

# DINOSPHERE OBSERVATION: KIOSK: \_\_\_\_\_

Time Period: \_\_\_\_\_ to \_\_\_\_\_

Date (dd/mm/yy)	Data Collector Initials
Crowdedness: (Circle one) Light      Moderate      Heavy/Crowded	

R	Sex	Age	Start	Group type (Circle 1)	Group Behaviors (Check all)	Stop	Reason for leaving	Notes, Participant quotes, Participant comments, Researcher que
1	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
2	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
3	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
4	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
5	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
6	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
7	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
8	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
9	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
10	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
11	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
12	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
13	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
14	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
15	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
16	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
17	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
18	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
19	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			
20	M F			Ch. Fam. Camp Ad.	<input type="checkbox"/> Ch. Touch <input type="checkbox"/> Ad. Touch <input type="checkbox"/> Sit <input type="checkbox"/> Talk			

No Look:	Glance:
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