

MASS. STREET MULTIMODAL IMPROVEMENTS STUDY – 14th to 23rd Street Community Conversation – Open House #1 – Questionnaire

1. Which form of transportation do you use the most on a weekly basis? [check one]

- Bicycling (including electric assist bikes/e-bikes)
- Driving
- Public transit (Lawrence Transit/KU on Wheels bus, Independence Inc., Senior Resource Center)
- Ride sharing app such as Uber or Lyft
- Ride from a friend or family
- Walking (including the use of a mobility device such as a wheelchair or walker)
- Other (please specify): _____

2. What are the reasons that you walk? [check all that apply]

- Exercise/Health/Relaxation
- Run errands
- Get to and from the bus
- To save time/money and/or the environment
- Go to school or take my children to school
- I rarely walk
- Go to work
- Other (please specify): _____

3. What makes it difficult or unpleasant for you to walk (travel by foot or using scooters, wheelchairs and other mobility devices, that are not a bicycle)? [check all that apply]

- Amount of traffic on the street
- Curb ramps missing or in disrepair, steep slopes or stairs
- Drivers going too fast
- Drivers not watching for or yielding to people crossing streets or driveways
- I worry about my personal security
- Lack of a connection from the sidewalk to businesses
- Lack of shade or conditions that are slippery when wet
- Landscaping, brush, dirt, debris, signposts, light posts, parked vehicles, etc., blocks the sidewalk
- Long distances between my destinations (work, school, parks, shopping, etc.)
- No grass or landscaping between the sidewalk and the road
- Not enough time to cross with signal
- Poor lighting
- Safety of crossing needs improvement or distance is too far
- Sidewalk is in disrepair/is a tripping hazard
- Sidewalks connected to my destination
- Other (please specify): _____

4. Do you currently own a bicycle? [check one]

- Yes
- No, but I would like to (Skip Question 5, Go to Question 6)
- No, and I am not interested in owning a bike (Skip Question 6, Go to Question 7)

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5. What are the reasons you bike? [check all that apply]

- Exercise/Health/Relaxation
 - Get to and from bus
 - Go to school or take my children to school
 - Go to work
 - To save time/money and/or the environment
 - Run errands
 - I rarely bike
 - Other (please specify): _____
-

6. What prevents you from bicycling more? [check all that apply]

- Ability to afford a bicycle
 - Aggressive/speeding drivers
 - Bicycle facilities don't connect
 - Concerned about personal hygiene/nowhere to shower after riding
 - Concerned about personal safety (crime, harassment, dogs, etc.)
 - I don't know the best route
 - Intersections are too wide/busy
 - Lack of bike racks at my destination
 - Lack of dedicated on road bicycle facilities (such as protected bike lanes)
 - My destination is too far away, or I don't have enough time
 - Personal ability (physical limitation or don't know how to ride a bicycle)
 - Physical barriers (railroads, rivers, hills, highways)
 - Poor street lighting
 - Unsafe roadway conditions (potholes, inlet grates, debris, etc.)
 - Weather (rain, heat, cold, snow)
 - Other (please specify): _____
-

7. This study will be considering ways to improve conditions along Massachusetts Street from 14th Street to 23rd Street. Please rank the following in order of importance to you. (1 is the most important, 7 is the least)

- ___ Bike Improvements (Bike Lane, Shared Use Path, Separated Bike Lane, etc.)
- ___ Pedestrian Improvements (Sidewalks, Shared Use Path, etc.)
- ___ Bus Stop Improvements (ADA Access Pad, Benches, Shelters, etc.)
- ___ Traffic Calming/Reduced Speeds
- ___ Preserving On-Street Parking between 14th and 23rd Street
- ___ Landscape/Trees
- ___ Lighting

8. How often do you travel on Massachusetts Street from 14th to 23rd Street? [check one]

- Daily
- Weekly
- Monthly
- Rarely

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9. Potential Multimodal Improvement Ideas:

Reducing impacts to street trees or adding street trees, shared use paths, sidewalk connectivity, improving pedestrian ramps, installing medians, installing mid-block crossing with adequate signage and visibility such as a rectangular rapid flashing beacon, road sharing, bike lanes, buffered bike lanes, separated bike lanes, benches, bus shelters, floating bus stops, access management control with the use of medians, roadway reconfiguration, on-street parking, or intersection bump-outs.

Please let us know your priorities: check your priorities and if you have additional feedback/input on specific approaches please add that information.



Preserve Street Trees

Preserving Street Trees:



Sidewalk Connectivity

Sidewalk Connectivity: _____



Pedestrian Refuge Island

Pedestrian Refuge Island:



Improve Sidewalk Condition

Improve Sidewalk Condition: _____



ADA Compliant Pedestrian Ramps

ADA Compliant Pedestrian Ramps: _____



On-Street Bike Lane

On-Street Bike Lane: _____



Mid-Block Crossing - Rectangular Rapid Flashing Beacon

Mid-Block Crossing – Rectangular Rapid Flashing Beacon:



On-Street Buffered Bike Lane

On-Street Buffered Bike Lane: _____



HAWK Signal

HAWK Signal: _____



On-Street Separated Bike Lane

On-Street Separated Bike Lane: _____



Intersection Improvements - Bike Boxes

Intersection Improvements – Bike Boxes: _____

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9. (continued) Potential Multimodal Improvement Ideas:



Intersection Improvements – Conflict Area Markings: _____



Bus Stop Pad & Bench: _____



Off-Street Shared Use Path: _____



Bus Stop Pad with Shelter & Bench: _____



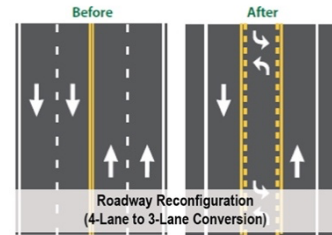
Cycle Track: _____



On-Street Parking: _____



Separated Bike Lane with Floating Bus Stop: _____



Roadway Reconfiguration (4-lane to 3-lane conversion):



Central Median – Access Management: _____



Intersection Bump-Outs: _____

Additional Comments:

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10. What excites you most about this project?

11. What concerns you most about this project?

12. To help us understand the transportation options available to you, where do you live?

Street: _____

Nearest Cross Streets/Intersection:

_____ (First Street) and _____ (Second Street)

Zip Code: _____

13. What is your age? [check one]

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Under 18 years | <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 65 years and over |
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 55-64 years | |

14. Which race/ethnicity best describes you? [check all that apply]

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian & Alaska Native | <input type="checkbox"/> Hispanic | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific
Islander | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Black or African American | | <input type="checkbox"/> Prefer not to answer |

15. Please provide your email if you want to receive updates on the project. [optional]
