

Jogging Figure Skating Tennis Physical Health Martial Arts Wall Climbing Socializing Archery Exercise Fishing Mountain Climbing Bowling Enjoying Nature Golf Horseback Riding Hockey Challenge Volleyball Snowmobiling River Rafting Bicycling Skateboarding Walking Pleasure Swimming Birdwatching Basketball Gardening Soccer Competition Downhill Skiing Canoeing Dancing Creative Football Curling Camping Racquetball Track and Field Relaxing Weight Training Jogging Figure Skating Tennis Physical Health Martial Arts Wall Climbing Socializing Archery Exercise Fishing Mountain Climbing Bowling Enjoying Nature Golf Horseback Riding Hockey Challenge Volleyball Snowmobiling River Rafting Bicycling Skateboarding Walking Pleasure Swimming Birdwatching Basketball Gardening Soccer Competition Downhill Skiing Canoeing Dancing Creative Football Curling Camping Racquetball Track and Field Relaxing Weight Training

# Alberta Recreation Survey 2008



Alberta

# WHO SHOULD ANSWER OUR QUESTIONS?

Please **give the survey to the ADULT** who will **NEXT HAVE A BIRTHDAY** and have that person complete the survey.

- Please indicate the **NUMBER OF PEOPLE** in **your household** who took part in each of the following leisure or recreational activities during the **PAST 12 MONTHS**. In the last column, please indicate whether **YOU** personally took part in that activity.

	<b>Number of People</b> (including yourself)	<b>Did you personally take part?</b> (please check those that apply)
<b>Physical Activities</b>		
Aerobics/fitness/aquasize/yoga .....	_____	<input type="checkbox"/>
Badminton .....	_____	<input type="checkbox"/>
Bicycling.....	_____	<input type="checkbox"/>
Figure skating.....	_____	<input type="checkbox"/>
Gymnastics.....	_____	<input type="checkbox"/>
Ice skating (not hockey) .....	_____	<input type="checkbox"/>
In-line skating .....	_____	<input type="checkbox"/>
Jogging/running .....	_____	<input type="checkbox"/>
Martial arts (e.g., Judo, Karate) .....	_____	<input type="checkbox"/>
Racquetball.....	_____	<input type="checkbox"/>
Skateboarding .....	_____	<input type="checkbox"/>
Squash .....	_____	<input type="checkbox"/>
Swimming (e.g., in lakes, rivers, ponds).....	_____	<input type="checkbox"/>
Swimming (in pools) .....	_____	<input type="checkbox"/>
Table tennis .....	_____	<input type="checkbox"/>
Tennis .....	_____	<input type="checkbox"/>
Track and field .....	_____	<input type="checkbox"/>
Walking for pleasure .....	_____	<input type="checkbox"/>
Wall climbing.....	_____	<input type="checkbox"/>
Weight training.....	_____	<input type="checkbox"/>
Other (please specify) _____	_____	<input type="checkbox"/>

	<b>Number of People</b> (including yourself)	<b>Did you personally take part?</b> (please check those that apply)
<b>Outdoor Activities</b>		
Archery.....	_____	<input type="checkbox"/>
ATV/off-road vehicles .....	_____	<input type="checkbox"/>
Birdwatching .....	_____	<input type="checkbox"/>
BMX racing.....	_____	<input type="checkbox"/>
Day hiking.....	_____	<input type="checkbox"/>
Fishing.....	_____	<input type="checkbox"/>
Gardening .....	_____	<input type="checkbox"/>
Golf (other than driving range or mini golf).....	_____	<input type="checkbox"/>
Horseback riding/trail riding.....	_____	<input type="checkbox"/>
Hunting.....	_____	<input type="checkbox"/>
Moto-cross .....	_____	<input type="checkbox"/>
Motorized trail biking (e.g., dirt biking).....	_____	<input type="checkbox"/>
Mountain biking (off-road).....	_____	<input type="checkbox"/>
Mountain climbing.....	_____	<input type="checkbox"/>
Orienteering .....	_____	<input type="checkbox"/>
Overnight backpacking.....	_____	<input type="checkbox"/>
Overnight camping.....	_____	<input type="checkbox"/>
Shooting (trap/skeet/target) .....	_____	<input type="checkbox"/>
Other (please specify) _____	_____	<input type="checkbox"/>
<b>Group Activities</b>		
Basketball .....	_____	<input type="checkbox"/>
Bowling/lawn bowling.....	_____	<input type="checkbox"/>
Curling .....	_____	<input type="checkbox"/>
Football.....	_____	<input type="checkbox"/>
Ice hockey.....	_____	<input type="checkbox"/>
Ringette.....	_____	<input type="checkbox"/>
Rugby .....	_____	<input type="checkbox"/>

