

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.nhtsa.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.nhtsa.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.nhtsa.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. READ LIST.

- 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)
- 8 (VOL) Don't know (Skip to #34)
- 9 (VOL) Refused (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)
- 8 (VOL) Don't know (Skip to instruction before #4)
- 9 (VOL) Refused (Skip to instruction before #4)

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

3 Why haven't you ridden a 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)
- 98 (VOL) Don't know
- 99 (VOL) Refused

Continue if #1 = 1 or 2. Otherwise skip to #20.

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 #20)**

01-
31

98 (VOL) Don't know
99 (VOL) 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)
- 8 (VOL) Don't know
- 9 (VOL) 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 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? **(DO NOT READ LIST)**

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Rental spot
- 11 Other (Specify)
- 98 (VOL) Don't know
- 99 (VOL) Refused

7. What was the main purpose of this trip? **(DO NOT READ LIST)**

- 1 Commuting to work
- 2 Commuting to school
- 3 Recreation
- 4 Exercise/for my health
- 5 Personal errands (to the store, post office, and so on)
- 6 Required for my job
- 7 Drop off/Pick up someone
- 8 Visit a friend or relative
- 9 Other (Specify)
- 98 (VOL) Don't know
- 99 (VOL) Refused

8. Where did this trip end? **(DO NOT READ LIST)**

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Rental spot
- 11 Other (Specify)
- 98 (VOL) Don't know/A location you cannot remember
- 99 (VOL) Refused/A location you prefer not to share

PROGRAMMER NOTE: LIMIT TO 6 TRIPS MAXIMUM

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

- 1 Yes
- 2 No (Skip to #14)
- 8 (VOL) Don't know (Skip to #14)
- 9 (VOL) Refused (Skip to #14)

(PROGRAMMER NOTE: Ask #10-#13 for each trip before going to the next trip, if applicable)

10. 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 #14)
 - 8 (VOL) Don't know
 - 9 (VOL) Refused
-
- A. (If First Loop, ask:) Second
_____ (1360)
 - B. (If Second Loop, ask:) Third
_____ (1361)
 - C. (If Third Loop, ask:) Fourth
_____ (1362)
 - D. (If Fourth Loop, ask:) Fifth
_____ (1363)
 - E. (If Fifth Loop, ask:) Sixth
_____ (1364)

**(For each code 1 in #10 A-E,
Autocode response from #8 or #13 A-D, as appropriate
into #11 A-E, as appropriate AND Skip to #12;
Otherwise, Continue)**

11. What was your starting point for this trip? **(Display A-E, as appropriate) (DO NOT READ LIST)**

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Rental spot
- 11 Other (Specify)
- 98 (VOL) Don't know
- 99 (VOL) Refused

- A. **(If First Loop, ask:)** Second
- B. **(If Second Loop, ask:)** Third
- C. **(If Third Loop, ask:)** Fourth
- D. **(If Fourth Loop, ask:)** Fifth
- E. **(If Fifth Loop, ask:)** Sixth

12. What was the main purpose of this trip? **(Display A-E, as appropriate) (DO NOT READ LIST)**

- 1 Commuting to work
- 2 Commuting to school
- 3 Recreation
- 4 Exercise/for my health
- 5 Personal errands (to the store, post office, and so on)
- 6 Required for my job
- 7 Drop off/Pick up someone
- 8 Visit a friend or relative
- 9 Other (list)
- 98 (VOL) Don't know
- 99 (VOL) Refused

A. **(If First Loop, ask:)** Second

B. **(If Second Loop, ask:)** Third

C. **(If Third Loop, ask:)** Fourth

D. **(If Fourth Loop, ask:)** Fifth

E. **(If Fifth Loop, ask:)** Sixth

13. Where did this trip end? **(Display A-E, as appropriate)** **(DO NOT READ LIST)**

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Rental spot
- 11 Other (Specify)
- 98 (VOL) Don't know/A location you cannot remember
- 99 (VOL) Refused/A location you prefer not to share

- A. **(If First Loop, ask:)** Second
- B. **(If Second Loop, ask:)** Third
- C. **(If Third Loop, ask:)** Fourth
- D. **(If Fourth Loop, ask:)** Fifth
- E. **(If Fifth Loop, ask:)** Sixth

14. When you rode your bicycle that day, did you ride mostly on **(READ ITEM)? SINGLE RECORD. READ IF NECESSARY:** A bike lane refers to a lane on the side of a road designated for bicyclists. A bike path refers to a path, not along a roadway, which can be used by bicyclists.

