



Walkability Toolkit Feedback Form

walkON needs your help to determine the effectiveness of our Walkability Toolkit. We will use your input to make changes to the toolkit and to determine if it is an effective way to increase knowledge about walkable communities and to support citizens groups that wish to make changes to the built environment.

1. Name: _____
2. Phone Number: _____
3. Email Address: _____
4. What is your age? _____
5. Are you:
 Male Female

6. Did you read the Walkability Toolkit
 Yes Partially No
 If you answered 'Yes' or 'Partially', please go to Question 8.
 If you answered 'No' please go to Question 7.

7. Why did you not read the Walkability Toolkit? (Please check all that apply)
- Intend to read at a later date
 - Already know information presented
 - No time
 - No interest
 - Too long
 - Too complicated
 - Other (Please Explain) _____

Stop here, don't complete the rest of the form. Please return this form to the contact listed at the bottom. Thank you.

8. Where did you gain access to the Walkability Toolkit?
- Public Health Department
Please Name: _____
 - Local Heart Health Project
Please Name: _____
 - Internet Access
 - Friend/Colleague
 - Other (Please Explain) _____

9. How useful is the Walkability Toolkit? (please check one box on each line)

	Useful	Somewhat Useful	Not Useful	Did Not Read
Introduction				
Organizing a Pedestrian Advocacy Group				
Influencing Planning Policy				
Working with the Media				
Fundraising and Grant Writing				
Resources				

As a result of the information given in the Walkability Toolkit, for questions 13 through 20, please answer whether you strongly agree, agree, disagree or strongly disagree with the statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
10. The content of the toolkit increased my knowledge				

	about walkable communities				
11.	The layout of the toolkit made the content easy to read				
12.	The language of the toolkit was easy to read				
13.	Sufficient information about walkable communities and advocacy groups was presented in the Toolkit				
14.	I have become interested in forming or joining an advocacy group for Walkable Communities				
15.	I feel encouraged to use local media to raise awareness for Walkable Communities				
16.	I want to apply ideas from other advocacy groups to support walking in my community				
17.	I have ideas to approach politicians to promote policy changes for Walkable Communities				

18. Do you think that there was any information missing in this toolkit? (please explain)

19. What are you planning to do with the information you have just gained? (please check all that apply)

- Organize/join an advocacy group
- Speak to friends regarding the Walkability Toolkit
- Learn more about Walkable Communities using the resources section in the toolkit
- Discuss the information from this Toolkit with my mayor or councillor or local media
- Other (Please Explain) _____

20. You give permission for a follow-up phone call in approximately 6 months for further information

- Yes No

Please add any comments you have regarding the Walkability Toolkit

PLEASE COMPLETE AND RETURN YOUR FORM BY EMAIL, FAX, or MAIL TO:

Lisa Gallant, Coordinator, Healthy Living Niagara
 Email: lisa.gallant@regional.niagara.on.ca
 Fax: 905 688 7024
 Mail: Niagara Region Public Health
 P.O. Box 1052, Station Main
 Thorold, ON L2V 0A2

An electronic copy of this feedback form is available at www.walkon.ca

Notice about the Collection of Personal Information (Municipal Freedom of Information and Protection of Privacy Act)

Personal information on this form is collected under the statutory authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s.5. This information will be used to evaluate the walkability toolkit. Direct questions about this collection to: Healthy Living Niagara Coordinator, c/o Niagara Region Public Health Department, 905-688-3762. We acknowledge the support of Niagara Region Public Health PREP Unit for developing this survey.