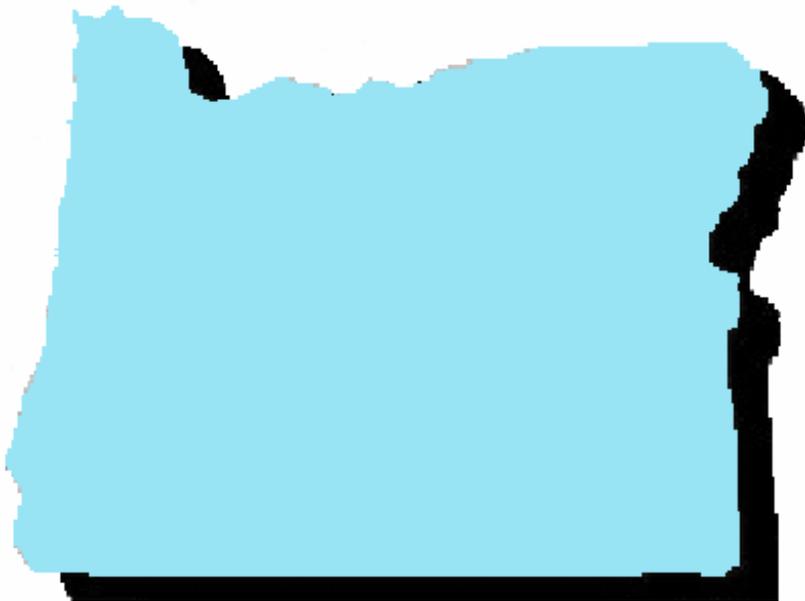


# Oregon Outdoor Recreation Adult Survey



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Thank you for participating in our survey of outdoor recreation in Oregon. Please read all directions and answer the questions as accurately as possible.

**Q1. Please tell us about the outdoor recreation activities you and one of your children engaged in here in Oregon during the past year. If you do not have any children between the ages of 3 and 17, please complete only columns A and B for each activity. If you have one or more children in this age range, please write the age and circle the gender of the child with the most recent birthday:**

\_\_\_\_\_ years old      girl / boy (circle one)

**Please answer the remaining survey questions with this child in mind.**

Activity	Column A Number of days <u>you</u> participated in this activity in Oregon over past year	Column B Did <u>you</u> first participate in this activity as a child (circle 1) or adult (circle 2)	Column C Number of days <u>your child</u> participated in this activity in Oregon over past year	Column D Who introduced <u>your child</u> to this activity? (Mom, Dad, Girl Scouts, etc.)
Walking for pleasure (on streets, sidewalks, paths or trails in your community)		1 2		
Jogging or running for exercise		1 2		
Day hiking on trails		1 2		
Picnicking and family gatherings		1 2		
Relaxing, hanging out, escaping heat, noise, etc.		1 2		
General play at a neighborhood park / playground		1 2		
Bicycling on paved roads / paths		1 2		
Mountain biking (single track / dirt road)		1 2		
Skateboarding		1 2		
Horseback riding		1 2		
Off-highway vehicle travel (4-wheelers, dirt bikes, quads)		1 2		
Camping (tents, cabins, or RVs)		1 2		
Hunting		1 2		
Fishing		1 2		
Motorized boating		1 2		
Floating / paddling (sailboarding, kayaking, rafting, canoeing, etc.)		1 2		
Rock climbing / bouldering / mountaineering		1 2		
Ocean or freshwater beach activities		1 2		
Winter skiing / sledding / snowshoeing		1 2		
Viewing natural features such as scenery, wildlife, birds, flowers, fish, etc.		1 2		
Visiting a nature center, nature trail, or nature-themed visitor center		1 2		
Visiting historic sites (museums, outdoor displays, history-themed visitor centers)		1 2		
Outdoor photography, painting, drawing		1 2		
Nature study		1 2		
Gathering mushrooms, berries, firewood, or other natural products		1 2		
Driving for pleasure on roads		1 2		
Outdoor sports and games (baseball, softball, soccer, basketball, football, golf, tennis)		1 2		
Swimming in an outdoor pool		1 2		

**Q2. Do you currently spend more time, about the same amount of time, or less time in outdoor recreation activities than you did 5 years ago? (Please check one box.)**

- More time → please write why you spend more time \_\_\_\_\_
- About the same
- Less time → please write why you spend less time \_\_\_\_\_

**If you do not have a child between the ages of 3 and 17, please skip to Question 21. Otherwise, please continue with Question 3.**

**Q3. Please tell us how much time your child spends in each of the following types of activities – after school and weekends combined. Then indicate whether, on average, your child spends more or less time engaged in this type of activity than you did as a child. (Please circle appropriate number in each column.)**

