

Clay County Greenways & Trails Survey

Clay County is conducting this survey as part of a Greenways & Trails Study for the future needs of its residents. Greenways are corridors of undeveloped land, often along rivers or between communities, used for recreation or environmental preservation. Trails come in various forms. Some start naturally as deer paths while others are created by people. Paved and unpaved trails and greenways are enjoyed by outdoor enthusiasts, history buffs and people exercising or traveling on foot, by bicycle, or other means to destinations within and around the community. While Clay County has no fixed bus stop routes, Central Illinois Public Transit (CIPT) and RIDES Mass Transit serve the region through pick-up service. For those who do not drive, a network of trails can help residents reach important destinations and catch their bus. Please take a moment to share your information and help us improve Clay County's future Greenways and Trails plan.

- Do you agree that Clay County residents would benefit from greenways and trails that connect rural communities and forest preserves?
 - I strongly agree
 - I agree
 - My opinion is neutral
 - I disagree
 - I strongly disagree
- Do you support using a combination of federal, state, local and private funds to establish a countywide network of greenways and trails to connect with other county greenway and trail systems throughout central Illinois?
 - I strongly support this idea
 - I somewhat support this idea
 - My opinion is neutral
 - I am somewhat against this idea
 - I am strongly against this idea

For questions 3-9, the term "walking" should not include short distances such as the walk from your car to your home or from the parking space at your workplace to the front door.

- In an average week, how many times do you walk or bicycle for the purpose of...

Going to work/school:	walk	bike
a. 0 times	<input type="checkbox"/>	<input type="checkbox"/>
b. 1-5 times	<input type="checkbox"/>	<input type="checkbox"/>
c. 6-10 times	<input type="checkbox"/>	<input type="checkbox"/>
d. 11-15 times	<input type="checkbox"/>	<input type="checkbox"/>
e. > 15 times	<input type="checkbox"/>	<input type="checkbox"/>

Going shopping:	walk	bike
a. 0 times	<input type="checkbox"/>	<input type="checkbox"/>
b. 1-5 times	<input type="checkbox"/>	<input type="checkbox"/>
c. 6-10 times	<input type="checkbox"/>	<input type="checkbox"/>
d. 11-15 times	<input type="checkbox"/>	<input type="checkbox"/>
e. > 15 times	<input type="checkbox"/>	<input type="checkbox"/>

Recreation/Exercise:	walk	run	bike
a. 0 times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 1-5 times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 6-10 times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 11-15 times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. > 15 times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal/Visiting Friends:	walk	bike
a. 0 times	<input type="checkbox"/>	<input type="checkbox"/>
b. 1-5 times	<input type="checkbox"/>	<input type="checkbox"/>
c. 6-10 times	<input type="checkbox"/>	<input type="checkbox"/>
d. 11-15 times	<input type="checkbox"/>	<input type="checkbox"/>
e. > 15 times	<input type="checkbox"/>	<input type="checkbox"/>

- The last time you walked, ran, or biked, where did you start your trip? Please list place, address, or intersection:
Walk/Run: _____
Bike: _____
- The last time you walked, ran, or biked, where did you end your trip? If you ended your trip at the same place you started, please write "SAME":
Walk/Run: _____
Bike: _____
- If the starting point of this walk/run/bicycle trip was not your home, how did you get there? **walk/run** **bike**

a. I drove myself	<input type="checkbox"/>	<input type="checkbox"/>
b. I was given a ride	<input type="checkbox"/>	<input type="checkbox"/>
c. I took a bus	<input type="checkbox"/>	<input type="checkbox"/>
d. I rode a bicycle	<input type="checkbox"/>	<input type="checkbox"/>
e. Other	<input type="checkbox"/>	<input type="checkbox"/>
f. N/A (started from home)	<input type="checkbox"/>	<input type="checkbox"/>
- During your **walk or run**, did you travel on (mark all that apply):
 - A sidewalk along a street
 - Along a road with a sidewalk
 - Along a road with no sidewalk
 - An unpaved path or trail
 - A paved path other than a sidewalk
 - A wooded/other natural area without path
 - A lawn or grass area without path
 - Other, please specify: _____
- During your **bicycle trip**, did you travel on (mark all that apply):
 - A sidewalk along a street
 - On a marked bike route along a street
 - On a paved street with no marked bike road
 - On an unpaved/gravel road
 - A paved path or trail
 - Other, please specify: _____

(Survey continues on back)

9. During your **walk or run**, did you experience problems with any of the following (mark all that apply):
- a. Bicycle riders on the same path
 - b. Skaters on the same path
 - c. Muddy trail
 - d. Crossing busy street(s)
 - e. Not enough light to see well
 - f. Had to step up curbs/climb stairs
 - g. Broken/uneven sidewalk
 - h. Fear of possible crime
 - i. Dogs
 - j. Frequent car danger
 - k. Other, please specify: _____

10. On your **bicycle trip**, did you experience problems with any of the following (mark all that apply):
- a. Pedestrians on the same path
 - b. Skaters on the same path
 - c. Cars/trucks turning in front of you
 - d. Cars/truck doors opening in front of you
 - e. Other hazardous actions by drivers
 - f. Need to share a busy street
 - g. Bad Pavement
 - h. Dogs
 - i. Hazardous railroad crossings
 - j. Hazardous storm drain grates
 - k. Fear of possible crime
 - l. Low branches or other obstructions
 - m. Other, please specify: _____

11. How close is the nearest trail/path or bike path to your home?
- | | trail/path | bike path |
|--|--------------------------|--------------------------|
| a. less than a mile away | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 1-3 miles away | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 4-8 miles away | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 9-15 miles away | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <input type="checkbox"/> I know of no trails within Clay County | | |
| f. <input type="checkbox"/> I know of no bike paths within Clay County | | |

12. On average, how often do you use the trail/path or bike path from question 11?
- | | trail/path | bike path |
|-------------------------------|--------------------------|--------------------------|
| a. I do not use it | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 1-2 times per month | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 1-2 times per week | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 3 or more times per week | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I am not sure | <input type="checkbox"/> | <input type="checkbox"/> |

13. If you use a trail or bike path on a regular basis (not sidewalks), please indicate where it is:
 Trail: _____
 Bike Path: _____

What changes would improve this **trail or bike path**?

- a. Better pavement
- b. Better landscaping
- c. Connections with other paths
- d. Make it longer
- e. Eliminate obstructions
- f. Better lighting
- g. Other (please specify): _____

14. Do you consider yourself an active (check all that apply);
 walker, runner, or bicyclist?

15. Do physical disabilities or limitations prevent you from using pedestrian trails and/or bicycle paths in Clay County? If you care to, please explain:

16. Please list locations and destinations that would benefit from a walking or bicycle path in Clay County:

17. Where do you see the need for greenway/trail heads and what kinds of amenities would you like to see?

- Bike Racks Parking Restrooms
 Route Map Boat Launch Other

18. What kind of transportation improvements would you like to see within Clay County over the next 20 years?

19. What is your community/zip code? _____
 How many people live in your household? _____
 Please tell us about the members of your household:

Age	Age
Yourself: _____ M / F	
Person 1: _____ M / F	Person 4: _____ M / F
Person 2: _____ M / F	Person 5: _____ M / F
Person 3: _____ M / F	Person 6: _____ M / F

We would appreciate any additional comments you may have to share: