

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
AT ROCKFORD

Health Systems Research

1601 Parkview Avenue · Rockford, IL 61107-1897
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September 2008

Dear Friends:

The Rockford Park District Therapeutic Recreation Team is partnering with local agencies to get your input in improving our programming and communication. This is your chance to give feedback on the types of programs and services that may assist you or any household member with a disability to enhance their overall health, happiness, and quality of life through leisure and recreational activities.

Our mission is to *help you enjoy life*, so whether you have been an active customer of Therapeutic Recreation programs and services, or are still in need of a program that best fits your needs and interests, your input and feedback are very important to us. To view our current programs and services, please visit us at www.rockfordparkdistrict.org.

Health Systems Research at the College of Medicine – Rockford is assisting with this survey by compiling the results. Please send your completed survey **in the postage paid envelope provided**. Your responses are anonymous and results will only be reported for the entire sample. If you have any questions or need assistance filling out the survey, please contact Health Systems Research at 815-395-5639 or toll free at 1-800-854-4461.

Please take the next five minutes to complete the enclosed survey. A household member over the age of 18 should complete this survey.

We thank you for taking the time and sharing your interests, as responses will directly impact programming and services provided as early as 2009!

Sincerely,

Christy Cooper
Community & Therapeutic Recreation Manager
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Therapeutic Recreation Program Manager
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ROCKFORD PARK DISTRICT

401 South Main Street · Rockford, IL · 815-987-8800 · 888-871-6171 (TTY) · www.rockfordparkdistrict.org



We welcome the opportunity to assist guests with disabilities to enjoy ALL our facilities, programs, and services.
For assistance and information on accessibility, contact RPD Customer Service at 815-987-8800 (TTY, 888-871-6171).



The Rockford Park District is a Distinguished Agency
Professionally accredited for high standards and
superior park and recreation services

Rockford Park District Therapeutic Recreation Survey

INSTRUCTIONS: Please mark with a ✓ or X or write in your answer. You may leave questions blank or discontinue the survey if you do not feel comfortable answering certain questions.

1-5. On whose behalf are you filling this survey out? (Mark all that apply)

1. Myself
2. I am filling it out for an individual with a disability living in my home
3. I am filling it out for an individual with a disability living on his or her own
4. I am filling it out for an individual with a disability living in a group home or independent living center
5. Other _____

6. Have you or any household member participated in Therapeutic Recreation programs serving individuals with disabilities?

- (1) Yes (2) No (3) Not sure

7-14. Which program(s) have you or any household member participated in? (Mark all that apply)

7. Adapted/Blaze Sports (Wheelchair Basketball, Power Soccer, Golf, Sled Hockey, etc.)
8. Adult Specialty Programs (Players Social, Players Fitness)
9. Inclusion Services (disability support in Rockford Park District general programs)
10. Teen Specialty Programs (Teen Time, Teens Unplugged, ACT, Friday Night Lights)
11. Youth Specialty Programs (SPARK, Sensational Sat., Kids In Motion, Room 4 Play)
12. Freeport Park District therapeutic recreation programs
13. Belvidere Park District therapeutic recreation programs
14. Other _____

15-34. Please tell us the reasons you would register yourself or a household member for a Therapeutic Recreation program or service? (Mark all that apply)

- | | |
|---|--|
| 15. <input type="checkbox"/> Creativity and expression | 25. <input type="checkbox"/> Independent living skills/skill development |
| 16. <input type="checkbox"/> Daily living skills | 26. <input type="checkbox"/> Money management |
| 17. <input type="checkbox"/> Entertainment and enjoyment | 27. <input type="checkbox"/> Motor development |
| 18. <input type="checkbox"/> Exposure to new activities | 28. <input type="checkbox"/> Physical activity |
| 19. <input type="checkbox"/> Friendship building | 29. <input type="checkbox"/> Recreation and sport skill development |
| 20. <input type="checkbox"/> Fun/Enjoyment | 30. <input type="checkbox"/> Respite for caregivers |
| 21. <input type="checkbox"/> Gain responsibility/independence | 31. <input type="checkbox"/> Safe and secure environment |
| 22. <input type="checkbox"/> Goal attainment | 32. <input type="checkbox"/> Social interaction |
| 23. <input type="checkbox"/> Group play | 33. <input type="checkbox"/> Training on use of public transportation |
| 24. <input type="checkbox"/> Inclusion (interaction and play with non-disabled peers) | 34. <input type="checkbox"/> Other _____ |

35-117. Leisure and recreational activities provide opportunities for new experiences, build new skills, develop independence, and make new friends. These activities have a significant impact on health, happiness, and quality of life. Please check all the activities that you or any household member **with a disability or special need** would be interested in.

