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XIII. APPENDIX G: SURVEY QUESTIONNAIRES

Figure 34. Visitor Center Survey. Both cyclists and non-cyclists were asked to fill it out in one of three visitor centers.



Northern Outer Banks Tourist Survey

Date: _____

We are conducting a survey to collect information about visitors to this area—where they come from, what the purpose of their trip is, and what they do while here. We hope you will take a few minutes to help us.

When you complete the survey, fold and put in the “ballot” box. Thanks!

*This study is sponsored by the NC Department of Transportation,
Division of Bicycle and Pedestrian Transportation.*

- Where is your permanent residence (*i.e., where is home*)?
 - City/town: _____
 - State/Province: _____ ZIP: _____
 - Country: _____

- What city(s)/town(s) did (will) you stay in or near while in this area?

- What is the main purpose of your trip to this area (the northern Outer Banks)? (*Check one*)
 - Work/business
 - Play (vacation/recreation)
 - Other (Please specify): _____

- How many people are in your travel party (including yourself)? _____ adults _____ children (*Under 18*)

- What is the duration of your stay in this area (number of days)? _____

- If this is an overnight trip, how many nights did (will) you use each of the following types of accommodations? (*Please write the number of nights in the space provided.*)

<input type="checkbox"/> Not an overnight trip	<input type="checkbox"/> Home of friends/family
<input type="checkbox"/> Hotel/motel/resort	<input type="checkbox"/> Bed and breakfast
<input type="checkbox"/> Condo/time share	<input type="checkbox"/> Hostel
<input type="checkbox"/> Rental home	<input type="checkbox"/> Campsite
<input type="checkbox"/> Other (Please describe): _____	

- Pick a typical day in your trip to this area. Approximately how much did (will) you spend that day on the following goods or services. *Please indicate if the amount you estimate represents your own individual expenditure, or the total for your family or group.*

		Individual	Family/Group
Accommodations:	\$ _____	_____	_____
Restaurant meals/fast food/bar:	\$ _____	_____	_____
Groceries/beverages/snacks:	\$ _____	_____	_____
Retail/shopping:	\$ _____	_____	_____
Recreation/entertainment:	\$ _____	_____	_____
Car/fuel:	\$ _____	_____	_____
Other (Please specify):	\$ _____	_____	_____

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Northern Outer Banks Tourist Survey

- What *recreational (daytime)* activities did/will you engage in during your stay here? (*Check all that apply*)

- None
- Beach activities (swimming, sunning, etc.)
- Fishing/boating/water skiing
- Kayaking/canoeing
- Hiking/walking
- Golf
- Bicycling
- Shopping
- Sightseeing/cultural attractions
- Other (Please specify): _____

**If bicycling is one of the activities checked above, please complete the other side.
(If not, you may stop here and return the survey. Thank you.)**

- How important was the activity of bicycling in your decision to come to this area?

Not Important (*Circle the appropriate number*) Very Important
 1 2 3 4 5

- Did (will) the activity of bicycling make the duration of this trip longer (more days) than if biking wasn't involved?

Yes No If yes, by how many days? _____

- Please rate yourself as a bicyclist:

Beginner/Novice Intermediate/Recreational Advanced /Serious

- How many miles do you typically bike in a month?

less than 10 10-49 50-99 100-199 200 or more

- Did you: bring a bike? rent a bike? use bikes available at lodging?

- How would you rate the overall quality of bicycling in the area?

Poor (*Circle the appropriate number*) Excellent
 1 2 3 4 5

- How would you rate the overall quality of bicycling facilities in the area? *For the purposes of this survey, bicycle facility improvements include wide paved shoulders (4 feet or wider), wide curb lanes (outside travel lane of 13-14 feet allowing space for bicycles and cars to operate safely in the same lane of travel), bike paths and multi-use paths (paved, off-road facilities used by bicyclists and pedestrians).*

Poor (*Circle the appropriate number*) Excellent
 1 2 3 4 5

- To what extent did the existence of these bicycling facilities help you to feel safer while biking?

Not a Factor (*Circle the appropriate number*) A Great Deal
 1 2 3 4 5

Northern Outer Banks Tourist Survey

- How important will the quality of bicycling be in a decision for you to return to this area at a later date?

