



## Appendix 1: Survey Instrument

### Regional Parks and Trails Survey – Self-administered Questionnaire

#### Screeners

- A.** Are you 18 years old or older?
- Yes (SKIP TO D)
- No (CONTINUE)
- B.** Are you 12 years old or older?
- Yes (CONTINUE)
- No (DISCONTINUE INTERVIEW)
- C.** If you are here with a parent or guardian, we'd like to get their permission for you to do the survey with us, but it's ok if they are not here. Either way, we would like you to participate in the survey. Is a parent or guardian here with you today?
- Yes (CONTINUE TO C1)
- No (CONTINUE INTERVIEW)
- C1. FOR PARENTS: Is it ok for your child to participate in this survey?
- Yes, I **agree** that my child can participate in this survey (Continue to D)
- No, I **do not agree** for my child to participate in this survey (IF NO, DISCONTINUE INTERVIEW)
- D.** Have you already taken this survey at this park or another park this summer, or were you with someone when they completed the survey at a park this summer?
- Yes (DISCONTINUE INTERVIEW)
- No (CONTINUE)



## Activities and Park Visits

The first few questions ask about park activities and how often you come to this park.

**1. Which activities have you and your group planned to do or already done on your visit today?**  
(SELECT ALL THAT APPLY)

- |   |   |
|---|---|
| <input type="checkbox"/> Festival, concert, or community event<br>(please specify): _____   | <input type="checkbox"/> Observing nature (including birdwatching and self-guided nature walks) |
| <input type="checkbox"/> Attended a program or class (including fitness classes like yoga in the park)                                | <input type="checkbox"/> Visiting the farm or gardens   |
| <input type="checkbox"/> Birthday party, family reunion, wedding, or other family event   | <input type="checkbox"/> Taking photographs   |
| <input type="checkbox"/> Meeting up with family or friends (not for an event)   | <input type="checkbox"/> Stargazing/astronomy   |
| <input type="checkbox"/> Picnicking   | <input type="checkbox"/> Camping  |
| <input type="checkbox"/> Using the playground   | <input type="checkbox"/> Geocaching   |
| <input type="checkbox"/> Hammocking   | <input type="checkbox"/> Fishing  |
| <input type="checkbox"/> Relaxing/Doing nothing   | <input type="checkbox"/> Canoeing/kayaking/paddle boarding                                      |
| <input type="checkbox"/> Commuting (riding your bike or walking through the park to get to or from another location outside the park) | <input type="checkbox"/> Boating or sailing   |
| <input type="checkbox"/> Biking   | <input type="checkbox"/> Swimming   |
| <input type="checkbox"/> Mountain biking  | <input type="checkbox"/> Archery  |
| <input type="checkbox"/> Rollerblading/inline skating/scootering  | <input type="checkbox"/> Disc golf  |
| <input type="checkbox"/> Jogging/running  | <input type="checkbox"/> Sports (soccer, volleyball, basketball, tennis, etc.)                  |
| <input type="checkbox"/> Hiking/walking   | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> Dog walking/dog park/off-leash dog area  |   |
| <input type="checkbox"/> Horseback riding   |   |

IF MORE THAN ONE RESPONSE IN Q1:

**2. Which one of these activities was your main reason for visiting this park?**  
(SELECT ONE RESPONSE THAT WAS ALREADY CHECKED IN Q1.)

- |   |  |
|---|--|
| <input type="checkbox"/> Festival, concert, or community event<br>(please specify): _____   | <input type="checkbox"/> Biking                                  |
| <input type="checkbox"/> Attended a program or class (including fitness classes like yoga in the park)                                | <input type="checkbox"/> Mountain biking                         |
| <input type="checkbox"/> Birthday party, family reunion, wedding, or other family event   | <input type="checkbox"/> Rollerblading/inline skating/scootering |
| <input type="checkbox"/> Meeting up with family or friends (not for an event)   | <input type="checkbox"/> Jogging/running                         |
| <input type="checkbox"/> Picnicking   | <input type="checkbox"/> Hiking/walking                          |
| <input type="checkbox"/> Using the playground   | <input type="checkbox"/> Dog walking/dog park/off-leash dog area |
| <input type="checkbox"/> Hammocking   | <input type="checkbox"/> Horseback riding                        |
| <input type="checkbox"/> Relaxing/Doing nothing   |  |
| <input type="checkbox"/> Commuting (riding your bike or walking through the park to get to or from another location outside the park) |  |

- Observing nature (including birdwatching and self-guided nature walks)
- Visiting the farm or gardens
- Taking photographs
- Stargazing/astronomy
- Camping
- Geocaching
- Fishing
- Canoeing/kayaking/paddle boarding
- Boating or sailing
- Swimming
- Archery
- Disc golf
- Sports (soccer, volleyball, basketball, tennis, etc.)
- Other (please specify): \_\_\_\_\_

3. **Other than today, have you visited this park in the last 12 months?** (PROBE IF COMMUTING WAS SELECTED AS AN ACTIVITY: This includes any times you walk or ride your bike through the park to commute to another location outside the park.)

