CREATING A SAFE BOATING CULTURE 365 DAYS A YEAR

Attendee Survey: Thank you for attending our event. Please fill out this survey; your opinion matters.

1. How would you describe the amount of time you spend boating? Check one option below.

   ▢ Often ▢ Sometimes ▢ Infrequent ▢ Rare ▢ None

2. How many years have you been boating? _____

3. Do you own a boat?

   ▢ Yes ▢ Planning to purchase ▢ No

4. Was the boating safety information we provided helpful?

   ▢ Yes ▢ Maybe ▢ No

5. To what degree are you likely to share what you learned today with others? Check one option below.

   ▢ Very likely ▢ Likely ▢ Neutral ▢ Unlikely ▢ Very unlikely

6. What safety issues are you most concerned about when boating? Check all that apply.

   ▢ How to manage the use of alcohol
   ▢ How to manage distractions
   ▢ How to improve navigation and lookout skills
   ▢ How to select and use a life jacket
   ▢ How to avoid the dangers associated with propeller strikes
   ▢ How to avoid the dangers associated with cold water immersion
   ▢ How to report an accident and understanding my responsibilities pertaining to a boating accident
   ▢ How to obtain more safety training as the boat operator
   ▢ Other _____

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