

NHTSA National Survey of Pedestrian and Bicyclist Attitudes and Behavior Questionnaire

QLAN WHICH LANGUAGE INTERVIEW CONDUCTED IN

- 1 English
- 2 Spanish

4548C: CELL SAMPLE

SC1. Hello, I am _____ calling on behalf of the U.S. Department of Transportation. We are conducting a national study on pedestrian and bicyclist behavior.

Are you currently driving?

- 1 Yes **THANK & END, CALLBACK**
- 2 No
- 9 Refused **THANK AND END**

SC1a. Are you in a safe place to talk right now?

- 1 Yes
- 2 No, call me later **SCHEDULE CALLBACK**
- 3 No, CB on land-line **RECORD NUMBER, schedule call back**
- 4 Cell phone for business only **THANK & END - BUSINESS#**
- 9 Refused **THANK AND END -**

SC2. I know I'm calling you on your cell phone, but we are conducting a brief survey on pedestrian and bicyclist behavior and we would like to send you \$10 if you are eligible and willing to answer some questions. The survey is completely voluntary and will only take about 20 minutes. Any answers you give are kept strictly private.

[IF NECESSARY READ: Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is XXXX-XXXX. If you would like to learn more about the survey, you can call our toll-free number at 1-888-772-4269 or visit the DOT website at www.nhsta.dot.gov.]

Are you 16 years old or older?

- 1 Yes
- 2 Yes, no time **SCHEDULE CALLBACK**
- 3 No **SCREEN OUT**
- 9 Refused **THANK AND END -**

Qualified Level 1

SC3. Not counting this cell phone, do you also have a regular land-line phone at home?

- 1 Cell is only phone **SKIP TO SA3**
- 2 Has regular phone at home
- 9 Don't know/Refused **THANK AND END,**

- SC4a. Of all the telephone calls that you or your family receives, are . . . (Read List)
- 1 All or almost all calls received on cell phones
 - 2 Some received on cell phones and some on regular phones **(SCRN OUT: NOT CELL MOSTLY) SKIP TO SCR1**
 - 3 Very few or none on cell phones **(SCRN OUT: NOT CELL MOSTLY) SKIP TO SCR1**
 - 8 (VOL) Don't know **(SCRN OUT: NOT CELL MOSTLY) SKIP TO SCR1**
 - 9 (VOL) Refused **(SCRN OUT: NOT CELL MOSTLY) SKIP TO SCR1**
- SC4b. Thinking about just your LAND LINE home phone, NOT your cell phone, if that telephone rang when someone was home, under normal circumstances, how likely is it that the phone would be answered? Would you say it is ... (Read List)
- 1 Very likely the land line phone would be answered,
 - 2 Somewhat likely,
 - 3 Somewhat unlikely,
 - 4 Very Unlikely, or
 - 5 Not at all likely the land line phone would be answered
 - 8 (VOL) Don't know
 - 9 (VOL) Refused

SKIP TO SA3

4548L: LAND LINE SAMPLE

SL1. Hello, I am _____ calling on behalf of the U.S. Department of Transportation. We are conducting a national study on pedestrian and bicyclist behavior. This collection of information is VOLUNTARY and will be used for statistical purposes only. The interview will take approximately 20 minutes. Your participation is anonymous, and we will not collect any personal information that would allow anyone to identify you.

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How many persons, age 16 and older, live in this household?

[ENTER NUMBER 1-10]

98 NONE

SCREEN OUT

99 Don't know/Refused

THANK AND END

Qualified Level 1

ASK IF SL1=1.

SL1b. May I speak with that person?

1 Rspn on line

SKIP TO SA3

2 Rspn called to phone

GO TO SL1d

3 Rspn unavailable

SCHEDULE CALLBACK

9 Refused

THANK AND END

ASK IF SL1>1

SL1c. In order to select just one person to interview, may I please speak to the person in your household, age 16 or older, who (has had the most recent/will have the next) birthday?

1 Rspn on line

GO TO SA3

2 Rspn called to phone

SCHEDULE CALLBACK

3 Rspn unavailable

THANK AND END

9 Refused

SL1d. Hello, I am _____ calling on behalf of the U.S. Department of Transportation. We are conducting a national study on pedestrian and bicyclist behavior. This collection of information is VOLUNTARY and will be used for statistical purposes only. The interview will take approximately 20 minutes. Your participation is anonymous, and we will not collect any personal information that would allow anyone to identify you.

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Could I please confirm that you are a household member age 16 or older?

- 1 Yes
- 2 No
- 9 Refused

**SCHEDULE CALLBACK
THANK AND END**

SKIP TO SA3

45480: LANDLINE OVERSAMPLE

S01. Hello, I am _____ calling on behalf of the U.S. Department of Transportation. We are conducting a national study on pedestrian and bicyclist behavior. This collection of information is VOLUNTARY and will be used for statistical purposes only. The interview will take approximately 20 minutes. Your participation is anonymous, and we will not collect any personal information that would allow anyone to identify you.

[IF NEEDED: Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is XXXX-XXXX. If you would like to learn more about the survey, you can call our toll-free number at 1-888-772-4269 or visit the DOT website at www.nhsta.dot.gov.]

How many persons, age 16 to 39, live in this household?

[ENTER NUMBER 1-10]

98 NONE

SCREEN OUT

99 Don't know/Refused

THANK AND END

Qualified Level 1

ASK IF S01=1.

S01b. May I speak with that person?

1 Rspn on line

SKIP TO SA3

2 Rspn called to phone

GO TO S01d

3 Rspn unavailable

SCHEDULE CALLBACK

9 Refused

THANK AND END

ASK IF S01>1

S01c. In order to select just one person to interview, may I please speak to the person in your household, age 16 to 39, who (has had the most recent/will have the next) birthday?

1 Rspn on line

GO TO SA3

2 Rspn called to phone

SCHEDULE CALLBACK

3 Rspn unavailable

THANK AND END

9 Refused

S01d. Hello, I am _____ calling on behalf of the U.S. Department of Transportation. We are conducting a national study on pedestrian and bicyclist behavior. This collection of information is VOLUNTARY and will be used for statistical purposes only. The interview will take approximately 20 minutes. Your participation is anonymous, and we will not collect any personal information that would allow anyone to identify you.

[IF NEEDED: If you would like to learn more about the survey, you can call our toll-free number at 1-888-772-4269 or visit the DOT website at www.nhsta.dot.gov. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is XXXX-XXXX.]

Could I please confirm that you are a household member age 16 to 39?

