



To be filled in by the operator

PostQ

operator .....

(Privacy statement here)

1. Age (years old) .....	3. Educational level <input type="checkbox"/> Middle school <input type="checkbox"/> High school Graduate <input type="checkbox"/> University degree <input type="checkbox"/> Other .....
2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	

4. Write the first three words that come to your mind when you think of a giraffe.

\_\_\_\_\_

5. Would you suggest to a friend to participate in the experience? Mark with an X on a scale from 1 to 10, where 1 means "absolutely not", and 10 "absolutely yes".

1      2      3      4      5      6      7      8      9      10

6. Do you think that the experience with the giraffes added value to your day at Zoom?

- ☐ yes, because.....  
☐ no

7. Are you satisfied with the information provided by the staff before the experience?

- ☐ yes, because .....  
☐ no, because .....

### Some information about your day at ZOOM

8. Which of these talks with biologists/keepers have you already joined today? (*Mark all that apply*)

- ☐ "Conosci le tartarughe"  
☐ "Gli animali del Serengeti"  
☐ Other talks not listed here  
☐ None

9. With whom are you at the zoo today? (Mark all that apply)

- ☐ with friend/s  
☐ with my husband/wife/partner  
☐ with my child/children  
☐ other (*specify*) .....

10. How many times have you already visited ZOOM?

- ☐ first time  
☐ more than once

11. Do you own ZOOM's annual ticket?

- ☐ yes    ☐ no

### Your opinions and impressions

12. Mark with an X the option that best describes how you feel about each of these questions on the "Giraffe feeding" experience.

1a) If during the interaction, you can touch a giraffe, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike
1b) If during the interaction, you can <b>not</b> touch any giraffe, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike
2a) If during the interaction, you are told the age, sex and particular characteristics of the giraffe you interact with, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike
2b) If during the interaction, you are <b>not</b> told the age, sex and particular characteristics of the giraffe you interact with, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike

3a) If during the interaction, you are suggested actions you can do to help the conservation of the species you are interacting with, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike
3b) If during the interaction, you are <b>not</b> suggested any action you can do to help the conservation of the species you are interacting with, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike
4a) If during the interaction, you are suggested behaviours you can do to preserve the animal welfare during the interaction, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike
4b) If during the interaction, you are <b>not</b> suggested any behaviour you can implement to preserve the animal welfare during the interaction, how do you feel?	<input type="checkbox"/> Like
	<input type="checkbox"/> Must
	<input type="checkbox"/> Do not care
	<input type="checkbox"/> Can live with it
	<input type="checkbox"/> Dislike

### Some information about you

13. Did you spend days in contact with nature during your childhood?

- ☐ Yes, during all the year  
☐ Yes, during the summer  
☐ No, rarely  
☐ other (*specify*) .....

14. Do you own pets? (*Mark all that apply*)

- |  |   |
|--|---|
| <input type="checkbox"/> no, I do not have any pet | <input type="checkbox"/> yes, a bird/s                  |
| <input type="checkbox"/> yes, a dog/s              | <input type="checkbox"/> yes, a turtle/s                |
| <input type="checkbox"/> yes, a cat/s              | <input type="checkbox"/> yes, a snake/s                 |
| <input type="checkbox"/> yes, a fish/fishes        | <input type="checkbox"/> other ( <i>specify</i> ) ..... |
| <input type="checkbox"/> yes, an hamster/s         |   |

Leave us your email adress if you would like to be involved in future conservation projects.

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*Thank you for your contribution!*