	<b>Number of People</b> (including yourself)	<b>Did you personally take part?</b> (please check those that apply)
Soccer .....	_____	<input type="checkbox"/>
Softball/baseball .....	_____	<input type="checkbox"/>
Volleyball .....	_____	<input type="checkbox"/>
Other (please specify) _____	_____	<input type="checkbox"/>

**Snow Activities**

Cross-country skiing .....	_____	<input type="checkbox"/>
Downhill skiing .....	_____	<input type="checkbox"/>
Snowboarding .....	_____	<input type="checkbox"/>
Snowmobiling .....	_____	<input type="checkbox"/>
Tobogganing/sledding .....	_____	<input type="checkbox"/>
Other (please specify) _____	_____	<input type="checkbox"/>

**Water Activities**

Canoeing .....	_____	<input type="checkbox"/>
Motor boating .....	_____	<input type="checkbox"/>
River rafting .....	_____	<input type="checkbox"/>
Sailing .....	_____	<input type="checkbox"/>
Sailboarding/windsurfing .....	_____	<input type="checkbox"/>
Water skiing .....	_____	<input type="checkbox"/>
Other (please specify) _____	_____	<input type="checkbox"/>

**Creative/Cultural Activities**

Attending a fair or festival .....	_____	<input type="checkbox"/>
Attending live theatre (not movies) .....	_____	<input type="checkbox"/>
Dancing (e.g., social, folk, ballet, jazz) .....	_____	<input type="checkbox"/>
Doing a craft or creative hobby (e.g., photography, woodwork, sewing) .....	_____	<input type="checkbox"/>
Doing other hobbies (e.g., genealogy) .....	_____	<input type="checkbox"/>

	<b>Number of People</b> (including yourself)	<b>Did you personally take part?</b> (please check those that apply)
Taking part in the arts (e.g., drama, music, drawing, writing).....	_____	<input type="checkbox"/>
Visiting a museum, art gallery .....	_____	<input type="checkbox"/>
Other (please specify) _____	_____	<input type="checkbox"/>

**Social Activities**

Attending a sports event as a spectator .....	_____	<input type="checkbox"/>
Attending non-credit educational courses .....	_____	<input type="checkbox"/>
Picnicking (within a city) .....	_____	<input type="checkbox"/>
Picnicking (in the countryside).....	_____	<input type="checkbox"/>
Playing bingo, casinos .....	_____	<input type="checkbox"/>
Playing video, computer or electronic games.....	_____	<input type="checkbox"/>
Other (please specify) _____	_____	<input type="checkbox"/>

**Please answer the following questions about the way YOU spend your leisure time. Your answers will help us learn more about the leisure or recreational activities of Albertans.**

2. (a) Please **LIST** your **three (3)** favorite leisure or recreational activities and indicate how many times you participated in **EACH activity during the PAST 12 MONTHS.**

	<b>ACTIVITIES</b>	<b>NUMBER OF TIMES YOU PARTICIPATED IN THE PAST 12 MONTHS</b>
1 <sup>st</sup> Favorite	_____	_____
2 <sup>nd</sup> Favorite	_____	_____
3 <sup>rd</sup> Favorite	_____	_____

2. (b) People take part in leisure or recreational activities in a variety of settings. For the **first favorite** leisure activity that you listed, do **YOU** participate (Please check **ALL** boxes that apply.)

