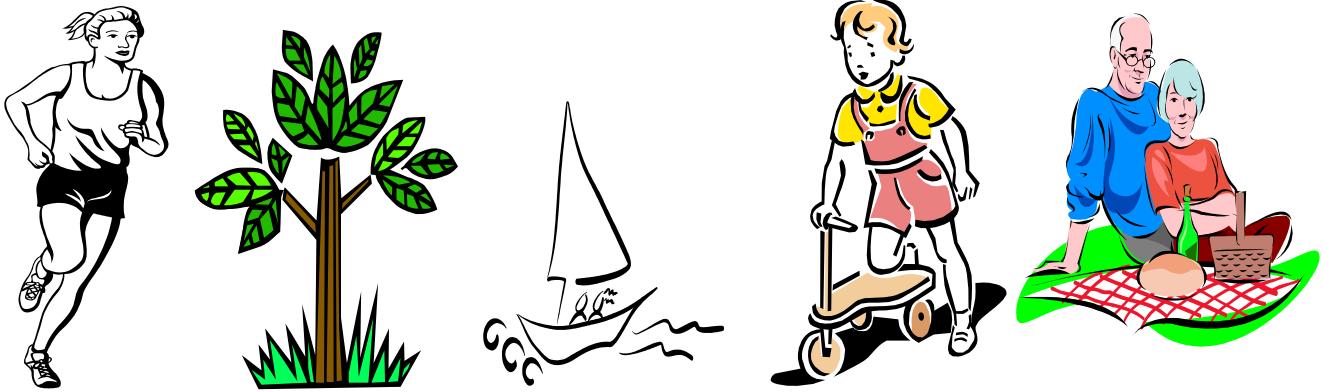


City of Boston OPEN SPACE PLAN UPDATE



Making the Connection – **A SURVEY QUESTIONNAIRE**

In our constantly changing city, we need to be sure our parks, recreation facilities and other open space resources are able to handle our needs. To find out what our needs are, the Parks and Recreation Department is launching a survey specific to the objectives of the updating of the City Open Space Plan: what parks do we use, what do we do there, what do we think are the local open space needs, and so on.

Please take a few minutes to complete our survey and share your suggestions for the next Open Space Plan.



Thomas M. Menino, Mayor
Antonia M. Pollak, Commissioner

Parks, recreation facilities, and open spaces are a part of our city. To help make them serve you better, we are updating our five-year plan: therefore we want to hear from you so we can set goals and then achieve them throughout the City.

For each question below, please choose or enter the **best possible answer** that most closely reflects your actual response. If your answer is "I don't know," "not applicable," or "no answer," then leave the question blank. There is additional space for thoughts, comments, or explanations at the end of the questionnaire (please be sure to reference the question number if you are expanding on your answer to a particular question).

Please mark "X" in the box for your choice of the best possible answer.

1. What is the name of the park nearest your home?

2. Is this the park that you and members of your household use most often?

☐ YES (PLEASE SKIP TO QUESTION 4)

☐ NO

☐ DON'T USE ANY PARKS (PLEASE SKIP TO QUESTION 13, THEN SKIP TO QUESTION 16)

3. If you answered Question 2 "NO," what is the name of the park you and members of your household use most often?

Questions 4 to 12 refer to the park that you and members of your household use *most often*.

4. Think of the season you use this park most often.

How often do you and your household use this park at that time?

Insert number of days in the indicated space.

Leave space blank if you don't know or can't remember.

____ DAYS PER MONTH

5. What do you and members of your household use the park for most often?

(Check off up to three (3) choices)

☐ ORGANIZED (TEAM) SPORTS

☐ INDIVIDUAL (NON-TEAM) SPORTS

☐ CASUAL PICK-UP GAMES

☐ EXERCISE/FITNESS

☐ SIMPLE RELAXATION/PASSIVE RECREATION

☐ ENJOY NATURE

☐ WALK YOUR DOG

☐ SPEND TIME WITH FAMILY/FRIENDS

☐ ATTEND SPECIAL EVENTS

☐ TAKE CHILD(REN) TO ORGANIZED SPORTS (PRACTICES/GAMES)

