This survey includes questions regarding biking activity, accidents, and injuries, as well as the answer options provided by the Nashville MPO.

#### Introduction

- 1. Have you ridden a bicycle within the past year?
  - a. Daily or nearly daily (in most cases)
  - b. At least weekly (in most months)
  - c. At least monthly
  - d. Only a few times during the past year
  - e. I have not ridden a bicycle during the past year

# **Biking Activity**

- 1. How many bicycles do you have in your household?
  - a. In working condition (provide number)
  - b. Not in working condition (provide number)
- 2. During the past year, how far did you ride each month (best guess)?
  - a. During the month you were most active?
    - i. 400+ miles (40+ hrs)
    - ii. 100 to 400 miles (10+ hrs)
    - iii. 20-99 miles (2-9 hrs)
    - iv. 5-19 miles (30 minutes to 2 hrs)
    - v. Less than 5 miles (less than 30 minutes)
    - vi. Didn't ride at all
    - vii. Don't know
  - b. During the month you were least active?
    - i. 400+ miles (40+ hrs)
    - ii. 100 to 400 miles (10+ hrs)
    - iii. 20-99 miles (2-9 hrs)
    - iv. Less than 5 miles (less than 30 minutes)
    - v. Didn't ride at all
    - vi. Don't know
- 3. Please indicate the kinds of riding you do.
  - a. Commute to work
    - i. Daily or almost daily
    - ii. At least weekly
    - iii. At least monthly
    - iv. Rarely
    - v. Never
  - b. Commute to school
    - i. Daily or almost daily
    - ii. At least weekly

- iii. At least monthly
- iv. Rarely
- v. Never
- c. For routine shopping (groceries, drug store)
  - i. Daily or almost daily
  - ii. At least weekly
  - iii. At least monthly
  - iv. Rarely
  - v. Never
- d. To visit family or friends
  - i. Daily or almost daily
  - ii. At least weekly
  - iii. At least monthly
  - iv. Rarely
  - v. Never
- e. For exercise
  - i. Daily or almost daily
  - ii. At least weekly
  - iii. At least monthly
  - iv. Rarely
  - v. Never
- f. For recreation/the pleasure of riding
  - i. Daily or almost daily
  - ii. At least weekly
  - iii. At least monthly
  - iv. Rarely
  - v. Never
- 4. During the times you rode during the past year, how often did you ride in the following places?
  - a. Busy city streets without bike lanes
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - b. Busy city street with bike lanes
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - c. Residential streets (low traffic volume/low speed)
    - i. Often
    - ii. Some of the time
    - iii. Rarely

- iv. Never
- d. Parks and Greenways
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- e. Mountain bike trails
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- f. Sidewalks
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- g. Racing events
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- h. Stunt or specialized tracks
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- i. Rural roads
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- 5. During the times you rode during the past year, how often did you ride in the following conditions?
  - a. When dark
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - b. During rush hours
    - i. Often
    - ii. Some of the time
    - iii. Rarely

- iv. Never
- c. If there is snow or ice on the roads
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- d. In the rain or when roads are wet
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- e. With others in large groups:
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- f. With one or two others:
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- g. With a child under the age of 12:
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- h. After drinking alcohol:
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- 6. During the times when you rode during the past year, how often did you encounter the following conditions?
  - a. Bike lanes blocked by parked cars
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - b. Bike lanes with gravel, glass, potholes or other debris present
    - i. Often
    - ii. Some of the time
    - iii. Rarely

- iv. Never
- c. Streets with gravel, glass, potholes, or other debris present
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- d. Drain grates facing the wrong direction for bikes
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- e. No bike racks at destination
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- 7. During the times when you rode during the past year, how often did you encounter the following motor vehicle issues when riding your bicycle on public streets?
  - a. Vehicle driver cuts you off (unaware of you)
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - b. Vehicle driver cut you off (deliberate)
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - c. Hostile vehicle driver honks or yells at you for riding on road
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - d. Vehicle driver passes within three feet of you
    - i. Often
    - ii. Some of the time
    - iii. Rarely
    - iv. Never
  - e. Hostile vehicle driver bumps you from behind
    - i. Often
    - ii. Some of the time
    - iii. Rarely