Not a Factor (Circle the appropriate number) A Great Deal
1 2 3 4 5

- Do you think additional bicycle facilities should be built in the area? Yes No Don't know.

- If yes, please list, in order of priority, the type of facility improvements you would most like to see:

Priority 1: _____ Priority 4: _____
Priority 2: _____ Priority 5: _____
Priority 3: _____

- Do you favor the use of State and/or federal funds to build such facilities? Yes No

The information below is optional, but helpful.

- Age: _____ Gender: Male Female

- Household income:

less than \$15,000 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999
 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000 or more

- Education level:

Did not complete high school Some college
 Completed high school Completed college
 Business/technical school Advanced degree

Thank you very much for your help!
Please return survey in the postage paid envelope provided.

Figure 35. Intercepted Visitor Cyclist Survey. Cyclists visiting the area were stopped at various bicycle facility locations and asked to fill out the survey.



**Bicycling the Northern Outer Banks:
Survey of Cycling Visitors**

Date: _____

Today we are conducting a survey to collect information about bicycling in the area. We hope you will take a few minutes to help us learn more about general bicycling in the area, who you are and why you bicycle here, your use of the bicycle facilities in the area, your economic impact on the area, and your opinions about existing and future bicycle facility improvements.

For the purposes of this survey, bicycle facility improvements include wide paved shoulders (4 feet or wider), wide curb lanes (outside travel lane of 13-14 feet allowing space for bicycles and cars to operate safely in the same lane of travel), bike paths and multi-use paths (paved, off-road facilities used by bicyclists and pedestrians).

This study is sponsored by the NC Department of Transportation, Division of Bicycle and Pedestrian Transportation.

- Where is your permanent residence (*i.e., where is home*)?
 City/town: _____
 State/Province: _____ ZIP: _____
 Country: _____
- Please describe your travel party: ___ individual; ___ couple; ___ single family; ___ multiple families; ___ group of friends; ___ bike club; ___ other (Please describe): _____
- If you are not traveling as an individual, how many people are in your travel party (*including yourself*)?
 _____ adults _____ children (under 18)
- If your trip to this area (the northern Outer Banks) was (is) overnight, how many nights did (will) you use each of the following types of accommodations? (*Please write the number of nights in the space provided.*)
 _____ This was not an overnight trip
 _____ Hotel/motel/resort _____ Bed and breakfast
 _____ Condo/time share _____ Hostel
 _____ Rental home _____ Home of friends/family
 _____ Campsite
 _____ Other (Please describe): _____
- What city(s)/town(s) did (will) you stay in or near while in this area?

- What is the main purpose of your trip to this area? (*Please check one*)
 _____ Work/business
 _____ Vacation/visiting/play
- In addition to bicycling, please indicate below any other recreational activities you engaged (will engage) in:
 _____ Beach activities (swimming, sunning, etc.) _____ Shopping
 _____ Kayaking/canoeing _____ Fishing/boating/water skiing
 _____ Hiking/walking _____ Sightseeing/cultural attractions
 _____ Golf
 _____ Other (Please specify): _____
- What is the duration of your trip in this area? _____ days On how many of these days did (will) you bike? _____
- How many similar trips have you made to this area in the last 12 months? _____

Bicycling the Northern Outer Banks: Survey of Cycling Visitors

- In what months did these trips take place? *(Circle all that apply)*
Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.
- How many similar trips have you made to other areas in the last 12 months? _____
- How many similar trips do you plan to make to this area in the next 12 months? _____ In what months? *(Circle all that apply)*
Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.
- Please rate yourself as a bicyclist:
_____ Beginner/Novice _____ Intermediate/Recreational _____ Advanced /Serious
- How many miles do you typically bike in a month?
_____ less than 10 _____ 10-49 _____ 50-99 _____ 100-199 _____ 200 or more
- Did you: _____ bring your bike? _____ rent your bike? _____ use bikes available at lodging?
- How important was the activity of bicycling in your decision to come to this area?
Not Important *(Circle the appropriate number)* Very Important
1 2 3 4 5
- Did (will) the activity of biking make the duration of this trip longer (more days) than if biking wasn't involved?
_____ Yes _____ No If yes, by how many days? _____
- Please briefly describe your bike trip today:
Starting Point _____ Destination _____
- Describe the route you are following (including, where possible, the approximate number of one-way miles, and what bicycle facilities were/will be used):

