

Trunk or Treat Event Interest Survey Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

Use these exact options when adapting the questionnaire; replace placeholders with real details. All seven are optional.

1. Would your family be interested in attending a trunk or treat at [site]?

- ☐ Yes
- ☐ Maybe
- ☐ No

2. Which proposed time works best?

- ☐ [Time A]
- ☐ [Time B]
- ☐ [Time C]
- ☐ None of these

3. How would you like to participate?

- ☐ Attend with family
- ☐ Decorate a vehicle
- ☐ Volunteer on foot
- ☐ Donate non-food items
- ☐ Not sure

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4. How many children might attend with your household?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more
- ☐ Prefer not to say

5. What would make the route easier to use?

- ☐ Step-free path
- ☐ More spacing
- ☐ Quiet period
- ☐ Clear signs
- ☐ Seating
- ☐ No change
- ☐ Other

6. Would non-food treat options be useful to your family?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ Prefer not to say

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7. What should organizers consider before confirming the event?
