

Dear Trail User: We are conducting an assessment of Paint Creek Trail users and the activities they engage while on the trail. Please take the 4 minutes or so needed to complete this survey. You indicate your voluntary agreement to participate by completing and returning this survey. However, if you choose not to complete all or part of the questions, you will not suffer any penalty. You are free to discontinue your participation at any time. Your responses will be kept confidential and your privacy will be protected to the maximum extent allowable by law. This research is funded by MDOT.

1. Do you live or work in Oakland County? (Please check one)
 YES, GO TO QUESTION 2
 NO, I'M A VISITOR (YOU WILL BE ASKED TO COMPLETE ANOTHER SHORT SURVEY)
2. Which of these reasons describes your use of the trail today? (Please check all that apply)
 RECREATION
 NORMAL EXERCISE
 TRAINING-LEVEL EXERCISE
 TRANSPORTATION TO WORK/SCHOOL
 TRANSPORTATION OTHER THAN TO WORK/SCHOOL
 TO WHERE? _____

3. Which **ONE** of these reasons is your primary reason for being on the Paint Creek Trail today? (fill in) _____

4. What activities will you or others in your group do today when using the Paint Creek Trail? (check all that apply)
- | | | |
|---|--|---|
| <input type="checkbox"/> BICYCLING | <input type="checkbox"/> FISHING | <input type="checkbox"/> USE WHEELCHAIR/WALKER |
| <input type="checkbox"/> WALKING | <input type="checkbox"/> NATURE STUDY | <input type="checkbox"/> SHOPPING AT STORES ON/NEAR THE TRAIL |
| <input type="checkbox"/> WALKING WITH PET | <input type="checkbox"/> VISIT CULTURAL/HISTORIC SITES | <input type="checkbox"/> EATING AT RESTAURANT |
| <input type="checkbox"/> RUNNING/JOGGING | <input type="checkbox"/> PARTICIPATION IN AN EVENT | <input type="checkbox"/> HORSEBACK RIDING |
| <input type="checkbox"/> OTHER (DESCRIBE _____) | | |

5. Which **ONE** activity listed above is the primary reason for being on the Paint Creek Trail today? (fill in) _____

6. What segments of the Paint Creek Trail you will/did you use today? (check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> MAIN ST. TO TIENKEN RD. | <input type="checkbox"/> GUNN RD. TO CLARKSTON RD. |
| <input type="checkbox"/> TIENKEN RD. TO DUTTON RD. | <input type="checkbox"/> NEWTON ST. TO CLARKSTON RD. |
| <input type="checkbox"/> DUTTON RD. TO GUNN RD. | |

7. Where did you start the trail today? (nearest road crossing) _____

8. Did you drive a car to access the trail today? (check one) YES NO

9. How far did you travel (one-way) to the trail today from your home or lodging facility?(fill in) _____ NUMBER OF MILES

10. How many total hours will you use the trail today?(fill in) _____ NUMBER OF HOURS

11. Including yourself, how many people are in your group today? (fill in number matching gender and age)

	YOUNGER THAN 19	19-24 YEARS	25-40 YEARS	41-60 YEARS	61 YEARS OR OLDER
MALE					
FEMALE					

12. How did you **FIRST** learn about the Paint Creek Trail? (check one)
- | | | |
|---|--|--|
| <input type="checkbox"/> LOCAL OR STATE MAP | <input type="checkbox"/> SAW THE ACTUAL TRAIL ONCE IN THE AREA | <input type="checkbox"/> SERVICE EMPLOYEE (HOTEL/RESTAURANT) |
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> WORD OF MOUTH FROM FRIENDS/RELATIVES | <input type="checkbox"/> EVENT HELD ON THE TRAIL |
| <input type="checkbox"/> LIVE HERE | <input type="checkbox"/> TRAIL SIGNS | <input type="checkbox"/> OTHER (DESCRIBE _____) |

13. In the past 12 months, how many days did you use the Paint Creek Trail?
 WINTER (DEC, JAN, FEB) _____ SPRING (MARCH, APR., MAY) _____
 SUMMER (JUNE, JULY, AUG) _____ FALL (SEPT,OCT, NOV) _____

14. How would you rate your experience on the trail today on a scale of 1-9? (9 =highly satisfied, 1= highly dissatisfied) _____

15. What **ONE** improvement to the Paint Creek Trail would you most like to see? _____

16. What **ONE** extension to the Paint Creek Trail would you most like to see? (provide destination by road intersection) _____

17. Have you purchased recreation equipment (e.g. bicycle) to use on the Paint Creek Trail in the past 12 months? YES NO

18. Do you have an impairment that seriously limits your participation in work or recreation? (check one) YES NO

19. Have you been surveyed already on the Paint Creek Trail during 2004? (check one) YES NO

20. What is your zip code? _____ 21. Are you? (check one) MALE FEMALE 22. What is your age? (fill in) _____ YEARS

Thank you very much for your help today!