- 1 Paved roads, not on shoulder
- 2 Shoulders of paved roads
- 3 Bike lanes on roads
- 4 Sidewalks **(Skip to #16)**
- 5 Bike paths, walking paths or trails **(Skip to #16)**
- 6 Unpaved roads (e.g., dirt, gravel, sand)
- 7 Or some other surface (Specify) **(Skip to #16)**
- 8 (DK)
- 9 (Refused)

15. When riding your bike in the street, did you mostly ride. . . ?

- 1 Facing traffic, that is, riding against the direction of the cars, or
- 2 With traffic, that is riding in the same direction as the cars
- 3 (VOL) Varies/Depends
- 4 (VOL) Not applicable/Never ride in the street
- 8 (VOL) Don't know
- 9 (VOL) Refused

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

- 1 Rode with others
- 2 Rode alone
- 8 (VOL) Don't know
- 9 (VOL) Refused

17. 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 #20)**
- 8 (VOL) Don't know **(Skip to #20)**
- 9 (VOL) Refused **(Skip to #20)**

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

- 1 Yes
 - 2 No
 - 8 (VOL) Don't know
 - 9 (VOL) 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)
- 1 Too much bicycle or pedestrian traffic
 - 2 Lack of room to ride
 - 3 Obstacles blocking path
 - 4 Not maintained
 - 5 No/Nothing else
 - 6 Other (Specify)
 - 8 (VOL) Don't know
 - 9 (VOL) Refused

If code 1 in #18A, Continue; Otherwise, Skip to #20)

19. What did motorists do to make you feel threatened? **(DO NOT READ LIST) (Multiple Record)**

- 1 Cut me off
- 2 Entered intersection without looking
- 3 Drove very close to me
- 4 Honked at me
- 5 Almost hit me/near miss
- 6 Just the presence of the motorist was threatening
- 7 Too fast
- 8 Other (Specify)
- 98 (VOL) Don't know
- 99 (VOL) Refused

20. 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 #22)**
- 8 (VOL) Don't know **(Skip to #22)**
- 9 (VOL) Refused **(Skip to #22)**

21. Who provided the training to you? **(DO NOT READ LIST)**

- 1 Bicycle store
- 2 Police
- 3 Friends
- 4 Teachers/schools
- 5 Bicycle club
- 6 State/Local bike programs
- 7 Family
- 8 Other (Specify)
- 98 (VOL) Don't know
- 99 (VOL) Refused

22. If you wanted to learn (if #20 = 1, insert the word "more") about bicycling safety, where would you go or look for information?
(DO NOT READ LIST) (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 Other (Specify)
- 98 (VOL) Don't know
- 99 (VOL) Refused

Continue if #1 = 1, 2, or 3. Otherwise skip to #31.

23. During the past year, how much of your biking was done when it was dark or nearly dark outside?

- 1 Nearly all
- 2 More than half
- 3 About half
- 4 Some
- 5 Almost none
- 6 None
- 8 (VOL) Don't know
- 9 (VOL) Refused

**(If code 1-4 in #23, Continue;
Otherwise, Skip to #26)**

24. 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 #26)**
- 3 (VOL) Don't know **(Skip to #26)**
- 4 (VOL) Refused **(Skip to #26)**

25. What do you do to make yourself or your bike more visible after dark? **(DO NOT READ LIST) (Multiple Record)**

- 1 Use bike headlight
- 2 Use bike taillight
- 3 Wear fluorescent or reflective clothing/shoes
- 4 Wear other lights on self or belongings
- 5 Ensure bicycle has reflectors
- 6 Ride only in well-lit areas
- 7 Other (Specify)
- 8 (VOL) Don't know
- 9 (VOL) Refused

