



STANDARDIZED TRAIL SURVEY

Site ID: _____ Trail Name: _____ Location: _____
 To be completed by Data Collector: Date: _____ Time Period: _____ Weather: _____
 Name of Data Collector: _____ Notes: _____

1. What best describes why you are out here today?

- For pleasure/exercising/recreation (a)
- Going to/from work or school (b)
- Shopping, doing errands, visiting friends (c)

2. What are you doing on the trail right now?

- Walking (a)
- Biking (b)
- Jogging (c)
- Other: _____ (d)

3. Please check any other transportation modes in your trip today, including how you got to the trail.

- Car (a)
- Carpool (b)
- Transit (c)
- Walk or bike (d)

4. How long do you plan to be on the trail today?

- 0-1 hours (a)
- 1-2 hours (b)
- 2-3 hours (c)
- More than 3 hours (d)

5. How do you rate the path on each of the following?

	Excellen	Good	Fair	Poor	Don't Know
Safe (a)	<input type="checkbox"/>				
Clean (b)	<input type="checkbox"/>				
Condition of trail surface (c)	<input type="checkbox"/>				
Width of trail (d)	<input type="checkbox"/>				
Length of trail (e)	<input type="checkbox"/>				
Crowding on trail (f)	<input type="checkbox"/>				
Speed on trail (g)	<input type="checkbox"/>				
Condition of natural features/area (h)	<input type="checkbox"/>				
Access points – connectivity (i)	<input type="checkbox"/>				
Access for persons with disabilities (j)	<input type="checkbox"/>				
Availability of information:					
• directional signage/maps (k)	<input type="checkbox"/>				
• concerning nature (l)	<input type="checkbox"/>				
• concerning safety (m)	<input type="checkbox"/>				
Availability of facilities:					
• restrooms (n)	<input type="checkbox"/>				
• drinking fountains (o)	<input type="checkbox"/>				
• trash cans (p)	<input type="checkbox"/>				
• parking (q)	<input type="checkbox"/>				

6. Why are you using this trail instead of walking/riding elsewhere? Check all that apply.

- Accessible/close (a)
- Direct/good connections (b)
- Safer than using roads (c)
- Scenic qualities (d)
- Flat / level (e)

7. In the past month, how often have you used this trail?

- First time ever (skip to Question 10) (a)
- 0-5 times (b)
- 6-10 times (c)
- 11-20 times (d)
- Daily (e)

8. Please check the seasons in which you use the trail.

- Summer (a)
- Fall (b)
- Winter (c)
- Spring (d)

9. Home zip code: _____

10. Your age? _____

11. Your gender?

- Female
- Male
- Transgender
- Other

12. What is your race or ethnicity? (Optional. Check all that apply.)

- Hispanic or Latino
- Black or African American
- White or Caucasian
- Asian or Pacific Islander
- Native American or Alaskan Native
- Other: _____

13. Comments?