☐ TAKE CHILD(REN) TO PARK FOR FREE PLAY, PICK-UP GAME, OR PLAYGROUND

☐ GARDENING/BEAUTIFICATION

☐ OTHER _____

6. Which sports, if any, do you and members of your household play in the park?**(Check off up to three (3) choices)**

- | | | |
|--|---|---|
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> FLAG FOOTBALL |
| <input type="checkbox"/> CRICKET | <input type="checkbox"/> LACROSSE | <input type="checkbox"/> RUGBY |
| <input type="checkbox"/> IRISH FOOTBALL | <input type="checkbox"/> ULTIMATE FRISBEE | <input type="checkbox"/> BASEBALL |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> LITTLE LEAGUE BASEBALL | <input type="checkbox"/> FIELD HOCKEY |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> TENNIS | <input type="checkbox"/> HANDBALL |
| <input type="checkbox"/> RACQUETBALL | <input type="checkbox"/> STREET HOCKEY | <input type="checkbox"/> VOLLEYBALL |
| <input type="checkbox"/> TRACK & FIELD | <input type="checkbox"/> RUNNING | <input type="checkbox"/> RACE WALKING |
| <input type="checkbox"/> WALKING | <input type="checkbox"/> BICYCLING | <input type="checkbox"/> SKATEBOARDING |
| <input type="checkbox"/> ICE SKATING | <input type="checkbox"/> INLINE/ROLLER SKATING | <input type="checkbox"/> CROSS COUNTRY SKIING |
| <input type="checkbox"/> HORSESHOES | <input type="checkbox"/> BOCCE | <input type="checkbox"/> NETBALL |
| <input type="checkbox"/> SAILING/BOATING | <input type="checkbox"/> CANOEING/KAYAKING | <input type="checkbox"/> BOULDERING/CLIMBING |
| <input type="checkbox"/> GOLF | <input type="checkbox"/> FISHING | <input type="checkbox"/> DO NOT PLAY ANY SPORTS |
| <input type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> OTHER: _____ | |

7. Which sports, if any, do you see you and members of your household playing in the park over the next five years?**(Check off up to three (3) choices)**

- | | | |
|--|---|---|
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> FLAG FOOTBALL |
| <input type="checkbox"/> CRICKET | <input type="checkbox"/> LACROSSE | <input type="checkbox"/> RUGBY |
| <input type="checkbox"/> IRISH FOOTBALL | <input type="checkbox"/> ULTIMATE FRISBEE | <input type="checkbox"/> BASEBALL |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> LITTLE LEAGUE BASEBALL | <input type="checkbox"/> FIELD HOCKEY |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> TENNIS | <input type="checkbox"/> HANDBALL |
| <input type="checkbox"/> RACQUETBALL | <input type="checkbox"/> STREET HOCKEY | <input type="checkbox"/> VOLLEYBALL |
| <input type="checkbox"/> TRACK & FIELD | <input type="checkbox"/> RUNNING | <input type="checkbox"/> RACE WALKING |
| <input type="checkbox"/> WALKING | <input type="checkbox"/> BICYCLING | <input type="checkbox"/> SKATEBOARDING |
| <input type="checkbox"/> ICE SKATING | <input type="checkbox"/> INLINE/ROLLER SKATING | <input type="checkbox"/> CROSS COUNTRY SKIING |
| <input type="checkbox"/> HORSESHOES | <input type="checkbox"/> BOCCE | <input type="checkbox"/> NETBALL |
| <input type="checkbox"/> SAILING/BOATING | <input type="checkbox"/> CANOEING/KAYAKING | <input type="checkbox"/> BOULDERING/CLIMBING |
| <input type="checkbox"/> GOLF | <input type="checkbox"/> FISHING | <input type="checkbox"/> DO NOT PLAY ANY SPORTS |
| <input type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> OTHER: _____ | |

8. What activities do you and members of your household pursue to enjoy nature in the park?**(Check off up to three (3) choices)**