- 1 Yes
 - 2 No
 - 9 Refused
- SCHEDULE CALLBACK
THANK AND END**

SA3. Record gender from observation. **(Ask only if Necessary)**

- 1 Male
- 2 Female

Qualified Level 2

1 When was the last time you rode a bicycle? Do not include stationary bikes. **(Open ended and code time frame)**

- 1 Within the past week
- 2 Within the past month, but not the past week
- 3 Within the past year, but not past month
- 4 1-2 years ago
- 5 3-5 years ago
- 6 More than 5 years ago **(Skip to #34)**
- 7 Never **(Skip to #34)**

2 Do you have a bicycle available for your use? Again, do not include stationary bikes.

- 1 Yes
- 2 No **(Skip to instruction before #4)**
- 3 (DK) **(Skip to instruction before #4)**
- 4 (Refused) **(Skip to instruction before #4)**

If #1 = 1 or 2, skip to #4

3 Why haven't you ridden your bicycle recently? **(Multiple Record)**
(Open ended and code)

- 1 Bad weather
- 2 Too busy, no opportunity
- 3 Bike is broken
- 4 No safe place to ride
- 5 Disability/other health impairment
- 6 Other transportation is faster
- 7 Don't know how to ride a bike
- 8 Other (specify)
- 9 (DK)
- 10 (Refused)

Continue if #1 = 1 or 2. Otherwise skip to #24.

4. Thinking about the past 30 days, about how many of those days did you ride a bicycle? **(Open ended and code actual number)**

00 None **(Skip to #24)**

01-
31

98 (DK)
99 (Refused)

5 The last day you rode a bicycle, was it on a weekday or the weekend?

- 1 Weekday (Monday - Friday)
- 2 Weekend (Saturday or Sunday)
- 3 (DK)
- 4 (Refused)

REVIEWER NOTE: READ SLOWLY:)

I would now like to know about EACH of the individual trips that you made on the last day you rode a bicycle. A TRIP is defined as going from a starting point to a destination for a specific purpose without any stops along the way. If you left your house to go on a bike ride with no real destination and returned to your house that would be considered ONE trip. If you rode from your house to a friend's house for a visit, then rode back home, that would be TWO trips. If you rode from your home to a friend's house, then to a store, and then back home again, that would count as THREE trips. I am going to ask about these individual trips one at a time.

6. Thinking of this last day that you rode your bike, what was your starting point for your first trip of the day? **(Open ended and code)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Home
- 07 Friend or relative's home
- 08 Work
- 09 School/Campus
- 10 Park/field
- 11 Grocery store/Drug store/Convenience store
- 12 Mall/Strip mall/Shopping center
- 13 Restaurant
- 14 Train/subway/bus station or stop

7. What was the main purpose of this trip? **(Open ended and code)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Commuting to work
- 07 Commuting to school
- 08 Recreation
- 09 Exercise/for my health
- 10 Personal errands (to the store, post office, and so on)
- 11 Required for my job
- 12 Drop off/Pick up someone
- 13 Visit a friend or relative

8. Where did this trip end? **(Open ended and code)**

- 01 Other (list)
- 02 (DK)/A location you cannot remember
- 03 (Refused)/A location you prefer not to share
- 04 HOLD
- 05 HOLD

- 06 Home
- 07 Friend or relative's home
- 08 Work
- 09 School/Campus
- 10 Park/field
- 11 Grocery store/Drug store/Convenience store
- 12 Mall/Strip mall/Shopping center
- 13 Restaurant

14 Train/subway/bus station or stop

9. Did you take any more bike trips on this day?

- 1 Yes (Continue)
- 2 No (Skip to #15)
- 3 (DK) (Skip to #15)
- 4 (Refused) (Skip to #15)

10. How many more bike trips did you take on this day? (Open ended and code actual number)

- 01-30
- 31 31 or more
- 32 (DK)
- 33 (Refused)

(SURVENT NOTE: Ask #11-#14 for each trip before going to the next trip, if applicable)

11. Now, I'll ask you about your (read A-E, as appropriate) trip. You just mentioned you ended your last trip at (a) (response in #8 or #13 A-D, as appropriate). Is this where you started your (read A-E) trip of the day?

- 1 Yes
 - 2 No
 - 3 (No more trips) - (Skip to #15)
 - 4 (DK)
 - 5 (Refused)
- A. (If code 01-31 in #10, ask:) Second _____(1360)
 - B. (If code 02-31 in #10, ask:) Third _____(1361)
 - C. (If code 03-31 in #10, ask:) Fourth _____(1362)
 - D. (If code 04-31 in #10, ask:) Fifth _____(1363)
 - E. (If code 05-31 in #10, ask:) Sixth _____(1364)

(For each code 1 in #11 A-E, Autocode response from #8 or #14 A-D, as appropriate into #12 A-E, as appropriate AND Skip to #13; otherwise, Continue)

12. What was your starting point for this trip? (Display A-E, as appropriate) (Open ended and code)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Home
- 07 Friend or relative's home
- 08 Work
- 09 School/Campus
- 10 Park/field
- 11 Grocery store/Drug store/Convenience store
- 12 Mall/Strip mall/Shopping center
- 13 Restaurant
- 14 Train/subway/bus station or stop

A. (If code 01-31 in #10, ask:) Second

(1366)

B. (If code 02-31 in #10, ask:) Third

(1368)

C. (If code 03-31 in #10, ask:) Fourth

D. (If code 04-31 in #10, ask:) Fifth

E. (If code 05-31 in #10, ask:) Sixth

(1374)

13. What was the main purpose of this trip? **(Display A-E, as appropriate) (Open ended and code)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Commuting to work
- 07 Commuting to school
- 08 Recreation
- 09 Exercise/for my health
- 10 Personal errands (to the store, post office, and so on)
- 11 Required for my job
- 12 Drop off/Pick up someone
- 13 Visit a friend or relative

A. **(If code 01-31 in #10, ask:)** Second

B. **(If code 02-31 in #10, ask:)** Third

C. **(If code 03-31 in #10, ask:)** Fourth

D. **(If code 04-31 in #10, ask:)** Fifth

E. **(If code 05-31 in #10, ask:)** Sixth

14. Where did this trip end? **(Display A-E, as appropriate)** **(Open ended and code)**

- 01 Other (list)
- 02 (DK)/A location you cannot remember
- 03 (Refused)/A location you prefer not to share
- 04 HOLD
- 05 HOLD

- 06 Home
- 07 Friend or relative's home
- 08 Work
- 09 School/Campus
- 10 Park/field
- 11 Grocery store/Drug store/Convenience store
- 12 Mall/Strip mall/Shopping center
- 13 Restaurant
- 14 Train/subway/bus station or stop