Type of Activity	Time your child spends in activity	Relative to my childhood, my child spends		
	1. Never 2. Less than half the time 3. Half the time 4. More than half the time 5. Most of the time	1	2	3
Organized indoor sports (basketball, swimming, etc.)	1 2 3 4 5	1	2	3
Organized outdoor sports (soccer, football, baseball, etc.)	1 2 3 4 5	1	2	3
Other outdoor activities listed in Question 1 above	1 2 3 4 5	1	2	3
Outdoor chores or work (mowing lawn, etc.)	1 2 3 4 5	1	2	3
Outdoor play at school (recess, before/after school)	1 2 3 4 5	1	2	3
Outdoor play not at school (in yards, parks, playgrounds, woods, on farms, etc.)	1 2 3 4 5	1	2	3

**Q4. Does your child engage in 30 minutes of moderate exercise on average per day? By moderate exercise, we mean physical activity that does not make one sweat and breathe hard (e.g., fast walking, slow bicycling, skating, or pushing a lawn mower).**

- Yes → please continue with Question 5.
- No → please skip to Question 6.

**Q5. Does this exercise occur mostly outdoors or indoors?**

- Outdoors
- Indoors

**Q6. How important do you feel it is for your child to get more exercise?**

- Not at all important
- Somewhat important
- Very important

**Q7. Please tell us about your child's skills related to outdoor activities, and how his or her ability compares to your ability when you were a child.** (Please circle appropriate number in each column.)

Skill	How important is each skill?	My child has the following level of ability in this skill	Relative to my ability as a child, my child's ability is
	1. Not at all important 2. Somewhat important 3. Very important	1. Low or no ability 2. Moderate ability 3. High ability	1. Lower 2. About the same 3. Higher
Pitch a tent	1 2 3	1 2 3	1 2 3
Pack a backpack	1 2 3	1 2 3	1 2 3
Hunt (including gun or bow safety)	1 2 3	1 2 3	1 2 3
Fish	1 2 3	1 2 3	1 2 3
Winter survival skills (including avalanche safety)	1 2 3	1 2 3	1 2 3
Identify birds / wildlife	1 2 3	1 2 3	1 2 3
Identify plants	1 2 3	1 2 3	1 2 3
Basic emergency first aid	1 2 3	1 2 3	1 2 3
Wilderness survival	1 2 3	1 2 3	1 2 3
Swim (for example, swim to shore if canoe capsizes)	1 2 3	1 2 3	1 2 3
Boat safety	1 2 3	1 2 3	1 2 3
Build a fire	1 2 3	1 2 3	1 2 3
Cook outdoors	1 2 3	1 2 3	1 2 3
Tie knots, ropework	1 2 3	1 2 3	1 2 3
Use a map and compass	1 2 3	1 2 3	1 2 3
Follow environmental ethics, such as Leave No Trace (LNT) principles	1 2 3	1 2 3	1 2 3

**Q8. For those outdoor skills that you learned as a youth, how did you learn those skills?** (Check one or more boxes that reflect the primary people or organizations that taught you the skills.)

- |   |  |
|---|--|
| <input type="checkbox"/> Parents / guardians  | <input type="checkbox"/> 4-H                                       |
| <input type="checkbox"/> Other family members | <input type="checkbox"/> Community parks and recreation department |
| <input type="checkbox"/> Boy or Girl Scouts   | <input type="checkbox"/> Schools                                   |
| <input type="checkbox"/> YMCA / YWCA          | <input type="checkbox"/> Other – please describe _____             |
| <input type="checkbox"/> Boys and Girls Clubs |  |

**Q9. Have you taught your child these types of skills (or do you expect to teach them as your child gets older)?**

- Yes → please skip to Question 11
- No → please continue with Question 10

**Q10. Is there a reason you have not taught or do not expect to teach your child these skills?** (Please check the box that best reflects your situation.)

- I don't have enough time
- I don't have enough money
- My children aren't interested in learning these skills
- I'm not interested in teaching these skills
- I don't believe these skills are important for children
- Some other reason → please describe: \_\_\_\_\_

**Q11. Many programs in Oregon are designed to help our children engage in outdoor recreation outside of school class time. Please tell us if your child has participated and how likely he/she is to participate in the future.** (Please circle appropriate number in each column.)

Type of program	Has child participated?		Likely to participate in the future?		
	1. Yes	2. No	1. Not likely	2. Somewhat likely	3. Very likely
Outdoor sports programs (baseball, football, soccer, etc.)	1	2	1	2	3
Outdoor adventure trips (rafting, rock climbing, etc.)	1	2	1	2	3
Outdoor activity skills courses / clinics / workshops	1	2	1	2	3
Natural history or environmental education programs (ecology, geology, etc.)	1	2	1	2	3
Day camps, including multi-day camps but not overnight	1	2	1	2	3
Multi-day camps involving overnight away from home	1	2	1	2	3
One-on-one mentoring programs	1	2	1	2	3
Programs to help youth use their free time productively	1	2	1	2	3
Programs to combat youth obesity through outdoor recreation	1	2	1	2	3
Programs designed help youth cope with, and adjust to, the challenges of everyday life through outdoor recreation	1	2	1	2	3

**Q12. What are good times for your child to participate in such programs?** (Please check the box for each time period in which your child would be likely to participate.)

