

KFUPM Community Center Survey

The KFUPM Community Affairs Committee is conducting a survey of campus residents on the services and facilities provided by the Community Center. In addition, we want to get an idea of what kind of facilities and services you would like to see offered in the Center and in the housing areas. Your input will be invaluable in setting the priorities for maintaining and developing the Community Center as well as other recreational facilities. In completing this questionnaire, please reflect what you believe to be your family's views as well as your own. Your opinions will help us be more responsive to the needs of our community. Even if you do not use our Community Center, your opinions about it are important.

Please take time to fill out the questionnaire and either:

Bring the it to the Community Center

Leave in the designated box at the Cooperative Store

Mail it to us at PO 5018 (Community Center)

Fax it to us at 4878

Give it to a member of the Community Affairs Committee

If you have any queries or questions, or would like to express any opinions, please email agahtani@kfupm.edu.sa

Thank you for your valuable time.

Dr. Ahmed S. Al-Gahtani,

Chairman of the Community Affairs Committee

Mr. Abdulrahman Abulief

Director of the Community Center

1 How important is the Community Center to you and/or your family? (Circle one answer only.)

Not important Slightly important Moderately important Very important Extremely important

2 How many members of your family regularly use the Community Center?

male adults: ___ out of a total of ___ female adults: ___ out of a total of ___
 male children: ___ out of a total of ___ female children: ___ out of a total of ___

3 Please tell us approximately how many times you or your family used the following Community Center facilities in the last 12 months. (Check one answer per line)

<i>Facility</i>	Never	1-9 times/year	10-19 times /year	20+ times/year	every week
swimming pools					
cafeteria					
library					
tennis courts					
weight-training room					
gymnasium					
table tennis					
badminton					
judo, tae kwon doe					
football					
volleyball					
billiards					
basketball					
other, please specify					

4 The Community Center facilities satisfy my needs and/or the needs of my family. (circle one)

Strongly agree Agree Neutral Disagree Strongly Disagree No Opinion

5 The Community Center opening hours are satisfactory for my needs and/or the needs of my family. (circle one)

Strongly agree Agree Neutral Disagree Strongly Disagree No Opinion

If you disagree or strongly disagree, please state your preferred opening hours.

6 How do you rate the services and facilities of the Community Center? (circle one)

Very poor Poor Neutral Good Very good No Opinion

7 How do you rate the helpfulness and abilities of the Community Center staff? (circle one)

Very poor Poor Neutral Good Very good No Opinion

8 How do you rate the bathrooms/restrooms of the Community Center? (circle one)

Very poor Poor Neutral Good Very good No Opinion

9 Whom do you think the Community Center facilities and programs should serve? (please list in order of importance 1 = highest 5 = lowest)

only children _____
mostly children _____
teenagers _____
children & adults _____
all ages _____
other (please specify) _____

11 Should the Community Center offer recreation and sports programs to: (circle all that apply)

Children Teenagers Adults Older Adults All ages

12 Does the Community Center need to offer more recreation, educational and sports programs? (circle one)

Yes No

If you answered "yes", please indicate which programs/services you would like to see. (check the ones that you would like)

adult education	<input type="checkbox"/>	Islamic Studies	<input type="checkbox"/>
adventure programs	<input type="checkbox"/>	language courses	<input type="checkbox"/>
after school programs	<input type="checkbox"/>	preschool programs	<input type="checkbox"/>
arts and cultural programs	<input type="checkbox"/>	sports tuition	<input type="checkbox"/>
beautician and dressmaking	<input type="checkbox"/>	summer programs	<input type="checkbox"/>
computer & technology programs	<input type="checkbox"/>	teenager programs	<input type="checkbox"/>
family programs	<input type="checkbox"/>	trips and sight-seeing	<input type="checkbox"/>
fitness & wellness programs	<input type="checkbox"/>		

other (please specify) _____

13 Would you or your family be interested in hiring rooms and services for private parties, weddings, etc in the Community Center? (circle one)

Yes No

If yes, in particular what kind of function(s) would you like to hold?

14 If you or your family does not use the Community Center, please state why you or other family members do not use the Community Center? (check all the reasons that apply)

It does not have the required facilities or services I'm/We're not interested

There's not enough information on what is available It's too crowded

I/We go elsewhere for recreation and/or sport I/We don't know enough about it

There are transportation problem I/We don't have time

I/We don't have anyone to accompany me

other (please specify)

15 If you or your family does not use, or uses infrequently, the Community Center, please state what would encourage you or other family members to use it? (check all the reasons that apply and please number in order of importance 1 = highest 9 = lowest)

	#		#
Better information on what is available <input type="checkbox"/>	__	Better facilities or services <input type="checkbox"/>	__
A warmer welcome or friendlier staff <input type="checkbox"/>	__	Longer opening hours <input type="checkbox"/>	__
Improved transportation or access <input type="checkbox"/>	__	Better equipment <input type="checkbox"/>	__
Help with childcare/crèche facilities <input type="checkbox"/>	__	People to go with <input type="checkbox"/>	__
Less crowded in general <input type="checkbox"/>	__		

other (please specify)

16 Would you and your family be interested in borrowing carpets, chairs, tables, lighting, etc. for private functions in the faculty housing areas?