- In a social setting (i.e., with family, friends, co-workers)
- By yourself
- In a scheduled program
- In a drop-in session
- In a competition (including preparing for a competition)
- Other (please specify) \_\_\_\_\_

2. (c) People have many reasons for taking part in leisure activities. Based on the **first favorite** leisure activity you listed, how **IMPORTANT** are **EACH** of the following reasons to you? (Please circle **ONE** number for **EACH**.)

	<b>1 = Not Important</b>	<b>2 = Somewhat Important</b>	<b>3 = Important</b>	<b>4 = Very Important</b>
To be creative.....	1	2	3	4
To improve my skills or knowledge.....	1	2	3	4
For physical health or exercise.....	1	2	3	4
For a challenge.....	1	2	3	4
To compete against others.....	1	2	3	4
To be with my family.....	1	2	3	4
To be with my friends.....	1	2	3	4
To meet new people.....	1	2	3	4
To help my community.....	1	2	3	4
To relax.....	1	2	3	4
For pleasure.....	1	2	3	4
To be alone.....	1	2	3	4
To enjoy nature.....	1	2	3	4
To be away from my family.....	1	2	3	4
To do something different from work.....	1	2	3	4
Other (please specify):_____..	1	2	3	4

3. (a) Is there any leisure or recreational activity that you **DO NOT take part in now**, but you **WOULD LIKE to start** doing regularly? (Please check **ONE** box only.)

- No**      Go to question 4. (a)
- Yes**      Please continue

3. (b) Please specify which leisure or recreational activity you would **MOST LIKE TO START**. (Name **ONE** activity only.)

Activity: \_\_\_\_\_

3. (c) People have many reasons for **NOT** taking part in a leisure or recreational activity. Based on the activity you listed in question 3(b), how **IMPORTANT** are **EACH** of the following reasons for not starting this activity. (Please circle **ONE** number for **EACH**.)

	<b>1 = Not Important</b>	<b>2 = Somewhat Important</b>	<b>3 = Important</b>	<b>4 = Very Important</b>
Admission fees or other charges for facilities or programs.....	1	2	3	4
The cost (rental or purchase) of equipment, material and supplies.....	1	2	3	4
The cost of transportation.....	1	2	3	4
The recreational facilities or areas are overcrowded.....	1	2	3	4
The recreational facilities or areas are poorly kept or maintained.....	1	2	3	4
I don't know where I can take part in this activity.....	1	2	3	4
There is no opportunity to do it near my home.....	1	2	3	4
Lack of transportation.....	1	2	3	4
The recreational facilities are not physically convenient to use.....	1	2	3	4
Too busy with my family.....	1	2	3	4
Too busy with my work.....	1	2	3	4
Too busy with other activities.....	1	2	3	4
I don't have the physical abilities.....	1	2	3	4

I am physically unable to take part.....	1	2	3	4
I am not at ease in social situations.....	1	2	3	4
Other (please specify): _____	1	2	3	4

4. (a) Have you done volunteer work connected with culture, recreation, sports or parks in the **PAST 12 MONTHS?** (Please check **ONE** only.)

- No**      Go to question 5.
- Yes**      Please continue

4. (b) What job(s) did you do as a volunteer? (Please check **ALL** boxes that apply.)

- Board Member (e.g., President, Secretary, Member at Large)
- Committee member
- Coach, Manager or Instructor
- Volunteer worker
- Other (please specify) \_\_\_\_\_

4. (c) How many hours in an average week did you spend doing volunteer work during the PAST 12 MONTHS? (Please check **ONE** box only.)

- 1-5 hours     6-10 hours     11-15 hours     more than 15 hours

**We would like to know your opinions on the following questions. Your answers will help us plan better recreation, parks and leisure services to meet your needs.**

5. Recreation and parks can provide benefits to communities as a whole. Below are a few benefits that some Albertans feel they receive from having recreation and parks in their community. For each benefit, please rate **how important** you think they are. (Please circle **ONE** number for **EACH**.)

