

Survey for Long-Range Transportation Plan

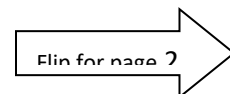
COEDD Residents Survey:

1. Do you live in a TOWN/City? Yes No If yes, which town do you live in? _____
2. How many miles do you usually travel to **medical** appointments? (one way) _____
 - a. How often? _____ Where? _____
3. How many miles do you usually travel **to get groceries, go shopping, or work?** (one way) _____
What towns do you travel to most often? _____
4. What are your usual methods of transportation and how often do you get out? (Mark the boxes)

<i>Mode of travel</i>	Every Day	3-4 Times a Week	1-2 Times a Week	1-2 Times a Month
Car (alone or with household members)				
Carpool with others				
Bus/Public Transit				
Motorcycle				
Bicycle/Walk				
Wheelchair /Motorized scooter				

5. Please indicate **how important** each of the transportation system components is to you.

<i>Importance to me:</i>	Not Important	Somewhat Important	Important	Very Important
Improve Technology of Signals				
Intersection Improvements				
Pedestrian safety or access				
Maintenance Improvements				
Bicycle safety or access				
More Bus Service/Public transit				
Availability of passenger rail service				
Connection to Highways				
Maintenance of Bridges				
Protecting the environment				
Condition of traffic signage				
Business access to rail freight				



Survey for Long-Range Transportation Plan

<i>Importance to me:</i>	Not Important	Somewhat Important	Important	Very Important
Provide a smooth driving surface				
Add shoulders on 2-lane Highways				
Improve existing roadways (reconstruct steep hills or sharp curves, etc.)				
Improve signs along existing roadways				

6. Which do you think should be a **priority** when government selects transportation projects for the County?

<i>Should be a Priority</i>	Not Important	Somewhat Important	Important	Very Important
Supports Economic Development				
Improves Safety				
Reduces Congestion				
Bicycle Lanes or Facilities				
Improve Pedestrian walkways				
Improves Travel Choices				
Reduces Energy Consumption/Pollution				
Improves freight movement				
Other (specify)				

7. Are there locations in your County that have traffic or transportation problems, and where?

8. **Optional:** So that we can ensure this survey has reached a variety of individuals in the community, please provide the information below (Circle your response):

Your Age Group: 18-24 25-34 35-44 45-54 55-65 65-74 Over 75

Gender: Male Female Are you in a "Low income" group? Yes No

Race: Are you Hispanic? Yes No

9. Please provide additional comments regarding transportation improvement needs or problems:
