

General Questionnaire

1. Are You?

Male

Female

2. Please tick the box that relates to your age.

2 to 6

7 to 12

13 to 24

25 to 34

Over 35

3. Are you registered disabled?

Yes

No

Do not wish to answer

4. How often do you visit your park?

Almost every day

1 - 2 times a week

Once a month

Once in 6 Months

Once a year

Less than a year

5. How do you get to your park?

Walk

Bicycle

Motorbike

Car

Bus

Other

6. What time of day do you normally use the park?

No particular time

9am - 1pm

1pm - dusk

After dusk

7. How much time do you spend in the park?

Less than 30mins

30 mins - 1hr

1 to 2 hrs

2 - 4hrs

More than 4 hours

8. What do you do in your park?

Please tick which ones apply

Play with friends

Meet friends

Take a shortcut

Play sports/games

Visit the playground

Relax

Walk the dog

Events

See wildlife

Family outing

To Exercise

Other

9. How would you rate your park?

V.Good Good Fair Poor Unsure

Cleanliness

Access

Information

Appearance

Facilities

Wildlife

10. How safe do you feel in your park?

Very Safe

Safe

Un-safe

Very Safe

11. What makes you feel safe/Un-safe?

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12. What changes/improvements would you make to your park?

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12. Any other Comments

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THANK YOU
FOR YOUR
TIME

Tick the pictures you would most like to see in your play area?



Boulders



Sand



Water



Mounds



Trees



Castle



Ship



Train



Bright Colours



Pale Colours



Music



Lights



Shade



Tunnels



Slides



Swings



Hiding Places



Net Play



Quiet Areas



Spinning