26. 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 and the bike was in motion? Did you use an electronic device during:

- 1 Nearly all your bike trips
- 2 More than half your bike trips
- 3 About half your bike trips
- 4 Some of your bike trips
- 5 Almost none of your bike trips, or
- 6 None of your bike trips
- 7 Other (Specify)
- 8 (VOL) Don't know
- 9 (VOL) Refused

GENERAL BICYCLE HABITS

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

27. 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
- 8 (VOL) Don't know
- 9 (VOL) Refused

28. 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: _____ **SKIP TO Q30**

- 97 [Volunteered: It differs too much to say]
- 98 (Don't Know)
- 99 (Refused) **SKIP TO Q30**

29. Can you tell me if it was . . .

- 1 Less than 30 minutes,
- 2 30 minutes to one hour,
- 3 One to two hours, or
- 4 More than two hours?
- 8 (VOL) Don't know
- 9 (VOL) Refused

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

- 1 More often
- 2 Same amount
- 3 Less often
- 8 (VOL) Don't know
- 9 (VOL) Refused

31. Are bike PATHS, that is, paths away from the road on which bikes can travel, available within a quarter mile of where you live?

- 1 Yes
- 2 No
- 3 (VOL) Don't know
- 4 (VOL) Refused

32. Do you ride on bike paths . . . ?

- 1 Every time you ride a bike (Skip to #34)
- 2 Most of the time (Skip to #34)
- 3 Some of the time (Skip to #34)
- 4 Hardly ever, OR
- 5 Never
- 8 (VOL) Don't know (Skip to #34)
- 9 (VOL) Refused (Skip to #34)

33. 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)

- 1 Not in good repair
- 2 Don't go where I need to go
- 3 Too crowded with bicycles or pedestrians
- 4 Don't feel safe
- 5 Other (Specify)
- 8 (VOL) Don't know
- 9 (VOL) Refused

34. Are bike LANES, that is, marked lanes on a public road reserved for bikes to travel, available within a quarter mile of where you live?

- 1 Yes
- 2 No
- 8 (VOL) Don't know
- 9 (VOL) Refused

35. Do you ride in bike LANES?

- 1 Every time you ride a bike (Skip to #37)
- 2 Most of the time (Skip to #37)
- 3 Some of the time (Skip to #37)
- 4 Hardly ever, OR
- 5 Never
- 8 (VOL) Don't know (Skip to #37)
- 9 (VOL) Refused (Skip to #37)

36. 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)

- 1 Not in good repair
- 2 Don't go where I need to go
- 3 Too crowded with bicycles or pedestrians
- 4 Don't feel safe
- 5 Other (Specify)
- 8 (VOL) Don't know
- 9 (VOL) Refused

If #1 = 1, 2, or 3, continue.
If #1 = 4, skip to #38.

If #1 > 4, skip to #43.

37. 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?

INTERVIEWER NOTE: READ IF NECESSARY: Obstacles refer to any physical object which would cause the rider to detour off their intended path and not limited to the examples given above.

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

38. 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
- 2 No (Skip to instruction before #41)
- 8 (VOL) Don't Know (Skip to instruction before #41)
- 9 (VOL) Refused (Skip to instruction before #41)

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

- 1 Yes (Skip to instruction before #41)
- 2 No
- 8 (VOL) Don't Know (Skip to instruction before #41)
- 9 (VOL) Refused (Skip to instruction before #41)

40. 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 #43. Otherwise continue.