A. **(If code 01-31 in #10, ask:)** Second

B. **(If code 02-31 in #10, ask:)** Third

C. **(If code 03-31 in #10, ask:)** Fourth

D. **(If code 04-31 in #10, ask:)** Fifth

E. **(If code 05-31 in #10, ask:)** Sixth

15. When you began riding your bicycle that day, did you begin riding during the:

- 1 Morning
- 2 Afternoon
- 3 Evening, or
- 4 Nighttime when it was dark
- 5 Don't Know
- 6 Refused

16. When you finished riding your bicycle that day, did your (last) trip end during the:

- 1 Morning
- 2 Afternoon
- 3 Evening, or
- 4 Nighttime when it was dark
- 5 Don't Know
- 6 Refused

17. When you rode your bicycle that day, did you ride mostly on (**read 06-11, then 01**)?

- 01 Or some other surface (list)
- 02 (DK)
- 03 (Refused)
- 04 Hold
- 05 Hold

- 06 Paved roads, not on shoulder (Skip to #19)
- 07 Shoulders of paved roads (Skip to #19)
- 08 Bike lanes on roads (Skip to #19)
- 09 Sidewalks
- 10 Bike paths, walking paths or trails
- 11 Unpaved roads (e.g., dirt, gravel, sand) (Skip to #19)

18. Was any of this ride on streets or roads where cars could travel?

- 1 Yes
- 2 No (Skip to #20)
- 3 (Don't Know) (Skip to #20)
- 4 Refused) (Skip to #20)

19. When riding your bike in the street, did you mostly ride(**read 1-2**)?

- 1 Facing traffic, that is, riding against the direction of the cars
- 2 With traffic, that is riding in the same direction as the cars
- 3 (Varies/Depends)
- 4 (Not applicable/Never ride in the street)
- 5 (DK)
- 6 (Refused)

20. Was anyone else with you when you were riding your bicycle that day, or was all your riding done alone?

- 01 Rode with others
- 02 Rode alone
- 03 (DK)
- 04 (Refused)

21. Did you feel threatened for your personal safety at any time when you rode your bike that day?

- 1 Yes (Continue)
- 2 No (Skip to #24)
- 3 (DK) (Skip to #24)
- 4 (Refused) (Skip to #24)

22. Did you feel threatened for your personal safety because of any of the following? How about (**read and rotate A-E, then F**)?

- 1 Yes
 - 2 No
 - 3 (DK)
 - 4 (Refused)
- A. Motorists
 - B. The potential for crime
 - C. Uneven walkways or roadway surfaces
 - D. Dogs or other animals
 - E. Something else? (**If "Yes", ask:**) What else?
(Open ended)
- 01 Other (list)
 - 02 (DK)
 - 03 (Refused)
 - 04 No/Nothing else
 - 05 Too much bicycle or pedestrian traffic
 - 06 Lack of room to ride
 - 07 Obstacles blocking path
 - 08 Not maintained

If code 1 in #22A, Continue; Otherwise, Skip to #24)

23. What did motorists do to make you feel threatened? (**Open ended and code**) (**Multiple Record**)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Cut me off
- 07 Entered intersection without looking
- 08 Drove very close to me
- 09 Honked at me
- 10 Almost hit me/near miss
- 11 Just the presence of the motorist was threatening
- 12 Too fast

24. Now I'd like to find out how people learn about bicycling safety. In the past five years, have you received any training in bicycling safety?

- 1 Yes
- 2 No (**Skip to #26**)
- 3 (DK) (**Skip to #26**)
- 4 (Refused) (**Skip to #26**)

25. Who provided the training to you? (**Open ended and code**)

- 1 Bicycle store
- 2 Police
- 3 Friends
- 4 Teachers/schools
- 5 Bicycle club
- 6 State/Local bike programs
- 7 Family
- 8 Other (specify)

26. If you wanted to learn (**if #24 = 1, insert the word "more"**) about bicycling safety, where would you go or look for information? (**Open ended and code**)(**Multiple Record**)

- 1 Bicycle store
- 2 Department of Motor vehicles
- 3 Police
- 4 Automobile Association
- 5 Teachers/Schools
- 6 Bicycle Club
- 7 State/Local Bike programs
- 8 Book/Magazine/Video Store
- 9 Internet
- 10 Family
- 11 NHTSA

- 12 (DK)
- 13 (Refused)

Continue if #1 = 1, 2, or 3. Otherwise skip to #34.

27. During the past year, how much of your biking was done when it was dark or nearly dark outside? **(Read 5-0)**

- 5 Nearly all
- 4 More than half
- 3 About half
- 2 Some
- 1 Almost none
- 0 None

- 6 (DK)
- 7 (Refused)

(If code 2-5 in #27, Continue;
Otherwise, Skip to #30)

28. When you ride your bike after dark, do you do anything to make yourself more visible to motorists?

- 1 Yes **(Continue)**
- 2 No **(Skip to #30)**
- 3 (DK) **(Skip to #30)**
- 4 (Refused) **(Skip to #30)**

29. What do you do to make yourself or your bike more visible after dark? **(Open ended and code) (Multiple Record)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Use bike headlight
- 07 Use bike taillight
- 08 Wear fluorescent or reflective clothing/shoes
- 09 Wear other lights on self or belongings
- 10 Ensure bicycle has reflectors
- 11 Ride only in well-lit areas

30. During the past year, how often did you use an electronic device like a cell phone or mp3 player WHILE YOU WERE RIDING YOUR BIKE? Did you use an electronic device during: **[Read responses 5 through 0]**

- 5 Nearly all your bike trips
- 4 More than half your bike trips
- 3 About half your bike trips
- 2 Some of your bike trips
- 1 Almost none of your bike trips, or
- 0 None of your bike trips

- 6 (DK)
- 7 (Refused)

GENERAL BICYCLE HABITS

(READ:) Now I would like to know about your biking habits.

31. On average during the summer months, how often do you use a bicycle? **(Read 1-4) (If necessary, read:)** Summer months are May through September.

- 1 At least once a week
- 2 At least once a month, but not weekly
- 3 Less than once a month, but at least once during the summer
- 4 Never

- 5 (DK)
- 6 (Refused)

32. On a typical day that you ride a bicycle, about how long do you ride? Don't count any stops - just the average amount of time you travel on your bike. **(Open ended and code time)**

Hours: _____ and Minutes: _____

- 97 [Volunteered: It differs too much to say]
- 98 (Don't Know)
- 99 (Refused)

33. Compared to about a year ago, would you say you are now riding a bike more often, less often or about the same amount?

- 3 More often
- 2 Same amount
- 1 Less often

- 4 (DK)
- 5 (Refused)

34. Are bike PATHS, that is, paths away from the road on which bikes can travel, available in the area where you live?

- 1 Yes

- 2 No (Skip to #37)
- 3 (DK) (Skip to #37)
- 4 (Refused) (Skip to #37)

If #34 = 1 and #1 = 1, 2, or 3, continue. Otherwise skip to #37.

35. Do you ride on bike paths (read 5-1)?

- 5 Every time you ride a bike (Skip to #37)
- 4 Most of the time (Skip to #37)
- 3 Some of the time (Skip to #37)

- 2 Hardly ever, OR (Continue)
- 1 Never (Continue)

- 6 (DK) (Skip to #37)
- 7 (Refused) (Skip to #37)

36. What is the main reason that you choose not to use the bike paths?
(Open ended and code) (INTERVIEWER NOTE: If respondent says, Don't like them; Probe for why)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Not in good repair
- 07 Don't go where I need to go
- 08 Too crowded with bicycles or pedestrians
- 09 HOLD
- 10 Don't feel safe

37. Are bike LANES, that is, marked lanes on a public road reserved for bikes to travel, available in the area where you live?

- 1 Yes
- 2 No (Go to instruction before #40)
- 3 (DK) (Go to instruction before #40)
- 4 (Refused) (Go to instruction before #40)

If #37 = 1 and #1 = 1, 2, or 3, continue.

If #37 = 1 and #1 = 4, skip to #41.

If #37 = 1 and #1 > 4, skip to #46.

38. Do you ride in bike LANES (read 5-1)?

- 5 Every time you ride a bike (Skip to #40)
- 4 Most of the time (Skip to #40)
- 3 Some of the time (Skip to #40)
- 2 Hardly ever, OR (Continue)
- 1 Never (Continue)

- 6 (DK) (Skip to #40)
- 7 (Refused) (Skip to #40)

39. What is the main reason that you choose not to use the bike lanes?
(Open ended and code) (INTERVIEWER NOTE: If respondent says, Don't like them; Probe for why)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Not in good repair
- 07 Don't go where I need to go
- 08 Too crowded with bicycles or pedestrians
- 09 HOLD
- 10 Don't feel safe

**If #1 = 1, 2, or 3, continue.
If #1 = 4, skip to #41.
If #1 > 4, skip to #46.**

40. When you are bicycling, how often do you have to change your route because of obstacles, such as construction, heavy traffic, and roads in poor condition? Does this happen nearly all of the time, most, some, or almost none of the time?

- 1 Nearly all the time
- 2 Most of the time
- 3 Some of the time
- 4 Almost none of the time
- 5 (Don't Know)
- 6 (Refused)

41. In the past two years, were you ever injured while you were riding a bike? Only count injuries that required attention by a medical professional.

- 1 Yes **(Continue)**
- 2 No **(Skip to instruction before #44)**
- 3 (DK/Not sure) **(Skip to instruction before #44)**
- 4 (Refused) **(Skip to instruction before #44)**

42. Was this injury a result of being hit by a motor vehicle?

- 1 Yes **(Skip to instruction before #44)**
- 2 No (Continue)
- 3 (DK) **(Skip to instruction before #44)**
- 4 (Refused) **(Skip to instruction before #44)**

43. How did you injure yourself while riding your bike? **(Open ended and code)**

Specify _____.

98 (Don't Know)

99 (Refused)

If #1 > 3, skip to #46. Otherwise continue.

44. When riding a bike, do you wear a helmet for **(read 6-1)**?

6 All of your rides

5 Nearly all of your rides

4 Most of your rides

3 Some of your rides

2 Not very many of your rides

1 Never or you don't have access to a helmet

7 (DK)

8 (Refused)

**(If code 6 in #44, Skip to #46;
Otherwise, Continue)**

45. What are the reasons you don't always wear a bike helmet? Is it because (read and rotate A-I, then read J)?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. You forget to wear it
- B. You don't think helmets provide much protection in case of accident
- C. You don't like the way you look when you wear a helmet _____(2220)
- D. Helmets obstruct your vision
- E. Helmets are uncomfortable
- F. You don't wear a helmet for short trips
- G. It's too hot wearing a helmet
- H. Helmets cost too much
- I. You don't have a helmet
- J. Some other reasons? (If "Yes", ask:) What other reason?
(Open ended and code)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/No other reason
- 05 HOLD
- 06 Don't need to wear one

46. In your opinion, how much protection against head injuries do bike helmets provide children? Would you say bike helmets provide children very little protection, some protection, or a lot of protection against head injuries?

- 1 Very little protection
- 2 Some protection
- 3 A lot of protection

- 4 (DK)
- 5 (Refused)

47. What about for adults? Do bike helmets provide adults very little protection, some protection, or a lot of protection against head injuries?

- 1 Very little protection
- 2 Some protection
- 3 A lot of protection

- 4 (DK)
- 5 (Refused)

48. How satisfied are you with how your local community is designed for making bike riding safe? Are you **(read 5-1)**?

- 5 Very satisfied
- 4 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 2 Somewhat dissatisfied
- 1 Very dissatisfied

- 6 (DK)
- 7 (Refused)

49. Are there any changes you would like made in your community for bicyclists?

- 1 Yes **(Continue)**
- 2 No **(Skip to #51)**
- 3 (DK) **(Skip to #51)**
- 4 (Refused) **(Skip to #51)**

50. What changes would you like to see made in your community? **(Open ended and code) (Multiple Record)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 More bike trails
- 07 More bike paths
- 08 More bike lanes
- 09 Allow bikes on sidewalks
- 10 Don't allow bikes on sidewalks

51. Is there a law or ordinance in your State, city, or county that requires adults and/or children to wear a helmet when riding a bike?

- 1 Yes
- 2 No (Skip to #54)
- 3 (DK) (Skip to #54)
- 4 (Refused) (Skip to #54)

52. Is it a State, city, or county law?

- 1 State law
- 2 City law
- 3 County law
- 4 Other (specify)
- 5 (DK)
- 6 (Refused)

53. Does this law require all bicyclists, or only children, to wear helmets?

- 1. All bicyclists
- 2. Only children
- 3. (DK)
- 4. (Refused)

54. Do you favor or oppose laws that require (read and rotate A-B)?

- 1 Favor
- 2 Oppose
- 3 (DK/no opinion)
- 4 (Refused)

A. Children to wear helmets whenever they are riding a bike _____(1710)

B. Adults to wear helmets whenever they are riding a bike _____(1711)

PEDESTRIANS:

GENERAL

(READ:) This next section is about walking rather than biking. By walking we mean any outdoor walking, jogging, or running that lasts at least 5 minutes or more. **(INTERVIEWER NOTE: If respondent asks, they should NOT include roller-blading, roller-skating, skateboarding and scooter use)**

