

Shared Use Path User Survey
(to be completed by persons 18 or older – one per household)

Site No.

Date

1. Trip Diagram

Start:
(street address, nearby intersection, name of place, business, or neighborhood name) [Walk] [Run] [Bike] [Other]

End:

Destination:
(street address, nearby intersection, name of place, business, or neighborhood name)

2. How many minutes on this trip will you be walking/running/bicycling/etc?
 Minutes

Trip Purpose	3. What is the main purpose of <u>today's</u> trip? (check one)	4. What is the secondary purpose of <u>today's</u> trip? (check all that apply)
Travel to/from work or school	<input type="checkbox"/>	<input type="checkbox"/>
Travel to/from dining/shopping/running errands	<input type="checkbox"/>	<input type="checkbox"/>
Travel to/from cultural attraction/entertainment/leisure activity	<input type="checkbox"/>	<input type="checkbox"/>
For exercise/recreation/sightseeing	<input type="checkbox"/>	<input type="checkbox"/>

5. For these trip purposes: If this trail were not available, would you travel to your destination in an automobile?

Yes No

I would not make the trip

6. Related to today's trip on the trail, approximately how much did (will) you spend on the following goods or services? If traveling with members of your household, estimates should represent the total for your household.

Expenditure Type	Amount	At what business did (will) you make these purchases?
Restaurant meals and drinks	\$	
Groceries/convenience items	\$	
Retail shopping	\$	
Entertainment/admissions	\$	
Bike rental	\$	
Other (specify): _____	\$	

Survey Continues on Back

7. When was the first time you used this trail (month and year)?

This is my first trip on the trail

8. How many trips have you made on this trail in the last 14 days, including today?

9. Allocate those total trips by the following primary purposes (total should sum to answer in #8):

Primary Purpose	No. of Trips by Purpose
Travel to work or school	
Travel to dining/shopping/running errands	
For exercise/recreation/sightseeing	
Travel to cultural attraction/entertainment/leisure activity	

10. Over the past 14 days, what percentage of your exercise was met by using this trail?

_____ %

11. Where is your permanent residence (i.e., where is home)?

City/Town: _____

State/Province: _____ ZIP: _____

12. How do you define your living status in the area?

- Permanent Resident
- Seasonal Resident
- Visitor - If checked, my stay is _____ days

Visitors ONLY: How important was this trail in your decision to visit the area?

- Not important
- Somewhat important
- Very important

Visitors ONLY: How much will your household spend on your entire visit, excluding transportation to/from the area? (include all spending on lodging, food, retail items, entertainment, etc.)

\$ _____

13. How many people are traveling in your group today, including yourself?

_____ Check if with you on today's trip: Stroller
 Pet

14. Including yourself, how many people from your household are traveling with you today? _____

15. Tell us about who is on the trail with you today from your household or those in your responsible care:

	You	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7
Age							
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Travel Mode	<input type="checkbox"/> Walk <input type="checkbox"/> Run/Jog <input type="checkbox"/> Bicycle <input type="checkbox"/> Other:	<input type="checkbox"/> Walk <input type="checkbox"/> Run/Jog <input type="checkbox"/> Bicycle <input type="checkbox"/> Other:	<input type="checkbox"/> Walk <input type="checkbox"/> Run/Jog <input type="checkbox"/> Bicycle <input type="checkbox"/> Other:	<input type="checkbox"/> Walk <input type="checkbox"/> Run/Jog <input type="checkbox"/> Bicycle <input type="checkbox"/> Other:	<input type="checkbox"/> Walk <input type="checkbox"/> Run/Jog <input type="checkbox"/> Bicycle <input type="checkbox"/> Other:	<input type="checkbox"/> Walk <input type="checkbox"/> Run/Jog <input type="checkbox"/> Bicycle <input type="checkbox"/> Other:	<input type="checkbox"/> Walk <input type="checkbox"/> Run/Jog <input type="checkbox"/> Bicycle <input type="checkbox"/> Other:

16. Household Income:

- less than \$25,000
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 and more

17. Education Level:

- Some high school
- Completed high school
- Some college
- Completed college
- Completed business/technical school
- Advanced degree

18. Race:

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- _____

Conducted by:



On behalf of:



Thank you for taking the time to fill out this survey!