

# How do you get around Dayton?

Circle all that apply:



I WALK



I RIDE A BICYCLE



OTHER: \_\_\_\_\_



I RIDE THE BUS OR TRAIN



I DRIVE

# Where do you live?



Mark the area of the city you **live in** or are most **familiar** with:



**Not Sure?**

Zip Code: \_\_\_\_\_

Other: \_\_\_\_\_

# People Walking... running, in a wheelchair, pushing strollers, etc.



How would you rate your satisfaction with **walking** in Dayton (circle one):



Love It



Like it



It's Okay



Hate it



Unsure

I am **interested in walking** (circle all that apply):



To work



For  
fitness &  
recreation



To school



To a bus  
stop or  
train station



To the  
store



To see  
family &  
friends



Other:  
\_\_\_\_\_

Is anything **preventing you from walking** to those destinations?



What would you like to see **changed**?



# People Riding... bike, scooter, skate, etc.



How would you rate your satisfaction with **riding** in Dayton right now (circle one):



Love It



Like it



It's Okay



Hate it



Unsure

I am **interested in riding** (circle all that apply):



To work



For  
fitness &  
recreation



To school



To a bus  
stop or  
train station



To the  
store



To see  
family &  
friends



Other:  
\_\_\_\_\_

Is anything **preventing you from riding** to those destinations?



What would you like to see **changed**?



We have some additional questions to make sure we are reaching a representational cross-section of the community. Feel free to answer only the questions you feel comfortable with. All survey result will be anonymous.



## Which of these describe you?

Circle all that apply to you:



## How do you identify?



Check all that apply to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Woman                            | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Man                              | <input type="checkbox"/> Hispanic or Latino/a/x or Spanish origin  |
| <input type="checkbox"/> Transgender                      | <input type="checkbox"/> Middle Eastern or North African           |
| <input type="checkbox"/> Gender Non-binary                | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> African American or Black        |  |
| <input type="checkbox"/> Other: _____                     |  |

**Tell Us Anything Else  
You Feel Is Important:**



A large, empty rectangular box with a light gray border, intended for providing feedback or comments.

**THANK YOU! PLEASE TURN IN BEFORE YOU LEAVE**