

Recreation Needs Assessment
City of Pacific Grove

Appendix B

Research Instruments

- Online Survey Questions
- Focus group discussion questions/prompts
- Small group interview questions/prompts



Recreation Assessment Survey

Welcome to the City of Pacific Grove's Recreation Assessment

This survey aims to gather feedback from you and your household on the City of Pacific Grove recreation programs, facilities, parks, and events.

The survey is approximately 30 questions and should take about 10 minutes to complete. We greatly appreciate your time and feedback!



Recreation Assessment Survey

General

1. To what extent do you agree that YOU and/or your HOUSEHOLD personally benefit from City of Pacific Grove's parks, programs, activities, and events in each of the following ways?

	Strongly agree	Somewhat agree	Do not agree at all	Don't know/not applicable
Increased connectedness to community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved health & well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. The City of Pacific Grove Recreation Department provides a wide variety of programs and services to our community. Of the programs and services offered, which is of critical importance to YOU and/or your HOUSEHOLD? Check all that apply.

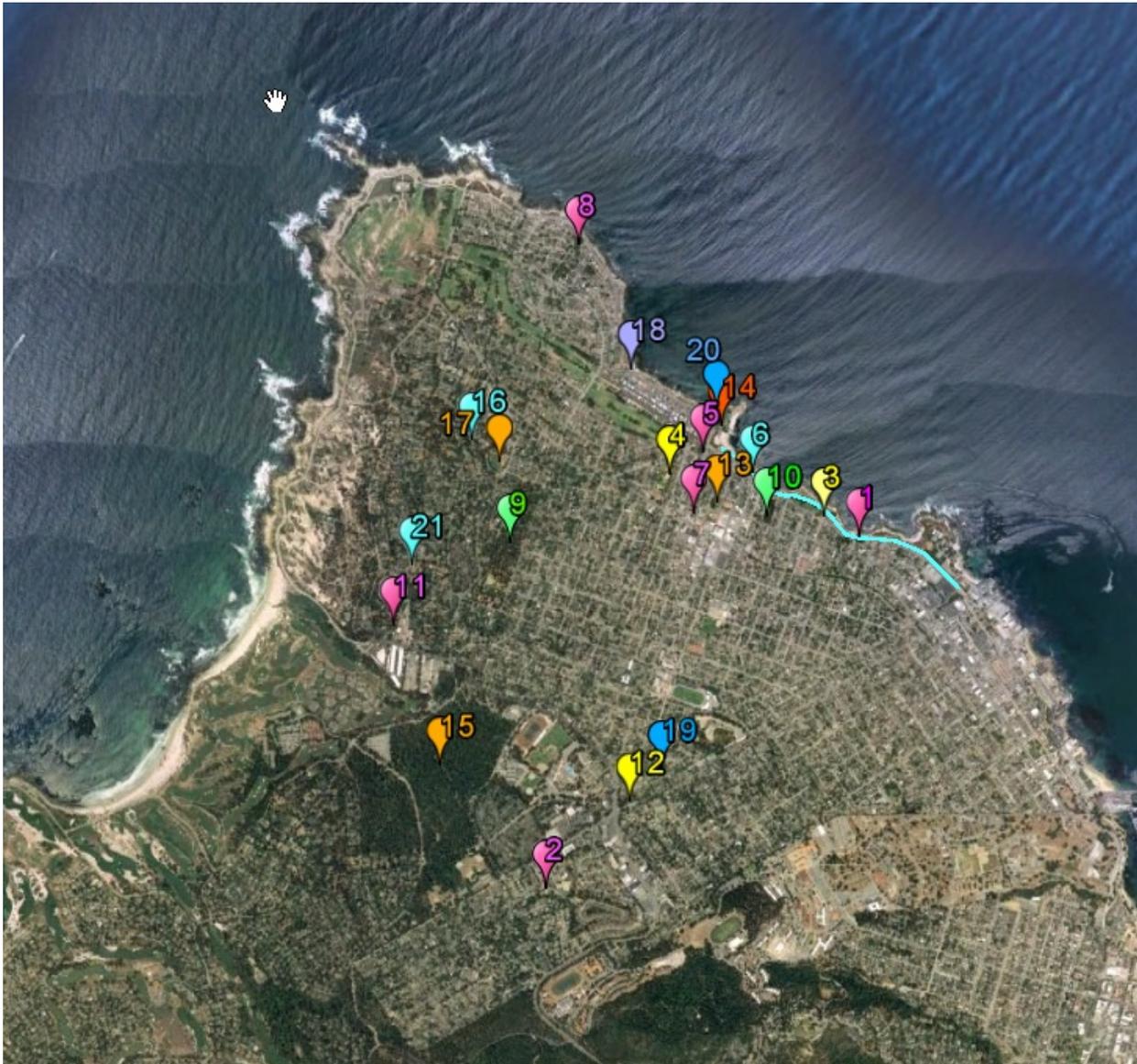
- Parks
- Recreation programs (ex: Preschool Program and Tots Swim Lessons)
- Special events (ex: Big Sur Half Marathon/Monterey Bay Half Marathon)
- Recreation Facilities