- How would you rate the overall quality of bicycling in the area?
Poor *(Circle the appropriate number)* Excellent
1 2 3 4 5
- How would you rate the overall quality of bicycle facilities in the area? *(Bicycle facilities are paved shoulders, wide curb lanes, bike paths, and multi-use paths.)*
Poor *(Circle the appropriate number)* Excellent
1 2 3 4 5
- To what extent did the existence of these bicycle facilities help you to feel safer while biking?
Not a Factor *(Circle the appropriate number)* A Great Deal
1 2 3 4 5
- How important will the quality of bicycling be in a decision for you to return to this area at a later date?
Not a Factor *(Circle the appropriate number)* A Great Deal
1 2 3 4 5

Bicycling the Northern Outer Banks: Survey of Cycling Visitors

- Pick a typical day in your trip to this area. Approximately how much did (will) you spend that day on the following goods or services. *Please indicate if the amount you estimate represents your own individual expenditure, or the total for your family or group.*

		Individual	Family/Group
Accommodations:	\$ _____	_____	_____
Restaurant meals/fast food/bar:	\$ _____	_____	_____
Groceries/beverages/snacks:	\$ _____	_____	_____
Retail/shopping:	\$ _____	_____	_____
Recreation/entertainment:	\$ _____	_____	_____
Bicycle "stuff" (rental, equip., etc.)	\$ _____	_____	_____
Car/fuel:	\$ _____	_____	_____
Other: Please specify:	\$ _____	_____	_____

- Do you think additional bicycle facilities should be built in the area? Yes No Don't know.
- If yes, please list, in order of priority, the type of bicycle facility improvements you would most like to see:
 Priority 1: _____ Priority 4: _____
 Priority 2: _____ Priority 5: _____
 Priority 3: _____

- Do you favor the use of State, and/or federal funds to build such facilities? Yes No


- Do you have any other comments about bicycling, or bicycle facilities, in this area?

The information below is optional, but helpful.

- Age: _____ Gender: Male Female
- Household income:
 less than \$15,000 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999
 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000 or more
- Education level:
 Did not complete high school Some college
 Completed high school Completed college
 Business/technical school Advanced degree

Thank you very much for taking the time to fill out this survey!

Figure 36. Intercepted Resident Survey. Cyclists (residential only) at various bicycle facility locations were stopped and asked to fill out this survey.



**Bicycling the Northern Outer Banks:
Survey of Local Residents**

Date: _____

Today we are conducting a survey to help us determine the impact of bicycling on local areas. The survey is designed to help us find out more about local bicyclists—where they come from, what the major reason for their bike trip is, and how often they make such trips. This information will help us to better understand the various types of users of bicycling “facilities”, as well as what they think about them. We hope you will take a few minutes to help us.

For the purposes of this survey, bicycle facility improvements include wide paved shoulders (4 feet or wider), wide curb lanes (outside travel lane of 13-14 feet allowing space for bicycles and cars to operate safely in the same lane of travel), bike paths and multi-use paths (paved, off-road facilities used by bicyclists and pedestrians).

This study is sponsored by the NC Department of Transportation, Division of Bicycle and Pedestrian Transportation.

- Are you a permanent or part-time resident of this county?
 - Permanent
 - Part-time (for example, you mainly live somewhere else but have a 2nd home here)
- If part-time, where is your permanent residence (i.e., where is home)?
 - City/town: _____
 - State/Province: _____ ZIP: _____
 - Country: _____
- What is the main purpose of your bicycle trip? *(Check one)*
 - Recreation Commuting (to work, school)
 - Personal errands Exercise
 - Visit a friend/relative Other (Please specify): _____
- How often do you make a bicycle trip like this?
 - Less than once/week 1-2 days/week 3-5 days/week 6-7 days/week
- Please briefly describe your bike trip today:
 - Starting Point _____ Destination _____
- Describe the route you are following (including, where possible, the approximate number of one-way miles, and what bicycling facilities, as described above, were/will be used):
 - _____
 - _____
 - _____
- Please rate yourself as a bicyclist:
 - Beginner/Novice Intermediate/Recreational Advanced /Serious
- How many miles do you typically bike in a month?
 - less than 10 10-49 50-99 100-199 more than 200

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Bicycling the Northern Outer Banks: Survey of Local Residents

- How would you rate the overall quality of bicycling in the area?