- ☐ PLANT OR ANIMAL IDENTIFICATION USING GUIDEBOOK (NON-BIRDING)
☐ BIRDING (BIRD WATCHING)
☐ NATURE PHOTOGRAPHY
☐ TAKE GUIDED NATURE WALKS
☐ TAKE BOSTON PARK RANGER GUIDED TOURS
☐ USE SELF-GUIDED TOURS WITH AID OF BROCHURE OR SIGNS
☐ VIEW SCENERY WITHOUT AID OF GUIDES OR GUIDEBOOKS WHILE WALKING, RUNNING, BICYCLING, RIDING WHEELCHAIR, SITTING, BOATING, ETC.
☐ PARTICIPATE IN NATURAL AREA CLEAN-UP OR IMPROVEMENT PROJECTS
☐ DO NOT PURSUE ANY SUCH ACTIVITIES
☐ NOT APPLICABLE
☐ OTHER: _____

9. What way do you usually travel to and from the park?

- ☐ WALK
- ☐ RUN/JOG
- ☐ SKATEBOARD
- ☐ INLINE/ROLLER SKATE
- ☐ WHEELCHAIR
- ☐ BICYCLE
- ☐ PUBLIC TRANSPORTATION (BUS, SUBWAY, TROLLEY)
- ☐ TAXICAB/LIVERY
- ☐ ZIPCAR
- ☐ PRIVATELY-HELD MOTOR VEHICLE (SUCH AS CAR, TRUCK, VAN, MOTORCYCLE, MOTOR SCOOTER)
- ☐ NOT APPLICABLE

10. Thinking of the season you most often use the park, what time of the week do you and members of your household typically use the park?

- ☐ WEEKDAYS ONLY
- ☐ WEEKENDS ONLY
- ☐ BOTH WEEKDAYS AND WEEKENDS

11. Thinking of the season you most often use the park, what time of the day do you and members of your household typically use the park?

- ☐ DAY TIME ONLY
- ☐ EVENINGS ONLY
- ☐ BOTH DAY TIME AND EVENINGS

12. What changes, if any, would you and members of your household like to see in the park? (Check off up to three (3) choices)

- ☐ IMPROVE MAINTENANCE
- ☐ IMPROVE VEGETATION (LANDSCAPE)
- ☐ IMPROVE EXISTING PARK FACILITIES
- ☐ IMPROVE OR ADD PROGRAMS & SPECIAL EVENTS
- ☐ IMPROVE PUBLIC SAFETY
- ☐ IMPROVE ACCESS
- ☐ ADDRESS DOG OWNERS' NEEDS
- ☐ IMPROVE DOG CONTROL
- ☐ MORE ACTIVE FACILITIES (SPORTS-ORIENTED)
- ☐ MORE PASSIVE FACILITIES (RELAXATION-ORIENTED)
- ☐ MORE LINEAR FACILITIES (PATHS/TRAILS)
- ☐ NO CHANGE NEEDED
- ☐ OTHER _____
- ☐ UNDECIDED/NO ANSWER

13. In your neighborhood, what do you believe are the park, recreation, and open space needs?

(Check off up to three (3) choices)

- ☐ IMPROVE OR ADD PROGRAMS & SPECIAL EVENTS
- ☐ IMPROVE VEGETATION (LANDSCAPE)
- ☐ PROTECT OPEN SPACE FROM CONVERSION TO NON-OPEN SPACE USES
- ☐ MORE OPEN SPACE IN THE NEIGHBORHOOD
- ☐ MORE REGIONAL OPEN SPACE IN THE NEIGHBORHOOD
- ☐ IMPROVE ACCESS
- ☐ IMPROVE MAINTENANCE
- ☐ IMPROVE EXISTING PARK FACILITIES
- ☐ IMPROVE NATURAL AREAS (WOODS, WETLANDS, MARSHES, ETC.)
- ☐ MORE SPORTS FACILITIES (BALL FIELDS, COURTS, ETC.)
- ☐ MORE LINEAR OPEN SPACE (WALKING/BIKING PATHS, TRAILS, ETC.)
- ☐ MORE PASSIVE OPEN SPACE (GREEN SPACE PARKS)
- ☐ MORE CHILDREN'S PLAY LOTS
- ☐ ADDRESS DOG OWNERS' NEEDS
- ☐ IMPROVE DOG CONTROL
- ☐ IMPROVE PUBLIC SAFETY
- ☐ IMPROVE OR ADD COMMUNITY GARDENS
- ☐ NOTHING NEEDED
- ☐ OTHER _____
- ☐ UNDECIDED/NO ANSWER

If you answered Question 2 , “DON'T USE ANY PARKS,” please skip to Question 16.