55. When was the last time you walked outside for 5 minutes or more?
(Open ended and code time frame)

- 1 Within the past week **(Continue)**
- 2 Within the past month, but not the past week **(Continue)**
- 3 Within the past year, but not past month **(Skip to #76)**
- 4 1-2 years ago **(Skip to Read before #82)**
- 5 3-5 years ago **(Skip to Read before #82)**
- 6 More than 5 years ago **(Skip to Read before #82)**
- 7 Never **(Skip to Read before #82)**

56. Thinking about the past 30 days, about how many of those days did you walk? **(Open ended and code actual number)**

- 00 None **(Skip to #76)**
- 1-31 **(Continue)**
- 98 (DK) **(Continue)**
- 99 (Refused) **(Continue)**

57. The last day you walked outside for 5 minutes or more, was it on a weekday or the weekend?

- 1 Weekday (Monday - Friday)
- 2 Weekend (Saturday or Sunday)
- 3 (DK)
- 4 (Refused)

(INTERVIEWER NOTE: READ SLOWLY:)

I would now like to know about EACH of the individual trips that you made on the last day you walked. A TRIP is defined as going from a starting point to a destination for a specific purpose without any stops along the way. If you left your house on a walk with no real destination and returned to your house that would be considered ONE trip. If you walked from your house to a friend's house for a visit, then walked back home, that would be TWO trips. If you walked from your home to a friend's house, then to a store, and then back home again, that would count as THREE trips. I am going to ask about these individual trips one at a time.

58. What was your starting point for your first trip of the day? **(Open ended and code)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Home
- 07 Friend or relative's home
- 08 Work
- 09 School/Campus
- 10 Park/field
- 11 Grocery store/Drug store/Convenience store
- 12 Mall/Strip mall/Shopping center
- 13 Restaurant
- 14 Train/subway/bus station or stop

59. What was the main purpose of this trip? **(Open ended and code)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Commuting to work
- 07 Commuting to school
- 08 Recreation
- 09 Exercise/for my health
- 10 Personal errands (to the store, post office, and so on)
- 11 Required for my job
- 12 Drop off/Pick up someone
- 13 Visit a friend or relative
- 14 Walk the dog
- 15 Escort child to school

60. Where did this trip end? **(Open ended and code)**

- 01 Other (list)
- 02 (DK)/A location you cannot remember
- 03 (Refused)/A location you prefer not to share
- 04 HOLD
- 05 HOLD

- 06 Home
- 07 Friend or relative's home
- 08 Work
- 09 School/Campus
- 10 Park/field
- 11 Grocery store/Drug store/Convenience store
- 12 Mall/Strip mall/Shopping center
- 13 Restaurant
- 14 Train/subway/bus station or stop

61. Did you take any more walking trips on this day?

- 1 Yes **(Continue)**
- 2 No **(Skip to #67)**
- 3 (DK) **(Skip to #67)**
- 4 (Refused) **(Skip to #67)**

62. How many more walking trips did you take on this day? **(Open ended and code actual number)**

- 01-
- 30

- 31 31 or more
- 32 (DK)
- 33 (Refused)

(SURVENT NOTE: Ask #63-#66 for each trip before going to the next trip, if applicable)

63. Now, I'll ask you about your (read A-E, as appropriate) trip. You just mentioned you ended your last trip at (a) (response in #60 or #66 A-D, as appropriate). Is this where you started your (read A-E) trip of the day?

- 1 Yes
 - 2 No
 - 3 (No more trips) - (Skip to #67)
 - 4 (DK)
 - 5 (Refused)
-
- A. (If code 01-31 in #62, ask:) Second
_____ (1775)
 - B. (If code 02-31 in #62, ask:) Third
_____ (1776)
 - C. (If code 03-31 in #62, ask:) Fourth
_____ (1777)
 - D. (If code 04-31 in #62, ask:) Fifth
_____ (1778)
 - E. (If code 05-31 in #62, ask:) Sixth
_____ (1779)

(For each code 1 in #63 A-E,
Autocode response from #60 or #66 A-D, as appropriate
into #64 A-E, as appropriate AND Skip to #65;
Otherwise, Continue)

64. What was your starting point for this trip? (Display A-E, as appropriate) (Open ended and code)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Home
- 07 Friend or relative's home
- 08 Work
- 09 School/Campus
- 10 Park/field
- 11 Grocery store/Drug store/Convenience store
- 12 Mall/Strip mall/Shopping center
- 13 Restaurant
- 14 Train/subway/bus station or stop

A. (If code 01-31 in #62, ask:) Second

(1802)

B. (If code 02-31 in #62, ask:) Third

C. (If code 03-31 in #62, ask:) Fourth

(1806)

D. (If code 04-31 in #62, ask:) Fifth

(1808)

E. (If code 05-31 in #62, ask:) Sixth

65. What was the main purpose of this trip? (Display A-E, as appropriate) (Open ended and code)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Commuting to work
- 07 Commuting to school
- 08 Recreation
- 09 Exercise/for my health
- 10 Personal errands (to the store, post office, and so on)
- 11 Required for my job
- 12 Drop off/Pick up someone
- 13 Visit a friend or relative
- 14 Walk the dog
- 15 Escort child to school

A. (If code 01-31 in #62, ask:) Second

B. (If code 02-31 in #62, ask:) Third

C. (If code 03-31 in #62, ask:) Fourth

D. (If code 04-31 in #62, ask:) Fifth

E. (If code 05-31 in #62, ask:) Sixth

66. Where did this trip end? **(Display A-E, as appropriate)** **(Open ended and code)**

01 Other (list)
02 (DK)/A location you cannot remember
03 (Refused)/A location you prefer not to share
04 HOLD
05 HOLD

06 Home
07 Friend or relative's home
08 Work
09 School/Campus
10 Park/field
11 Grocery store/Drug store/Convenience store
12 Mall/Strip mall/Shopping center
13 Restaurant
14 Train/subway/bus station or stop

A. **(If code 01-31 in #62, ask:)** Second

B. **(If code 02-31 in #62, ask:)** Third

C. **(If code 03-31 in #62, ask:)** Fourth

D. **(If code 04-31 in #62, ask:)** Fifth

E. **(If code 05-31 in #62, ask:)** Sixth

67. When you began walking that day, did you begin walking during the:

- 1 Morning
- 2 Afternoon
- 3 Evening, or
- 4 Nighttime when it was dark
- 5 Don't Know
- 6 Refused

68. When you finished walking that day, did your (last) trip end during the:

- 1 Morning
- 2 Afternoon
- 3 Evening, or
- 4 Nighttime when it was dark
- 5 Don't Know
- 6 Refused