- iv. Never
- f. Occupant of parked car opens door cutting you off
  - i. Often
  - ii. Some of the time
  - iii. Rarely
  - iv. Never
- 8. During the times you rode during the past year, how often did you engage in the following actions on your bicycle?
  - a. Ride on right edge of travel lane or shoulder in direction of vehicle travel
    - i. Often
    - ii. Sometimes
    - iii. Rarely
    - iv. Never
  - b. Ride on edge of travel lane or shoulder going in the opposite direction of traffic
    - i. Often
    - ii. Sometimes
    - iii. Rarely
    - iv. Never
  - c. Ride in middle of lane when road is too narrow for both bike and car to share lane
    - i. Often
    - ii. Sometimes
    - iii. Rarely
    - iv. Never
  - d. Pass vehicles on the right edge of travel land or shoulder when traffic is stopped or slow
    - i. Often
    - ii. Sometimes
    - iii. Rarely
    - iv. Never
  - e. Roll through stop signs without stopping
    - i. Often
    - ii. Sometimes
    - iii. Rarely
    - iv. Never
  - f. Roll through red light without stopping
    - i. Often
    - ii. Sometimes
    - iii. Rarely
    - iv. Never
  - g. Switch between riding on sidewalk and roadway to speed up your travel in traffic
    - i. Often
    - ii. Sometimes

d.

i.

ii.

Often

Sometimes

Cyclists engages in reckless riding

iii. Rarely iv. Never h. Ride at night with bike lights and reflectors i. Often ii. Sometimes iii. Rarely Never iv. i. Ride at night without bike lights Often i. ii. Sometimes iii. Rarely Never iv. Ride more than double file when riding as group j. i. Often ii. Sometimes iii. Rarely Never iv. Ride with a helmet k. i. Often ii. Sometimes iii. Rarely Never iv. During the times you rode on greenways or parks (with closes roads) during the past year, how often did you experience the following? Other cyclists/users going more than 15 mph a. i. Often ii. Sometimes iii. Rarely iv. Never b. You going more than 15 mph Often i. ii. Sometimes iii. Rarely Never c. Cyclists not slowing for pedestrians i. Often ii. Sometimes iii. Rarely iv. Never

- iii. Rarely
- iv. Never
- e. Greenway/path users spread
  - i. Often
  - ii. Sometimes
  - iii. Rarely
  - iv. Never
- f. Out over the entire path, obstructing travel
  - i. Often
  - ii. Sometimes
  - iii. Rarely
  - iv. Never
- g. Pets on or off leashes that obstruct travel
  - i. Often
  - ii. Sometimes
  - iii. Rarely
  - iv. Never
- h. Gravel, debris, broken asphalt, or other temporary hazard in greenway path
  - i. Often
  - ii. Sometimes
  - iii. Rarely
  - iv. Never
- i. Poles of other permanent obstacles in travel path
  - i. Often
  - ii. Sometimes
  - iii. Rarely
  - iv. Never
- j. Slick or damages bridges
  - i. Often
  - ii. Sometimes
  - iii. Rarely
  - iv. Never
- 10. Have you had a bike accident within the past five years?
  - a. Yes, but I was not injured
  - b. Yes, and I had a minor injury
  - c. Yes, and I had a serious injury
  - d. No

# **Injury Page**

1. Please indicate whether you have been injured in a bicycle accident under the following conditions within the past five (5) years? (Please check all that apply)

