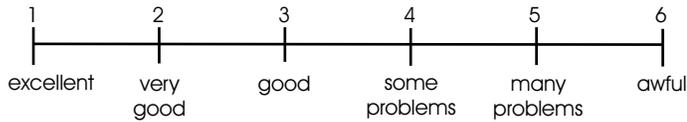


Use this checklist to rate your neighborhood's transit friendliness.

How transit friendly is your neighborhood?



Rating Scale:



1. Could you easily get to bus stops?

- There were sidewalks serving the bus stops Yes No
- Sidewalks were continuous leading to and from bus stops Yes No
- Sidewalks were broken or cracked Yes No
- Sidewalks were blocked with poles, signs, shrubbery, dumpster, etc. Yes No
- Sidewalks leading to the bus stop had accessible curb ramps Yes No
- There was too much traffic around the bus stop Yes No
- Something else? _____
- Locations of problems (Also note on maps provided):

Rating (circle one): 1 2 3 4 5 6

2. What was the bus stop like?

- There was a bus stop sign Yes No
- The bus stop sign displayed an accurate route number Yes No
- There was a bench Yes No
- There was a bus shelter Yes No
- Parked cars blocked the bus stop Yes No
- Trees or plants blocked the view of the bus stop Yes No
- There was an accessible curb ramp serving the bus stop Yes No
- There was a trash receptacle Yes No
- There was adequate lighting Yes No
- Something else? _____
- Locations of problems (Also note on maps provided):

Rating (circle one): 1 2 3 4 5 6

3. Was the route schedule easy to follow?

- Could you find the bus stop that serves the route you wanted to ride on? Yes No
- The bus was on time Yes No
- The route schedule served the neighborhood at the most useful times Yes No
- The route schedule/map was easy to understand Yes No
- Something else? _____
- Locations of problems (Also note on maps provided):

Rating (circle one): 1 2 3 4 5 6

4. How was your on-bus experience?

- Buses were clean Yes No
- Buses were on schedule Yes No
- Drivers were courteous Yes No
- Other riders were courteous Yes No
- Something else? _____
- Locations of problems (Also note on maps provided):

Rating (circle one): 1 2 3 4 5 6

5. Was your transit experience pleasant?

- Needed more benches, shelters, route information, or bus stop signs Yes No
- Needed different bus stop location Yes No
- You felt safe at the bus stop Yes No
- You felt safe on the bus Yes No
- It was clean (no litter) Yes No
- Something else? _____
- Locations of problems (Also note on maps provided):

Rating (circle one): 1 2 3 4 5 6

Where do you use transit/want to use transit?

Describe where you would like transit to serve your neighborhood and how you feel when using transit in your neighborhood.

Mark-up a Summary Map

1. Mark the most important destinations, bus stop locations, and transit routes on the map.
2. Mark the most important positive (+) and negative (-) things about where the buses run and the related bus stops and add them to the summary map.

Transit Wishes

Now that you have reviewed and summarized your work, think about the five most important transit related changes you would like to see in your neighborhood. Write down five specific "transit wishes" in the space provided below.

1. _____

2. _____

3. _____

4. _____

5. _____

Participant Name: _____

Daytime Phone: _____

E-mail: _____

Thank you for letting the City know what you think about improving transit friendliness in your neighborhood! The results of this survey will be used to determine the most needed improvements in your neighborhood.

Return Survey and Map to:
Lincoln/Lancaster County Planning Department
555 S. 10th Street, Suite 213
Lincoln, NE 68508
402-441-7491
lincoln.ne.gov



College View Neighborhood
Mobility Audit