

## **NEIGHBORHOOD SAFE STREETS SURVEY**

#### What is the closest intersection to where you live?

What is your primary mode of transportation? (Circle all that apply) Car Walk Bicycle Bus/Rapid Other:

### Do you own a bicycle?

Yes No

#### **Do you ride a bicycle in your community?** Yes No

If you DO ride a bicycle in your community, where do you ride to? (Circle all that apply)SchoolWorkRecreationStoreLibraryMeet friendsI do not bicycle in my communityOther:

#### If you DO NOT ride a bicycle in your community, what would make you more likely to ride a bicycle? (Circle all that apply)

l don't own a bicycle No place to lock my bike Other:

Bicycle is broken No place to safely ride I do ride a bicycle in my community

## What are some physical aspects of your community that prevent you from riding your bicycle or riding more than you currently do? (Circle all that apply)

Lack of street lights Poor road conditions Crime Motor vehicles No place to fix my bicycle Lack of places to lock my bicycle No places to ride safely Other:

#### What programs would you participate in that would encourage you to bicycle more? (Circle all that apply)

Group rides Bike repair events Classes about riding with car traffic Other:

From what you know about your community how would you feel about the following statement "There are enough bike lanes and trails in the community for people on bikes to ride safely." (Please circle one)

Disagree

Strongly agree Agree

Neutral

Strongly Disagree

# Would you join a neighborhood group that is focused on improving your neighborhood to make it easier to ride a bike?

Yes No

#### If "yes" please provide your contact information:

Name:			
Address:			
Phone:			
Email:			
			nared or associated with your name when transcribed.
Age: 15-24	25-44	45-64	65+
Gender (circle one):	Male	Female	I'd rather not specify
Race/Ethnicity (with w	hich do you m	ost identify):	
African American /Black	Amorican	Indian Asian /Pas	ific Islander Hispanic / Latino M/hite Other