69. When you were walking that day, did you walk mostly on (read 06-11, then 01)?

- 01 Or some other surface (list)
- 02 (DK)
- 03 (Refused)
- 04 Hold
- 05 Hold

- 06 Paved roads, not on shoulder (Skip to #71)
- 07 Shoulders of paved roads (Skip to #71)
- 08 Grass or fields
- 09 Sidewalks
- 10 Bike paths, walking paths or trails
- 11 Unpaved roads (for example dirt, gravel, sand)(Skip to #71)

70. Not including crossing streets, did you walk in the street or road, or on the shoulder of the road? [If yes, probe for which one]

- 1 Yes, road
- 2 Yes, shoulder
- 3 Yes, both
- 4 No (Skip to #72)
- 5 (Don't Know) (Skip to #72)
- 6 Refused) (Skip to #72)

71. When you were walking (in the street/on the shoulder), were you usually walking (**read 1-2**)?

- 1 Facing traffic, that is, walking against traffic, or
- 2 With traffic, that is walking in the same direction as the cars
- 3 (Varies/Depends)
- 4 (Not applicable/Never walk in the street)
- 5 (DK)
- 6 (Refused)

72. Was anyone else with you when you were walking, or was all your walking done alone?

- 01 Walked with others
- 02 Walked alone
- 03 (DK)
- 04 (Refused)

73. Did you feel threatened for your personal safety at any time while walking that day?

- 1 Yes (**Continue**)
- 2 No (**Skip to #76**)
- 3 (DK) (**Skip to #76**)
- 4 (Refused) (**Skip to #76**)

74. Did you feel threatened for your personal safety because of any of the following? How about (**read and rotate A-E, then F**)?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. Motorists
- B. The potential for crime
- C. Uneven walkways or roadway surfaces
- D. Dogs or other animals
- E. Something else? (**If "Yes", ask:**) What else? (**Open ended**)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/Nothing else
- 05 Too much bicycle or pedestrian traffic
- 06 Lack of room to ride
- 07 Obstacles blocking path
- 08 Not maintained

**(If code 1 in #74-A, Continue;
Otherwise, Skip to #76)**

75. What did motorists do to make you feel threatened? **(Open ended and code) (Multiple Record)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Cut me off
- 07 Entered intersection without looking
- 08 Drove very close to me
- 09 Honked at me
- 10 Almost hit me/near miss
- 11 Just the presence of the motorist was threatening
- 12 Too fast

76. During the past year, how much of your walking was done when it was dark or nearly dark outside? **(Read 5-0)**

- 5 Nearly all
- 4 More than half
- 3 About half
- 2 Some
- 1 Almost none
- 0 None

- 6 (DK)
- 7 (Refused)

**(If code 2-5 in #76, Continue;
Otherwise, Skip to #79)**

77. When you walk after dark, do you do anything to make yourself more visible to motorists?

- 1 Yes - **(Continue)**
- 2 No **(Skip to #79)**
- 3 (DK) **(Skip to #79)**
- 4 (Refused) **(Skip to #79)**

78. What do you do to make yourself more visible when walking after dark? **(Open ended and code)(Multiple Record)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Wear light colored clothing
- 07 Wear fluorescent or reflective clothing/Shoes
- 08 Wear or carry a flashlight
- 09 Walk only in well-lit areas

79. During the past year, how often did you use an electronic device like a cell phone or mp3 player WHILE YOU WERE walking outside? Did you use an electronic device during:
[Read responses 5 through 0]

- 5 Nearly all your outdoor walking trips
- 4 More than half your walking trips
- 3 About half your walking trips
- 2 Some of your walking trips
- 1 Almost none of your walking trips, or
- 0 None of your walking trips

- 6 (DK)
- 7 (Refused)

GENERAL WALKING HABITS

(READ:) Now I would like to know about your walking habits.

80. On average during the summer months, how often do you walk? **(Read 1-4) (If necessary, read:)** Summer months are May through September.

- 1 At least once a week
- 2 At least once a month, but not weekly
- 3 Less than once a month, but at least once during the summer
- 4 Never

- 5 (DK)
- 6 (Refused)

81. Compared to about a year ago, would you say you are now walking more often, less often or about the same amount?

- 3 More often
- 2 Same amount
- 1 Less often

- 4 (DK)
- 5 (Refused)

Now I'd like you to think of the neighborhood where you live.

82. Are there sidewalks in your neighborhood(**Read 1-4**):

- 1 Along almost all streets
- 2 Along most streets
- 3 Along some streets, or
- 4 Along almost no streets (Skip To Q86)

83. In what condition are these sidewalks? Are they in excellent, good, fair, or poor condition?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 (Don't Know)
- 6 (Refused)

If #55 = 4, skip to #86
If #55 > 4, skip to #89

84. Do you use sidewalks (**read 5-1**)?

- 5 Every time you walk (Skip to #86)
- 4 Most of the time (Skip to #86)
- 3 Some of the time (Skip to #86)
- 2 Hardly ever, OR (Continue)
- 1 Never (Continue)
- 6 (DK) (Skip to #86)
- 7 (Refused) (Skip to #86)

85. What is the main reason that you hardly ever or never use sidewalks? (**Open ended and code**) (**INTERVIEWER NOTE: If respondent says, Don't like them; Probe for why**)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Not in good repair
- 07 Don't go where I need to go
- 08 Too crowded
- 09 Prefer softer surface
- 10 Don't feel safe

86. In the past two years, were you ever injured while you were walking? Only count injuries that required attention by a medical professional.

- 1 Yes (Continue)
- 2 No (Skip to #89)
- 3 (DK/Not sure) (Skip to #89)
- 4 (Refused) (Skip to #89)

87. Was this injury a result of being hit by a motor vehicle?

- 1 Yes (Skip to #89)
- 2 No (Continue)
- 3 (DK) (Skip to #89)
- 4 (Refused) (Skip to #89)

88. How did you injure yourself while you were walking? (Open ended and code)

- Specify _____.
- 98 (Don't Know)
 - 99 (Refused)

89. How satisfied are you with how your local community is designed for making walking safe? Are you (read 5-1)?

- 5 Very satisfied
- 4 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 2 Somewhat dissatisfied
- 1 Very dissatisfied

- 6 (DK)
- 7 (Refused)

90. Are there any changes you would like made in your community for pedestrians?

- 1 Yes (Continue)
- 2 No (Skip to Read before #92)
- 3 (DK) (Skip to Read before #92)
- 4 (Refused) (Skip to Read before #92)

91. What changes would you like to see made in your community? **(Open ended and code) (Multiple Record)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 More crosswalks
- 07 More sidewalks
- 08 More lights on streets
- 09 More lights on paths/trails

For the next couple of questions, please tell me what in your opinion is correct. First,

92. Are bicyclists supposed to stop at traffic lights and stop signs, like motor vehicles, or are they supposed to use their own judgment on whether they need to stop at red lights and stop signs?

