

1) Please Indicate Where You Live:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> City of Niles     | <input type="checkbox"/> Bertrand Township      | <input type="checkbox"/> Ontwa Township |
| <input type="checkbox"/> Niles Township    | <input type="checkbox"/> Milton Township        | <input type="checkbox"/> Mason Township |
| <input type="checkbox"/> City of Buchanan  | <input type="checkbox"/> Village of Edwardsburg | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Buchanan Township | <input type="checkbox"/> Howard Township        | <input type="checkbox"/>                |

2) Do you use any of the following aids when you travel? (Select all that apply):

- |                                     |                                      |   |  |
|-------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker/cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Companion or Aide |
| <input type="checkbox"/> White cane | <input type="checkbox"/> None        | <input type="checkbox"/> Other _____    |  |

3) How important is it that the Niles-Buchanan-Cass area (including all townships) becomes **more accessible** to bicyclists, pedestrians, transit users, and wheelchair users?

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Very Important | <input type="checkbox"/> Pretty Important | <input type="checkbox"/> A Little Important | <input type="checkbox"/> Not Important |
|---|---|---|--|

4) Which public transportation services do you use? (Select all that apply).

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Niles Dial A Ride | <input type="checkbox"/> Buchanan Dial A Ride Line | <input type="checkbox"/> Berrien Bus     | <input type="checkbox"/> Cass County Transit |
| <input type="checkbox"/> Amtrak            | <input type="checkbox"/> Greyhound/Indian Trails   | <input type="checkbox"/> I don't use any |  |

Where do you go? \_\_\_\_\_

5) Do you access any of the following by walking, biking or using a wheelchair?

- |   |       |
|---|-------|
| <input type="checkbox"/> Travel to work; Where?                         | _____ |
| <input type="checkbox"/> Recreation/exercise; Where?                    | _____ |
| <input type="checkbox"/> Travel to catch bus/train,; Where?             | _____ |
| <input type="checkbox"/> Travel to school; Where?                       | _____ |
| <input type="checkbox"/> Visit friends/family; Where?                   | _____ |
| <input type="checkbox"/> Errands (shopping, visit doctor, etc.); Where? | _____ |
| <input type="checkbox"/> Other _____                                    | _____ |

6) How often are you taking these trips? (Select all that apply)

	Every Day	3-5 times a week	1-2 times a week	1-2 times a month	Less than 1 time a month	Never
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use your wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) How long are your typical trips? (Select all that apply)

	1-3 blocks	More than 3 blocks	1-3 miles	More than 3 miles	Not sure	N.A.
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use your wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Walk & Roll Where do you want to walk or roll in the greater Niles-Buchanan-Cass Area?

8) What roads or intersections do you travel regularly that are NOT pedestrian friendly?  
(List your top 5).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

9) What would encourage or enable you to travel on foot, bike, or use your wheelchair more often?  
(Select all that apply).

- New sidewalks-Where? \_\_\_\_\_
- Smoother sidewalks-Where? \_\_\_\_\_
- New bike lanes-Where? \_\_\_\_\_
- Wider sidewalk-Where? \_\_\_\_\_
- Better road crossings-Where? \_\_\_\_\_
- Wider paved shoulders-Where? \_\_\_\_\_
- New sidewalk ramps-Where? \_\_\_\_\_
- Better lighting-Where? \_\_\_\_\_
- New pedestrian signs
- A better perception of safety
- Type of Sign \_\_\_\_\_
- Where? \_\_\_\_\_
- Location of Sign \_\_\_\_\_
- If I had a way to carry my kids and other things
- Longer signal timings-Where? \_\_\_\_\_
- If I had a place to shower or change
- Crossing islands-Where? \_\_\_\_\_
- If the weather was better
- Having more nearby places to go

10) What is your age?

- Under 18
- 50-65
- 19-29
- Older than 66
- 30-49

11) Is there anything else that you would like to tell us, please share your comments below.

**OPTIONAL**

*Want to receive transportation updates?*

Please leave us your **NAME & EMAIL address** (all your information will remain strictly confidential)

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Thank you very much for completing this survey, please place this in the survey box!**