**1 = Not Important      2 = Somewhat Important      3 = Important      4 = Very Important**

Recreation and parks facilities and services improve quality of life.....	1	2	3	4
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**1 = Not Important**

**2 = Somewhat Important**

**3 = Important**

**4 = Very Important**

Recreation opportunities make it possible for children and youth to take part in a variety of activities.....	1	2	3	4
Recreation opportunities make it possible for families to spend time together.....	1	2	3	4
Recreation opportunities make it possible to create partnerships and renew community spirit...	1	2	3	4
Participating in recreation provides opportunities for people to contribute to their communities in many ways.....	1	2	3	4
Recreation and parks contribute to the economy of a community.....	1	2	3	4
Parks and open spaces provide opportunities for the preservation of Alberta's landscapes, plants and animals.....	1	2	3	4

6. (a) Have you ever visited an **Alberta Provincial Park**? Provincial parks are managed by the provincial government and **NOT** managed by municipal or federal agencies.

- No** Go to question 6. (e)
- Yes** Go to question 6. (b)
- Not Sure** Go to question 6. (e)

6. (b) Was your most recent visit within the past three (3) years?

- No** Go to question 6. (e)
- Yes** Go to question 6. (c)
- Not Sure** Go to question 6. (e)

6. (c) Which **Alberta Provincial Parks** have you visited in the last (3) years?

6. (d) Which of the following services/information sources did you use for planning your trips to **Alberta's Provincial Parks**? (Please check **ALL** boxes that apply).

- Internet/world wide web
- Advertising (e.g., newspaper, magazine)
- Recommendations from others
- Travel information centres/kiosks
- Alberta Motor Association
- Radio/television
- Personal experience or previous visit
- Travel counselors/agents
- Campground guide/directories
- Road maps
- Other (please specify) \_\_\_\_\_

6. (e) Please check **ONE** main reason and **ONE** secondary reason as to why you have not recently visited an **Alberta Provincial Park**?

	<b>Main Reason</b>	<b>Second Reason</b>
I am not interested in wilderness and the outdoors.....	<input type="checkbox"/>	<input type="checkbox"/>
I visit other parks that better meet my needs.....	<input type="checkbox"/>	<input type="checkbox"/>
They are not accessible enough for my physical challenges.....	<input type="checkbox"/>	<input type="checkbox"/>
I just moved to Alberta.....	<input type="checkbox"/>	<input type="checkbox"/>
They are too far away.....	<input type="checkbox"/>	<input type="checkbox"/>
I prefer other forms of recreation and travel.....	<input type="checkbox"/>	<input type="checkbox"/>
Not sure.....	<input type="checkbox"/>	<input type="checkbox"/>
No reason.....	<input type="checkbox"/>	<input type="checkbox"/>
Other reason (please specify) _____.....	<input type="checkbox"/>	<input type="checkbox"/>

7. (a) In your opinion, should the following activities or services be allowed in **Alberta provincial parks**? (Please circle **ONE** number for **EACH**.)

**1 = Yes**

**2 = No**

**3 = No Opinion**

**Accommodation facilities:**

Private cottages .....	1	2	3
Primitive rental cabins .....	1	2	3
Hostels or dormitories .....	1	2	3
Hotels or motels .....	1	2	3
Resorts .....	1	2	3

**Sport and recreation facilities:**

Courts (e.g., tennis, volleyball, basketball) .....	1	2	3
Playing fields (e.g., baseball, soccer) .....	1	2	3
Golf courses .....	1	2	3
Downhill ski areas .....	1	2	3
Cross-country ski trails .....	1	2	3

**Service facilities:**

Grocery stores and laundromats .....	1	2	3
Restaurants or lounges .....	1	2	3
Gas stations .....	1	2	3

**Outdoor activities:**

Hunting .....	1	2	3
Snowmobiling .....	1	2	3
Horse rentals .....	1	2	3
Motorized off-road vehicles (e.g., quads) .....	1	2	3
Mountain biking .....	1	2	3

7. (b) In your opinion, should the following activities or services be allowed in **municipal parks and recreation areas**? (Please circle **ONE** number for **EACH**.)

