**Survey questionnaire**

The survey concerns the accessibility of green areas for people with reduced mobility and is addressed to these people. The questionnaire consists of 17 questions and takes no more than 5 minutes to complete.

In the first part of the questionnaire there are mostly single-choice questions. Question nr 10 allows for a maximum of 3 answers. There are also questions where the answer should be assessed on a scale of 1-5. The second part of the questionnaire serves to determine the respondent's profile. If the questionnaire is filled in by the Carer of a disabled person, please enter the data of the ward.

Part one

1. Do you like spending your free time in the park?

* Absolutely yes
* Rather yes
* Not sure
* Rather no
* Definitey no

2. How often do you visit the park?

* Everyday
* Several times a week
* Several times a month
* Several to over a dozen time a year
* Never

3. How much time do you usually spend in the park?

* Up to 30 minutes
* Around 1 hour
* Around 2 hours
* More than 3 hours

4. What do you usually do in the park?

* Walking
* Talking to people
* Observation of the environment
* Reading a book
* Using of an open-air gym
* Other………………………………………………………………………………………

5. What would make you spend more time in the park?

* More benches
* Organized meetings/events in the park
* The opportunity to meet with friends/new people
* Better surface for easier mobility
* Easy access to park
* Attractive plant compositions
* Other………………………………………………………………………………………

6. Do you prefer spending your free time in destination parks (e.g. Royal Łazienki Park, Wilanów Palace and Park ) or in neighbourhood ones (e.g. parks close to home, pocket parks). ?

* I only spend time in destination parks
* I spend time in both types of parks, but more often of in destination ones
* I only spend time in neighbourhood parks
* I spend time in both types of parks, but more often in neighbourhood ones

I spend as much time in both types of parks

7. How important is the park availability to you? Mark your answer on a scale of 1-5, 1 – not important, 5 – very important.

 1 2 3 4 5

 not important □ □ □ □ □ very important

8. How do you perceive the availability of the two types parks (1 - inaccessible, 5 completely accessible).

 1 2 3 4 5

Destination parks □ □ □ □ □

Neighbourhood parks □ □ □ □ □

9. Do you encounter architectural barriers in parks (improper surface, no benches, no slipways, etc.)?

* Absolutely yes
* Rather yes
* Not sure
* Rather no
* Definitey no

10. What kind of barriers are the most inconvenient for you? Please choose up to 3 answers.

* Inappropriate surface
* Inappropriate entrance marking
* Too few benches
* No markings
* No programme
* No sense of security
* Difficult access to the park
* No tolilets
* No slipway
* No railing
* Thresholds too high
* Inadequate width of alleys
* Other………………………………………………………………………………………

11. Do you take part in the attractions organized in the park (events, meetings, playgrounds for adults, board games, etc.) or usage of the park equipment between separate groups of the respondents.

* Absolutely yes
* Rather yes
* Not sure
* Rather no
* Definitey no

12. Do you use mobile applications to facilitate movement in public spaces?

* No, and I would not use them even if they were accessible
* No, but if I knew about them, I would be happy to use them
* Yes, I do (please write the name of them)

………………………………………………………………………………………

13. Do you use the assistive technology devices and mobile assistive applications available in the parks (maps, mock-ups, navigators, etc.)?

* No, and I would not use them even if they were accessible
* No, but if I knew about them, I would be happy to use them
* Yes, I do (please write the name of them)

…………………………………………………………………………………………

Part two

1. Gender
* Woman
* Man
* I do not want to reveal it

2. How old are you?

* 18 -29 years old
* 30- 39 years old
* 40 - 49 years old
* 50 – 59 years old
* <60 years old

3. Education

* Basic
* Vocational
* High school
* Higher
* Student

4. What makes it difficult for you to move?

* I am a wheelchair user
* I have mobility problems, but I do not use a wheelchait
* I am blind
* I am partially sighted
* I am a carer of a disabled person/I am a parent of a young child

Thank you very much for completing the questionnaire and participating in the survey!