

We are inviting you to give us your feedback about your experience in the Mood Walks for Campus Mental Health Project as a participating post secondary institution.

In order to evaluate the success of the project, we want to learn a little about activities you participated in, your impression about Mood Walks resources, and the impact participating in the project may have had on your Campus.

Please take a few moments to provide feedback using the following questionnaire. If several staff members were involved in the facilitation of the Mood Walk please complete one form per site.

1. Please tell us your name and school you represent

Name

University / College

Email Address

2. When did you start your Mood Walks?

Date

3. How long did you run it for (number of weeks)?

4. Our group walked:

Weekly

Bi-weekly

Monthly

Other (please specify)

5. What was the average number of participants per Walk?

6. Did weather affect number of students attending?

- Yes
- No

7. Did you have staff members join the walks as well?

- No
- Yes

If yes how many on average per week?

8. What are some of unique challenges or needs you considered when deciding and planning your walk/hike schedule (i.e. frequency and duration):

9. How did you promote the Mood Walks at your Campus?

10. What were some of the challenges you experienced leading hikes/walks?

11. Please list Campus clubs, departments ect. that participated in this project.

12. Did you engage with any community partners?

- No
- Yes

If yes please list partners

13. Did you take training offered through Hike Ontario?

- No
- Yes

If yes how many students and staff received Certificated Hike Leader training and how many received Safe Hiker training?

14. Did your group use Conservation Ontario Area for the hike/walk?

- No
- Yes

If yes please specify which Conservation Area?

15. Was the \$500 in matched funding enough to cover all expenses to implement Mood Walks successfully?

- Yes
- No

If no, please specify how much approximately would be needed and what would your Campus have used the additional funding for if it had been available?

16. To what extent are you satisfied with the following services you received from the Mood Walks project

	1 (Very dissatisfied)	2 (Dissatisfied)	3 (Satisfied)	4 (Very Satisfied)
Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Coordinator Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Hiker Instructor Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What did you enjoy most about the implementation process of Mood Walks?

18. What were some of your major successes or accomplishments in implementing Mood Walks?

19. Do you anticipate that your Mood Walks group will continue?

20. Was participating in Mood Walks a good experience overall? Please provide any final comments or suggestions related to your Mood Walks experience

21. Please share any participant testimonials/success stories, if possible. (please email any photos that you have a permission to share)