential
The address information on the sticker to the right will
ONLY be used to help identify areas with special interests