## 2021 Transportation Attitudes Survey

The Coalition for Responsible Transportation Priorities (CRTP) is conducting this survey to gather information about how people on the North Coast get around, how they would like to get around, and what matters to them in the local transportation system. It should take no more than 10 minutes to complete. Your participation is much appreciated!

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Bike

Take the bus

1.	1. Please	enter you	ur ZIP Co	de. *			
2.	2. How of	ten do y	ou use ea	ach of the	following	g modes d	of transportation?
	Mark only o	one oval p	er row.				
		Daily	At least once a week	Once or twice a month	Rarely	Never	_
	Drive alone						
	Carpool						-
	Walk (or use an assisted mobility device)						

3.	2a. If you replied "Never" to any of the modes of transportation above, please explain whether this is because you choose not to use the mode(s), or because you are unable to use the mode(s) for physical or other reasons.
4.	2b. If you regularly use a mode of transportation not listed above, please describe it here.

5. 3. How much do you agree or disagree with each of the following statements about driving a car in your community? \*

Mark only one oval per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
It is easy to get where I need to go in a reasonable amount of time by driving a car.						
Driving a car in my community is safe.						
Driving a car in my community is pleasant/enjoyable.						
Owning and driving a car in my community is affordable.						
I like driving a car.						
I would like to drive more than I currently do.						
Getting around by car has a positive impact on my community.						
Getting around by car has a positive impact on the environment.						

 4. How much do you agree or disagree with each of the following statements about local transit (bus) service? \*

Mark only one oval per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
I can easily get to a bus stop by foot, by bike, or with an assisted mobility device.						
The bus comes at times of day and days of the week that are convenient for me.						
It is easy to get where I need to go in a reasonable amount of time by riding the bus.						
Riding the bus is safe.						
Riding the bus is pleasant/enjoyable.						
Riding the bus is affordable.						
I like riding the bus.						
I would like to ride the bus more than I currently do.						
Riding the bus has a positive impact on my community.						

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Riding the bus has			
a positive impact on the			
environment.			

7. 5. How much do you agree or disagree with each of the following statements about getting around as a pedestrian - walking or using an assisted mobility device - in your community? \*

Mark only one oval per row.

	Strongly disagree	Disagree	agree nor disagree	Agree	Strongly agree	Don't know
It is easy to get where I need to go in a reasonable amount of time as a pedestrian.						
Getting around as a pedestrian in my community is safe.						
Getting around as a pedestrian in my community is pleasant/enjoyable.						
I like being a pedestrian.						
I would like to walk or use my mobility device more than I currently do.						
Getting around as a pedestrian has a positive impact on my community.						
Getting around as a pedestrian has a positive impact on the environment.						

8. 6. How much do you agree or disagree with each of the following statements about biking in your community? \*

Mark only one oval per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
It is easy to get where I need to go in a reasonable amount of time on a bike.						
Riding a bike in my community is safe.						
Riding a bike in my community is pleasant/enjoyable.						
Owning and riding a bike in my community is affordable.						
I like riding a bike.						
I would like to ride a bike more often than I currently do.						
Riding a bike has a positive impact on my community.						
Riding a bike has a positive impact on the environment.						

9.	7. Please rank the following factors from 1-5 in terms of their importance to you in
	deciding what mode of transportation to use, with 1 being not important at all,
	and 5 being very important. *

Mark only one oval per row.

	1	2	3	4	5
Convenience					
Time					
Cost					
Comfort					
Safety					
Environmental impacts					
Impacts on other members of my community					

10. 7a. If any factor not listed above is important to you in deciding what mode of transportation to use, please describe it here.

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11.	8. In an ideal world, what mode of transportation would you choose most often?
	Please rank the following modes of transportation from 1 (most preferred) to 5
	(least preferred). *

Mark only one oval per row.

	1	2	3	4	5
Driving alone					
Carpooling					
Riding the bus					
Walking (or using an assisted mobility device)					
Biking					

12. 8a. If there is a mode of transportation not listed above that you would use frequently in your ideal world, please describe it here.

13. 9. What changes would you like to see in our local transportation system?

## **Demographic Questions (optional)**

Answering these questions will help us assess whether this survey is reaching a representative sample of the community, and help us to identify any differences which may exist in transportation attitudes among local demographic groups. However, you do not have to answer these questions if you don't feel comfortable doing so.

14.	10. What is your gender identity?
	Mark only one oval.
	Female
	Male
	Nonbinary
	Prefer not to say
	Other:
15.	11. What is your race?
	Mark only one oval.
	White
	Black or African American
	Asian or Pacific Islander
	American Indian or Alaska Native
	Two or more races
	Other:
1.6	
16.	12. Are you of Hispanic or Latino/a/x origin?
	Mark only one oval.
	Yes
	No

17.	13. Please select the option that corresponds with your current age.
	Mark only one oval.
	Under 18
	18-24
	25-34
	35-44
	45-54
	56-64
	65 or older
18.	14. Do you have any of the following disabilities? Check all that apply.
	Check all that apply.
	Use a wheelchair, walker or other assisted mobility device to get around  Blind or vision impaired
	Deaf or hearing impaired  Other disability
	No disability

9.	15. Please select the option that corresponds with your current household income.
	Mark only one oval.
	Under \$15,000
	\$15,000 - \$24,999
	\$25,000 - \$34,999
	\$35,000 - \$49,999
	\$50,000 - \$74,999
	\$75,000 - \$99,999
	\$100,000 - \$199,999
	\$200,000 and over

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