

Accessible Streetscape Design Survey

Introduction, Purpose, and Context

You are invited to participate in a research study being conducted by Smart Growth America supported by the International Parking & Mobility Institute and the Disability Rights Education & Defense Fund.

The research team is seeking to learn more about the needs and challenges people with disabilities meet when walking/rolling in their community. We are interested in what it looks, sounds, and feels like when a street serves walking/rolling, biking, and driving for all people, including people with disabilities. Participants should be over 18 years of age. Your input will provide the research team with useful information to design better streets for everyone, including people with disabilities in our communities.

This survey should take about five minutes to complete. It is your choice to fill out the survey and there are no risks to you if you choose to participate. You may skip any questions you are not comfortable answering. You may stop the survey at any time.

This research is confidential. Confidential means that the research records will include some information about you. However, we are the only parties that will be allowed to see the full set of data.

If you complete the survey, you are consenting only to the use of your responses in aggregate with other responses. If you have any questions about the research or the procedures described above, or if you need assistance in completing the survey, please contact [accessible \[dot\] streetscapes \[at\] smartgrowthamerica \[dot\] org](mailto:accessible@streetscapes.org).

* 1. Where do you live?

City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>

* 2. Which bests describe where you live?

- Urban (communities over 250,000 people)
- Suburban (communities surrounding urban area between 100,000-250,000 people)
- Small town (communities under 100,000 people)
- Rural (communities under 10,000 people)
- Other (please specify)

Accessible Streetscape Design Survey

The following questions pertain to your disability.

* 3. With which disability(ies) do you identify? Select all that apply.

- Hearing
- Intellectual/Developmental
- Mental Health
- Mobility/Movement
- Visual
- Disability related to language
- Other (please specify)

- None of the above

* 4. Do you have a physical disability that makes it difficult for you to get around?

- Yes, and use a wheelchair
- Yes, and use a mobility device like a walker or a cane
- Yes, but do NOT use a wheelchair or mobility device
- No, do not experience a physical disability that makes it difficult to get around.
- Other (please specify)

* 5. Do you have a vision disability that makes it difficult for you to get around?

- Yes, and use a service animal
- Yes, and uses a mobility device like a cane
- Yes, but do NOT use a mobility device
- No, do not experience a vision disability that makes it difficult to get around.
- Other (please specify)

* 6. Do you have a hearing disability that makes it difficult for you to get around?

- Yes, and use a hearing aid
- Yes, but do NOT use a hearing aid
- No, do not experience a hearing disability that makes it difficult to get around.
- Other (please specify)

* 7. What disability-related difficulties do you experience? Select all that apply.

- Physical coordination (big movements, like running and jumping)
- Fine motor skills or motor planning (picking up or using small things, planning ahead when I need to move in a difficult way)
- Mental health issues (Depression, Anxiety, etc.)
- Medical issues (Diabetes, GERD, Obesity)
- Making decisions
- Keeping my behavior or emotions under control
- Planning, paying attention, or organizing things
- Hearing impairment
- Hyper- or hypo-sensory sensitivities
- Learning (dyslexia, etc.)
- Mild cognitive or intellectual impairment
- Severe cognitive or intellectual impairment
- Self-care difficulties
- Interacting or talking with other people
- Speaking in ways that are clearly understood
- No speech or verbal communication
- Visual impairment
- Other (please specify)

- None of the above

Accessible Streetscape Design Survey

The following questions pertain to your transportation needs.

* 8. How do you travel to work, school, the grocery store, or other places in or near your neighborhood? Select all that apply.

- Walk/Roll
- Bus
- Intercity or commuter rail
- Subway or light rail
- Paratransit
- Drive yourself
- Riding as a passenger in a personal vehicle
- Sheltered Program related vehicle (not a public vehicle)
- Taxi / Uber or Lyft
- Regular Bike/Scooter
- Electric Bike/Scooter
- Adaptive Bike/Scooter
- Bike-share/Scooter-share
- Not Applicable, I do not travel in or around my neighborhood.
- Other (please specify)

- None of the above

* 9. How often do you walk/roll in your neighborhood?

- Daily
- A few days a week
- A few days a month
- Once or less a month
- Never
- If you do NOT walk/roll in your neighborhood, please describe the barriers to walking/rolling in your neighborhood or why you choose not to walk/roll?

- Not applicable

* 10. How often do you bike in your neighborhood?

- Daily
- A few days a week
- A few days a month
- Once or less a month
- If you do NOT bike in your neighborhood, please describe the barriers to biking in your neighborhood or why you choose not to bike?

- Not applicable

* 11. Does your neighborhood have enough places to walk/roll or bike to, like a grocery store, bus stop, train station, or a local park?

- A great deal
- A lot
- A moderate amount
- A little
- None at all
- None of the above
- Comments

* 12. Does your neighborhood have enough sidewalks, bikeways, and paved pathways to walk/roll or bike to daily needs and destinations?