41. When riding a bike, do you wear a helmet for . . . ?

- 1 All of your rides
- 2 Nearly all of your rides
- 3 Most of your rides
- 4 Some of your rides
- 5 Not very many of your rides
- 6 Never
- 8 (VOL) Don't Know
- 9 (VOL) Refused

**(If code 1 in #41, Skip to #43;
Otherwise, Continue)**

42. 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

8 (VOL) Don't Know

9 (VOL) 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

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)

1 Don't need to wear one

2 No/No other reason

3 Other (Specify)

8 (VOL) Don't Know

9 (VOL) Refused

43. 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

8 (VOL) Don't Know

9 (VOL) Refused

44. 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
- 8 (VOL) Don't Know
- 9 (VOL) Refused

45. How satisfied are you with how your local community is designed for making bike riding safe? Are you . . . ?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 8 (VOL) Don't Know
- 9 (VOL) Refused

46. What changes, if any, would you like to see your local government make in your community for bicyclists? **(DO NOT READ LIST)**
(Multiple Record)

- 1 More bike trails
- 2 More bike paths
- 3 More bike lanes
- 4 Allow bikes on sidewalks
- 5 Don't allow bikes on sidewalks
- 6 Other (list)
- 8 (VOL) Don't Know
- 9 (VOL) Refused

47. 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 #50)**
- 8 (VOL) Don't Know **(Skip to #50)**
- 9 (VOL) Refused **(Skip to #50)**

48. Is it a State, city, or county law? **MULTIPLE RECORD.**

- 1 State law
- 2 City law
- 3 County law
- 4 Other (specify)
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

- 1 All bicyclists
- 2 Only children
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

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

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

- 1 Favor
- 2 Oppose
- 8 (VOL) Don't Know/No opinion
- 9 (VOL) Refused

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)** **[INTERVIEWER NOTE: Each trip should start at the point where the respondent was on foot (either walking, jogging or running) and end at their next destination.**

51. When was the last time you walked, jogged, or ran 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 #68)**
- 4 1-2 years ago **(Skip to Read before #74)**
- 5 3-5 years ago **(Skip to Read before #74)**
- 6 More than 5 years ago **(Skip to Read before #74)**
- 7 Never **(Skip to Read before #74)**
- 8 (VOL) Don't Know **(Skip to Read before #74)**
- 9 (VOL) Refused **(Skip to Read before #74)**

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

- 00 None **(Skip to #68)**
- 1-31
- 98 (VOL) Don't Know
- 99 (VOL) Refused

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

- 1 Weekday (Monday - Friday)
- 2 Weekend (Saturday or Sunday)
- 8 (VOL) Don't Know
- 9 (VOL) 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.

54. What was your starting point for your first trip of the day?

(DO NOT READ LIST)

[INTERVIEWER NOTE: Each trip should start at the point where the respondent was on foot (either walking, jogging or running) and end at their next destination.]

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Other (Specify)
- 98 (VOL) Don't Know
- 99 (VOL) Refused

55. What was the main purpose of this trip? **(DO NOT READ LIST)**

- 1 Commuting to work
- 2 Commuting to school
- 3 Recreation
- 4 Exercise/for my health
- 5 Personal errands (to the store, post office, and so on)
- 6 Required for my job
- 7 Drop off/Pick up someone
- 8 Visit a friend or relative
- 9 Walk the dog
- 10 Escort child to school
- 11 Other (Specify)
- 98 (VOL) Don't Know
- 99 (VOL) Refused

56. Where did this trip end? **(DO NOT READ LIST)**

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Other (Specify)
- 98 (VOL) Don't Know/A location you cannot remember
- 99 (VOL) Refused/A location you prefer not to share

57. Did you take any more walking trips on this day? Again I want you to include jogging and running trips in addition to walking trips.