- a. At a roadway intersection
- b. At a roadway entry point that is not an intersection
- c. By collision with moving motor vehicle
- d. By collision with parked motor vehicle
- e. By collision with other cyclists
- f. By collision with pedestrian
- g. By collision with a fixed object (e.g., tree, wall or post)
- h. By collision with dog or other animal
- i. When riding through or on gravel, debris, slick roads, or lane marking
- j. By falling from bike due to own actions
- 2. How serious were you injuries during your biking accident(s)? (Select all that apply.)
  - a. Minor scrapes of bruises only
  - b. Made visit to emergency room
  - c. Required inpatient hospitalization
  - d. Police report was made
  - e. Recovery period more than one week
  - f. Disabled over several months
  - g. Disabled for more than 3 months (including permanently)
- 3. Whose fault(s) was/were the injury accident(s)? (Select all that apply)
  - a. My Fault
  - b. Other person(s) fault
  - c. Riding conditions
  - d. Not sure
- 4. Which of the following riding conditions were factors in any of your accident(s)?
  - a. Bike lanes blocked by parked cars
  - b. Bike lanes with gravel, debris, or potholes present
  - c. Streets with gravel, debris, or potholes present
  - d. Rumble strips on road shoulders
  - e. Drain grates facing the wrong direction for bikes
  - f. Rail road tracks
  - g. Slick streets (rain, snow)
  - h. Slick, broken, or otherwise hazardous road markings
  - i. Mechanical problems with bike
- 5. Which of the following motor vehicle driver behaviors were factors in any of your accident(s)?
  - a. Vehicle driver cut you off by turning or swerved in your path
  - b. Hostile vehicle driver honked or yelled at you
  - c. Vehicle driver passed within three feet of you
  - d. Vehicle driver bumped you from behind
  - e. Occupant of parked car opened door cutting you off
- 6. Which of the following were factors in any of your injury accident(s)?
  - Riding on right edge of travel lane or shoulder in direction of vehicle travel
  - b. Riding on edge of travel land or shoulder going in the opposite direction of traffic

- c. Riding in the middle of lane when road is too narrow for both bike and care to share lane
- d. Passing vehicles on the right shoulder or travel lane edge when traffic is stopped or slow
- e. Rolling through stop signs without stopping
- f. Rolling through red lights without stopping
- g. Switching between riding on sidewalk and roadway to speed up your travel in traffic
- h. Riding more than double file when riding as group
- i. Riding without a helmet
- 7. Were any of the following conditions factors in the accident(s)?
  - a. Darkness (bike has lights and reflectors)
  - b. Darkness (bike has no lights or reflectors)
  - c. Icy or snowy conditions
  - d. Rainy conditions
- 8. Please briefly describe the circumstances of the accident causing you the most severe injury.

# **Background Information**

- 1. How old are you?
  - a. Provide age in years
- 2. What is your gender?
  - a. Male
  - b. Female
- 3. What is your educational attainment?
  - a. Less than high school
  - b. High school degree or GED
  - c. Some college
  - d. 2 year degree or tech school degree
  - e. College graduate (4 year)
  - f. Graduate degree
- 4. What is your 5-digit zip code?
  - a. Provide Zip code
- 5. Do you live in a household with at least one land line or in a cell-phone-only household?
  - a. At least on land line
  - b. Cell phone only household
- 6. Do you own or use a cell phone?
  - a. No
  - b. Yes, but without internet access on my cell phone
  - c. Yes, and I have internet access form my cell phone
  - d. Yes, I have a "smart phone" with internet access
- 7. What is your race? (Select all that apply.)
  - a. White

- b. Black or African American
- c. Asian
- d. American Indian or Native American
- 8. Are you of Hispanic, Latino or Spanish origin?
  - a. Yes
  - b. No
- 9. What is your employment status? (select all that apply)
  - a. Employed full time
  - b. Employed part time
  - c. Self-employed
  - d. Full time student
  - e. Part time student
  - f. Unemployed and looking for work
  - g. Home maker
  - h. Retired
- 10. What is your height in feet and inches? (Just enter the number in the box.)
  - a. Feet
  - b. Inches
- 11. What is your approximate weight in pounds? (Just enter the number.)
  - a. Weight in pounds
- 12. Using the scale below, how would you rate your health status?
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
- 13. Do you have a chronic health problem or disability that limits your ability to be active? (select all that apply)
  - a. No
  - b. Yes, limits my ability to walk
  - c. Yes, limits my ability to ride a bicycle
  - d. Yes, limits my ability to work
  - e. Yes, limits my ability in other ways

### **Contact Information**

14. Please enter your e-mail address in the space provided.