

On site survey questionnaire

Official Use Only Please complete all fields

Name of managing organisation:

Name of park or open space:

Town / city / village:

Location Reference:

Name of market research organisation:

Name of interviewer:

Date:

Time:

Day of the week:

(Tick one)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Holiday: YES NO

(if YES please indicate which holiday)

(Tick one)

Bank Holiday

Summer

Easter

Half Term

Christmas

Other

Weather Conditions:

(Tick one)

Rain

Cloud

Sun

(Tick one)

Cold

Warm

Hot

Part B. About your visits

B1a How often do you visit the park or open space? (Please tick one only)

Never visit	<input checked="" type="checkbox"/>	Go straight to C10
Less than once a year	<input type="checkbox"/>	Go straight to C10
Once a year	<input type="checkbox"/>	Go straight to B3
2 or 3 times a year	<input type="checkbox"/>	Go straight to B3
More Often	<input type="checkbox"/>	Go to B1b

B1b How often do you visit the park or open space? (Please tick one per season)

	Winter (including late autumn and early spring when the weather is generally cold and / or wet)	Summer (including late spring and early autumn when the weather is generally good)
Seldom or never during this season	<input type="checkbox"/>	Go to B2b <input type="checkbox"/>
Once a month	<input type="checkbox"/>	<input type="checkbox"/>
Once every 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>
Most days	<input type="checkbox"/>	<input type="checkbox"/>
Every day	<input type="checkbox"/>	<input type="checkbox"/>

B2a In the Winter, how long do you normally stay?

(Please tick one for weekdays and one for weekends)

Duration	Weekday	Weekend
Do not visit	<input type="checkbox"/>	<input type="checkbox"/>
Less than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
30 minutes – 1 hour	<input type="checkbox"/>	<input type="checkbox"/>
1 – 2 hours	<input type="checkbox"/>	<input type="checkbox"/>
2 – 4 hours	<input type="checkbox"/>	<input type="checkbox"/>
More than 4 hours	<input type="checkbox"/>	<input type="checkbox"/>

B2b In the Summer, how long do you normally stay?

(Please tick one for weekdays and one for weekends)

Duration	Weekday	Weekend
Do not visit		
Less than 30 minutes		
30 minutes – 1 hour		
1 – 2 hours		
2 – 4 hours		
More than 4 hours		

B3 Where have you travelled from today?

(Please tick one only)

Home		Work		Shops	
Hotel		School		College / University	
Other (please write in)					

B4 How did you travel here today?

(Please tick one only)

On foot		Bicycle		Motorbike	
Car		Bus		Coach	
Taxi		Train		Tube / Metro	
Other (please write in)					

B5 Approximately how long did your journey take today?

(Please tick one box only)

Less than 5 minutes		5 - 10 minutes	
10 – 15 minutes		15 – 20 minutes	
20 - 30 minutes		More than 30 minutes	

B6a Are you visiting alone or in a group?

Alone		(Go straight to B7)
In a group		(Go to B6b & B6c)
Both (equally divided)		(Go to B6b & B6c)

B6b Who is visiting the park or open space with you?

(Please tick as appropriate)

Partner		Children		Other family	
Friends		Team / Club		School group	
Other (please write in)					
Too variable to be able to say (Tick if appropriate)				Go straight to B7	

B6c Including yourself, how many people are in your group today?

(Enter typical numbers for each age group)

	Children (0–12)	Teenagers (13–17)	Adults (18–60)	Senior Citizens (60+)
Male				
Female				

B7 Why have you visited this park or open space today?(Please tick up to **Five** main reasons for normally visiting the park or open space)

To relax or think		For peace and quiet		Enjoy flowers / trees	
See birds & wildlife		Feed the birds / ducks		Enjoy the beauty of the surroundings	
Get some fresh air		For a walk		Take a shortcut	
Ride a bike		Walk the dog		Children / Family outing	
Meet friends		Visit the play area		Picnic / barbecue	
To eat / drink		Enjoy entertainment		Attend events	
To keep fit		To improve my health		Organised educational visit	
Guided walks and talks		Play sports or games		Watch sport or games	
Other (please write in) 1.					
Other (please write in) 2.					
Other (please write in) 3.					

B8 How long have you stayed here today? / How long do you expect to stay here today?

(Tick one only)

Less than 30 minutes		30 minutes - 1 hour		1 – 2 hours		2 – 4 hours		More than 4 hours		Don't know	
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Part C. About The Park Or Open Space

We want to know if you think this park or open space is a welcoming, healthy, safe and secure place, where the buildings, landscape and wildlife are properly cared for.

C1 How would you rate the design and appearance of the park or open space?

(Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion	
										Don't know	

C1a Enter any comments provided by the respondent in the space below.

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C2 How would you rate the standard of cleanliness and maintenance of the park or open space? (Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion	
										Don't know	

C2a Enter any comments provided by the respondent in the space below.

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C3 How easy is it for you to get around the park or open space?

(Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion	
										Don't know	

C3a Enter any comments provided by the respondent in the space below.

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C4 What do you think about the range of visitor facilities that are available?

(Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion		Not Applicable
										Don't know		

C4a Enter any comments provided by the respondent in the space below.