Indoor sport/activity (Mark all that interest you)

- | | | |
|--|---|--|
| 35. <input type="checkbox"/> Aerobics | 42. <input type="checkbox"/> Karate | 49. <input type="checkbox"/> Tumbling/Gymnastics |
| 36. <input type="checkbox"/> Basketball | 43. <input type="checkbox"/> Ping pong | 50. <input type="checkbox"/> Volleyball |
| 37. <input type="checkbox"/> Bocce | 44. <input type="checkbox"/> Pool/Billiards | 51. <input type="checkbox"/> Weight lifting |
| 38. <input type="checkbox"/> Bowling | 45. <input type="checkbox"/> Racquetball | 52. <input type="checkbox"/> Yoga/Tai Chi |
| 39. <input type="checkbox"/> Ice hockey | 46. <input type="checkbox"/> Rock climbing | 53. <input type="checkbox"/> Other_____ |
| 40. <input type="checkbox"/> Ice skating | 47. <input type="checkbox"/> Roller skating | _____ |
| 41. <input type="checkbox"/> Indoor soccer | 48. <input type="checkbox"/> Swimming | |

Outdoor sport/activity (Mark all that interest you)

- | | | |
|---|---|--|
| 54. <input type="checkbox"/> Archery | 63. <input type="checkbox"/> Football | 72. <input type="checkbox"/> Snorkeling |
| 55. <input type="checkbox"/> Bags/Bacco | 64. <input type="checkbox"/> Frisbee golf | 73. <input type="checkbox"/> Swimming |
| 56. <input type="checkbox"/> Backyard games | 65. <input type="checkbox"/> Frisbee | 74. <input type="checkbox"/> Tennis |
| 57. <input type="checkbox"/> Baseball/Softball | 66. <input type="checkbox"/> Golf | 75. <input type="checkbox"/> Track & Field |
| 58. <input type="checkbox"/> Camping | 67. <input type="checkbox"/> Hiking | 76. <input type="checkbox"/> Volleyball |
| 59. <input type="checkbox"/> Cross country skiing | 68. <input type="checkbox"/> Horseback riding | 77. <input type="checkbox"/> Walking |
| 60. <input type="checkbox"/> Cycling/biking | 69. <input type="checkbox"/> Ice skating | 78. <input type="checkbox"/> Water skiing |
| 61. <input type="checkbox"/> Downhill skiing | 70. <input type="checkbox"/> Jogger | 79. <input type="checkbox"/> Other_____ |
| 62. <input type="checkbox"/> Field hockey | 71. <input type="checkbox"/> Soccer | _____ |

Social events (Mark all that interest you)

- | | | |
|--|---|---|
| 80. <input type="checkbox"/> Art galleries | 84. <input type="checkbox"/> Museums | 88. <input type="checkbox"/> Social events |
| 81. <input type="checkbox"/> BBQ/picnic | 85. <input type="checkbox"/> Plays/Performances | 89. <input type="checkbox"/> Sporting event |
| 82. <input type="checkbox"/> Dancing | 86. <input type="checkbox"/> Restaurants | 90. <input type="checkbox"/> Walk in the park |
| 83. <input type="checkbox"/> Movies | 87. <input type="checkbox"/> Sightseeing trips | 91. <input type="checkbox"/> Other_____ |

Hobbies/non-traditional (Mark all that interest you)

- | | | |
|--|---|---|
| 92. <input type="checkbox"/> Arts/Crafts | 99. <input type="checkbox"/> Gardening | 106. <input type="checkbox"/> Reading |
| 93. <input type="checkbox"/> Building Models | 100. <input type="checkbox"/> Music | 107. <input type="checkbox"/> Relaxation |
| 94. <input type="checkbox"/> Cooking/Baking | 101. <input type="checkbox"/> Painting | 108. <input type="checkbox"/> Scrap booking |
| 95. <input type="checkbox"/> Coloring | 102. <input type="checkbox"/> Photography | 109. <input type="checkbox"/> Sewing/needlework |
| 96. <input type="checkbox"/> Collecting | 103. <input type="checkbox"/> Playing an instrument | 110. <input type="checkbox"/> Other_____ |
| 97. <input type="checkbox"/> Drama | 104. <input type="checkbox"/> Pottery | _____ |
| 98. <input type="checkbox"/> Drawing | 105. <input type="checkbox"/> Quilting | |

111-117. Games (Mark all that interest you)

111. Arcades
112. Board games
113. Computer
114. Crosswords
115. Playing cards
116. Video games
117. Other _____

118-124. What times of the day would the members of your household **MOST LIKELY** participate in programs? (Mark all that apply.)

118. Before school hours (6 - 8 am)
119. Weekday evenings (6 - 10 pm)
120. Weekend evenings
121. After school hours (2 - 6 pm)
122. Weekend days
123. School holidays
124. Other _____

125-131. What days of the week would the members of your household **MOST LIKELY** participate in programs? (Mark all that apply)

125. Monday
126. Tuesday
127. Wednesday
128. Thursday
129. Friday
130. Saturday
131. Sunday

132-135. What season of the year would members of your household **MOST LIKELY** participate in programs? (Mark all that apply)

132. Summer (June - August)
133. Winter (December-February)
134. Fall (September - November)
135. Spring (March - May)

136-141. What is your preferred method of transportation to get to programs?

