

Positive Strides

Rider COVID-19 Survey

The purpose of this survey is to understand the impacts of COVID-19 on our riders and assess their interest in joining possible fall programming at PSI. Your responses will be anonymous unless you choose to provide your name at the end of the survey

What have you missed most since not being able to participate at PSI?

Have you seen a decline in your (or your loved one's) physical strength since not being able to participate in programming?

Have you seen a decline in your (or your loved one's) physical strength since not being able to participate in programming?

Significant____ Moderate____ Small____ No Change____

Has your (or your loved one's) mental health been negatively impacted during the COVID-19 pandemic?

Strongly disagree____ Disagree____ Neutral____ Agree____ Strongly Agree____

How has not being able to participate at PSI during the pandemic affected you (or your loved one)?

How concerned are you (or your loved one) about becoming infected with COVID-19 through participating in programming at PSI?

Very____ Moderately____ Somewhat____ Not concerned at all____

Does the fear of contracting COVID-19 keep you (or your loved one) from wanting to participate in programming? Yes____ No____

If PSI can resume riding in the fall session, how likely would you (or your loved one) be interested in participate in: Fall session____ Winter session____ Spring session____ Summer session____ Not sure____ I will not return until there is a vaccine for COVID-19____

If you (or your loved one)is unable to participate in fall session (if PSI is able to resume), would you (or your loved one) be interested in participating in online remote learning with instructor/volunteers? Yes____ No____

If unable to participate in possible fall session would you (or your loved one) be interested in participating in online social interaction with volunteers and staff members? Yes____ No____

PSI may have to make a tough decision to during the initial phase of reopening to only serve riders who do not require a sidewalker. If during the second phase of reopening, we can host participants who require a sidewalker, would you or a family member be interested in being trained as a sidewalker to minimize exposure? Yes____ No____

If you (or your loved one) was required to wear a mask at PSI, would this be acceptable to you/them? Yes____ No____

If you (or your loved one) was required to wear a mask at PSI, would it be difficult to obtain an appropriate mask to wear? Yes____ No____

Do you have any additional concerns for yourself (or your loved one) regarding participating in the reopening phases at PSI?

Thank you for participating in this survey. We are hoping to see everyone back at Positive Strides soon!

Name_____