Recreation Assessment Survey

Parks

Map of City of Pacific Grove Parks



3. Above is a map of the City of Pacific Grove's Parks that corresponds with the options below. Please indicate if YOU and/or any members of your HOUSEHOLD have visited any of the City's parks in the past 12 months by checking each that apply.

- | | |
|---|---|
| <input type="checkbox"/> Andy Jacobsen Park (1) | <input type="checkbox"/> Higgins Park (12) |
| <input type="checkbox"/> Arnett Park (2) | <input type="checkbox"/> Jewell Park (13) |
| <input type="checkbox"/> Berwick Park (3) | <input type="checkbox"/> Lovers Point Park (14) |
| <input type="checkbox"/> Caledonia Park (4) | <input type="checkbox"/> Lynn "Rip" Van Winkle Open Space (15) |
| <input type="checkbox"/> Chase Park (5) | <input type="checkbox"/> Monarch Butterfly Sanctuary (16) |
| <input type="checkbox"/> Coastal Recreation Trail (6) | <input type="checkbox"/> Municipal Softball Park (17) |
| <input type="checkbox"/> Elmarie Dyke Open Space (7) | <input type="checkbox"/> Perkins Park (18) |
| <input type="checkbox"/> Esplanade Park (8) | <input type="checkbox"/> Platt Park (19) |
| <input type="checkbox"/> George Washington Park (9) | <input type="checkbox"/> Shoreline Park (20) |
| <input type="checkbox"/> Greenwood Park (10) | <input type="checkbox"/> Southern Pacific Railroad Right-of-Way (21) |
| <input type="checkbox"/> Hayward Park (11) | <input type="checkbox"/> I have not visited any of the City of Pacific Grove's Park |



Recreation Assessment Survey

Parks

4. Overall, how would you rate the quality of the City of Pacific Grove's parks YOU and/or your HOUSEHOLD visited?

- Excellent
- Good
- Fair
- Poor

Comments

5. What were YOU and/or your HOUSEHOLD'S primary activity at the parks?
Check each that apply.

- | | |
|---|--|
| <input type="checkbox"/> To meet people | <input type="checkbox"/> Biking trails |
| <input type="checkbox"/> For relaxation | <input type="checkbox"/> Dog walking |
| <input type="checkbox"/> Picnics | <input type="checkbox"/> Beach |
| <input type="checkbox"/> Walking paths | <input type="checkbox"/> Playgrounds/Children Play Areas |
| <input type="checkbox"/> Other (please specify) | |

6. Please indicate if YOU and/or your HOUSEHOLD have a need for any of the park features listed below by checking that apply. If the feature already exists, selecting that option would signify a need for more of that park element.

- Biking trails
- Community gardens
- Dog exercise areas
- Multi-purpose sports fields (soccer, lacrosse, field hockey, etc.)
- Open lawns and landscape
- Outdoor courts
- Outdoor performance spaces
- Outdoor public art
- Outdoor rental spaces
- Outdoor social gathering spaces
- Picnic areas
- Playgrounds
- Skateparks
- Sport fields
- Walking paths
- Other (please specify)



Recreation Assessment Survey

Parks

7. Which of the following prevent YOU and/or your HOUSEHOLD from using the City's parks, OR using them more? Check that apply

- | | |
|---|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Overall maintenance |
| <input type="checkbox"/> Crowding/not enough space | <input type="checkbox"/> Prefer other parks/outdoor spaces |
| <input type="checkbox"/> Lack of facilities and amenities | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> No time/other personal issues | <input type="checkbox"/> Nothing prevents me. I participate. |
| <input type="checkbox"/> Other (please specify) | |



Recreation Assessment Survey

Programs

8. Below is a list of the recreation programs provided by the City of Pacific Grove. Please indicate if YOU and/or your HOUSEHOLD have participated in any of the following. Check all that apply.

- Afro-Brazilian Samba Drumming and Dance (Adults)
- Afro- Latin Jazz Youth Dance
- After School Drop- In Program Youth Center
- Ballroom Dancing (Adults)
- Creative Piano/Keyboard
- Free Style Dancing (Adults)
- Good Dog Manners (Class for any dog, puppy through adult)
- Jazzercise
- Learning traditions and language expressions of different European countries
- Morris Dill Tennis Courts
- Preschool Program
- Summer/School Break Day Camp
- Tai Chi for health
- Tap Dance (Adults)
- Tap Dance (Youth)
- Tot's Swim Lessons at Stillwell Lovers Point Children's Pool
- Vocal Programs
- Yoga
- I have not participated in any programs offered by the City of PG



Recreation Assessment Survey

Programs

9. Select **THREE** programs, from the dropdowns below, that are **MOST IMPORTANT** to **YOU** and/or your **HOUSEHOLD**.

Programs

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

10. How do you rate the overall quality of the programs/classes in which **YOU** and/or your **HOUSEHOLD** have participated?

- Excellent
- Good
- Fair
- Poor

Comments



Recreation Assessment Survey

Programs

11. What prevents YOU and/or your HOUSEHOLD from taking part in the City's programs? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Accessibility/Safety concerns | <input type="checkbox"/> Overall maintenance |
| <input type="checkbox"/> Crowding/not enough space | <input type="checkbox"/> Prefer other recreation provider/clubs |
| <input type="checkbox"/> Customer service/staff knowledge | <input type="checkbox"/> Price/user fees |
| <input type="checkbox"/> Don't have the programs/facilities I want | <input type="checkbox"/> Programs not offered at the times I want |
| <input type="checkbox"/> No time/other personal issues | <input type="checkbox"/> Registration barriers |
| <input type="checkbox"/> Not aware of programs or facilities offered | <input type="checkbox"/> Nothing prevents me. I participate. |
| <input type="checkbox"/> Other (please specify) | |



Recreation Assessment Survey

Programs

12. What other recreation facilities and programs are YOU and/or your HOUSEHOLD using?

- | | |
|---|---|
| <input type="checkbox"/> Health and fitness clubs | <input type="checkbox"/> Pacific Grove PONY Baseball/Softball |
| <input type="checkbox"/> Private or public schools | <input type="checkbox"/> Girl scouts/Boy scouts |
| <input type="checkbox"/> YMCA | <input type="checkbox"/> PG Adult School |
| <input type="checkbox"/> Recreation programs/facilities in other communities/cities | <input type="checkbox"/> Sally Griffin Senior Center |
| <input type="checkbox"/> Private instruction (dance, marital arts, etc.) | <input type="checkbox"/> None, do not use any organizations |
| <input type="checkbox"/> Other (please specify) | |

13. Please indicate if YOU and/or your HOUSEHOLD have a need for any of recreation programs listed below. Check all that apply.

	Children (0-17)	Adults (18-55)	Seniors (55+)
Ceramics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip hop dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zumba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language (speech, negotiating skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education (health care, Tax, CPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer/phone skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

14. Use the drop down to select the TOP 4 types of recreation programs that are MOST IMPORTANT to YOU and/or your HOUSEHOLD?

Program

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>



Recreation Assessment Survey

Events

15. Have YOU and/or your HOUSEHOLD attended any City of Pacific Grove special events, listed below, during the past 12 months? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> 4th of July Celebration | <input type="checkbox"/> Little Car Show |
| <input type="checkbox"/> 61st Annual Good Old Days | <input type="checkbox"/> Multiple Sclerosis Walk |
| <input type="checkbox"/> A.I.M. for Mental Health Walk | <input type="checkbox"/> Pacific Grove Auto Rally & BBQ |
| <input type="checkbox"/> Annual Holiday Parade of Lights | <input type="checkbox"/> Peace Lantern Ceremony |
| <input type="checkbox"/> Big Sur Half Marathon/Monterey Bay Half Marathon | <input type="checkbox"/> Stillwell's "Holiday" in the Park |
| <input type="checkbox"/> Big Sur Half Marathon/Monterey Bay Half Marathon By the Bay 3K Kids Run | <input type="checkbox"/> The Triathlon at Pacific Grove |
| <input type="checkbox"/> Butterfly Parade | <input type="checkbox"/> Together with Love Walk/Run |
| <input type="checkbox"/> Celebration of Our Lady of Fatima | <input type="checkbox"/> United States Air Force Band Performance |
| <input type="checkbox"/> Classic Kick-Off Car Show & Cruise | <input type="checkbox"/> Volkswagen (V.W.) Treffen Car Show |
| <input type="checkbox"/> Double Road Race | <input type="checkbox"/> Walk for Babies |
| <input type="checkbox"/> Feast of Lanterns Celebration | <input type="checkbox"/> Walk to Cure Diabetes (J.D.R.F.) |
| <input type="checkbox"/> Golden Gate Austin Healey Club Car Show | <input type="checkbox"/> West Coast Crosley Club Car Meet |
| <input type="checkbox"/> Holiday Tree Lighting Ceremony | <input type="checkbox"/> Worldwide Auctioneers Vintage Motorcars |
| <input type="checkbox"/> Jingle Bell 5K Run | <input type="checkbox"/> No, I have not attended any Special Events |

Other (please specify)



Recreation Assessment Survey

Events

16. Select FOUR of the special events, from the drop-down below, that are MOST IMPORTANT to YOU and/or your HOUSEHOLD?

Priority Order

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

17. How do YOU rate the overall quality of the events in which YOU and/or your HOUSEHOLD have attended?

- Excellent
- Good
- Fair
- Poor

Comments



Recreation Assessment Survey

Events

18. What prevents YOU and/or your HOUSEHOLD from attending City of Pacific Grove's special events? Check that apply

- | | |
|---|--|
| <input type="checkbox"/> Accessibility/safety concerns | <input type="checkbox"/> Not aware of events organized |
| <input type="checkbox"/> Crowding/not enough space | <input type="checkbox"/> Prefer other events organizers |
| <input type="checkbox"/> Don't have the events I want | <input type="checkbox"/> Quality of event |
| <input type="checkbox"/> Events not offered at the times I want | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> No time/other personal issues | <input type="checkbox"/> Nothing prevents me. I participate. |
| <input type="checkbox"/> Other (please specify) | |



Recreation Assessment Survey

Events

19. Please indicate if YOU and/or your HOUSEHOLD have a need for the types of events listed below. Check all that apply.

- Social events (Concert, movies)
- Cultural special events (parades, historic events etc.)
- Athletic special events (social sports, runs, tournaments, etc.)



Recreation Assessment Survey

20. How would YOU and/or your HOUSEHOLD rate the appearance and condition of the City's recreation facilities and parks?

- Excellent
- Good
- Fair
- Poor

Comments



Recreation Assessment Survey

Communication

21. How do YOU and/or your HOUSEHOLD learn about the services offered by the City of Pacific Grove Recreation Department?

- Newspaper
- City of Pacific Grove Website
- City Weekly Summary
- City's social media (Facebook, Instagram
Twitter, etc.)
- Schools Communications
- Non-City social media external (Nextdoor, etc.)
- Called the Recreation Department
- From friends and neighbors
- Email
- Other (please specify)

**22. How would you prefer we communicate with YOU and/or your HOUSEHOLD?
Check all that apply.**

- Email
- Mail
- Newspapers
- Other (please specify)
- Local Bulletin Boards/Posted Flyers
- City's website
- Social media

23. The Recreation Department often seeks feedback from residents to improve recreation services. What is the best way for YOU and/or your HOUSEHOLD to provide the City with feedback? Check all that apply.

- Provide comments and feedback through social media/Website
- Communicate directly with staff
- Attend public meetings or focus group discussions
- Attend web-based public meetings (a meeting scheduled for a set time that can be attended online)
- Other (please specify)
- Attend a telephone town hall (like a radio call-in show, but by phone with staff or elected or appointed officials)
- Attend a Recreation board or commission meeting
- Join a board or commission
- Provide feedback through additional surveys

24. Would YOU and/or your HOUSEHOLD be interested in online registration for Pacific Grove Recreation Department services?