- Yes
- No (SKIP TO Q3B, ITEM 5.)

A. Please estimate the number of times you have been to this park in the last 12 months, including today. (PLEASE SELECT ONE.)

- 2-7
- 8-14
- 15-30
- 31-60
- More than 60

B. Including this visit, how many times did you visit this park: (PLEASE USE AN EXACT NUMBER, NOT A RANGE.)

	Number of times	Per week, month, or entire season
This summer, - May 28/Memorial Day weekend to today?		
Last spring, March – May 27/Memorial Day weekend?		
Last winter, December – February?		
Last fall, September – November?		
How many times do you think you will visit this park during the rest of this summer, through September 6/ Labor Day?		

## Visitor Experience & Learning about the Park

The next few questions ask about your visit at this park today.

4. Overall, how would you rate the quality of facilities during this park visit? Examples of facilities include picnic shelters, playgrounds, beaches, and visitor centers. This does NOT include bathrooms. Would you say....

- Excellent
- Very good
- Fair
- Poor, or
- Very poor

5. What is one thing that could be better at this park today?  
(PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE.)

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6. To prepare for your visit today, did you or your group look for information about this park before you came? (PLEASE SELECT ONE.)

- Yes
- No

The next set of questions ask you about your experiences with parks and trails in the Twin Cities 7-county region -not just this park. The 7-county region includes parks and trails in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

7. In general, what kind of information would be helpful for you to plan a visit to parks and trails in this region? (SELECT ALL THAT APPLY.)

- |  |   |
|--|---|
| <input type="checkbox"/> Activities guide/what you can do there                              | <input type="checkbox"/> Onsite signs and information (information boards, parking lot signs, trail head signs) |
| <input type="checkbox"/> Nature features (lake, woods, etc.)                                 | <input type="checkbox"/> Park hours   |
| <input type="checkbox"/> Entrance fees   | <input type="checkbox"/> Park rules   |
| <input type="checkbox"/> Rental equipment fees   | <input type="checkbox"/> Parking information  |
| <input type="checkbox"/> Space rental fees (pavilion, picnic areas, rooms in visitor center) | <input type="checkbox"/> Public transit information   |
| <input type="checkbox"/> Disability accommodations and access                                | <input type="checkbox"/> Trail conditions   |
| <input type="checkbox"/> Entry locations/trail access  | <input type="checkbox"/> None of the above  |
| <input type="checkbox"/> Maps  |   |

8. What sources do you use to get information about parks and trails in this area? (SELECT ALL THAT APPLY.)

- |   |   |
|---|---|
| <input type="checkbox"/> Family and friends                     | <input type="checkbox"/> Facebook   |
| <input type="checkbox"/> Printed road map or atlas              | <input type="checkbox"/> Twitter  |
| <input type="checkbox"/> Google map/smartphone map              | <input type="checkbox"/> Instagram  |
| <input type="checkbox"/> On-site recreation maps or directories | <input type="checkbox"/> Other social media   |
| <input type="checkbox"/> Help desk at the park                  | <input type="checkbox"/> A specific park or trail website (like Dakota County, Three Rivers, or St. Paul Parks) |
| <input type="checkbox"/> Another park, trail, or nature center  | <input type="checkbox"/> Other internet sources or smartphone app (please specify): _____                       |
| <input type="checkbox"/> Local newsletter or publication        | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> Email from the park or county          |   |

None of the above

**9. In general, what changes would help you to visit regional parks and trails more often?  
(SELECT ALL THAT APPLY.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Lower cost (entrance fees, rental fees)                         | <input type="checkbox"/> Park features or activities for that are accessible for a range of health or physical conditions |
| <input type="checkbox"/> Better access to equipment rental (bikes, canoes, kayaks, etc.) | <input type="checkbox"/> Park programs or activities that are more interesting to me                                      |
| <input type="checkbox"/> Better public transportation to the park                        | <input type="checkbox"/> More activities for kids   |
| <input type="checkbox"/> Better parking lot facilities                                   | <input type="checkbox"/> More activities for people my age  |
| <input type="checkbox"/> Better walking or biking access to the park                     | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> A park located closer to where I live                           | <input type="checkbox"/> None of the above  |

## Park travel and groups

The next few questions ask about how you got to the park, how many people you were with, and where you traveled from.