Poor (Circle the appropriate number) Excellent
1 2 3 4 5
- How would you rate the overall quality of bicycle facilities in the area? *(Bicycle facilities are paved shoulders, wide curb lanes, bike paths, and multi-use paths.)*

Poor (Circle the appropriate number) Excellent
1 2 3 4 5
- To what extent did the existence of these bicycle facilities help you to feel safer while biking?

Not a Factor (Circle the appropriate number) A Great Deal
1 2 3 4 5
- Do you think additional bicycle facilities should be built in the area? Yes No Don't know.
- If yes, please list, in order of priority, the type of bicycle facility improvements you would most like to see:

Priority 1: _____ Priority 4: _____
Priority 2: _____ Priority 5: _____
Priority 3: _____
- Where should they be located?

- Do you favor the use of State and/or federal funds to build such facilities? Yes No
- The information below is optional, but helpful.

Age: _____ Gender: Male Female
- Household income:

less than \$15,000 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999
 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000 or more
- Education level:

Did not complete high school Some college
 Completed high school Completed college
 Business/technical school Advanced degree

Thank you very much for taking the time to fill out this survey!

Figure 37. Bed and Breakfast/Campground Establishment Survey. Used for owners/managers who provide lodging in the area.



**Bicycling the Northern Outer Banks:
Lodging/Campground Survey**

Date: _____

The purpose of this survey is to help us determine the impact of bicycling on local areas, especially in regard to tourists who bicycle during their visit. One such impact is on the “lodging” industry. We would therefore appreciate your taking a few minutes to answer the following questions.

For the purposes of this survey, bicycle facilities include wide paved shoulders (4 feet or wider), wide curb lanes (outside travel lane of 13-14 feet allowing space for bicycles and cars to operate safely in the same lane of travel), bike paths and multi-use paths (paved, off-road facilities used by bicyclists and pedestrians).

This study is sponsored by the NC Department of Transportation, Division of Bicycle and Pedestrian Transportation.

- About how many visitors/guests stay at your establishment in an average year? _____
- What months are you open during the year? _____
- Approximately what percentage of your total visitors/guests are “bicyclists” (i.e., they do some bicycling while on their trip)?

Yearly _____%	Dec-Feb _____%	Mar-May _____%
	Jun-Aug _____%	Sep-Dec _____%
- Do you have any visitors/guests that arrive by bicycle? Yes No If yes, are they:
 - Individuals/couples/families
 - Groups/bicycle clubs
 - Commercial bike tours
 - Other (Please specify): _____
- Do you provide bicycling information to your visitors if requested?

Maps: <input type="checkbox"/> Yes <input type="checkbox"/> No
Verbal directions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify): _____
- Do you have any bicycles available for your customers? Yes No
- Are they free or rental? Free Rental
- Do you offer secure bicycle storage facilities? Yes No
- How important do you consider bicycling to be in this coastal area?

Not Important	<i>(Circle the appropriate number)</i>					Very Important
1	2	3	4	5		
- How would you rate the overall quality of bicycling in the area?

Poor	<i>(Circle the appropriate number)</i>					Excellent
1	2	3	4	5		

Bicycling the Northern Outer Banks: Lodging/Campground Survey

- How would you rate the overall quality of bicycle facilities in the area? *(Bicycle facilities are paved shoulders, wide curb lanes, bike paths, and multi-use paths.)*

Poor (Circle the appropriate number) Excellent
1 2 3 4 5

- Do you think additional bicycle facilities should be built in the area? Yes No Don't know.

If yes, please list, in order of priority, the type of facility improvements you would most like to see:

Priority 1: _____
Priority 2: _____
Priority 3: _____
Priority 4: _____
Priority 5: _____

- Do you favor the use of State and/or federal funds to build such facilities? Yes No

- Do you have any other comments about area bicycling, or bicycle facilities?

Name of establishment: _____
Address: _____

City/town: _____
State: _____ ZIP: _____
Phone: _____
Contact name: _____