136. Family/friends/self
137. RPD bus designated pick-up points
138. RPD bus adult services door-to-door
139. Walk
140. RMTD/Para transit
141. Septran from school

142-159. Do any barriers keep you or any household member from participating in Therapeutic Recreation programs or services? (Mark all that apply)

142. Atmosphere (Noise and Distractions)
143. Awareness of activities
(not sure what is offered)
144. Child's interest
145. Cost of program(s)
146. Don't know staff of their skill levels
147. Intensity of child's behavioral needs
148. Lack of time
149. Language (ESL)
150. Location of programs are not convenient
151. Medical needs
152. Not enough support staff
153. Programs offered not of interest
154. Registration process complicated
155. Time of program (too early/late)
156. Transportation not available
157. Uncomfortable leaving child
158. Weather (too hot/cold)
159. Other _____

160. Please elaborate, if you wish about any of these barriers.

161. How could Therapeutic Recreation programs and services assist you or any household member in minimizing and/or eliminating the barriers checked above:

162. Do you or any household member qualify for respite monies for support?

- (1) Yes (2) No (3) Don't know

163. Would you or any household member be interested in an ACH Payment Plan, which offers installment payments through automatic withdrawals from your bank account or charges payments to your credit card?

- (1) Yes (2) No (3) Already use (4) Don't know

"No child should be denied access to learning an important ability, such as swimming, or developing skills for a lifetime of enjoyment, due to their inability to pay. The Rockford Park District offers a fee assistance program called Fun For All Kids". (FFAK) Adults with disabilities who meet the financial guidelines are also eligible for this program.

164. Have you or any household member ever used the fee assistance program offered by the Rockford Park District (Fun For All Kids) described above?

- | | |
|---|--|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (4) No, may be interested |
| <input type="checkbox"/> (2) Do not believe I qualify | <input type="checkbox"/> (5) No, not interested |
| <input type="checkbox"/> (3) Don't know | <input type="checkbox"/> (6) Other _____ |

165-362. Do you or any household member have a diagnosis of the following? Please check all that apply in the appropriate current age column.

Primary Diagnosis	Current Age					
	0-4	5-12	13-17	18-25	26-40	41+
165. Amputation						
171. Anxiety Disorder						
177. Arthritis						
183. Arthrogyposis						
189. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)						
195. Autism Spectrum Disorders (Autism, Aspergers, PDD-NOS, Retts Syndrome, Childhood Disintegrative Disorder)						
201. Behavior Conduct Disorder						
207. Bipolar Disorder						
213. Blind or Visual Impairment						
219. Cerebral Palsy						
225. Deaf or Hearing Impairment						
231. Depression						
237. Developmental Delays						
243. Diabetes						
249. Down Syndrome						
255. Epilepsy or Seizure Disorder						
261. Fibromyalgia						
267. Moebius Syndrome						
273. Multiple Sclerosis						
279. Muscular Dystrophy						
285. Neurofibrosis						
291. Obsessive Compulsive Disorder (OCD)						
297. Post Traumatic Stress Disorder (PTSD)						
303. Prader Willie Syndrome						
309. Reactive Attachment Disorder (RAD)						
315. Sensory Integration Disorder						
321. Speech/Language Impairment						
327. Spina Bifida						
333. Spinal Cord Injury						
339. Stroke						
345. Tourette Syndrome						
351. Traumatic Brain Injury (TBI)						
357. Other						

363-388. Have you or any household member used any of these resources? (Mark all that apply)

- 363. ARC
- 364. Access Services
- 365. Catholic Charities
- 366. Center of Hope
- 367. Center for Sight and Hearing
- 368. Community Centers
- 369. Department of Child & Family Services
- 370. Department of Human Services
- 371. Department of Rehabilitation Services
- 372. Easter Seals Children's Development Center
- 373. Growth Enterprises
- 374. Janet Wattles Community Mental Health Center
- 375. Lutheran Social Services
- 376. Mildred Berry Center
- 377. Milestone
- 378. Milestone (respite)
- 379. Northwest Illinois Autism Support Group
- 380. RAMP
- 381. Rebound
- 382. Special Olympics
- 383. Van Matre Rehabilitation
- 384. YMCA
- 385. Youth Services Network
- 386. YWCA Childcare Solutions
- 387. None of the above
- 388. Other _____

389-396. How **do you learn** about participation in Therapeutic Recreation programs and services in your area? (Mark all that apply)

- 389. www.rockfordparkdistrict.org (website)
- 390. Newspaper or TV
- 391. Receive Mailings
- 392. School
- 393. Case Manager/Therapist
- 394. Therapeutic Recreation Newsletter
- 395. Park District Guide Book
- 396. Other _____

397. Please rate how you or any household members value recreational experiences:

- (1) No value (2) Some value (3) Strong value

398. Your zip code: _____

399. In what county do you live? _____

400. Is there any other information related to your experiences or needs you would like to share?

If you received this survey electronically, here are two easy ways to return your input:

1. Mail to: Attn: Health Systems Research
University of Illinois College of Medicine at Rockford
1601 Parkview Ave
Rockford, IL 61107
2. Fax to: 815-395-5602

*Survey approved by the University of Illinois College of Medicine
Institutional Review Board (IRB), 8/20/2008.*