**10A. How did you travel to [PARK/TRAIL] on your visit today?**

- |   |  |
|---|--|
| <input type="checkbox"/> Walked, ran, or used inline skates | <input type="checkbox"/> Car, truck, recreational vehicle (RV), or van |
| <input type="checkbox"/> Bicycle                            | <input type="checkbox"/> Lyft, Uber, or other ridesharing service      |
| <input type="checkbox"/> Electric bicycle                   | <input type="checkbox"/> Metro Transit bus or light rail               |
| <input type="checkbox"/> Electric scooter                   | <input type="checkbox"/> Charter or school bus                         |
| <input type="checkbox"/> Motorcycle                         | <input type="checkbox"/> Other (please specify): _____                 |

**10B. [IF Q10A IS CAR/TRUCK/RV OR VAN, RIDESHARING, MOTORCYCLE, OR CHARTER/SCHOOL BUS] Including yourself, how many people traveled with you to [PARK/TRAIL] in the same vehicle? \_\_\_\_\_**

The next two questions talk about you and the group that you came with or met up with at the park today, including friends, family, or others you know who you are spending time with.

**11. Including yourself, how many people are in your group today?**

\_\_\_\_\_ people are in my group.

**12. Including yourself, are there any youth under age 18 in your group today?**

- Yes  
 No

The next questions ask about where you live.

**13. Do you live in Minnesota, another state, or another country?**

- Minnesota  
 Another state  
 Outside of the United States (SKIP TO Q15)

**14A. What is your home zip code? \_\_\_\_\_**

**14B. What city or town do you live in? \_\_\_\_\_**

**15A. Where did you travel from to get to the park today? Would you say...**

- Home,  
 Work, or  
 Any place else?

**15B. Did you make any short stops - less than 30 minutes - on your way to the park?**

- Yes
- No

## Demographics

This final set of questions are about you. It's important for us to know that we are hearing from all different types of people.

**16. What is your age group? Is it...**

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> 12-17 | <input type="checkbox"/> 65-74, or            |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 75 +?                |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> 45-54 |   |
| <input type="checkbox"/> 55-64 |   |

**17. What is your gender identity?**

- Female
- Male
- Non-binary/third gender
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer
- Don't know

**18. Do you identify as transgender?** (People whose gender identity, expression, or behavior is different from those typically associated with their assigned gender at birth.)

- Yes
- No
- Prefer not to answer
- Don't know

**19A. What is your race/ethnicity?** (SELECT ALL THAT APPLY.) [IF RESPONSE IS UNCLEAR OR OTHER THAN RESPONSE CATEGORIES GIVEN, READ RESPONSE OPTIONS]

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian/Asian American           | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Black/African/African American | <input type="checkbox"/> Other (please specify): _____    |
| <input type="checkbox"/> Hispanic/Latinx/Latino         | <input type="checkbox"/> Prefer not to answer             |
| <input type="checkbox"/> Middle Eastern/North African   | <input type="checkbox"/> Don't know                       |

**19B. Is there a particular race/ethnicity that you most identify with?** (IF YES, PLEASE SELECT ONE.)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander                        |
| <input type="checkbox"/> Asian/Asian American           | <input type="checkbox"/> White   |
| <input type="checkbox"/> Black/African/African American | <input type="checkbox"/> Other (please specify): _____                           |
| <input type="checkbox"/> Hispanic/Latinx/Latino         | <input type="checkbox"/> No I do not identify with one particular race/ethnicity |
| <input type="checkbox"/> Middle Eastern/North African   | <input type="checkbox"/> Prefer not to answer                                    |
|   | <input type="checkbox"/> Don't know  |

**20A.** [IF Q19A IS ASIAN/ASIAN AMERICAN]: **Do you identify as any of the following...**(SELECT ALL THAT APPLY.)

- |   |  |
|---|--|
| <input type="checkbox"/> Asian Indian     | <input type="checkbox"/> Lao                           |
| <input type="checkbox"/> Cambodian        | <input type="checkbox"/> Vietnamese                    |
| <input type="checkbox"/> Chinese          | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Hmong            | <input type="checkbox"/> Prefer not to answer          |
| <input type="checkbox"/> Karen or Karenni | <input type="checkbox"/> Don't know                    |

**20B.** [IF Q19A IS BLACK/AFRICAN/AFRICAN AMERICAN] **Do you identify as any of the following...**((SELECT ALL THAT APPLY.)