- A great deal
- A lot
- A moderate amount
- A little
- None at all
- None of the above
- Comments

13. What challenges and/or barriers do you face when walking/rolling, or biking (with or without a mobility device) in your neighborhood? Select all that apply.

- Lack of bikeways or pathways separated from traffic
- Lack of sidewalks
- Lack of traffic signals/stop signs
- Lack of nearby destinations accessible by walking
- Lack of crossing indicators (cross/don't cross) at intersections
- Lack of curb cuts
- Lack of detectable warnings at intersections
- Lack of audible pedestrian signals to aid blind or low vision at intersections
- Poor quality of bikeways (too narrow, broken, or uneven pavement)
- Poor quality of sidewalks (too narrow, broken, or uneven pavement)
- Poor quality of street markings at intersections
- Limited crossing time available
- Traffic speed
- Crossing a street
- Difficulty determining routes or directions
- Get easily lost
- Judging the distance or speed of approaching cars
- I do not use a personal mobility device
- Caregivers/guardians do not allow me to walk or roll by myself
- Too crowded, too many people on the sidewalk
- Too much traffic
- Crime, fear of crime in your neighborhood
- There is no need, the van/taxi/vehicle picks me up at my door
- Other (please specify)

Accessible Streetscape Design Survey

The following questions pertain to the condition and care of facilities in your neighborhood.

* 14. Does your route have enough shade from the sun?

- A great deal
- A lot
- A moderate amount
- A little
- None at all
- None of the above

Comments

* 15. Do you have enough places to stop and rest, like a public bench?

- A great deal
- A lot
- A moderate amount
- A little
- None at all
- None of the above

Comments

* 16. Are the sidewalks cleared of snow and/or debris in a timely fashion?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 17. Are bikeways clear of snow or debris in a timely fashion?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 18. Are cracked and broken public sidewalks repaired in a timely manner?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 19. Are crosswalk markings in your community repaired in a timely manner?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 20. Are broken street-crossing signals in your community repaired in a timely manner?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 21. Are cracked and broken public bikeways in your community repaired in a timely manner?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 22. Do traffic signals in your neighborhood have lights for walking or countdown signals?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 23. Do your neighborhood traffic signals have audible or vibrating pedestrian walk signals?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 24. Do the traffic signals in your neighborhood have vibrotactile indicators and accessible pedestrian signals for those who are blind, low vision, deaf, and/or hard of hearing?

- Always
- Usually
- Sometimes
- Rarely
- Never

* 25. Do you feel safe crossing a street without assistance?

- No, I do not feel comfortable crossing alone
- Yes, I cross the street safely without assistance
- Sometimes
- Other (please specify)

* 26. Do you feel comfortable crossing the street when any of the following are present: bike lanes, transit/bus stops and lanes, pickup / drop off zones, and/or freight loading and parking?

- Always
- Usually
- Sometimes
- Rarely
- Never

Other (please specify)

* 27. Do you have difficulty finding your way to the train or bus stop?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Not applicable

Other (please specify)

* 28. Do you feel comfortable getting to a bus stop when it is located on an island in the middle of the street?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Not applicable

Other (please specify)

* 29. Do you receive training on how to find destinations in your neighborhood?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Not applicable

Other (please specify)

* 30. Do you use a designated spot on the street/curb for the following? Select all that apply.

- To use private automobiles
- To use paratransit/shuttles
- To use public transportation
- Other (please specify)

- Not applicable

* 31. Which type of passenger boarding zone do you prefer to use? Select all that apply.

- Accessible parking space (on-street)
- Accessible parking space (off-street surface lot or garage)
- Board directly to from the curb/ sidewalk
- Zone with curb ramp adjacent to the passenger boarding zone
- Zone which allows an access aisle for getting in and out of vehicle at street level
- Other (please specify)

- Not applicable

* 32. Are there sufficient passenger boarding zones in your neighborhood to meet your needs?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

* 33. Does your neighborhood have enough accessible parking spaces?

- Too many
- Just right
- Too few
- None at all
- Not applicable

Other (please specify)

* 34. *How strongly do you agree with the following statement:*

The signage in my neighborhood helps me find my way.

- Always
- Usually
- Sometimes
- Rarely
- Never
- Other (please specify)

- Not applicable

Accessible Streetscape Design Survey

The following demographic questions will be used to analyze data.

* 35. What gender do you identify with?

- Female
- Male
- Non-binary
- Prefer not to answer

* 36. What is your race/ethnicity?

- White
- Black
- Hispanic
- Asian
- Native American
- Hawaiian or Pacific Islander
- Prefer not to answer
- Other (please specify)

37. Anything else you would like to share?

38. If you would like to share additional information about the survey, please feel free to share your contact information.

Name

Email Address

Phone Number