- 1 Must stop, like motor vehicles
- 2 Can use own judgment
- 3 (Don't Know)
- 4 (Refused)

93. What do flashing red lights on a school bus mean for an approaching driver? Do they mean **(Read 1-3)**

- 1 Stop until lights stop flashing, or
- 2 Slow and then proceed with caution, or
- 3 Be prepared to stop, if necessary?
- 4 (Don't Know)
- 5 (Refused)

94. If a pedestrian is walking in the street after dark and not wearing reflective clothing, how close would you say an approaching car has to be to see the pedestrian directly ahead? [Distance Can Be Reported In Either Feet, Yards, or Car Lengths]

- _____ Feet
- _____ Yards
- _____ Car Lengths
- 998 (Don't Know)
- 999 (Refused)

95. Now I'm going to read you a few statements. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or neither agree nor disagree. **(read and rotate A-E)?**

- 5 Strongly agree
- 4 Somewhat agree
- 3 Neither agree nor disagree
- 2 Somewhat disagree
- 1 Strongly disagree

- 6 (DK)
- 7 (Refused)

- A. I would like to walk more than I am currently walking
- B. I would like to bicycle more than I am currently bicycling
- C. Drivers in my community usually yield to pedestrians in crosswalks
- D. Bicyclists are just as entitled to ride on the road as are motorists
- E. Driver manuals that are used to study for a driver's license should include information about how to avoid accidents with Pedestrians and Bicyclists
- F. A driver who doesn't yield to pedestrians walking legally at a crosswalk should be ticketed

96 **(If 95-A is Strongly or Somewhat Agree)** What would you say is the most important reason why you do not walk as much as you would like? **(Open ended and code)**

- 1 Too busy
- 2 Poor health
- 3 No one to walk with
- 4 No sidewalks/sidewalks in poor condition
- 5 No shops or other interesting places to go
- 6 Fear street crime
- 7 Too many cars
- 8 Fast traffic
- 9 Have things to carry
- 10 Weather isn't good for walking
- 11 Don't think about it
- 12 Other (specify)
- 13 (Don't Know)
- 14 (Refused)

97. **(If 95-B is Strongly or Somewhat Agree)** What would you say is the most important reason why you do not bicycle as much as you would like? **(Open ended and code)**

- 1 Too busy
- 2 Poor health
- 3 No one to bike with
- 4 No sidewalks/sidewalks in poor condition
- 5 No shops or other interesting places to go
- 6 Fear street crime
- 7 Too many cars
- 8 Fast traffic
- 9 Have things to carry
- 10 Weather isn't good for bicycling
- 11 Don't think about it
- 12 Other (specify)
- 13 (Don't Know)
- 14 (Refused)

98. Is it safe or dangerous to walk in your neighborhood?

- 1 Safe **(Skip to #100)**
- 2 Dangerous
- 3 (Don't Know) **(Skip to #100)**
- 4 (Refused) **(Skip to #100)**

99. Why do you feel this way?**(Open ended and code) (Multiple Record)**

(Specify)_____.

100. Is it safe or dangerous to ride a bicycle in your neighborhood?

- 1 Safe **(Skip to #102)**
- 2 Dangerous
- 3 (Don't Know) **(Skip to #102)**
- 4 (Refused) **(Skip to #102)**

101. Why do you feel this way? **(Open ended and code) (Multiple Record)**

(Specify)_____.

CHILDREN WALKING/BIKING

102. In your opinion, what should be the youngest age that a child is allowed to cross a neighborhood street alone? A neighborhood street is defined as having low traffic volume and low traffic speeds.

_____ Age

98 (Don't Know)

99 (Refused)

103. How many children, less than 16 years of age, currently reside in your household? Please do not count students living away from home or boarders. **(Open ended and code)**

0 None (Skip to #107)

1 One

2 Two

3 Three

4 Four

5 Five

6 Six

7 Seven or more

8 (DK) (Skip to #107)

9 (Refused) (Skip to #107)

104 How old is [the/the oldest] child?

_____ Age

98 (Don't Know)

99 (Refused)

If #104 < 5, Skip to #107

105. How many days does this child ride a bicycle during a typical week in the Summer?

_____ (0-7)

98 (Don't Know)

99 (Refused)

If #105 = 0, Skip to #107

106 When riding a bicycle, does this child wear a helmet for **(read 6-1)**

6 All rides

5 Nearly all rides

4 Most rides

3 Some rides

2 Not very many rides, or

1 Never

7 (DK)

8 (Refused)

(READ:) Now, I have a few questions about the area where you live.

107. Do you currently live in a **(read 06-09, then 01)**?

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 House
- 07 Townhouse or row house
- 08 Apartment or condo
- 09 Mobile home, OR

108. These next questions ask about the area that is within two blocks around where you live. Two blocks is about 1/4 mile. [**(If necessary, read:)** Or the length of about four football or soccer fields.] Are there **(read A-J, as appropriate)** within ¼ mile of where you live?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. Single-family houses
- B. Townhouses, apartments or condos
- D. Mobile homes
- E. Parks or recreational area
- F. Farms or ranches
- G. Commercial businesses **(If necessary, read:)** such as stores or restaurants
- H. Public buildings **(If necessary, read:)** such as schools, hospital or government offices
- I. Industrial buildings or factories
- J. Heavy street traffic

DEMOGRAPHICS BEGIN HERE:

(READ:) Now, I have just a few last questions for classification purposes only.

109. AGE: What is your age? **(Open ended and code actual age)**

- 99 99+
- DK (DK)
- RF (Refused)

**(If DK or RF in #109 Continue;
Otherwise, Skip to #111)**

110. AGE: Please stop me when I reach the category that includes your age? **(Read 01-08)**

- 01 16 or 17
- 02 18 to 24
- 03 25 to 34
- 04 35 to 44
- 05 45 to 54
- 06 55 to 64
- 07 65 to 74, or
- 08 75 or older
- 98 (DK)
- 99 (Refused)

111. EMPLOYMENT STATUS: Are you currently employed full-time, part-time, un-employed and looking for work, retired, going to school, a homemaker, or do you do something else? **[MULTIPLE RECORD]**

- 01 Something else (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Employed full-time
- 07 Employed part-time
- 08 Unemployed and looking for work
- 09 Retired
- 10 Going to school
- 11 Homemaker
- 12 (Disabled)

112. EDUCATION: What is the highest grade or year of school you have completed? **(Open ended and code)**

- 01 No formal education
- 02 First through 7th grade
- 03 8th grade
- 04 Some high school
- 05 High school graduate or GED
- 06 Some college
- 07 Four-year college graduate
- 08 Some graduate school
- 09 Graduate degree

- 10 (DK)
- 11 (Refused)

113. ETHNICITY: Are you of Hispanic or Latino origin or descent?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

114. RACE: Which of the following racial categories describes you? You may select more than one. **READ LIST AND MULTIPLE RECORD.**

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White
- 6 (VOL) Hispanic/Latino
- 11 (VOL) Other (SPECIFY)_____.
- 99 (VOL) Refused

**(If code 6 in #114, Continue;
Otherwise, Skip to #116)**

115. Do you consider yourself to be white-Hispanic or black-Hispanic?

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 White-Hispanic
- 07 Black-Hispanic
- 08 (Hispanic/Respondent refused to discriminate)

116. INCOME: Which of the following categories best describes your total household income before taxes in 2011? Your best estimate is fine. Would it be **(read 1-7)**?

