

MARION MASTER TRAILS PLAN

Master Trails Plan Survey

Thank you for taking the time to complete this brief, two-page survey. Your input and ideas will help shape the future of trails and bikeways in the City of Marion.

Name (optional): _____ Age: Under 18 50-69
 18-29 70 or older
Email (optional): _____ 30-49

Which of the following types of bicyclists would you use to describe yourself?

- Strong and Fearless.** You ride on any street, regardless of roadway conditions or presence of bike lanes.
- Enthused and Confident.** You are comfortable sharing the roadway with automotive traffic, but you prefer to ride on streets with dedicated bicycle facilities or on neighborhood streets with less motor vehicle traffic.
- Interested but Concerned.** You like riding your bike, you're interested in riding more often, but you are concerned about motor vehicle traffic and speeds. When you do ride, you stick to quiet neighborhood streets and trails.
- No Way, No How.** You don't ride a bicycle and are not interested in bicycling at the moment. This can be due to terrain, physical limitations, or even lack of interest.

How often do you bike and/or walk?

Bike

- Every day
- A few times a week
- A few times a month
- A few times a year
- Never

Walk

- Every day
- A few times a week
- A few times a month
- A few times a year
- Never

When you bike or walk, what is your purpose? (Please check all that apply.)

- Commute to work or school
- Shopping/errands
- Visit friends/entertainment/social
- Recreation/exercise
- I do not bike or walk
- Other: _____

How do you normally get to parks, trails and recreation areas in and around Marion?

- Walk Motor Vehicle
- Bike All of the above

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Do you currently use any of the trails in and around Marion?

- Yes If so, which ones? _____
 No _____

What are the best streets or areas to walk and bike in your neighborhood?

In what areas do you most want to see trails and other off-street connections created?

What, if anything, keeps you from biking and walking more frequently? (Check all that apply)

- Nothing. I **walk** as frequently as I want to.
- Nothing. I **bike** as frequently as I want to.
- I don't feel safe **walking** along streets in Marion.
- I don't feel safe **biking** on the streets in Marion.
- Lack of bicycling experience.
- Lack of sidewalks.
- Lack of trails.
- Lack of on-street bicycle facilities.
- Travel times and distances.
- Lack of bike racks, secure bike parking, or showers at destinations around town.
- Less convenient than other travel options.

Other: _____

On a scale of 1 to 10, please indicate how safe you feel when walking and biking now?
1 indicates a low level of safety, 10 indicates a high level of safety.

Biking: 1 2 3 4 5 6 7 8 9 10 **Walking:** 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, please indicate your desire for more trails for walking and bicycling?
1 indicates a low level of interest, 10 indicates a high level of interest.

Level of Interest for Trails: 1 2 3 4 5 6 7 8 9 10

Other Comments: _____