- |   |  |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Ethiopian        | <input type="checkbox"/> Prefer not to answer          |
| <input type="checkbox"/> Oromo            | <input type="checkbox"/> Don't know                    |
| <input type="checkbox"/> Somali           |  |
| <input type="checkbox"/> Liberian         |  |

**20C.** [IF Q19A IS AMERICAN INDIAN/ALASKAN NATIVE] **Are you affiliated with a specific tribe?**

- Yes
- No
- Prefer not to answer
- Don't know

[ASK IF Q20C IS YES; ALL OTHERS SKIP TO Q21.]

**20D. Which tribe do you affiliate with:**

- |   |   |
|---|---|
| <input type="checkbox"/> Bois Forte Band of Chippewa                  | <input type="checkbox"/> Red Lake Nation                      |
| <input type="checkbox"/> Fond du Lac Band of Lake Superior Chippewa   | <input type="checkbox"/> Shakopee Mdewakanton Sioux Community |
| <input type="checkbox"/> Grand Portage Band of Lake Superior Chippewa | <input type="checkbox"/> Upper Sioux Community                |
| <input type="checkbox"/> Leech Lake Band of Ojibwe                    | <input type="checkbox"/> White Earth Nation                   |
| <input type="checkbox"/> Lower Sioux Indian Community                 | <input type="checkbox"/> Other (please specify): _____        |
| <input type="checkbox"/> Mille Lacs Band of Ojibwe                    | <input type="checkbox"/> Prefer not to answer                 |
| <input type="checkbox"/> Prairie Island Indian Community              | <input type="checkbox"/> Don't know                           |

**21A. What language do you speak most at home?**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Hmong   | <input type="checkbox"/> Prefer not to answer          |
| <input type="checkbox"/> Somali  | <input type="checkbox"/> Don't know                    |
| <input type="checkbox"/> Spanish |  |

**21B. [ONLY FOR SURVEYS CONDUCTED IN LANGUAGES OTHER THAN ENGLISH] How well do you speak English? Would you say....**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Very well,   | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Well,        | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Not well, or |   |
| <input type="checkbox"/> Not at all?  |   |

**22. What is the highest grade or year of school you have completed? (PLEASE SELECT ONE.)**

- |   |   |
|---|---|
| <input type="checkbox"/> 8th grade or less                                    | <input type="checkbox"/> 2-year degree (Associate, vocational, or technical degree) |
| <input type="checkbox"/> Some high school                                     | <input type="checkbox"/> 4-year degree (Bachelor's degree)                          |
| <input type="checkbox"/> High school graduate or GED                          | <input type="checkbox"/> Graduate or professional degree                            |
| <input type="checkbox"/> Some college, vocational, technical, or trade school | <input type="checkbox"/> Prefer not to answer                                       |
|   | <input type="checkbox"/> Don't know   |

**23. Do you, or does someone in your group, have a physical, mental, or sensory disability or condition?**

- Yes
- No
- Prefer not to answer
- Don't know

**24. Including yourself, how many adults, and how many youth live in your household? How about....**

Adults age 18 or older:

Youth age 17 or younger:

**25A. What was your household's income before taxes from all family members and all sources in 2020? Is the correct range...**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than \$16,000,         | <input type="checkbox"/> \$80,000 to under \$100,000,     |
| <input type="checkbox"/> \$16,000 to under \$25,000, | <input type="checkbox"/> \$100,000 to under \$150,000, or |
| <input type="checkbox"/> \$25,000 to under \$40,000, | <input type="checkbox"/> \$150,000 or higher?             |
| <input type="checkbox"/> \$40,000 to under \$60,000, | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> \$60,000 to under \$80,000, | <input type="checkbox"/> Prefer not to answer             |

**[ASK Q25B IF RESPONENT IS 12-17 YEARS OF AGE AND ANSWERED "DON'T KNOW" TO Q25A.]**

**25B. Does your family qualify for free or reduced price school lunch?**

- Yes
- No
- Prefer not to answer
- Don't know

**26A. That is the last question. Do you have any additional comments about your experience at [PARK/TRAIL] today?**

- Yes
- No
- Prefer not to answer
- Don't know

**26B. Additional comments:**

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**Thank you for your help in completing the survey!**