

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

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The Wheeling Park District would like your input to help determine park and recreation priorities for our community. **This survey will take 10-15 minutes to complete.** When you are finished, please return your survey in the enclosed postage-paid, return-reply envelope. We greatly appreciate your time.

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1. Counting yourself, how many people live in your household? \_\_\_\_\_
  
2. Counting yourself, how many people in your household are?  
Under 5 years \_\_\_\_\_ 15 - 19 years \_\_\_\_\_ 35 - 44 years \_\_\_\_\_ 65 - 74 years \_\_\_\_\_  
5 - 9 years \_\_\_\_\_ 20 - 24 years \_\_\_\_\_ 45 - 54 years \_\_\_\_\_ 75+ years \_\_\_\_\_  
10 - 14 years \_\_\_\_\_ 25 - 34 years \_\_\_\_\_ 55 - 64 years \_\_\_\_\_
  
3. Have you or members of your household visited any of the Wheeling Park District parks during the past year?  
\_\_\_\_ (1) Yes [please answer question #3a] \_\_\_\_\_ (2) No [please go to question #4]
  
- 3a. Overall how would you rate the physical condition of ALL the Wheeling Park District parks you have visited?  
\_\_\_\_ (1) Excellent \_\_\_\_\_ (3) Fair  
\_\_\_\_ (2) Good \_\_\_\_\_ (4) Poor
  
4. Have you or other members of your household participated in any recreation programs offered by the Wheeling Park District during the past 12 months?  
\_\_\_\_ (1) Yes [please answer questions #4a and #4b] \_\_\_\_\_ (2) No [please go to question #5]
  
- 4a. Approximately how many different recreation programs offered by the Wheeling Park District did you or members of your household participate in over the past 12 months?  
\_\_\_\_ (1) 1 program \_\_\_\_\_ (3) 4 to 6 programs \_\_\_\_\_ (5) 11 or more programs  
\_\_\_\_ (2) 2 to 3 programs \_\_\_\_\_ (4) 7 to 10 programs
  
- 4b. How would you rate the overall quality of the programs that you and members of your household have participated in?  
\_\_\_\_ (1) Excellent \_\_\_\_\_ (3) Fair  
\_\_\_\_ (2) Good \_\_\_\_\_ (4) Poor
  
5. Please check ALL the ways you learn about Wheeling Park District programs and activities.  
\_\_\_\_ (01) Wheeling Park District Brochure \_\_\_\_\_ (07) From friends and neighbors  
\_\_\_\_ (02) Park and Recreation Website \_\_\_\_\_ (08) School fliers/newsletter  
\_\_\_\_ (03) Newspaper \_\_\_\_\_ (09) Promotions at Park District events  
\_\_\_\_ (04) Radio \_\_\_\_\_ (10) Conversations with Park District staff  
\_\_\_\_ (05) Cable access television \_\_\_\_\_ (11) Materials at Park District facilities  
\_\_\_\_ (06) Community Center "Electronic Sign" \_\_\_\_\_ (12) Other: \_\_\_\_\_
  
6. Which THREE of the ways from the list in Question #5 do you most prefer to learn about recreation programs and activities? [Using the numbers in Question #5 above, please write in the numbers below for your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.]  
1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**7. Please indicate how often you and members of your household have used each of the following major parks, recreation and sports facilities operated by the Wheeling Park District during the past 12 months by circling the appropriate number to the right of each facility.**

<u>Times your household used facility during past 12 months</u>	<u>Never</u>	<u>1-9 times</u>	<u>10-24 times</u>	<u>25-49 times</u>	<u>50+ times</u>
(A) Community Recreation Center.....	1	2	3	4	5
(B) Outdoor Family Aquatic Center.....	1	2	3	4	5
(C) Chevy Chase Country Club.....	1	2	3	4	5
(D) Athletic fields at Heritage Park.....	1	2	3	4	5
(E) Athletic fields at Horizon Park.....	1	2	3	4	5

**8. How would you rate the overall quality of the major recreation, parks, and sports facilities listed in Question #7 above that you and members of your household have used during the past 12 months?**

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> (1) Excellent | <input type="checkbox"/> (3) Fair | <input type="checkbox"/> (5) Don't know |
| <input type="checkbox"/> (2) Good      | <input type="checkbox"/> (4) Poor |   |

**9. From the following list, please check ALL the organizations that you and members of your household use for parks and recreation programs and services.**

