

Please complete <u>BEFORE</u> the Farm Walk | Pre-demonstration Survey Participant

This box will be filled in by the researcher

| Country: | CS: | Participant No: | | |
|---------------|--|-----------------|--------|--|
| | | | | |
| | Name (use initials for anonymity): | | | |
| | Age: | | | |
| | Gender (circle): | Male | Female | |
| | Do you work in the local area (circle)? | Yes | No | |
| lf yes, for h | ow many years have you worked in the local area? | Years | | |
| | | | | |

| Education (circle all that apply)? | | | | | | | | |
|---|-----------------------------|--|---|--------------|------------------------------------|--------------------------------------|----------|--------------------------|
| 1 No formal education | 2 Primary (until 12y) | 3 Secondary (until at least 16y) | 4 Third level (University/Institute of Technology) | 5 Diploma | 6 Degree (e.g. BA/B Agr. Sc) | 7 Post-graduate degree: MA/MSc | 8 PhD | 9 Other (specify) |
| What is your occupation/s? | | | | | | | | |
| Years of Experience as a: | | | | | | | | |
| How long did you travel to come here? (hours/mins, one way): | | | HOURS | | MINS | | | |
| How would you rate the effort it No Effort required for you to be here today? | | No Effort | | | | | | Greatest Possible Effort |

| required for you to be here today? (e.g. finding someone to mind the farm, etc) Circle the number | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| Explain why (briefly): | | | | | | |

What are your reasons/goals for attending this demonstration event?

What would you ideally like to learn today?

| How did you find out about this demonstration? (circle if applicable) | 1 I was told by a colleague | 2 Social media | 3 Local press | 4 Through an agricultural network I'm part of | 5 Other (please specify): |
|--|-----------------------------------|-------------------|------------------|---|------------------------------|
| May we contact you in approximately 6 months' time for a short telephone survey? This is very important for our research (circle). | Yes | No | | | |
| If yes, what is the telephone number we can reach you on? | | | | | |
| What is your email address? | | | | | |