

Community Council Parks & Recreation Survey (TEMPLATE Feb 2026)

Thank you for providing your thoughts about recreation in the [Community] area. This survey should take you 5-10 minutes and is anonymous unless you choose to provide your name below.

The input you provide will be used to develop a local / neighborhood park plan for Klickitat County. This plan can be used by communities who wish to seek funding to develop or improve recreational facilities. The plan is meant to directly address the priorities of local residents. This survey is NOT meant to address topics of tourism and economic development.

Most of the questions require answers. You have to answer required questions before you can proceed to the next page. You can go to a previous page and change your answers. We understand that this may feel rigid, but we need to know what you think. Thank you for helping collect the information we need to plan and look for funding for our local parks.

If you have any questions or comments, please reach out to [COMMUNITY email]

PART A: Demographics

1. Name (optional)

* 2. Your relationship to [Community]:

- Full-time resident
- Part-time resident
- I own property but do not live in [Community]
- Visitor
- I work in [Community] but do not live here

3. If you are a part-time resident, when are you normally here? Select all that apply

- Winter
- Spring
- Summer
- Fall
- Schedule varies

* 4. How long have you been a [Community] resident?

- 0-5 years
- 6-10 years
- 11-20 years
- 21+ years

* 5. Does your household include... (select all that apply)

- Children less than 5 years old
- School age children or teenagers
- Adults
- Seniors

Community Council Parks & Recreation Survey (TEMPLATE Feb 2026)

* 6. Your age:

- Under 18
- 18-30
- 31-40
- 41-50
- 51-62
- 63+

7. Gender (optional)

- Female
- Male
- Non-binary
- Prefer not to answer
- Other. (Specify if you want to.)

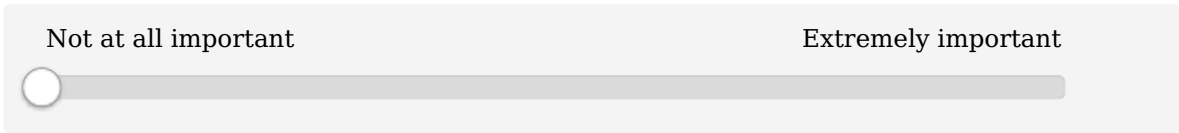
8. Which of the following best describe you? (optional) (select all that apply)

- American Indian / Alaska Native
- Asian
- Black or African American
- Hispanic / Latino
- Native Hawaiian / Other Pacific Islander
- White / Caucasian
- Prefer not to answer
- Other. You can specify below

Community Council Parks & Recreation Survey (TEMPLATE Feb 2026)

Part B: Your Relationship to Recreation

* 9. How important is recreation in your life?



* 10. What are your primary reasons for recreating? Select all that apply.

- Viewing and feeling connected to nature
- Exercise and physical/mental health benefits
- Experiencing thrills, challenge, or excitement
- Finding solitude
- Relaxation
- Connecting with family, friends, and community
- Exercising my pet
- Spiritual or cultural purposes
- I do not participate in recreational activities

* 11. Which activities do you participate in? Select all that apply.

	In [Community]	Outside of [Community]
Hiking, backpacking, or trail running	<input type="checkbox"/>	<input type="checkbox"/>
Walking or running on roads, sidewalks, or track	<input type="checkbox"/>	<input type="checkbox"/>
Dog walking	<input type="checkbox"/>	<input type="checkbox"/>
Community or family socializing (picnics, outdoor gatherings)	<input type="checkbox"/>	<input type="checkbox"/>
Playgrounds	<input type="checkbox"/>	<input type="checkbox"/>
Birdwatching or wildlife viewing	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>	<input type="checkbox"/>
Mountain biking	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>
Motorized vehicle recreation (OHV, motorcycle, snowmobile, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Hunting	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>
Gathering anything from nature (mushrooms, food foraging/harvesting, wildcrafting)	<input type="checkbox"/>	<input type="checkbox"/>
Water-based recreation (swimming, boating, kayaking, rafting, wind sports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Field sports (soccer, football, frisbee, disc golf, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Court sports (tennis, basketball, pickleball, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>
Cross-country skiing	<input type="checkbox"/>	<input type="checkbox"/>
Snowshoeing	<input type="checkbox"/>	<input type="checkbox"/>
Downhill or backcountry skiing/snowboarding	<input type="checkbox"/>	<input type="checkbox"/>
Sledding	<input type="checkbox"/>	<input type="checkbox"/>
Indoor fitness classes or games	<input type="checkbox"/>	<input type="checkbox"/>
Hang gliding	<input type="checkbox"/>	<input type="checkbox"/>
I don't participate in recreational activities	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 12. How often do you use the following facilities or recreational areas in [Community]?

