

Ride the Road - 2026

Pre-Course Survey

EveryoneRides



School _____ Grade 5 6 7

Teacher _____

Which municipality is your school located in? _____

1) Have you ever ridden a bike? Yes No

2) Do you own a bike? Yes No

3) **LAST WEEK, how did you get TO school?** Choose only one for each day..

	Mon	Tues	Wed	Thur	Fri
walk					
bike					
roll scooter/skateboard, wheelchair					
transit bus, SkyTrain, SeaBus					
Drive-to-5 get dropped off 5 minutes from school then walk					
carpool two or more families together					
car just my family					

4) **LAST WEEK, how did you get FROM school?** Choose only one for each day.

	Mon	Tues	Wed	Thur	Fri
walk					
bike					
roll scooter/skateboard, wheelchair					
transit bus, SkyTrain, SeaBus					
Drive-&-Walk walk 5 minutes to the place where I get picked up in a car					
carpool two or more families together					
car just my family					

How much do you agree with these next three statements?

5) *I can safely and confidently ride a bike to/from school.*

Strongly Agree Agree Neutral Disagree Strongly Disagree

6) *I can safely and confidently cross an intersection when I'm WALKING.*

Strongly Agree Agree Neutral Disagree Strongly Disagree

7) *I can safely and confidently cross an intersection when I'm BIKING on the road.*

Strongly Agree Agree Neutral Disagree Strongly Disagree

8) How well do you know the rules of the road?

1) 2) 3) 4) 5)
Don't know them at all Know them very well

9) How well do you understand the concept of 'Right of Way'?

1) 2) 3) 4) 5)
Don't understand at all Understand very well

10) What stops you from riding a bike? *check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Don't have a bike | <input type="checkbox"/> Don't know how to ride |
| <input type="checkbox"/> There are problems with my bike | <input type="checkbox"/> Bad weather |
| <input type="checkbox"/> Parents won't let me | <input type="checkbox"/> Traffic dangers |
| <input type="checkbox"/> Distance too far | <input type="checkbox"/> Not enough time |
| <input type="checkbox"/> Worry my bike might get stolen | <input type="checkbox"/> Health reasons |
| <input type="checkbox"/> Nothing stops me from riding my bike | <input type="checkbox"/> Poor bike parking at home |
| <input type="checkbox"/> Rather scooter, skateboard, walk, etc. | |
| <input type="checkbox"/> Poor bike parking at school | |
| <input type="checkbox"/> I don't know my way around my neighbourhood | |
| <input type="checkbox"/> Other: _____ | |

11) *I would bicycle/scooter more often to school if the bicycle/scooter parking improved*

Yes Maybe, if other conditions improved (e.g. bike lanes) No

12) I understand that while riding a bike in this program I have to wear a helmet, obey the rules of the road, and listen to instructors while riding.

Agree