

8. Has your child asked you for permission to walk or bike to/from school in the last year? (select one) YES NO

9. At what grade would you allow your child to walk or bike without an adult to/from school? (select a grade between K – 8) grade (or I would not feel comfortable at any grade)

10. Which 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, mark with X in box)

- Distance
- Convenience of driving
- Time
- Child's before or after-school activities
- Speed of traffic along route
- Amount of traffic along route
- Adults to walk or bike with
- Sidewalks or pathways
- Safety of intersections and crossings
- Crossing guards
- Violence or crime
- Weather or climate

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)
(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 |

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school? (select one, mark with X in box)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Encourage | Encourage | Neither | Discourage | Strongly Discourage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. How much FUN is walking or biking to/from school for your child? (select one)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very Fun | Fun | Neutral | Boring | Very Boring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. How HEALTHY is walking or biking to/from school for your child? (select one)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very Healthy | Healthy | Neutral | Unhealthy | Very Unhealthy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. What is the highest grade or year of school you completed? (select one, mark with X in box)

- | | |
|---|--|
| <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:

Thank you for participating in this survey!