	At least once/week	1-3 times/month	A few times per year	Never
Facility Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't use any of these facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How do you feel about conditions at existing facilities?

	Fine as is	Needs minor improvement	Needs major improvement	Problems with access / parking / sanitary facilities	I don't know the condition of this facility
Facility Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 14. What barriers have limited your participation in recreation in [Community] in the past 12 months? (select all that apply)

- Limited or difficult access to recreation areas
- Insufficient facilities or opportunities for my preferred activities
- Insufficient or unmaintained sanitary facilities
- Lack of ADA-accessible facilities
- Cost or fees
- Overcrowding of recreational areas
- Not enough time due to work, family, or other commitments
- Health or mobility constraints
- None of the above
- Other (please specify)

Part C: The Future of Recreation in [Community]

* 15. How would you weigh the following benefits of recreation to [Community]? Select at least one.

	Not at all important			Extremely important	
Quality of life for local residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing safe and fun opportunities for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting people in our region with nature and the outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preserving open space and natural resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 16. These are "basic recreational opportunities/facilities." Please indicate if these basic facilities are available in [Community].

	We don't have this facility, but we need it	We have this facility, and it is adequate to our needs	The facility we have is not adequate to our needs	We don't need this facility / it is not practical for us
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picnic areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open lawn areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor covered picnic area / event space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports fields or courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails / trailheads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 17. For these basic facilities, how would you prioritize improvements / investments? Slide or drag the options into order, using the arrows or the bars. Highest preference at the top, then in order to lowest preference at the bottom.

- Playground
- Picnic areas
- Open lawn areas
- Outdoor covered picnic area / event space
- Sports fields or courts
- Trails / trailheads
- Walking paths

* 18. [COMMUNITY] may want facilities or opportunities in addition to the basic ones above. In the list below, numbers 1, 2, and 3 are suggested by your Community Council. The rest of the list are facilities often suggested by planners. **Please select at least FOUR options** for facilities you would like to see improved or developed.

	We don't have this facility, but we need it.	We have this facility, and it is adequate to our needs	The facility we have is not adequate to our needs.	We don't need this facility / it is not practical for us.
1. Custom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Custom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Custom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water access for swimming, fishing, kayaking, trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter recreation (e.g. groomed ski trails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splash pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseshoes / outdoor games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor BBQ grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skate park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 19. How would you prioritize improvements/investments among these additional recreational facilities in [COMMUNITY]? Based on your preference, slide the options into order using the arrows or the bars.

- 1. Custom
- 2. Custom
- 3. Custom
- Water access for swimming, fishing, kayaking, trails
- Community garden
- Winter recreation (e.g. groomed trails)
- Fitness center
- Splash pad
- Dog park
- Horseshoes / outdoor games
- Outdoor BBQ grills
- Skate park

20. Would you support a Recreation District - levy - to support [COMMUNITY] park and local recreation?

- Yes
- NO
- Need more information / not sure

21. This survey is focused on recreational activities and facilities primarily used by local residents. Do you have concerns about negative impacts on [Community]

- Increased traffic
- Loss of community character
- Impacts on natural resources
- Rising costs of living/housing
- No, I don't have concerns

Other (please specify)

22. Community specific question. If this space is blank, please go to the next question.

Part D: Conclusion

23. If you have any other thoughts about recreation in [Community], please add them here.

* 24. Would you be interested in volunteering to improve or take care of [Community] recreation? (e.g., providing additional input, work parties, planning, grant writing)

- Yes
 No
 Maybe

25. If you answered "yes" above and would like us to get in touch, please provide your email and/or phone number below.