

## Information about Placemaking Activities inspired by the Tactical Guide Outputs

Instructions: Thank you for your valuable support as a neighbourhood participant in the Activate Your Neighbourhood Project! Please use this form to track information about each of the activities organized in your neighbourhood. Fill out the details for each activity using the questions below. Your input will contribute to the evaluation of the program's effectiveness in increasing physical activity.

Name of person completing this form: \_\_\_\_\_

1. Neighbourhood Involved or location: \_\_\_\_\_  
Name of the Neighbourhood

2. Lead Activity Organizer: \_\_\_\_\_  
Name of the Activity Organizer

3. Activity Name/Description: \_\_\_\_\_  
Brief name or description of activity

4. Tactical Guide Category (Check all categories from the Tactical Guide that best represent the activity implemented):

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|--|--|
| <input type="checkbox"/> Naturalize                        | <input type="checkbox"/> Culinize            |
| <input type="checkbox"/> Activate                          | <input type="checkbox"/> Convivialize        |
| <input type="checkbox"/> Aestheticize                      | <input type="checkbox"/> Whimsicalize/Gamify |
| <input type="checkbox"/> Spectacalize/Eventify/Festivalize |  |

5. Date(s) the Activity was implemented: \_\_\_\_\_  
DD/MM/YYYY to DD/MM/YYY

6. Number of Participants/Neighbours Engaged: \_\_\_\_\_  
# of participants who took part

7. Was this activity organized (check all that apply):

- for you to be more active
- for you and your neighbours to be more active
- for you to work together with your neighbours on a joint project to encourage physical activity

8. How was physical activity/physical movement incorporated into the activity? Please explain:

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9. Overall, any feedback or observations about the activity that you want to offer?

**Please repeat the above set of questions for each placemaking activity you supported for the pilot program.**

Thank you for your time and dedication in supporting the pilot program and collecting this information. Your efforts are greatly appreciated!

*Please submit the completed form to the Physical Activity Coordinator for further evaluation*