- 1 Yes
- 2 No **(Skip to #62)**
- 8 (VOL) Don't Know **(Skip to #62)**
- 9 (VOL) Refused **(Skip to #62)**

(PROGRAMMER NOTE: Ask #57-#61 for each trip before going to the next trip, if applicable)

58. 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 #56 or #61 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 #62)
 - 8 (VOL) Don't Know
 - 9 (VOL) Refused
-
- A. (If First Loop, ask:) Second
 - B. (If Second Loop, ask:) Third
 - C. (If Third Loop, ask:) Fourth
 - D. (If Fourth Loop, ask:) Fifth
 - E. (If Fifth Loop, ask:) Sixth

(For each code 1 in #58 A-E,
Autocode response from #56 or #61 A-D, as appropriate
into #59 A-E, as appropriate AND Skip to #60;
Otherwise, Continue)

59. What was your starting point for this trip? **(Display A-E, as appropriate) (DO NOT READ LIST)**

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Other (Specify)
- 98 (VOL) Don't Know
- 99 (VOL) Refused

- A. **(If First Loop, ask:)** Second
- B. **(If Second Loop, ask:)** Third
- C. **(If Third Loop, ask:)** Fourth
- D. **(If Fourth Loop, ask:)** Fifth
- E. **(If Fifth Loop, ask:)** Sixth

60. What was the main purpose of this trip? **(Display A-E, as appropriate) (DO NOT READ LIST)**

- 1 Commuting to work
- 2 Commuting to school
- 3 Recreation
- 4 Exercise/for my health
- 5 Personal errands (to the store, post office, and so on)
- 6 Required for my job
- 7 Drop off/Pick up someone
- 8 Visit a friend or relative
- 9 Walk the dog
- 10 Escort child to school
- 11 Other (Specify)
- 98 (VOL) Don't Know
- 99 (VOL) Refused

- A. **(If First Loop, ask:)** Second
- B. **(If Second Loop, ask:)** Third
- C. **(If Third Loop, ask:)** Fourth
- D. **(If Fourth Loop, ask:)** Fifth
- E. **(If Fifth Loop, ask:)** Sixth

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

- 1 Home
- 2 Friend or relative's home
- 3 Work
- 4 School/Campus
- 5 Park/field
- 6 Grocery store/Drug store/Convenience store
- 7 Mall/Strip mall/Shopping center
- 8 Restaurant
- 9 Train/subway/bus station or stop
- 10 Other (Specify)
- 98 (VOL) Don't Know/A location you cannot remember
- 99 (VOL) Refused/A location you prefer not to share

- A. **(If First Loop, ask:)** Second
- B. **(If Second Loop, ask:)** Third
- C. **(If Third Loop, ask:)** Fourth
- D. **(If Fourth Loop, ask:)** Fifth
- E. **(If Fifth Loop, ask:)** Sixth

62. When you were walking that day, did you walk mostly on . . . ?

- 1 Paved roads, not on shoulder
- 2 Shoulders of paved roads
- 3 Grass or fields (Skip to #64)
- 4 Sidewalks (Skip to #64)
- 5 Bike paths, walking paths or trails (Skip to #64)
- 6 Unpaved roads (for example dirt, gravel, sand)
- 7 Or some other surface (Specify) (Skip to #64)
- 8 (VOL) Don't Know (Skip to #64)
- 9 (VOL) Refused (Skip to #64)

63. When you were walking (in the street/on the shoulder), were you usually walking . . . ?

- 1 Facing traffic, that is, walking against traffic, or
- 2 With traffic, that is walking in the same direction as the cars
- 3 (VOL) Varies/Depends
- 4 (VOL) Not applicable/Never walk in the street
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

- 1 Walked with others
- 2 Walked alone
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

- 1 Yes
- 2 No (Skip to #68)
- 8 (VOL) Don't Know (Skip to #68)
- 9 (VOL) Refused (Skip to #68)

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

- 1 Yes
 - 2 No
 - 8 (VOL) Don't Know
 - 9 (VOL) Refused
- A. Motorists
 - B. The potential for crime
 - C. Uneven walkways or road surfaces
 - D. Dogs or other animals
 - E. Something else? **(If "Yes", ask:)** What else?
(DO NOT READ LIST)
- 1 Too much bicycle or pedestrian traffic
 - 2 Lack of room to ride
 - 3 Obstacles blocking path
 - 4 Not maintained
 - 5 No/Nothing else
 - 6 Other (Specify)
 - 8 (VOL) Don't Know
 - 9 (VOL) Refused

