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8. Has your child asked you for permission to walk or bike to/from school in the last year? ☐ Yes ☐ No

9. At what grade would you allow your child to walk or bike to/from school without an adult?

(Select a grade between PK,K,1,2,3...)   grade (or) ☐ I would not feel comfortable at any grade

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

10. What of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (Select ALL that apply)

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (Select one choice per line, mark box with X)

- |   |                              |                             |                                   |
|---|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Distance.....                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving.....                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time.....                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route.....              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route.....             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with.....               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways.....                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings.....     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards.....                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime.....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate.....                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?

- ☐ Strongly Encourages ☐ Encourages ☐ Neither ☐ Discourages ☐ Strongly Discourages

13. How much fun is walking or biking to/from school for your child?

- ☐ Very Fun ☐ Fun ☐ Neutral ☐ Boring ☐ Very Boring

14. How healthy is walking or biking to/from school for your child?

- ☐ Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☐ Very Unhealthy

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

15. What is the highest grade or year of school you completed?

- |   |  |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary)        | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate)              |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer                                    |

16. Please provide any additional comments below.