- 1 Less than \$5,000
- 2 \$5,000 to less than \$15,000
- 3 \$15,000 to less than \$30,000
- 4 \$30,000 to less than \$50,000
- 5 \$50,000 to less than \$75,000
- 6 \$75,000 to less than \$100,000, OR
- 7 \$100,000 or more

- 8 (DK)
- 9 (Refused)

117. GENDER: **(Ask if necessary)** Are you male or female?

- 1 Male
- 2 Female

118 How often do you drive a motor vehicle? Almost every day, a few days a week, a few days a month, a few days a year, or do you never drive?

- 1 Almost every day/every day
- 2 Few days a week
- 3 Few days a month
- 4 Few days a year
- 5 Never
- 6 More than a year ago since drove
- 7 Other
- 8 (Don't' Know)
- 9 (Refused)

119. How many licensed motor vehicles are owned, leased, or available for regular use by members of your household? **(Open ended and code)**

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 6 or more

- 7 (DK)
- 8 (Refused)

120. Do you currently have any disability, health impairment or condition that limits the amount of walking you can do?

- 1 Yes
- 2 (Volunteered: Yes, I use a wheelchair) **(Skip to Q122)**
- 3 (Volunteered: Yes, I use a motorized chair) **(Skip to Q122)**
- 4 No **(Skip to Q122)**
- 5 (DK) **(Skip to Q122)**
- 6 (Refused) **(Skip to Q122)**

121. Do you use special equipment to help you walk, or do you use a wheelchair, or do you use a motorized chair?

- 1 Yes, special equipment
- 2 Yes, a wheelchair
- 3 Yes, a motorized chair
- 4 No
- 5 (DK)
- 6 (Refused)

122. In general, how easy or difficult is it for you to travel to the places in your community where you want to go? Would you say it is **(Read 1-4)**:

- 1) Very easy; **(Skip To Read Before Q125)**
- 2) Somewhat easy; **(Skip To Read Before Q125)**
- 3) Somewhat difficult; or **(Skip To Q124)**
- 4) Very Difficult. **(Skip To Q124)**
- 5) (Volunteered) It depends on where I am traveling from. **(Continue To Q123)**

123. From which places do you find it more difficult to travel to the places you want to go? **(Open ended and code) (Multiple Record)**

- 1 Home
- 2 Work
- 3 Doctor's Office
- 4 HOLD
- 5 HOLD
- 6 HOLD

- 7 (DK)
- 8 (Refused)

124. What are the reasons it is difficult for you to travel to the places in your community where you want to go? **(Open ended and code) (Multiple Record)**

- 1 Don't have access to vehicle
- 2 Vehicles can't accommodate mobility equipment
- 3 Sidewalks are inadequate/poor condition
- 4 HOLD
- 5 HOLD
- 6 HOLD

- 7 (DK)
- 8 (Refused)

125. May I please have your zip code?

ENTER 5 DIGIT ZIP CODE:
99998 (VOL) Don't Know
99999 (VOL) Refused

ASK ONLY FOR LANDLINE SAMPLE, OR IF SC3=2, ELSE SKIP TO Q128

126. For analysis purposes only, does your household have a single phone NUMBER, or does it have more than ONE phone NUMBER coming into it? **(NOTE TO INTERVIEWER: We need the number of different phone lines, NOT the number of TELEPHONES in the household)**

- 1 Single phone number
- 2 More than one phone number
- 3 (DK)
- 4 (Refused)

(If code 1, 3 or 4 in #126, Autocode 1 in #127, and Skip to Q128, Otherwise continue

127. And, NOT including lines dedicated to a fax machine, modem or used strictly for business purposes, how many different phone NUMBERS do you have coming into your household? (Open ended and code)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more

- 6 (DK)
- 7 (Refused)

128. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

ASK ONLY FOR LANDLINE SAMPLE

129. Do you have a cell phone in addition to the line we are speaking on right now?

- 1 This is only phone
- 2 Also has cell phone
- 9 (Don't Know/Refused)

CELL SAMPLE ONLY:

130. How many persons, age 16 and older, live in your household?

- [ENTER NUMBER 1-10]
- 98 NONE
- 99 Don't know/Refused

ASK ONLY IF LANDLINE SAMPLE AND (Q129=2)

131. Of all the telephone calls that you or your family receives, are . . . (Read List)

- 1 All or almost all calls received on cell phones
- 2 Some received on cell phones and some on regular phones
- 3 Very few or none on cell phones
- 8 (VOL) Don't know
- 9 (VOL) Refused

ASK ONLY IF LANDLINE SAMPLE AND (Q129=2)

132. Thinking about just your LAND LINE home phone, NOT your cell phone, if that telephone rang when someone was home, under normal circumstances, how likely is it that the phone would be answered? Would you say it is ... (Read List)

- 1 Very likely the land line phone would be answered,
- 2 Somewhat likely,
- 3 Somewhat unlikely,
- 4 Very Unlikely, or
- 5 Not at all likely the land line phone would be answered
- 8 (VOL) Don't know
- 9 (VOL) Refused

Q133 Did you visit the National Highway Traffic Safety Administration website to find out more information about the survey? (at www.nhtsa.dot.gov)

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

FOR LANDLINE AND LANDLINE OVERSAMPLE ONLY

Those are all the questions I have for you. Thank you for your participation.

FOR CELL SAMPLE ONLY

C1. May I please have your name, street address, city, and state and zipcode so I can send you your \$10 incentive check?

ENTER NAME:
ENTER ADDRESS:
ENTER CITY:
ENTER STATE:
ENTER ZIP:

Those are all the questions I have for you. Thank you for your participation.

SCR1. I am sorry but you are not eligible to participate in the survey today. Thank you for your cooperation and I hope you have a pleasant evening.

(THANK RESPONDENT)