**(If code 1 in #66-A, Continue;
Otherwise, Skip to #68)**

67. What did motorists do to make you feel threatened?
DO NOT READ LIST (Multiple Record)

- 1 Cut me off
- 2 Entered intersection without looking
- 3 Drove very close to me
- 4 Honked at me
- 5 Almost hit me/near miss
- 6 Just the presence of the motorist was threatening
- 7 Too fast
- 8 Other (Specify)
- 98 (VOL) Don't Know
- 99 (VOL) Refused

68. During the past year, how much of your walking was done when it was dark or nearly dark outside?

- 1 Nearly all
- 2 More than half
- 3 About half
- 4 Some
- 5 Almost none
- 6 None
- 8 (VOL) Don't Know
- 9 (VOL) Refused

**(If code 1-4 in #68, Continue;
Otherwise, Skip to #71)**

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

- 1 Yes
- 2 No (Skip to #71)
- 8 (VOL) Don't Know (Skip to #71)
- 9 (VOL) Refused (Skip to #71)

70. What do you do to make yourself more visible when walking after dark? **(DO NOT READ LIST)(Multiple Record)**

- 1 Wear light colored clothing
- 2 Wear fluorescent or reflective clothing/Shoes
- 3 Wear or carry a flashlight
- 4 Walk only in well-lit areas
- 5 Other (list)
- 8 (VOL) Don't Know
- 9 (VOL) Refused

71. During the past year, how often did you use an electronic device like a cell phone or mp3 player WHILE YOU WERE walking outside? Do not count instances when you stopped walking. Did you use an electronic device during:

- 1 Nearly all your outdoor walking trips
- 2 More than half your walking trips
- 3 About half your walking trips
- 4 Some of your walking trips
- 5 Almost none of your walking trips, or
- 6 None of your walking trips
- 7 Other (Specify)
- 8 (VOL) Don't Know
- 9 (VOL) Refused

GENERAL WALKING HABITS

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

72. 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
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

- 1 More often
- 2 Same amount
- 3 Less often
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

74. 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 no streets **(Skip To Q78)**
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 (VOL) Don't Know
- 9 (VOL) Refused

If #51 = 4, skip to #78
If #51 > 4, skip to #81

76. Do you use sidewalks . . . ?

- 1 Every time you walk, jog or run outside (Skip to #78)
- 2 Most of the time (Skip to #78)
- 3 Some of the time (Skip to #78)
- 4 Hardly ever, OR
- 5 Never
- 6 (VOL) It depends if I am walking or jogging/running (Skip to #78)
- 8 (VOL) Don't Know (Skip to #78)
- 9 (VOL) Refused (Skip to #78)

77. What is the main reason that you hardly ever or never use sidewalks? (DO NOT READ LIST)

(INTERVIEWER NOTE: If respondent says, Don't like them; Probe for why)

- 1 Not in good repair
- 2 Don't go where I need to go
- 3 Too crowded
- 4 Prefer softer surface
- 5 Don't feel safe
- 6 Other (Specify)
- 8 (VOL) Don't Know
- 9 (VOL) Refused

78. 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
- 2 No (Skip to #81)
- 8 (VOL) Don't Know (Skip to #81)
- 9 (VOL) Refused (Skip to #81)

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

- 1 Yes (Skip to #81)
- 2 No
- 8 (VOL) Don't Know (Skip to #81)
- 9 (VOL) Refused (Skip to #81)

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

Specify _____.

- 98 (Don't Know)
- 99 (Refused)

81. How satisfied are you with how your local community is designed for making walking safe? Are you . . . ?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 8 (VOL) Don't Know
- 9 (VOL) Refused

82. What changes, if any, would you like to see your local government make in your community for pedestrians? **(DO NOT READ LIST)**
(Multiple Record)

- 1 More crosswalks
- 2 More sidewalks
- 3 More lights on streets
- 4 More lights on paths/trails
- 5 Other (Specify)
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

83. 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
- 8 (VOL) Don't Know
- 9 (VOL) Refused

