

UMass Boston Bike Share Survey – Fall 2014

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The reset button will erase only the responses on the current page, but not your previous answers.

The question numbers may not be sequential depending on your responses.

After entering your response, you must click on the next button to continue.

1. How do you typically commute to the UMB campus? (Check all that apply)

- Walk
- Bicycle
- Take public transit
- Ride in motor vehicle
- Other

1. If other, please specify:

2. About how long does it usually take you to get to UMB?

- Less than 15 minutes
- 15-30 minutes
- 31-45 minutes
- 46-60 minutes
- More than 60 minutes

3. This semester, how many days per week are you usually on the UMB campus?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

4. What time of day do you most often come to UMB?

- Before 9:00 AM
- 9:00 AM - 12:00 PM
- 12:01 PM - 3:00 PM
- After 3:00 PM

5. Do you know what bike share programs are?

- Yes
- No

6. Have you heard of Boston's Hubway bike share program?

- Yes
- No

(If "No" skip to question #22)

7. Is there a Hubway station at the JFK/UMass MBTA station?
 Yes
 No
 Don't know
8. Is there a Hubway station on the UMB campus?
 Yes
 No
 Don't know
9. Is there a Hubway station near where you live?
 Yes
 No
 Don't know
(If "No" or "Don't know" skip to question #11)
10. About how long would it take you to walk to that station?
 Less than 5 minutes
 5-9 minutes
 10-15 minutes
 16-30 minutes
 31 minutes or longer
 Don't know
11. Have you ever used the Hubway bike share program?
 Yes
 No
(If "No" skip to question #21)
12. Have you ever used the Hubway bike share program to get to/from UMB?
 Yes
 No
(If "No" skip to question #15)
13. Have you used the Hubway bike share program to get to/from UMB in the past year?
 Yes
 No
(If "No" skip to question #15)
13. If yes, about how many times have you used it in the past year?

14. Have you used the Hubway bike share program to get to/from UMB in the past month?
 Yes
 No

14. If yes, about how many times have you used it in the past month?

15. Have you ever used the Hubway bike share program anywhere else in Boston or the surrounding communities (other than UMB)?
- Yes
 - No
- (If “No” skip to question #18)
16. Have you used the Hubway bike share program anywhere else in Boston or the surrounding communities in the past year (other than UMB)?
- Yes
 - No
- (If “No” skip to question #18)
16. If yes, about how many times have you used it in the past year?
17. Have you used the Hubway bike share program anywhere else in Boston or the surrounding communities in the past month (other than UMB)?
- Yes
 - No
17. If yes, about how many times have you used it in the past month?

18. What is the average duration of your typical Hubway ride?
- 1-15 minutes
 - 16-30 minutes
 - 31-45 minutes
 - 46-60 minutes
 - More than 60 minutes
19. How often do you wear a helmet when using Hubway?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
20. Why do you use Hubway? (Check all that apply)
- Travel to/from school
 - Travel to/from work
 - Travel to/from public transportation
 - Travel to/from social events
 - Running errands or shopping
 - Exercise (improve fitness)
 - Recreation/Leisure

21. What are your main reasons for not using Hubway? (Check all that apply)
- Lack of interest
 - Lack of availability of bikes
 - Lack of access/availability of stations
 - Health reasons
 - Cost
 - Fear of riding a bike on the street
 - Don't know how to ride a bike
 - Use my own bike
- (Only asked if question #6 = “Yes” and question #11 = “No”)
22. Do you own your own bicycle?
- Yes
 - No
- If yes, about how many times have you used it in the past year?
- _____
- (If “No” skip to question #24)
23. How often do you wear a helmet when riding your own bicycle?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
24. In the last two years, how many times did you have an accident while riding a bike in which you fell? Please include very minor spills with or without anyone else involved.
- 0
 - 1
 - 2
 - 3
 - 4 or more
- (If “0” skip to question #28)
25. In your most recent accident, please indicate what happened (please check all that apply)?
- Collided with moving motor vehicle (car, bus, truck)
 - Collided with parked motor vehicle
 - Collided with other cyclists
 - Collided with pedestrian
 - Collided with fixed object (tree, wall, post, etc.)
 - Collided with dog or other animal
 - Fell due to road conditions (debris, storm drains, construction, slick roads, etc.)
 - Fell due to own actions
 - Other

26. In your most recent bicycle accident, how serious were your injuries?

- Minor injuries- no medical attention needed
- Minor injuries- required medical attention
- Serious injuries- required visit to emergency room
- Serious injuries- required hospitalization

27. Please indicate the type of injuries you had during your most recent bicycle accident?

	<i>Scrapes</i>	<i>Bruises</i>	<i>Sprain/ Strain</i>	<i>Fractur e</i>	<i>Dislocati on</i>	<i>Lacerat ion</i>	<i>Concus sion</i>	<i>Internal Injuries</i>
Upper Extremity (shoulder, arms, wrist, hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Extremity (hips, legs, knees, ankles, feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face (eyes, nose, mouth, teeth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trunk (ribs, internal organs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck and Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

29. What is your current status at UMB? (Select one)

- Faculty
- Staff
- Student

30. What is your current standing?

- Undergraduate
- Graduate

31. What is your current employment status?

- Employed full-time
- Employed part-time
- Not employed

32. With what gender do you identify yourself?

- Male
- Female
- Transgender

33. How old are you (in years)?

34. How tall are you without shoes (feet)?

- 3
- 4
- 5
- 6
- 7

35. How tall are you without shoes (inches)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

36. How much do you weigh (in pounds) without shoes? (to the nearest 1/4 pound)

37. Are you Hispanic?

- Yes
- No

38. What is your race? (Check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

38. If other, please specify:

39. What is your home zip code?

40. Please feel free to provide additional comments:

41. Can we contact you for future research on bike share programs?

- Yes
 No

42. If yes, please provide the following information:

First name: _____

Last name: _____

Email: _____

Phone:(xxx-xxx-xxxx)

43. Would you like to be entered into a drawing for a chance to win a \$25 gift card?

- Yes
 No

44. If yes, please provide the following information:

First name: _____

Last name: _____

Email: _____

Phone:(xxx-xxx-xxxx)

Thank you! We appreciate the time you have taken to participate.

Please click the SUBMIT button below to complete the survey.