- |  |   |
|--|---|
| <input type="checkbox"/> (01) Private or public schools                | <input type="checkbox"/> (09) Private instruction (dance, martial arts, etc.) |
| <input type="checkbox"/> (02) Churches                                 | <input type="checkbox"/> (10) Prospect Heights Park District                  |
| <input type="checkbox"/> (03) Youth sports organizations               | <input type="checkbox"/> (11) Buffalo Grove Park District                     |
| <input type="checkbox"/> (04) County Forest Preserve District          | <input type="checkbox"/> (12) Arlington Heights Park District                 |
| <input type="checkbox"/> (05) Wheeling Park District                   | <input type="checkbox"/> (13) River Trails Park District                      |
| <input type="checkbox"/> (06) YMCA/JCC                                 | <input type="checkbox"/> (14) Homeowners associations/apt. complexes          |
| <input type="checkbox"/> (07) Indian Trails Library                    | <input type="checkbox"/> (15) Other: _____                                    |
| <input type="checkbox"/> (08) Private clubs (tennis, health & fitness) | <input type="checkbox"/> (16) None, do not use any organization               |

**10. For each of the age groups shown below, please indicate which TWO organizations listed in Question #9 you and your household USE THE MOST for parks and recreation programs and services. [Use the number by each organization in Question #9. If you have no-one in your household ages 0 to 17, write the word NONE in the space provided below for ages 0 to 17.]**

	<u>Agency Use Most</u>	<u>Agency Use 2nd Most</u>
Ages 0 to 17	_____	_____
Ages 18 and older	_____	_____

**11. Please rate your level of satisfaction with the overall value your household receives from the Wheeling Park District.**

- |   |  |
|---|--|
| <input type="checkbox"/> (1) Very Satisfied     | <input type="checkbox"/> (4) Somewhat Dissatisfied |
| <input type="checkbox"/> (2) Somewhat Satisfied | <input type="checkbox"/> (5) Very Dissatisfied     |
| <input type="checkbox"/> (3) Neutral            | <input type="checkbox"/> (6) Don't Know            |

**12. 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 PROGRAM on a scale of 5 to 1, where 5 means “100% Meets Needs” and 1 means “Does Not Meet Needs” of your household.**

<u>Does your household have a need for:</u>	<u>Circle</u>		<u>IF YES, HOW MUCH PROGRAM MEETS NEEDS</u>				
	<u>Yes</u>	<u>or No</u>	<u>100%</u> <u>Meets Needs</u>		<u>50%</u> <u>Meets Needs</u>		<u>0%</u> <u>Does Not Meet Needs</u>
(A) Youth Learn to Swim programs .....	Yes	No	5	4	3	2	1
(B) Pre-School programs .....	Yes	No	5	4	3	2	1
(C) Before and after school programs .....	Yes	No	5	4	3	2	1
(D) Youth outdoor camp programs.....	Yes	No	5	4	3	2	1
(E) Youth sports programs .....	Yes	No	5	4	3	2	1
(F) Martial arts programs .....	Yes	No	5	4	3	2	1
(G) Fitness and wellness programs.....	Yes	No	5	4	3	2	1
(H) Water fitness programs .....	Yes	No	5	4	3	2	1
(I) Tennis lessons .....	Yes	No	5	4	3	2	1
(J) Youth art, dance, performing arts .....	Yes	No	5	4	3	2	1
(K) Adult art, dance, performing arts .....	Yes	No	5	4	3	2	1
(L) Adult sports programs .....	Yes	No	5	4	3	2	1
(M) Mature adults programs.....	Yes	No	5	4	3	2	1
(N) Adaptive (special population) programs .....	Yes	No	5	4	3	2	1
(O) Birthday Parties.....	Yes	No	5	4	3	2	1
(P) Music programs.....	Yes	No	5	4	3	2	1
(Q) Community special events .....	Yes	No	5	4	3	2	1

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

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_ NONE

**14. Which FOUR of the programs from the list in Question #12 do you currently participate in the MOST OFTEN at Wheeling Park District facilities?** [Using the letters in Question #12 above, please write in the letters below for your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choices, or circle ‘NONE’.]

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_ NONE

**Needs and Priorities for Sports Fields, Aquatics, and Recreation Facilities**

15. Please indicate if **YOU or any member of your HOUSEHOLD** has a need for each of the **SPORTS FIELDS and RECREATION FACILITIES** listed below by circling the YES or NO next to the facility.