84. What do flashing red lights on a school bus mean for an approaching car? Do they mean . . .

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

85. Do drivers in your community usually yield to pedestrians in crosswalks?

- 1 Yes
- 2 No
- 8 (VOL) Don't Know
- 9 (VOL) Refused

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

- 1 Agree
- 2 Neither agree nor disagree
- 3 Disagree
- 8 (VOL) Don't Know
- 9 (VOL) 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. Bicyclists are just as entitled to ride on the road as are motorists
- D. Manuals used to study for a driver's license should include information about how to avoid accidents with Pedestrians and Bicyclists
- E. A driver who doesn't yield to pedestrians walking legally at a crosswalk should be ticketed

87 **(If 86-A is Agree)** What would you say is the most important reason why you do not walk as much as you would like? **(DO NOT READ LIST)**

- 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)
- 98 (VOL) Don't Know
- 99 (VOL) Refused

88. (If 86-B is Agree) What would you say is the most important reason why you do not bicycle as much as you would like?
(DO NOT READ LIST)

- 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)
- 98 (VOL) Don't Know
- 99 (VOL) Refused

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

- 1 Safe (Skip to #91)
- 2 Dangerous
- 8 (VOL) Don't Know (Skip to #91)
- 9 (VOL) Refused (Skip to #91)

90. Why do you feel this way? (DO NOT READ LIST) (OPEN-END)

(Specify)_____.

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

- 1 Safe (Skip to #93)
- 2 Dangerous
- 8 (VOL) Don't Know (Skip to #93)
- 9 (VOL) Refused (Skip to #93)

92. Why do you feel this way? (DO NOT READ LIST) (OPEN-END)

(Specify)_____.

CHILDREN WALKING/BIKING

93. 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. **(DO NOT READ LIST)**

- 0 None (Skip to #98)
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven or more
- 8 (VOL) Don't Know (Skip to #98)
- 9 (VOL) Refused (Skip to #98)

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

- _____ Age
- 98 (VOL) Don't Know
 - 99 (VOL) Refused

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

- _____ Age
- 98 (VOL) Don't Know
 - 99 (VOL) Refused

If #95 < 5, Skip to #98

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

- _____ (0-7)
- 98 (VOL) Don't Know
 - 99 (VOL) Refused

If #96 = 0, Skip to #98

- 97 When riding a bicycle, does this child wear a helmet for . . .
- 1 All rides
 - 2 Nearly all rides
 - 3 Most rides
 - 4 Some rides
 - 5 Not very many rides, or
 - 6 Never
 - 8 (VOL) Don't Know
 - 9 (VOL) Refused

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

98. Do you currently live in a . . . ?

- 1 House
- 2 Townhouse or row house
- 3 Apartment, condo, or co-op
- 4 Mobile home, OR
- 5 Other (Specify)
- 8 (VOL) Don't know
- 9 (VOL) Refused

99. These next questions ask about the area that is within a quarter mile around where you live. [**(If necessary, read:)** Or the length of about four football or soccer fields.] Are there **(read A-I, as appropriate)** within ¼ mile of where you live?

- 1 Yes
- 2 No
- 8 (VOL) Don't know
- 9 (VOL) Refused

- A. Single-family houses
- B. Townhouses, apartments or condos
- C. Mobile homes
- D. Parks or recreational areas
- E. Farms or ranches
- F. Commercial businesses such as stores or restaurants
- G. Public buildings such as schools, hospitals or government offices
- H. Industrial buildings or factories
- I. Heavy street traffic

DEMOGRAPHICS BEGIN HERE:

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

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

- 99 99+
- 998 (VOL) Don't know
- 999 (VOL) Refused

**(If DK or RF in #100 Continue;
Otherwise, Skip to #102)**

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

- 1 16 or 17
- 2 18 to 24
- 3 25 to 34
- 4 35 to 44
- 5 45 to 54
- 6 55 to 64
- 7 65 to 74, or
- 8 75 or older
- 98 (VOL) Don't know
- 99 (VOL) Refused

