



Appendix A – User Surveys



Bicycle User Survey State of Arizona

The Arizona Department of Transportation is developing a Bicycle and Pedestrian Plan for the state highway system in Arizona. The intent of this survey is to learn more about people's preferences for bicycle riding in Arizona. Please take a few minutes to complete the following questions:

Bicycle Questions:

- Do you ride a bike? Yes ____ No ____ *If no, skip to Question 6.*
- Where do you like to ride your bike? (Please rank the items in order of preference - 1 is most preferred, 4 is least preferred):
 Off-street shared use paths ____ On-street bike lanes ____ Roadways without bicycle lanes ____
 Residential Roadways ____ Other _____
- How often do you ride a bike?
 1x per day or more ____ 1 - 6x per week ____ 1-3x per month ____ Very rarely ____ Never ____
- Why do you ride a bike? (Please rank the reasons why you ride your bike: 1 is most often, 5 or 6 are least often)
 Work ____ School ____ Errands ____ Social ____ Recreation/exercise ____ Other (specify) _____
- How far do you ride your bike on average?
 0-5 miles ____ 6-10 miles ____ 11 or more miles ____
- Why don't you ride a bike more often? (Please rank the reasons why you don't ride your bike more often: 1 is most important, 7 is least important)
 Concerns about safety ____ No bike paths or bike routes to ride on ____ No bicycle parking areas ____
 Weather/darkness ____ Destination too far ____ Need access to car ____ No change/shower facilities ____
 Other _____
- Which state highways do you bike on most often? A map of Arizona is provided to help you identify state roadways. What are the biggest problems for bicycling at these locations (dangerous intersections, no marked bicycle lanes or routes, no bicycle parking, poor pavement or shoulder condition, aggressive motorists, too many cars, cars going too fast, too many trucks, etc.)

Thank You!

Voluntary Information

Name: _____
 Address: _____ City _____ Zip _____
 Email _____ Yes, Send me updates on the planning effort
 Date Completed: _____ Age: _____ Sex: M__ F__ Own a car: Yes No

Please return surveys no later than December 4, 2002 to Mike Colety by faxing to 602-944-7423, e-mailing to mike.colety@kimley-horn.com or mailing to Kimley-Horn, 7600 N. 15th Street, Suite 250, Phoenix, AZ 85020. Surveys can be downloaded at www.azbikeped.org.



Pedestrian Survey State of Arizona

The Arizona Department of Transportation is developing a Bicycle and Pedestrian Plan for the state highway system in Arizona. The intent of this survey is to learn more about residents' walking preferences. Please take a few minutes to complete the following questions:

Pedestrian Questions:

1. How often do you walk to or from work, school, errands, for recreation or exercise, during lunch, or to go to a business or social activity? (Please count each round-trip as one trip.)

1x per day or more _____ 1 - 6x per week _____ 1-3x per month _____ Very rarely _____

2. Why do you walk? (Please rank the reasons why you walk: 1 is most often, 5 or 6 are least often)

Work _____ School _____ Errands _____ Social _____ Recreation/exercise _____ Other _____

3. About how far do you walk on an average walk trip? (Check all that apply)

Several Blocks or Less (1/4 mile or less) _____ 1/4 to 1-mile _____ 1-2 miles _____ over 2 miles _____

4. How far do you live from work or school?

0-1 mile _____ 1-2 miles _____ 2-5 miles _____ 6-10 miles _____ 11 or more miles _____

5. Describe the reason you don't walk or walk more often to get to your destinations: (Mark 1 as most important, 2...)

Concerns about safety _____ Lack of walkways (e.g. sidewalks/multi-use paths) to walk on _____

Weather/darkness _____ Need access to car _____ Destination is too far _____

Other _____

6. Please identify the five biggest problems for walking, such as dangerous intersections, stretches of road without sidewalks, etc. A map of Arizona is provided to help identify particular state roadways.

1. _____
2. _____
3. _____
4. _____
5. _____

Thank You!