**1 = Yes                      2 = No                      3 = No Opinion**

**Sport and recreation facilities:**

Courts (e.g., tennis, volleyball, basketball).....	1	2	3
Playing fields (e.g., baseball, soccer) .....	1	2	3
Golf courses .....	1	2	3
Downhill ski areas.....	1	2	3
Cross-country ski trails .....	1	2	3

**Service facilities:**

Picnic areas.....	1	2	3
Restaurants or snack bars .....	1	2	3
Tents and campgrounds .....	1	2	3

**Outdoor activities:**

Snowmobiling.....	1	2	3
Horse rentals .....	1	2	3
Motorized off-road vehicles (e.g., quads).....	1	2	3
Mountain biking .....	1	2	3
Off-leash dog parks.....	1	2	3

**This part of the survey requests general information about you and the other people who live in your household.**

***ALL REPLIES WILL BE HELD IN THE STRICTEST CONFIDENCE***

8. What is your gender?

- Male
- Female

9. What year were you born? \_\_\_\_\_

10. What is the **HIGHEST** level of education **YOU** have completed? (Please check **ONE** box only.)
- Elementary, Junior or Senior High School
  - Technical or vocational program
  - College
  - University
  - Other (please describe) \_\_\_\_\_

11. What are the first three digits of your postal code? \_\_\_\_\_

12. Which of the following best describes your household? (Please check **ONE** box only.)
- Couple with no children
  - Couple with children
  - Single person
  - Single parent family
  - Two or more unrelated single adults
  - Two or more related adults
  - Other (please describe) \_\_\_\_\_

13. How many members of your household are in the following age groups? Please specify the **NUMBER OF PEOPLE** in each **AGE GROUP**. (**REMEMBER** to include yourself.)

**How  
Many?**

Under 5 years of age..... \_\_\_\_\_

from 5 to 9..... \_\_\_\_\_

from 10 to 14..... \_\_\_\_\_

from 15 to 19..... \_\_\_\_\_

from 20 to 29..... \_\_\_\_\_

from 30 to 49..... \_\_\_\_\_

from 50 to 64..... \_\_\_\_\_

65 years and over..... \_\_\_\_\_

14. (a) How many people from your household received an income during the **PAST 12 MONTHS?**:

Please specify the **NUMBER OF PEOPLE** \_\_\_\_\_

14. (b) Approximately, what is the **TOTAL AMOUNT OF INCOME** that you and members of your household received during the **PAST 12 MONTHS?** (Please check **ONE** box only.)

- less than \$10,000
- \$10,000 to \$30,000
- \$30,001 to \$50,000
- \$50,001 to \$70,000
- \$70,001 to \$90,000
- \$90,001 to \$110,000
- \$110,001 to \$130,000
- \$130,001 or more

15. How long have you lived in Alberta?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 or more years

16. In order to determine whether you and others participate in similar leisure, recreation and parks activities, are you (Please check **ALL** boxes that apply):

- Aboriginal/First Nations/Métis/Inuit
- Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
- Black (e.g., African, Haitian, Jamaican, Somali)
- Chinese
- Filipino
- Japanese
- Korean

- Latin American
- South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
- South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)
- White
- Other (please specify): \_\_\_\_\_

17. Do you have any disability of six months or more duration that affects your ability to perform daily activities unassisted?

- No
- Yes

Is there anything else you would like to tell us about parks, recreation or leisure issues? If so, please use this space for that purpose.

**THANK YOU VERY MUCH FOR YOUR ASSISTANCE** in answering and returning this questionnaire. Please remember that the envelope enclosed does not require postage.

**Participants who complete the survey are eligible to enter to win a prize package. May we gather your contact information for the purposes of informing you if you are selected as a winner? Be assured that all personal contact information will be kept in strictest confidence and will be used only to contact the winners of the contest.**

- Not interested in the Draw Prize
- Yes: Phone Number \_\_\_\_\_
- OR May we contact you by e-mail? (Please enter e-mail)  
\_\_\_\_\_
- May we ask for your first name or initial:  
\_\_\_\_\_