# New Castle Wellness Initiative

## Community Survey

**Demographics:** *(Please check those that apply)*

- **Gender:**
  - M__
  - F__

- **Age:**
  - 12-16__
  - 17-21__
  - 22-29__
  - 30-39__
  - 40-49__
  - 50-59__
  - 60-69__
  - 70+__

**Residence:**

- □ Historic New Castle  
- or  
  - Please fill-in your neighborhood name or approximate location below  
  - __________________________________________________________

## Wellness Questionnaire:

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Non-existent</th>
</tr>
</thead>
<tbody>
<tr>
<td>My knowledge/understanding about healthy food and nutrition is:</td>
<td></td>
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<tr>
<td>My knowledge/understanding about maintaining a healthy weight is:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My knowledge/understanding about exercise is:</td>
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<td></td>
</tr>
</tbody>
</table>

What are your sources of Information about healthy food choices, managing weight, exercise, avoiding chronic illnesses, controlling use of harmful substances, and managing stress?

*Please check those that apply:*  

- TV / Radio / the Media
- Family / Friends
- Doctor’s Office / Health Clinic
- School
- Workplace
- Personal wellness coach (e.g. physical trainer, nutritionist,...)
- Product packaging/labeling/advertisements

Are you concerned about maintaining a healthy weight for you or family members?  

- O Yes  
- O No

Do you get the recommended 150 minutes per week of exercise?  

- O Yes  
- O No

Do you eat the recommended 5 portions of fruit or vegetable a day?  

- O Yes  
- O No

Do you feel that you would like to know more about:

- Bicycling and walking routes in the community?  
  - O Yes  
  - O No
- Bicycling and walking routes to school?  
  - O Yes  
  - O No
- Bicycling and walking safety?  
  - O Yes  
  - O No
- Nutrition / healthy food choices / healthy cooking?  
  - O Yes  
  - O No
- Local exercise programs and resources?  
  - O Yes  
  - O No
- Preventing chronic disease and other health problems?  
  - O Yes  
  - O No
- Other? *(please specify)*  
  - _________________________________________________________________

Do you walk, jog, and/or bicycle?  

- Yes__  
- No__  

If Yes, how frequently? *(e.g. # times per week)*

What is your primary reason to walk, jog, bicycle?  

- O to get to a destination  
- O physical fitness/stay healthy  
- O lose weight  
- O training for an event  
- O other________
Please complete the following sentences by checking all that apply.

I would be more likely to walk, jog, rollerblade, skateboard, bike, etc. if...

- □ ...there were more walking trails.
- □ ...the trails/sidewalks/routes went to...
  - my school.
  - my work place.
  - the bank.
  - the library.
  - the pharmacy
  - a grocery or convenience store.
  - other destination_______________________
- □ ...there was sufficient lighting.
- □ ...I had a map or the routes were more clearly marked.
- □ ...I felt safer (from auto vehicles or crime).
- □ ...there were clearly marked bicycle lanes.
- □ ...other________________________________________________

I would be more likely to eat healthy foods if...

- □ ...there were more healthy choices in my neighborhood or within a mile of my home.
- □ ...there were in-store promotions to buy fresh produce.
- □ ...there was a local farmers market.
- □ ...there were nearby restaurants that featured healthy food and beverage choices.
- □ ...there were nearby restaurants that featured healthy portion size.
- □ ...other ________________________________________________

Please name your nearest park ____________________________, and rate it for the following:

<table>
<thead>
<tr>
<th></th>
<th>poor</th>
<th>adequate</th>
<th>good</th>
<th>very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Lighting</td>
<td></td>
<td></td>
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<tr>
<td>Safe route to get there</td>
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<tr>
<td>Bicycle rack</td>
<td></td>
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<tr>
<td>Play equipment in good condition</td>
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<tr>
<td>Pleasant landscape</td>
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<tr>
<td>Landscape maintenance</td>
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<tr>
<td>Shade</td>
<td></td>
<td></td>
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<tr>
<td>Seating for rest</td>
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<tr>
<td>Cigarette butts w/in 20 ft. of the playground</td>
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</tbody>
</table>

How often do you use the park?

- □ more than once per week
- □ about twice per month
- □ monthly
- □ never

Return competed survey to:
Andrea Trabelsi
Delware Greenways • 1910 Rockland Road • Wilminton, DE 19803
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Thank you for taking the time to provide this important information.

New Castle Community Wellness Team