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C5 How would you rate the standard and maintenance of the trees, the flowers and flower beds, shrubs and grass areas in the park or open space? (Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion	
										Don't know	

C5a Enter any comments provided by the respondent in the space below.

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C6 Thinking about the care and protection of nature and the wildlife that lives in the park or open space, the insects, birds, and animals etc, how would you rate this aspect of park or open space management? (Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion	
										Don't know	

C6a Enter any comments provided by the respondent in the space below.

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C7 How would you rate the facilities and or services that are provided for children and their parents? (Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion		Not Applicable	
										Don't know			

C7a Enter any comments provided by the respondent in the space below.

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C8 How would you rate the sports facilities that are available? (Please tick one only)

Very good		Good		Fair		Poor		Very poor		No opinion		Not Applicable	
										Don't know			

C8a Enter any comments provided by the respondent in the space below.

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C9 What is your overall impression of the park or open space? (Please tick one only)

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know	Do not wish to comment

C9a If you would like to include a comment, please do so in the box provided below.

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C10 Can you think of anything that would encourage you to use the park or open space more often, or stay for longer? (Please tick one only)

Yes		No		Don't know	
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C10a If you answered 'Yes', please describe below, the things that would encourage you to visit more often or stay for longer.

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C11 Are there any more comments you would like to make about the way this park or open space is managed or maintained, the facilities that are available, or the activities that take place? (Please tick one only)

Yes		No	
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C11a If you answered 'Yes', please provide your additional comments in the space below.

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Part D. About You

D1 Which of the following categories best describes your age?
(Please tick one only)

16 or under	17-19	20-29	30-39	40-49	50-59	60-74	75 or over

D2 Are you female or male? (Please tick one only)

Female	Male

D3 Do you consider yourself to have a disability that affects your use of parks and open spaces? (Please tick one only)

The Disability Rights Commission (DRC) defines Disability as "A physical or mental impairment which has substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

Yes	No	Rather not answer

D4 Which of the following best describes your ethnic group? (Please tick one only)

White

Mixed

White British – English, Scottish or Welsh		White and Black Caribbean	
White Irish		White and Black African	
Other White background		White and Asian	
(please write in)		Other Mixed background	
		(please write in)	

Asian, Asian British, Asian English, Asian Scottish, Asian Welsh

Black, Black British, Black English, Black Scottish, Black Welsh

Indian		Caribbean	
Pakistani		African	
Bangladeshi		Other Black background	
Other Asian background		(please write in)	
(please write in)			

Chinese, Chinese British, Chinese Scottish, Chinese Welsh or other ethnic group

Chinese	
Other ethnic group	
(please write in)	

D5 Where do you live? (Please tick one only)

Resident in this Local Authority area		Resident outside this Local Authority area	
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D6 Prior to taking part in this survey, have you ever been consulted on the way parks and open spaces are managed or asked if you would like to be involved?

(Perhaps through visitor surveys, comment cards, exhibitions, public meetings)

Yes		No	
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D7 Would you like to be consulted on the way the parks and open spaces are managed or asked if you would like to be involved? (Please tick one only)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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D7a If you answered 'Yes' to D7, how would you like to be consulted or involved? (Please tick as many as appropriate)

Occasional visitor surveys	<input type="checkbox"/>	Comment / suggestion cards	<input type="checkbox"/>
Public exhibitions	<input type="checkbox"/>	Public meetings	<input type="checkbox"/>
Talking to staff on-site	<input type="checkbox"/>	Joining a user / volunteer group	<input type="checkbox"/>
Through a regular newsletter	<input type="checkbox"/>	Direct access to managers	<input type="checkbox"/>
Other (please write in)			

If you answered 'Yes' to D7, and would like your contact details to be passed on to the managers of the parks and open space service to enable them to contact you in the future, please ensure the table below is complete.

Please note: Under no circumstances will any personal data be given to any other third party without your consent. If you are completing this questionnaire anonymously, you can still submit an email address if you would like to be contacted about green space initiatives in your local area.

First Name:	<input type="text"/>
Second Name:	<input type="text"/>
Address:	<input type="text"/>
Town / City:	<input type="text"/>
Postcode:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>
<input type="checkbox"/>	I would be happy to be contacted by email regarding green space initiatives in my local area, and new developments in the GreenSTAT database.
Tick if YES leave blank if NO	

Do you have any comments about this questionnaire, or any suggestions as to how parks and open spaces in your local area might be improved?

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Privacy Policy Summary

This questionnaire is taken from the GreenSTAT website at www.greenstat.org.uk the questionnaire gives you, as a local resident, the opportunity to comment on the quality of your local parks and open spaces and how well you feel they are being managed and maintained. Your comments entered on this form will be added to a secure online database. The survey also aims to provide your local council or relevant land management organisation with feedback about the kind of people that visit parks and open spaces in your local area, and how they might be able to encourage new visitors.

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- a) online at www.greenstat.org.uk
- b) from the organisation running this consultation – contact details below
- c) from GreenSpace, GreenSTAT Administration,
Caversham Court, Church Road,
Caversham , Reading, Berkshire. RG4 7AD.

Contact:

Return Address

Postcode:

Telephone:

Email: