



The City of Shoreline Parks, Recreation, and Cultural Services Department would like your input to help determine parks and recreation priorities for our community. *This survey will take approximately 10 minutes to complete.*

When you are finished, please return your survey in the enclosed postage paid, return-reply envelope. If you prefer, this survey may also be completed online at www.shorelinesurvey.org. *We greatly appreciate your time.*

1. In the past 12 months, have you or any member of your household visited any of the City of Shoreline's parks?

___ (1) Yes [Please answer Question 1-2.] ___ (2) No [Please skip to Question 2.]

- 1-2. Overall, how would you rate the physical condition of ALL the parks in the City of Shoreline you have visited?

___ (1) Excellent ___ (2) Good ___ (3) Fair ___ (4) Poor

2. Listed below are amenities found in public parks. Please check the THREE amenities you feel are the most important to your household. [If you do not currently use any City of Shoreline parks, please indicate three amenities that would encourage you to use parks more often.]

- | | |
|--------------------------------|--|
| ___ (01) Park lighting | ___ (09) Restrooms |
| ___ (02) Athletic fields | ___ (10) Playground equipment |
| ___ (03) Signage | ___ (11) Bike racks |
| ___ (04) Landscaping | ___ (12) Drinking fountains |
| ___ (05) Picnic shelters | ___ (13) Benches/picnic tables |
| ___ (06) Parking | ___ (14) Outdoor basketball courts |
| ___ (07) Walking trails | ___ (15) Nature Areas and Passive Recreation |
| ___ (08) Outdoor tennis courts | ___ (16) Other: _____ |

3. Have you or other members of your household participated in any programs offered by the City of Shoreline Parks, Recreation, and Cultural Services Department during the past 12 months?

___ (1) Yes [Answer Questions 3-2, 3-3, and 3-4.] ___ (2) No [Go to Question 4.]

- 3-2. How many different recreation programs offered by the City of Shoreline has your household participated in during the past 12 months?

Number of programs: _____

- 3-3. From the following list, please check the THREE primary reasons why your household has participated in City of Shoreline recreation programs:

- | | |
|--|---|
| ___ (1) Quality of instructors/coaches | ___ (5) Quality of the program facility |
| ___ (2) Times the program is offered | ___ (6) Dates the program is offered |
| ___ (3) Location of the program facility | ___ (7) Fees are economical |
| ___ (4) Friends participate in the program | ___ (8) Other: _____ |

- 3-4. How would you rate the overall quality of the recreation program(s) in which your household has participated?

___ (1) Excellent ___ (2) Good ___ (3) Fair ___ (4) Poor

4. From the following list, please check ALL the organizations that you and members of your household use for parks and recreation programs and cultural facilities.

- | | |
|--|---|
| <input type="checkbox"/> (01) Private schools | <input type="checkbox"/> (09) Private clubs (<i>tennis, health & fitness</i>) |
| <input type="checkbox"/> (02) Churches | <input type="checkbox"/> (10) City of Seattle parks |
| <input type="checkbox"/> (03) Private youth sports leagues | <input type="checkbox"/> (11) Shoreline Community College |
| <input type="checkbox"/> (04) YMCA | <input type="checkbox"/> (12) Cities of Edmonds/Mountlake Terrace/Lynnwood |
| <input type="checkbox"/> (05) Shoreline School District | <input type="checkbox"/> (13) Homeowners associations/apt. complex |
| <input type="checkbox"/> (06) City of Shoreline Parks, Recreation, and Cultural Services Dept. | <input type="checkbox"/> (14) Shoreline/Lake Forest Park Senior Center |
| <input type="checkbox"/> (07) King County parks | <input type="checkbox"/> (15) Shoreline Historical Museum |
| <input type="checkbox"/> (08) Shoreline/Lake Forest Park Arts Council | <input type="checkbox"/> (16) Other: _____ |
| | <input type="checkbox"/> (17) None; do not use any organizations |

5. For each of the age groups shown below, please indicate which TWO organizations listed in Question 4 you and your household USE THE MOST for parks and recreation programs and services: [Use the corresponding numbers for each organization in Question 4. If you have no one in your household in one of the age categories, write the word "NONE" in the appropriate spaces listed below.]

| | Use Most | Use 2 nd Most |
|--------------------------|----------|--------------------------|
| Ages 0 to 11 years: | _____ | _____ |
| Ages 12 - 17 years: | _____ | _____ |
| Ages 18 - 54 years: | _____ | _____ |
| Ages 55 years and older: | _____ | _____ |

6. Please check ALL the ways you learn about parks, recreation and cultural programs and activities:

- | | |
|---|---|
| <input type="checkbox"/> (01) Program fliers/posters | <input type="checkbox"/> (07) City of Shoreline Facebook Page |
| <input type="checkbox"/> (02) Word of mouth | <input type="checkbox"/> (08) City of Shoreline Recreation Guide |
| <input type="checkbox"/> (03) City of Shoreline website | <input type="checkbox"/> (09) Cable television (<i>Channel 21</i>) |
| <input type="checkbox"/> (04) City of Shoreline "Currents" Newsletter | <input type="checkbox"/> (10) Visited or called a parks/recreation office |
| <input type="checkbox"/> (05) City of Shoreline E-News | <input type="checkbox"/> (11) Other: _____ |
| <input type="checkbox"/> (06) Shoreline Area News blog | <input type="checkbox"/> (12) None |

7. Please CHECK ALL the reasons that prevent you or other members of your household from using City of Shoreline Parks, Recreation, and Cultural Service Department's programs and facilities more often:

- | | |
|--|--|
| <input type="checkbox"/> (01) Facilities are not well maintained | <input type="checkbox"/> (12) Use facilities/programs of other agencies |
| <input type="checkbox"/> (02) Parks are not well maintained | <input type="checkbox"/> (13) Poor customer service by staff |
| <input type="checkbox"/> (03) Facilities lack right equipment | <input type="checkbox"/> (14) I do not know locations of facilities |
| <input type="checkbox"/> (04) Parks do not feel safe | <input type="checkbox"/> (15) We are too busy |
| <input type="checkbox"/> (05) Recreation facilities do not feel safe | <input type="checkbox"/> (16) I do not know what is being offered |
| <input type="checkbox"/> (06) Lack of quality programs | <input type="checkbox"/> (17) Facilities' operating hours not convenient |
| <input type="checkbox"/> (07) Too far from our residence | <input type="checkbox"/> (18) Registration for programs is difficult |
| <input type="checkbox"/> (08) Class full | <input type="checkbox"/> (19) Availability of parking |
| <input type="checkbox"/> (09) Fees are too high | <input type="checkbox"/> (20) Language barrier (<i>non-English speaking</i>) |
| <input type="checkbox"/> (10) Program times are not convenient | <input type="checkbox"/> (21) Other: _____ |
| <input type="checkbox"/> (11) Not interested in programs offered | |

8. **FACILITY NEEDS.** Please indicate if YOU or any member of your household has a need for each type of facility listed below by circling YES or NO to the right of each type of facility.

If YES, please answer the questions to the right of the facility regarding “How well are your needs being met by the City of Shoreline?” and, “How many times did you use this City of Shoreline facility during the past 12 months?”

| | Type of Facility | Have a Need for this Facility? | | How well are your needs met by the City of Shoreline? | | | | How many times did you use this City of Shoreline facility in the past 12 months? | | | |
|-----|---|--------------------------------|----|---|------------|------------|---------|---|------------|-------------|-----------|
| | | Yes | No | Fully Met | Mostly Met | Partly Met | Not Met | None | 1-10 times | 11-25 times | 26+ times |
| 1. | Large community parks | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 2. | Small neighborhood parks | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 3. | Off-leash dog parks | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 4. | Paved walking/biking trails | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 5. | Natural areas | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 6. | Nature trails | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 7. | Picnic shelters/areas | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 8. | Playgrounds | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 9. | Outdoor baseball/softball fields | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 10. | Outdoor athletic fields (<i>soccer, lacrosse, ultimate frisbee</i>) | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 11. | Outdoor basketball/multi-use courts | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 12. | Outdoor tennis courts | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 13. | Skateboarding area | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 14. | Outdoor pools | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 15. | Outdoor spray parks | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 16. | Museums, e.g. Shoreline Historical Museum | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 17. | Art gallery/indoor theater | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 18. | Indoor exercise/fitness facilities | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 19. | Indoor swimming pool/aquatic center | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 20. | Indoor gymnasiums (<i>basketball, volleyball, etc.</i>) | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 21. | Other: _____ | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |

9. Which FOUR of the facilities from the list in Question 8 are MOST IMPORTANT to your household? [Using the numbers in Question 8, please write in the numbers of the facilities that are your 1st, 2nd, 3rd, and 4th choices, or circle “NONE”.]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

10. **PROGRAM/ACTIVITY NEEDS.** Please indicate if YOU or any member of your HOUSEHOLD has a need for each type of program or activity listed below by circling YES or NO to the right of each type of program or activity.

If YES, please answer the questions to the right regarding “How well are your needs being met by the City of Shoreline?” and, “How many times did you use this City of Shoreline program /activity during the past 12 months?”

| | Type of Program/Activity | Have a Need for this Program? | | How well are your needs met by the City of Shoreline? | | | | How many times did you use this City of Shoreline program /activity during the past 12 months? | | | |
|-----|--|-------------------------------|----|---|------------|------------|---------|--|------------|-------------|------------|
| | | Yes | No | Fully Met | Mostly Met | Partly Met | Not Met | None | 1-10 times | 11-25 times | 26 + times |
| 1. | Youth Learn to Swim programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 2. | Preschool programs/early childhood | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 3. | Before and after school programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 4. | Youth summer camps | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 5. | Youth sports programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 6. | Youth fitness and wellness classes | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 7. | Youth theatre, dance, singing, musical instruments classes | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 8. | Youth painting, arts, sculpturing classes | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 9. | Gymnastics and tumbling programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 10. | Adult fitness and wellness programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 11. | Water fitness programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 12. | Adult sports programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 13. | Adult theatre, dance, singing, musical instrument classes | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 14. | Adult painting, arts, sculpturing classes | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 15. | Martial arts programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 16. | Tennis lessons and leagues | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 17. | Programs for people with disabilities | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 18. | Programs for adults 50 and over | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 19. | Nature/environmental education programs | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| 20. | Other: _____ | Yes | No | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 |

11. Which FOUR of the PROGRAMS or ACTIVITIES from the list in Question 10 are MOST IMPORTANT to your household? [Using the numbers in Question 10, please write in the numbers of the PROGRAMS or ACTIVITIES that are your 1st, 2nd, 3rd, and 4th choices or circle “NONE”.]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

Major Projects Funded from 2006 Open Space, Parks, and Trails Bond Levy

12. In 2006, Shoreline residents passed an open space, parks, and trails bond levy. The following is a listing of projects funded through the 2006 Bond Levy.

For each project, please indicate how important you feel the project was in improving the City of Shoreline parks and recreation system.

| How important do you feel each of the following major projects was? | | Very Important | Somewhat Important | Not Sure | Not Important |
|---|--|----------------|--------------------|----------|---------------|
| 1. | Acquisition of 12.6 acres of open space to expand South Woods Park | 4 | 3 | 2 | 1 |
| 2. | Acquisition of 8.3 acres of open space to expand Hamlin Park | 4 | 3 | 2 | 1 |
| 3. | Acquisition of Kruckeberg Botanic Garden, Nursery and Homestead | 4 | 3 | 2 | 1 |
| 4. | Improvements to Richmond Beach Saltwater Park, including entry parking, roadway and sidewalk improvements | 4 | 3 | 2 | 1 |
| 5. | Renovations to Cromwell Park, including new pathways, play equipment, basketball and athletic field | 4 | 3 | 2 | 1 |
| 6. | Installation of new synthetic turf soccer fields at Twin Ponds Park | 4 | 3 | 2 | 1 |
| 7. | Renovations to Hamlin Park, including reconfigure baseball fields, new accessible pathways and play equipment | 4 | 3 | 2 | 1 |
| 8. | Baseball and softball field improvements to Richmond Highlands; including new dugouts covers, backstops, and outdoor restroom | 4 | 3 | 2 | 1 |
| 9. | Addition of off-leash dog park areas at Shoreview Park, Richmond Beach Saltwater Park, and the Eastside OLDA at Fircrest property | 4 | 3 | 2 | 1 |
| 10. | Addition of lights and improved playing surfaces for tennis courts at Shoreline Park | 4 | 3 | 2 | 1 |
| 11. | Renovations to nature trails and newly added paved walking and biking trails at Boeing Creek Park, Shoreview Park, Hamlin Park Trail, new trail on NE 195th Street between 1st and 5th Avenue East | 4 | 3 | 2 | 1 |

13. The City of Shoreline Parks, Recreation, and Cultural Services Department is studying the possibility of developing new indoor programming spaces. From the following list, please check ALL the potential indoor programming spaces you and members of your household would use:

- | | |
|--|---|
| <input type="checkbox"/> (01) Walking and jogging track <input type="checkbox"/> (02) Arts and crafts <input type="checkbox"/> (03) Fitness/dance class space <input type="checkbox"/> (04) Dedicated space for youth/teen programs <input type="checkbox"/> (05) Dedicated space for adult programs <input type="checkbox"/> (06) Weight room/cardiovascular equip. area <input type="checkbox"/> (07) Lanes for lap swimming <input type="checkbox"/> (08) Leisure pool <input type="checkbox"/> (09) Indoor spray park <input type="checkbox"/> (10) Competition lap pool <input type="checkbox"/> (11) Warm water for therapeutic purposes <input type="checkbox"/> (12) Deep water for diving/water polo | <input type="checkbox"/> (13) Child care area <input type="checkbox"/> (14) Exercise facility for adults 50 years/older <input type="checkbox"/> (15) Preschool program space <input type="checkbox"/> (16) Rock climbing/bouldering wall <input type="checkbox"/> (17) Racquetball/handball courts <input type="checkbox"/> (18) Indoor turf sports fields <input type="checkbox"/> (19) Multi-court gymnasium/field house <input type="checkbox"/> (20) Classroom space <input type="checkbox"/> (21) Space for meetings, parties, banquets <input type="checkbox"/> (22) Art gallery space <input type="checkbox"/> (23) Indoor performance space (<i>auditorium with stage</i>) <input type="checkbox"/> (24) Other: _____ |
|--|---|

14. Which FOUR of the indoor spaces from the list in Question 13 would you or members of your household use MOST OFTEN? [Using the numbers in Question 13, please write in the numbers below for your 1st, 2nd, 3rd, and 4th choices, or circle "NONE".]

1st: _____ 2nd: _____ 3rd: _____ 4th: _____ NONE

15. Following are listed a number of actions the City of Shoreline could take to improve and expand parks and recreation facilities in the City of Shoreline.

For each action, please indicate how supportive you and your household are.

| How supportive are you of having the City of Shoreline? | | Very Supportive | Somewhat Supportive | Not Sure | Not Supportive |
|---|---|-----------------|---------------------|----------|----------------|
| 1. | Upgrade existing neighborhood parks, playgrounds, picnic shelters | 4 | 3 | 2 | 1 |
| 2. | Upgrade or develop outdoor athletic fields (soccer, lacrosse, ultimate frisbee) | 4 | 3 | 2 | 1 |
| 3. | Develop a new indoor community aquatic center with features such as water slides, zero depth/walk in entry, lap lanes for exercise, spray fountains, etc. | 4 | 3 | 2 | 1 |
| 4. | Develop a new indoor community recreation center with gymnasium, weight room, rental/meeting space, fitness/dance room | 4 | 3 | 2 | 1 |
| 5. | Upgrade natural areas | 4 | 3 | 2 | 1 |
| 6. | Upgrade nature trails | 4 | 3 | 2 | 1 |
| 7. | Acquire shoreline and beach access | 4 | 3 | 2 | 1 |
| 8. | Develop multipurpose trails connecting to parks | 4 | 3 | 2 | 1 |
| 9. | Develop multipurpose trails in parks | 4 | 3 | 2 | 1 |
| 10. | Develop a new spray park | 4 | 3 | 2 | 1 |
| 11. | Develop a cultural/art center for art gallery space, indoor theater performances, concerts, etc. | 4 | 3 | 2 | 1 |
| 12. | Develop additional off-leash dog areas | 4 | 3 | 2 | 1 |
| 13. | Acquiring properties for developing new parks/open space | 4 | 3 | 2 | 1 |
| 14. | Other: _____ | 4 | 3 | 2 | 1 |

16. Which FOUR of these actions are MOST IMPORTANT to you and members of your household?
[Write in the letters below using the letters from the list in Question 15 above, or circle "NONE".]

1st: ____ 2nd: ____ 3rd: ____ 4th: ____ NONE

17. If an additional \$100 were available for City of Shoreline Parks, Recreation, and Cultural Services Department facilities, how would you allocate the funds among the categories of funding listed below? *[Please be sure your total adds up to \$100.]*

- \$ _____ Enhanced/maintenance of existing outdoor parks, playgrounds, and athletic fields
- \$ _____ Acquisition and development of new parkland
- \$ _____ Construction of new outdoor athletic fields
- \$ _____ Construction of new indoor recreation and aquatic facilities
- \$ _____ Construction of new cultural facilities (*Indoor theater/art gallery*)
- \$ _____ Expansion of existing programs for seniors/adults
- \$ _____ Expansion of existing programs for youth/teens
- \$ _____ Other: _____

\$100 TOTAL

18. Please rate your level of satisfaction with the overall value your household receives from the City of Shoreline Parks, Recreation, and Cultural Services Department:

- ____ (1) Very Satisfied
- ____ (2) Somewhat Satisfied
- ____ (3) Neutral
- ____ (4) Somewhat Dissatisfied
- ____ (5) Very Dissatisfied
- ____ (9) Don't know

DEMOGRAPHICS

19. Counting yourself, how many people in your household are:

| | | | | | |
|---------------|-------|---------------|-------|---------------|-------|
| Under 5 years | _____ | 20 - 24 years | _____ | 55 - 64 years | _____ |
| 5 - 9 years | _____ | 25 - 34 years | _____ | 65+ years | _____ |
| 10 - 14 years | _____ | 35 - 44 years | _____ | | |
| 15 - 19 years | _____ | 45 - 54 years | _____ | | |

20. What is your age? _____ years

21. How many years have you lived in the City of Shoreline? _____ years

22. Your gender: _____ (1) Male _____ (2) Female

23. What is your total annual household income? *[Please check one.]*

| | |
|--------------------------------|----------------------------------|
| _____ (1) Under \$25,000 | _____ (4) \$75,000 to \$99,999 |
| _____ (2) \$25,000 to \$49,999 | _____ (5) \$100,000 to \$149,999 |
| _____ (3) \$50,000 to \$74,999 | _____ (6) \$150,000 or more |

24. Is English your first language? _____ (1) Yes _____ (2) No

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, Kansas 66061

Your response will remain completely confidential. The address information printed to the right will ONLY be used to help identify areas with special interests.