102. 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]**

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed and looking for work
- 4 Retired
- 5 Going to school
- 6 Homemaker
- 7 (VOL) Disabled
- 8 Something else (Specify)
- 98 (VOL) Don't know
- 99 (VOL) Refused

103. EDUCATION: What is the highest grade or year of school you have completed? **(DO NOT READ LIST)**

- 1 No formal education
- 2 First through 7th grade
- 3 8th grade
- 4 Some high school
- 5 High school graduate or GED
- 6 Some college
- 7 Four-year college graduate
- 8 Some graduate school
- 9 Graduate degree
- 98 (VOL) Don't know
- 99 (VOL) Refused

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

- 1 Yes
- 2 No
- 8 (VOL) Don't know
- 9 (VOL) Refused

105. 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
- 7 (VOL) Other (SPECIFY)
- 8 (VOL) Don't know
- 9 (VOL) Refused

**(If code 6 in #105, Continue;
Otherwise, Skip to #107)**

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

- 1 White-Hispanic
- 2 Black-Hispanic
- 3 (Hispanic/Respondent refused to discriminate)
- 4 Other (Specify)
- 8 (VOL) Don't know
- 9 (VOL) Refused

107. 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 (VOL) Don't know
- 9 (VOL) Refused

109 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 (Specify)
- 8 (VOL) Don't know
- 9 (VOL) Refused

110. How many licensed motor vehicles are owned, leased, or available for regular use by members of your household? **(DO NOT READ LIST)**

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 6 or more
- 7 (VOL) Zip car, etc
- 8 (VOL) Don't know
- 9 (VOL) Refused

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

- 1 Yes
- 2 (VOL) Yes, I use a wheelchair (Skip to Q113)
- 3 (VOL) Yes, I use a motorized chair (Skip to Q113)
- 4 No (Skip to Q113)
- 8 (VOL) Don't know (Skip to Q113)
- 9 (VOL) Refused (Skip to Q113)

112 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
- 8 (VOL) Don't know
- 9 (VOL) Refused

113. In general, how easy or difficult is it for you to travel to the places in your COMMUNITY where you want to go? Do not include out of town travel. Would you say it is **(Read 1-4)**:

- 1 Very easy; (Skip To Q116)
- 2 Somewhat easy; (Skip To Q116)
- 3 Somewhat difficult; or (Skip To Q115)
- 4 Very Difficult. (Skip To Q115)
- 5 (VOL) It depends on where I am traveling from
- 8 (VOL) Don't know (Skip To Q116)
- 9 (VOL) Refused (Skip To Q116)

114. From which places do you find it more difficult to travel to the places you want to go? **(DO NOT READ LIST) (Multiple Record)**

- 1 Home
- 2 Work
- 3 Doctor's Office
- 8 (VOL) Don't know
- 9 (VOL) Refused

115. What are the reasons it is difficult for you to travel to the places in your community where you want to go? **(DO NOT READ LIST) (Multiple Record)**

- 1 Don't have access to vehicle
- 2 Vehicles can't accommodate mobility equipment
- 3 Sidewalks are inadequate/poor condition
- 8 (VOL) Don't know
- 9 (VOL) Refused

116. 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 Q119

117. 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

8 (VOL) Don't know

9 (VOL) Refused

(If code 1, in #117,

Autocode 1 in #118, and Skip to Q119, Otherwise continue

118. 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? **(DO NOT READ LIST)**

1 One

2 Two

3 Three

4 Four

5 Five or more

8 (VOL) Don't know

9 (VOL) Refused

119. 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

8 (VOL) Don't know

9 (VOL) Refused

ASK ONLY FOR LANDLINE SAMPLE

120. 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

8 (VOL) Don't Know

9 (VOL) Refused

CELL SAMPLE ONLY:

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

[ENTER NUMBER 1-10]

97 NONE

98 (VOL) Don't know

99 (VOL) Refused

ASK ONLY IF LANDLINE SAMPLE AND (Q120=2)

122. 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 (Q120=2)

123. 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

Q124 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)