14. Do you or a member of your household volunteer or participate in a park-related support group?

- ☐ YES
- ☐ NO

15. Answer this question only if you answered YES to question 14:

What park-related support groups do you or a member of your household volunteer for or participate in?

(Check off up to three (3) choices)

- ☐ FRIENDS GROUP
- ☐ YOUTH SPORTS LEAGUE
- ☐ ADULT SPORTS LEAGUE
- ☐ PARK, RECREATION, AND OPEN SPACE COMMITTEE OF A NEIGHBORHOOD ASSOCIATION
- ☐ COMMUNITY GARDEN GROUP/BEAUTIFICATION COMMITTEE
- ☐ OTHER GROUP _____

Finally, we would like to ask a few questions about you for statistical purposes.

16. In which neighborhood do you live?

- | | | |
|---|--|---|
| <input type="checkbox"/> ALLSTON-BRIGHTON | <input type="checkbox"/> BACK BAY/BEACON HILL | <input type="checkbox"/> BAY VILLAGE |
| <input type="checkbox"/> CHARLESTOWN | <input type="checkbox"/> CHINATOWN | <input type="checkbox"/> DORCHESTER |
| <input type="checkbox"/> DOWNTOWN | <input type="checkbox"/> EAST BOSTON | <input type="checkbox"/> FENWAY/KENMORE |
| <input type="checkbox"/> HYDE PARK | <input type="checkbox"/> JAMAICA PLAIN | <input type="checkbox"/> LEATHER DISTRICT |
| <input type="checkbox"/> MATTAPAN | <input type="checkbox"/> MISSION HILL | <input type="checkbox"/> ROSLINDALE |
| <input type="checkbox"/> ROXBURY | <input type="checkbox"/> SOUTH BOSTON | <input type="checkbox"/> SOUTH END |
| <input type="checkbox"/> WEST ROXBURY | <input type="checkbox"/> NOT A BOSTON RESIDENT | |

17. What is your age?

_____ YEARS

18. What is your sex (gender)?

- ☐ FEMALE
☐ MALE

19. Are you Latino?

- ☐ NO, NOT LATINO
☐ YES, PUERTO RICAN
☐ YES, DOMINICAN
☐ YES, CUBAN
☐ YES, MEXICAN, MEXICAN-AMERICAN, CHICANO
☐ YES, OTHER LATINO

20. What is your race or ethnic origin?

(Mark up to three races as needed to indicate what you consider yourself to be.)

- | | |
|---|--|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> BLACK, AFRICAN-AMERICAN, OR NEGRO |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> CHINESE |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> KOREAN |
| <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> ASIAN INDIAN |
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> OTHER ASIAN |
| <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> GUAMANIAN OR CHAMORRO |
| <input type="checkbox"/> SAMOAN | <input type="checkbox"/> OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> SOME OTHER RACE | |

21. How many years have you lived in Boston?

_____ YEARS

22. How many members are in your household (including yourself)?

- ☐ 1 (JUST YOURSELF)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8 AND OVER

23. How many automobiles, vans, or trucks are kept at or near home for use by you or members of your household?

- ☐ NONE
☐ 1
☐ 2
☐ 3 OR MORE

Do you or a member of your household have any of the following long-lasting conditions:

24. Blindness, deafness, or a severe vision or hearing impairment?

☐ YES ☐ NO

25. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

☐ YES ☐ NO

Because of a physical, mental, or emotional condition lasting 6 months or more, do you or a member of your household have any difficulty in doing any of the following activities:

26. Learning, remembering, or concentrating?

☐ YES ☐ NO

27. Dressing, bathing, or getting around inside the home?

☐ YES ☐ NO

28. (Answer if this household member is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?

☐ YES ☐ NO

29. (Answer if this household member is 16 YEARS OLD OR OVER.) Working at a job or business?

☐ YES ☐ NO

Thanks so much for completing the survey. The next page has space for your own words.

IN YOUR OWN WORDS. Please feel free to use the following space to provide additional thoughts, comments, or further explanations. If responding to a specific question, please reference the question number.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If returning this questionnaire by mail, please send to:
Open Space Questionnaire
Boston Parks and Recreation Department
1010 Massachusetts Avenue, 3rd Floor
Boston, MA 02118-2600