



PARK PROGRAM SITE SURVEY



Collecting information at each Park Prescription program helps us to learn how parks and health can improve outreach to new users and promote physical activity outside.

| BACKGROUND - COMPLETED BY SITE LEADER | | | | | | | | | | | |
|--|--|------------|--|----------------|--|---------------------------|--|------------------|--|---------------------------------|--|
| Date: | Park name & City/County: | | | | | | | | | | |
| Site leader name: | Site leader email: | | | | | | | | | | |
| Language of introduction: | | | | | | | | | | | |
| OBSERVATION - COUNTED/ASKED AND RECORDED BY THE SITE LEADER | | | | | | | | | | | |
| <i>Observe and count on your own (or ask ages)</i> | Record answers in this column | | | | | | | | | | |
| Number of people participating | | | | | | | | | | | |
| Number between the ages of 0-18 | | | | | | | | | | | |
| Number between the ages of 19-64 | | | | | | | | | | | |
| Number over the age of 65 | | | | | | | | | | | |
| GROUP SURVEY - COUNTED AND RECORDED BY SITE LEADER | | | | | | | | | | | |
| <i>Ask participants to raise their hand to respond</i> | Record answers in this column | | | | | | | | | | |
| Raise your hand if you live in [this county of park location] | | | | | | | | | | | |
| Raise your hand if this is your first visit to this park | | | | | | | | | | | |
| Raise your hand if this is your first visit to this park in the past year | | | | | | | | | | | |
| Raise your hand if you heard about this event from: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">a) Website</td> <td style="width: 20%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">b) Radio/TV ad</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c) Community/church group</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">d) Word of mouth</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">e) Health care provider/ Doctor</td> <td style="padding: 5px;"></td> </tr> </table> | a) Website | | b) Radio/TV ad | | c) Community/church group | | d) Word of mouth | | e) Health care provider/ Doctor | |
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| d) Word of mouth | | | | | | | | | | | |
| e) Health care provider/ Doctor | | | | | | | | | | | |
| Today's activity will be approximately [program length]. Raise your hand if this is your longest duration of moderate to vigorous physical activity over the past: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">a) Week</td> <td style="width: 20%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">b) Month</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c) Year</td> <td style="padding: 5px;"></td> </tr> </table> | a) Week | | b) Month | | c) Year | | | | | |
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| c) Year | | | | | | | | | | | |