- Yes
- No



Recreation Assessment Survey

Demographic Questions

25. What is your home zip code?

26. About how many years have YOU lived in the City of Pacific Grove?

- 0-2 years 11-20 years
 3-5 years 21+ years
 6-10 years I have never lived in the City of Pacific Grove

27. Counting yourself, how many people live in your household?

- 1 4
 2 5+
 3

28. Indicate all of the age categories that live in your household. Check all that apply.

- Children age 0 to 12
 Youth age 13 to 18
 Young Adults age 19 to 35
 Adults age 36 to 55
 Seniors age 55+

29. Which of the following categories describe your age?

- 0-12
- 13-18
- 19-35
- 35-55
- 55 and older

30. What is your race? The U.S. Census identifies the following races: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. (Please check that apply.)

- American Indian or Alaskan native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)
- Asian or Pacific Islander** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American** (A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American")
- White/Caucasian** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Other (please specify)**

31. To which gender identity do you most identify?

- Female
- Male
- Gender Variant/Non-Conforming
- Prefer Not to answer
- Other (please specify)

32. Do you have any other comments or feedback you would like to provide us?

Children's Preschool Outreach Activity (Ages 4-5)

Purpose: To solicit ideas from children about their favorite recreational activities, Staff will ask them to perform an exercise to help illustrate their favorite ways to play.

1. Children at the Pacific Grove Community Center Preschool were invited to draw pictures about their favorite parks and park activities

Small Group Interview Guiding Questions

Objective: To conduct interviews with small groups to better understand and identify the community's appetite and interest for recreation programs, activities, classes, facilities and events.

1. What types of recreation activities (parks, programs & events) do you enjoy?

Follow-ups:

- Where and how often do you participate in these activities?
- Are there any other places you visit for recreation?
- Do you find yourself traveling out of town for these recreational activities?
- If so, how often? For what? To where?

2. Of the programs and services offered by the City of Pacific Grove, which is/are of critical importance to you or your household? Why?

Follow-ups:

- What are some of the benefits you gain from City's parks, programs, and/or events?

Moderator prompts may include: for instance, has increased connectedness to community, quality of life or improved health & well-being?

3. What are some improvements the Recreation Department can make?

Follow-ups:

- Are there any recreation facilities (that is, in the City of Pacific Grove) that you would like to see built, improved, or open to recreation?
- Are there specific programs that you would like to see offered locally?
- Of the programs and special events that could be offered, what might be most essential, or of critical importance to you and/or your household?

4. What are some of the things that have prevented, limited or inhibited you from participating in recreation activities?

Moderator prompts may include: No time, Lack of facilities, Crowding, Accessibility?

Follow-ups:

- What ideas do you have to remove some of these barriers or constraints? In other words, how could the City make your recreation experiences better?

5. What is the best way to gain feedback from you or your household?
6. Is there anything else anyone would like to say or add that has not already been mentioned today?

Additional Probes

“Would you explain further?”

“Could you give me an example of what you mean?” “Could you explain what led you to that decision?”

Focus Group Discussion Guiding Questions

1. What types of programs and services provided by the City have the greatest demand?
2. Of the programs and services offered, which is/are of critical importance to our communities and beyond?

Follow-ups:

- What are some of the benefits gained from City's parks, programs, activities and events offered by the City of Pacific Grove?
 - *Moderator prompts may include:* for instance, has increased connectedness to community, quality of life or improved health & well-being?
 - What are some of the things you think the community doesn't enjoy about the recreational services offered by the Recreation Department?
 - What are some of the recreation services you think the community would like to see built, improved, or open to recreation?
 - Of the programs and services that could be offered, what might be most essential, or of critical importance to the community?
3. What are some of the things that have prevented, limited or inhibited participation in recreation activities?

Moderator prompts may include: No time, Lack of facilities, Crowding, Accessibility?

4. How could we remove some of these barriers or constraints? In other words, how could the City of Pacific Grove Recreation Department make the communities' recreation experiences better?
5. How can the City of Pacific Grove's Recreation Department and the community work together to responsibly address the things of critical importance given limited resources?
6. What are the things going on in the community that you, cannot control but will have to deal with as in terms of future programming needs?

Additional Probes

“Would you explain further?”

“Could you give me an example of what you mean?”

“Could you explain what led you to that decision?”