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
   - Get to and from the bus
   - Go to school or take my children to school
   - 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)
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
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.

☐ Preserving Street Trees:

☐ Sidewalk Connectivity:

☐ Pedestrian Refuge Island:

☐ Improve Sidewalk Condition:

☐ ADA Compliant Pedestrian Ramps:

☐ On-Street Bike Lane:

☐ Mid-Block Crossing – Rectangular Rapid Flashing Beacon:

☐ On-Street Buffered Bike Lane:

☐ HAWK Signal:

☐ On-Street Separated Bike Lane:

☐ Intersection Improvements – Bike Boxes:
9. (continued) Potential Multimodal Improvement Ideas:

- **Intersection Improvements – Conflict Area Markings:**
  - XXX
  - XXX
  - XXX

- **Off-Street Shared Use Path:**
  - XXX
  - XXX
  - XXX

- **Cycle Track:**
  - XXX
  - XXX
  - XXX

- **Separated Bike Lane with Floating Bus Stop:**
  - XXX
  - XXX
  - XXX

- **Central Median – Access Management:**
  - XXX
  - XXX
  - XXX

- **Bus Stop Pad & Bench:**
  - XXX
  - XXX
  - XXX

- **Bus Stop Pad with Shelter & Bench:**
  - XXX
  - XXX
  - XXX

- **On-Street Parking:**
  - XXX
  - XXX
  - XXX

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

- **Intersection Bump-Outs:**
  - XXX
  - XXX
  - XXX

Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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]

☐ Under 18 years ☐ 35-44 years ☐ 65 years and over

☐ 18-24 years ☐ 45-54 years ☐ Prefer not to answer

☐ 25-34 years ☐ 55-64 years

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

☐ American Indian & Alaska Native ☐ Hispanic ☐ White

☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other (please specify):

☐ Black or African American

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