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

<b><u>Does your household have a need for:</u></b>	<b><u>Circle</u></b>		<b><u>IF YES, HOW MUCH FACILITY MEETS NEEDS</u></b>					
	<b><u>Yes</u></b>	<b><u>or No</u></b>	<b><u>100%</u></b>			<b><u>50%</u></b>		<b><u>0%</u></b>
			<b><u>Meets Needs</u></b>			<b><u>Meets Needs</u></b>		<b><u>Does Not Meet Needs</u></b>
(A) Youth baseball fields .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(B) Youth softball fields .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(C) Youth soccer fields .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(D) Youth football fields .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(E) Adult softball fields .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(F) Senior adult center .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(G) Indoor recreation centers .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(H) Indoor swimming pool/leisure pool.....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(I) Indoor fitness and exercise facilities .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(J) Outdoor aquatic center.....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(K) Indoor cultural facilities/performance space ..	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(L) Golf learning center and driving range.....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(M) Gym space/indoor court.....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(N) Outdoor cultural facilities, i.e. amphitheater ..	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	
(O) Other: _____ .....	Yes.....	No .....	5.....	4 .....	3.....	2 .....	1 .....	

16. Which **FOUR** of the facilities from the list in Question #15 are **most important** to your household?  
 [Using the letters in the left hand column of Question #15 above, please write in the letters below for your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choices, or circle 'NONE'.]

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_ NONE

17. Please **CHECK ALL the reasons** that prevent you or other members of your household from using **SPORTS FIELDS, RECREATION FACILITIES & PROGRAMS** of the Wheeling Park District more often.

- |  |   |
|--|---|
| <input type="checkbox"/> (01) Facilities are not well maintained     | <input type="checkbox"/> (09) Sports fields need lights                   |
| <input type="checkbox"/> (02) Program not offered                    | <input type="checkbox"/> (10) Poor customer service by staff              |
| <input type="checkbox"/> (03) Security is insufficient               | <input type="checkbox"/> (11) I do not know what is being offered         |
| <input type="checkbox"/> (04) Lack of quality programs               | <input type="checkbox"/> (12) Facilities operating hours not convenient   |
| <input type="checkbox"/> (05) Class full                             | <input type="checkbox"/> (13) Location of parking                         |
| <input type="checkbox"/> (06) Fees are too high                      | <input type="checkbox"/> (14) Use services of other agencies in Wheeling  |
| <input type="checkbox"/> (07) Program times are not convenient       | <input type="checkbox"/> (15) Traffic congestion in and around facilities |
| <input type="checkbox"/> (08) Use facilities in other park districts | <input type="checkbox"/> (16) Other: _____                                |

**Needs and Priorities for Parks**

18. Please indicate if YOU or any member of your HOUSEHOLD has a need for each of the Park items listed below by circling the YES or NO next to the park.

If YES, please rate the following parks and facilities on a scale of 5 to 1, where 5 means “100% Meets Needs” and 1 means “Does Not Meet Needs” of your household.

<u>Does your household have a need for:</u>	<u>Circle Yes or No</u>	<u>IF YES, HOW MUCH PARK MEETS NEEDS</u>				
		<u>100% Meets Needs</u>		<u>50% Meets Needs</u>		<u>0% Does Not Meet Needs</u>
(A) Outdoor tennis courts.....	Yes ..... No	5.....4	.....3	.....2	.....1	
(B) Off-leash dog park .....	Yes ..... No	5.....4	.....3	.....2	.....1	
(C) Small neighborhood parks .....	Yes ..... No	5.....4	.....3	.....2	.....1	
(D) Skateboarding park .....	Yes ..... No	5.....4	.....3	.....2	.....1	
(E) Walking and biking trails .....	Yes ..... No	5.....4	.....3	.....2	.....1	
(F) Large community park, i.e. Heritage.....	Yes ..... No	5.....4	.....3	.....2	.....1	
(G) Natural areas/wildlife habitats .....	Yes ..... No	5.....4	.....3	.....2	.....1	
(H) Greenway areas along lakes and streams .....	Yes ..... No	5.....4	.....3	.....2	.....1	
(I) Outdoor basketball courts.....	Yes ..... No	5.....4	.....3	.....2	.....1	
(J) Outdoor ice-skating/hockey rink .....	Yes ..... No	5.....4	.....3	.....2	.....1	
(K) Playground equipment.....	Yes ..... No	5.....4	.....3	.....2	.....1	
(L) Picnic shelters/areas.....	Yes ..... No	5.....4	.....3	.....2	.....1	
(M) Other: _____.....	Yes ..... No	5.....4	.....3	.....2	.....1	

19. Which FOUR of the PARK items from the list in Question #18 are most important to your household? [Using the letters in the left hand column of Question #18 above, please write in the letters below for your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choices, or circle ‘NONE’.]