- Weekdays, after school
- Weekends
- Summer, weekdays
- Summer, weekends
- Summer, full week or longer
- School holidays (weekdays off during school year)

**Q13. For multi-day programs, do you prefer that your child stays overnight at home or at the program location?**

- Prefer child stay overnight at home
- Prefer child stay overnight at program location (e.g., at a camp away from home)

**Q14. The nature of these programs varies, but some could involve parents or guardians. How likely are you to participate in such programs with your child?**

- Not likely
- Somewhat likely
- Very likely

**Q15. There are a number of reasons why your child may or may not participate in such programs. Please indicate how important each of the following is as a reason not to participate.**

Reason	Not important	Somewhat important	Very important
We cannot afford the cost of the program and associated equipment	1	2	3
Transportation is a problem – my child can not get to where the programs are offered	1	2	3
We haven't heard about these types of programs or don't have enough information about them	1	2	3
My child isn't interested in these types of programs	1	2	3
My child's friends aren't interested in these types of programs	1	2	3
We don't have enough time for these programs	1	2	3
We have safety concerns about these programs	1	2	3
These programs aren't suited for my child's age group	1	2	3
We prefer girls-only or boys-only programs, but they are not available	1	2	3

**Q16. Please indicate how important each of the following priorities is when you consider programs for your child to participate in outside of school class time.**

Priority	Not important	Somewhat important	Very important
Academic enrichment / supplement class material	1	2	3
Engage in physical activity / exercise	1	2	3
Have fun	1	2	3
Learn outdoor skills	1	2	3
Improve social skills	1	2	3
Provide parents time without their kids	1	2	3
Stay safe and out of trouble	1	2	3

**Q17. Please circle the number reflecting your level of agreement with each of the following statements.**

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
You can count on adults in my neighborhood to watch out that children are safe and don't get into trouble	1	2	3	4	5
Children around here have no place to play but the street	1	2	3	4	5
Traffic in this area is a hazard for children who play outside	1	2	3	4	5
The park or playground that is closest to where I live is clean and well-maintained	1	2	3	4	5
The park or playground closest to where I live is safe during the day	1	2	3	4	5
The park or playground closest to where I live is safe at night	1	2	3	4	5
I feel comfortable with the other people who use the park or playground closest to where I live	1	2	3	4	5
I avoid the park or playground closest to where I live because of gangs or other trouble-makers	1	2	3	4	5
Because of safety concerns, I do not allow my child to play outside without adult supervision	1	2	3	4	5
Because of safety concerns, I'm careful about where I allow my child to play	1	2	3	4	5
There is not enough time in the day for my child to spend as much time outdoors as he/she would like	1	2	3	4	5
There are plenty of places nearby where my child can play outdoors	1	2	3	4	5
Children can hurt themselves more easily when they play outdoors than when they play indoors	1	2	3	4	5
Children learn more in indoor activities than in outdoor activities	1	2	3	4	5

**Q18. Is there a park or playground near your home?**

- Yes → about how many times per month do you or your child use it? \_\_\_\_\_ times per month
- No

**Q19. Would you describe the area where you live as urban, suburban, or rural?**

- Urban
- Suburban
- Rural

**Q20. Relative to other activities your child could be doing (homework, video games, indoor sports, etc.), would you say it is one of your priorities to have your child spend more time in outdoor activities?**

- Not a priority
- A moderate priority
- A high priority

**In this last section, please tell us more about yourself. All responses to these questions, and others in the survey, are confidential and only averages will be reported.**

**Q21. How old are you? \_\_\_\_\_ years old**

**Q22. What is your gender?**

- Male
- Female

**Q23. Are you a single parent?**

- Yes
- No

**Q24. What is the highest educational degree you have completed? (Please check one box.)**

- Did not complete high school
- High school diploma (or equivalency)
- Some college, but no degree
- Associate degree
- Bachelor degree
- Graduate or professional degree

**Q25. Are you of Spanish / Hispanic / Latino descent?**

- Yes
- No

**Q26. Please select one or more of the following categories that best describes your race.**

- Black / African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- White / European American
- Other

**Q27. What is your household's total annual income before taxes? Include income for all persons that regularly live in your household and all sources of income – salary, pensions, interest or dividends, and all other sources.**

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

**Thank you for completing this survey. Please write any other comments you have about outdoor recreation in Oregon below or on the next page.**