

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