Voluntary Information

Name: _____

Address: _____ City _____ Zip _____

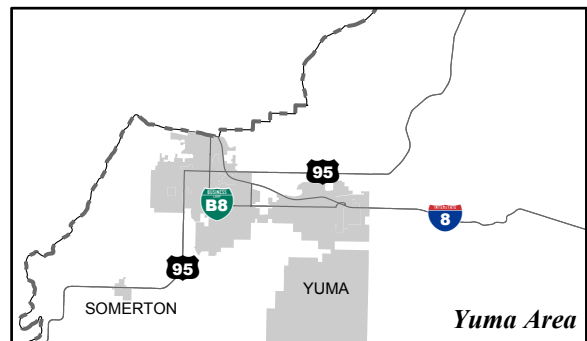
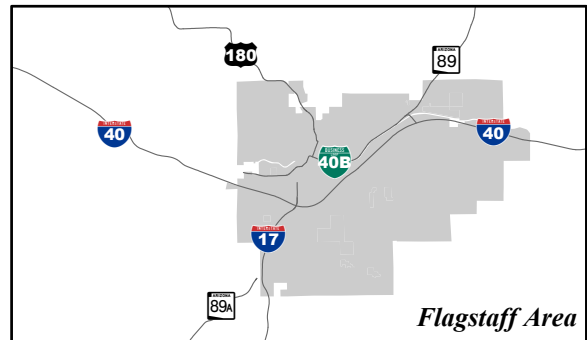
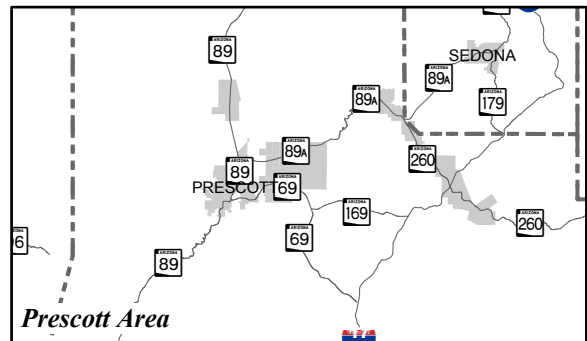
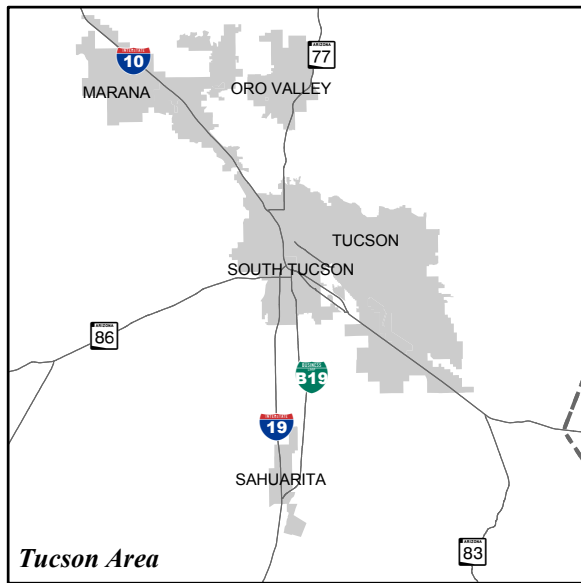
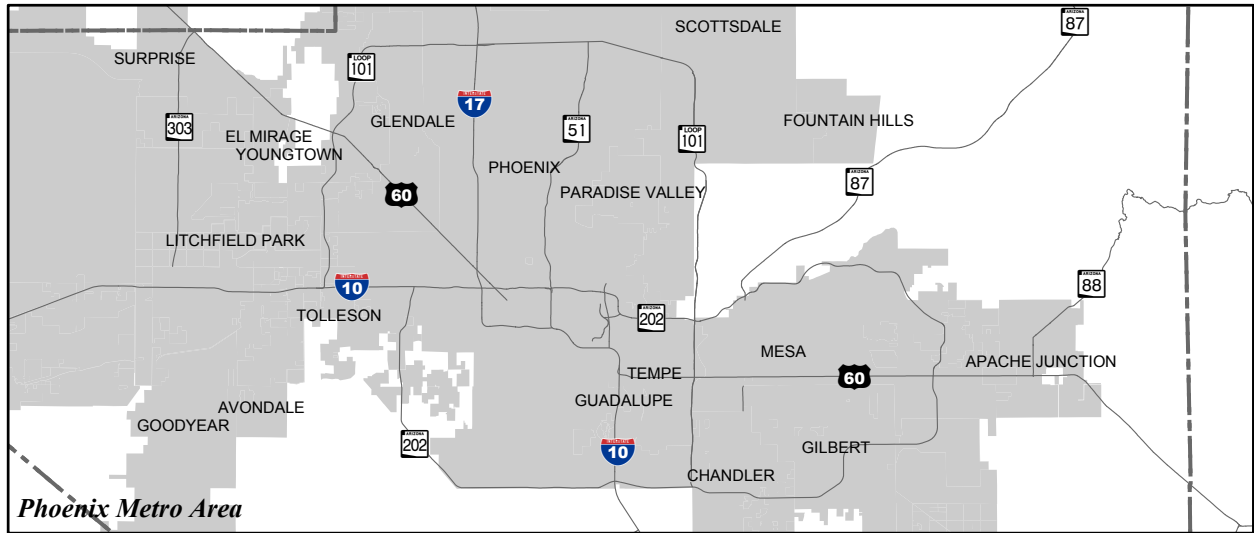
Email _____ Yes, Send me updates on the planning effort

Date Completed: _____ Age: _____ Sex: M__ F__

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SURVEY MAP B: LOCAL AREAS



Legend

- ADOT District Boundaries
- City Boundaries