Yes No

If yes, what items would you like to borrow? _____

The next five questions relate specifically to library services in the Community Center

17 How important is the availability of library services to you and your family? (circle one)

Very important Important Neutral Not Important Not needed No opinion

18 Please mark the total number of visits that you and/or another member of your family made to the Library during the last twelve months. (circle one number)

none 1-3 4-10 11-20 20+

19 What new or improved library services would you like to see? (check all the items that apply)

- | | | | |
|--------------------------|--------------------------|------------------------------|--------------------------|
| 1 more new books | <input type="checkbox"/> | 8 more magazines | <input type="checkbox"/> |
| 2 more books-on-CD | <input type="checkbox"/> | 9 more non-fiction/reference | <input type="checkbox"/> |
| 3 more children's books | <input type="checkbox"/> | 10 more fiction | <input type="checkbox"/> |
| 4 CDs and videos | <input type="checkbox"/> | 11 more Internet computers | <input type="checkbox"/> |
| 5 more large print books | <input type="checkbox"/> | 12 educational toys for loan | <input type="checkbox"/> |
| 6 more best sellers | <input type="checkbox"/> | 13 music CDs and tapes | <input type="checkbox"/> |
| 7 more newspapers | <input type="checkbox"/> | 14 additional library hours | <input type="checkbox"/> |

other (please specify)

20 Of the services you selected above, which three are your top choices? (Write the number of the service. For example, write "5" if more large print is one of your top three choices.)

#1 _____ #2 _____ #3 _____

21 How would you rate the following library services? (Circle one number for each service. For example, circle "1" if you think the service is very poor or "5" if you think the service is very good.)

1 very poor 2 poor 3 neutral 4 good 5 very good 6 no opinion

Children's Services:

Book collection 1 2 3 4 5 6
Preschool books 1 2 3 4 5 6
Helpfulness of staff 1 2 3 4 5 6

Adult Services:

Book collection 1 2 3 4 5 6
Reference services 1 2 3 4 5 6
Helpfulness of staff 1 2 3 4 5 6

22 Generally, KFUPM parks and recreation facilities (play areas, parks, picnic areas, etc.) satisfy my needs and/or the needs of my family. (circle one)

Strongly agree Agree Neutral Disagree Strongly Disagree No Opinion

23 How important is the availability of parks and play areas to you and your family? (circle one)

Very important Important Neutral Not Important Not needed No opinion

24 In general, how would you rate your children's local-area play facilities? (circle one)

Very good Good Neutral Bad Very bad No Opinion

Future Developments

25 What type of recreational facilities would you like to see included in a future park development? Please check all the facilities you would like to see.

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| 1 café | <input type="checkbox"/> | 10 BMX/mountain bicycle riding area | <input type="checkbox"/> |
| 2 restaurant | <input type="checkbox"/> | 11 cricket nets | <input type="checkbox"/> |
| 3 lake and/or water features | <input type="checkbox"/> | 12 basketball courts | <input type="checkbox"/> |
| 4 grass areas | <input type="checkbox"/> | 13 volleyball courts | <input type="checkbox"/> |
| 5 adventure trails | <input type="checkbox"/> | 14 skateboard/rollerblade park | <input type="checkbox"/> |
| 6 picnic and BBQ areas | <input type="checkbox"/> | 15 golf: pitch and put | <input type="checkbox"/> |
| 7 sand pits for young children | <input type="checkbox"/> | 16 horse riding | <input type="checkbox"/> |
| 8 adventure playground | <input type="checkbox"/> | 17 archery | <input type="checkbox"/> |
| 9 swings, slides, climbing frames, etc | <input type="checkbox"/> | | |

please list other preferences

26 Of the facilities you selected above, which four are your top choices? (Write the number of the facility, for example, write "2" if a restaurant is one of your top three choices.)

#1 _____ #2 _____ #3 _____ #4 _____

27 If the University builds a recreation park, how often would you and/or your family visit this park? (circle one)

- More than once a week Once a week Once a fortnight
Once a month Less than once a month Never

Please feel free to write any additional comments on this page or on additional pages as we really would like to hear your opinions, ideas and/or complaints.

Thank you for completing this questionnaire.