1st:\_\_\_\_ 2nd:\_\_\_\_ 3rd:\_\_\_\_ 4th: \_\_\_\_ NONE

20. Please CHECK ALL the reasons that prevent you or other members of your household from using PARKS of the Wheeling Park District more often.

- \_\_\_ (01) Parks are not well maintained
- \_\_\_ (02) Parks do not have the right equipment
- \_\_\_ (03) Security is insufficient
- \_\_\_ (04) Too far from our residence
- \_\_\_ (05) Use parks in other park districts
- \_\_\_ (06) I do not know locations of parks
- \_\_\_ (07) Location of parking
- \_\_\_ (08) Traffic congestion in and around facilities
- \_\_\_ (09) Other: \_\_\_\_\_

21. **Approximately how often have you or members of your family attended programs or received services from the Village of Wheeling Senior Center during the past year?**

- (1) 1 to 5 times                       (3) 11 to 19 times                       (5) Don't know  
 (2) 6 to 10 times                       (4) 20 or more times                       (6) None

22. **How supportive would you be of relocating the Village of Wheeling Senior Center into or next to the Park District's Community Recreation Center? Such relocation would allow the Village to operate its Senior Center while offering access to recreation activities and program spaces in the Park District's Community Recreation Center.** (check one)

- (1) Very supportive                       (3) Not sure  
 (2) Somewhat supportive                       (4) Not supportive

23. **Following are actions that the Wheeling Park District 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 Wheeling Park District:</u>	<u>Very Supportive</u>	<u>Somewhat Supportive</u>	<u>Not Sure</u>	<u>Not Supportive</u>
(A) Upgrade existing neighborhood and community parks .....	1	2	3	4
(B) Upgrade existing youth/adult athletic fields .....	1	2	3	4
(C) Develop a dog park .....	1	2	3	4
(D) Develop a skateboard park .....	1	2	3	4
(E) Develop a golf learning center and driving range .....	1	2	3	4
(F) Upgrade the Outdoor Family Aquatic Center .....	1	2	3	4
(G) Upgrade the indoor swimming pool/leisure pool .....	1	2	3	4
(H) Develop new youth/adult athletic fields, with lights .....	1	2	3	4
(I) Develop new walking/biking trails and connect existing trails .....	1	2	3	4
(J) Other: _____ .....	1	2	3	4

24. **Which FOUR of these items would you be most willing to fund with your tax dollars?** [Write in the letters below using the letters from the list in Question #23 above or circle None.]

- 1<sup>st</sup> Most Willing       2<sup>nd</sup> Most Willing       3<sup>rd</sup> Most Willing       4<sup>th</sup> Most Willing       None

**Demographics**

25. **What is your age?** \_\_\_\_\_

26. **Your gender:**  (1) Male     (2) Female

**27. What is your household income?** (check one)

- (1) Under \$25,000                       (4) \$75,000-\$99,999  
 (2) \$25,000-\$49,999                 (5) \$100,000-\$149,999  
 (3) \$50,000-\$74,999                 (6) \$150,000 and over

**28. Are you or other members of your household of Hispanic, Latino, or Spanish ancestry?**

- (1) Yes  
 (2) No

**29. Which of the following best describes your race?** (Check all that apply)

- (1) White/Caucasian                       (4) African American/Black  
 (2) Asian                                       (5) Native American  
 (3) Pacific Islander                       (6) Other: \_\_\_\_\_

**30. Do you live within the Wheeling Park District boundaries?**

- (1) Yes  
 (2) No  
 (3) Not sure

**31. Which ONE of the following communities do you live in?**

- (1) Village of Wheeling  
 (2) Village of Prospect Heights  
 (3) Other: \_\_\_\_\_

**32. Do you speak a second language other than English at home?**

- (1) Yes [Please answer Q32a.]                 (2) No

**32a. What other languages besides English do you speak at home?** (check all the apply)

- (1) Spanish                                       (3) Polish  
 (2) Russian                                       (4) Other: \_\_\_\_\_

**This concludes the survey; Thank you for your time.**

**Please Return Your Completed Survey in the Enclosed 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