



StoryWalk® Survey for Participants

Please fill in circle beside the appropriate response like this: Thank you for participating!

What is your Postal Code?

1. Are you a:

- Parent
- Grandparent
- Other (please specify)
- Child care provider
- Educator

2. How many children did you bring with you today?

- 1 child
- 2 children
- 3 children
- 4+ children

3. What are the ages of the children with you today? (mark all that apply)

- Less than one year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8+ years

4. How did you hear about this StoryWalk®?

- Friend / Relative
- Poster
- School
- Child Care Centre
- Website or social media
- Early Years Centre, Family Literacy Centre, Parent/Family Resource Centre
- Other (please specify)

5. Was this your first time attending an outdoor literacy event?

Yes

No

6. Did this activity introduce you to a new outdoor space that you had not visited before?

Yes

No

7. Did this event give you an opportunity to engage in physical activity with your children?

Yes

No

8. a) Did you find the questions attached to the story pages helpful in prompting conversation about the story with your child?

Yes

No

b) Would you use this strategy when reading with your child at home?

Yes

No

10. What was your favourite part about this experience?

11. Would you recommend this StoryWalk® to others?

Yes

No

12. Do you have any suggestions for future StoryWalk® events?