Greenspace Visitor Survey – local residents

Scottish Natural Heritage is working with *(insert lead project name)* to improve your local green space, *(insert name of site)*. We’d love to hear how you currently use the space so please take a few minutes to complete our survey. You can complete the questionnaire by ticking the appropriate box or by writing your answer in the space provided. Please return your completed questionnaire to *(insert contact)*. The data collected will be used in reporting to the project funders and to demonstrate the value of greenspaces like this. If you have any questions about the survey or how your answers will be used, please contact GREENINFRASTRUCTURE@nature.scot

# Q1 On average, how often have you visited the outdoors for leisure and recreation in Scotland in the last 12 months?

*The outdoors includes open spaces in the countryside or in towns and cities such parks, woods, farmland, paths and beaches. Leisure and recreation includes activities like walking, cycling, jogging, family outings and other outdoor activities and sports.*

|  |  |
| --- | --- |
|  | Every day  Several times a week  Once a week  Once or twice a month  Once every 2 – 3 months  Once or twice  Never |

# Q2 Are you aware that you live near the *name of site* greenspace area?

|  |  |
| --- | --- |
|  | Yes  No  Not sure |

**If you answered ‘No’ or ‘Not sure’, thank you for your time, you do not need to continue.**

# Q3 Have you ever visited *name of site?* If YES, how often have you visited in the last 12 months?

|  |  |
| --- | --- |
|  | Never visited PLEASE GO TO Q4  Every day  Several times a week  Once a week  Once or twice a month ALL WHO HAVE VISITED, PLEASE GO TO Q5  Once every 2-3 months  Once or twice  Not sure/don’t know  Not been in last 12 months |

# Q4 Is there a particular reason why you haven’t visited the *name of site*?

*Tick all that apply*

|  |  |
| --- | --- |
|  | Lack of time  Poor health or disability  Old age  No-one to go with  Not sure how to get there  I’m just not interested  Poor weather  Concerns about personal safety  No particular reason  Other (Please provide details)  ………………………………………………………………………………………. |

**Thank you for your time, you do not need to continue.**

# Q5 What is the main reason you usually visit *name of site*?

*Tick the one most applicable to you*

|  |  |
| --- | --- |
|  | To go for a walk  For physical health and exercise  To exercise a dog  To supervise/play with children  To relax and unwind  To enjoy the fresh air/nice weather  For peace and quiet  To take part in a sport or hobby  To socialise with family or friends  To volunteer/help out  To be amongst nature/to see wildlife  Other (Please provide details)  ……………………………………………………………………………………… |

# Q6 What other activities do you do while visiting *name of site*?

*Tick all that apply*

|  |  |
| --- | --- |
|  | To go for a walk  For physical health, exercise and sports  To exercise a dog  To supervise/play with children  To relax and unwind  To enjoy the fresh air/nice weather  To socialise with family or friends  To volunteer/help out  To be amongst nature/to see wildlife  I don’t do anything else  Other (Please provide details)  ………………………………………………………………………………………. |

# Q7 How much time do you usually spend at name of site when you visit?

|  |  |
| --- | --- |
|  | half an hour or less  between half an hour and 1 hour  from 1 to 2 hours  from 2 to 3 hours  from 3 to 4 hours  from 4 to 5 hours  5 hours + (please provide roughly how many hours)  ………………………………………………………………………………………. |

# Q8 How do you usually travel to *name of site* from your home?

*If a combination please tick the main mode of travel*

|  |  |
| --- | --- |
|  | On foot (a walk of 5 minutes or less)  On foot (a walk between 6 and 10 minutes)  On foot (a walk more than 10 minutes)  By bike  By bus/train  By car/motorbike  Other (Please provide details)  ………………………………………………………………………………………. |

# Q9 Who do you usually visit Name of site with?

*Tick all that apply*

|  |  |
| --- | --- |
|  | On your own  With a dog  With other members of your family  With friends  With an organised group  Other (Please provide details)  ………………………………………………………………………………………. |

# Q10 How much do you agree or disagree with the following statements about *name of site?*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don’t know |
| It’s a good place for people to relax and unwind |  |  |  |  |  |  |
| It’s a safe place for physical activity, such as walking, cycling, sports and play |  |  |  |  |  |  |
| It’s an attractive place to spend time in |  |  |  |  |  |  |
| It’s a good place for children to play |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |

# Q11 How much do you agree or disagree with the following statements about *name of site?*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Strongly Agree | | Agree | | Neither agree nor disagree | | Disagree | | Strongly disagree | | Don’t know | |
| It helps improve my physical health (through exercise and physical activity) |  | |  | |  | |  | |  | |  | |
| It helps me de-stress, relax and unwind |  | |  | |  | |  | |  | |  | |
| It makes me feel energised and revitalised |  | |  | |  | |  | |  | |  | |
| It’s a good social experience (through spending time with other people) |  | |  | |  | |  | |  | |  | |
| It makes me feel closer to nature |  | |  | |  | |  | |  | |  | |
| It has a positive impact on the overall quality of my life |  | |  | |  | |  | |  | |  | |

Demographic questions:

# Q12 What is your gender identity?

|  |  |
| --- | --- |
|  | Male  Female  Other  Prefer not to say |

# Q13 Which age category applies to you?

|  |  |
| --- | --- |
|  | 16 – 24  25 – 34  35 – 44  45 – 54  55 – 64  65 +  Prefer not to say |

# Q14 How is your health in general?

|  |  |
| --- | --- |
|  | Very good  Good  Fair  Poor Very poor  Don’t know  Prefer not to say |

# Q15 Is your ability to participate in outdoor recreational activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?

|  |  |
| --- | --- |
|  | Yes, limited a lot  Yes, limited a little  No, not limited at all  Prefer not to say |

# Q16 What is your ethnic group?

|  |  |
| --- | --- |
|  | WHITE  (Scottish / Other British / Irish / Gypsy/traveller / Polish Any other white ethnic group)  MIXED OR MULTIPLE ETHNIC GROUPS  (Any mixed or multiple ethnic groups)  ASIAN  (Asian Scottish, Asian British / Pakistani, Pakistani Scottish, Pakistani British / Indian, Indian Scottish, Indian British / Bangladeshi, Bangladeshi Scottish or Bangladeshi British / Chinese, Chinese Scottish, Chinese British / Other)  AFRICAN  (African, African Scottish, African British / Other)  CARIBBEAN OR BLACK  (Caribbean, Caribbean Scottish, Caribbean British / Black, Black Scottish, Black British / Other)  OTHER ETHNIC GROUP  (Arab, Arab Scottish, Arab British / Other)  Prefer not to say |

# Q17 What is your postcode?

……………………………

**END OF SURVEY**