

Date:

Bus Stop:

Your Name:

Hi, I am a volunteer with the City of Boston. Today a group of us are talking with people who use bus service along Columbia Road to better understand transportation needs and challenges in the area. Do you mind if I ask you a few questions about your experience? It should only take 3 minutes.

1. What bus routes do you take?

(Select all that apply)

- 16
- 17
- 41

2. How often do you ride the bus along Columbia Road?

- Less than 1 day a week
- 1 - 2 days a week
- 3 - 4 days a week
- 5+ days a week

3. In the last week, how have you traveled along Columbia Road?

- I walked along CR
- I rode the bus along CR
- I drove along CR
- I rode a bike/scooter along CR

4. In the last week, why did you choose to take the bus?

- To get to work
- To get to school
- To get to church
- To visit family/friends
- To get to the grocery store
- To get to the doctors
- Other: _____

5. Where in Greater Boston are these places located? Where are you trying to go?

6. What would make your trip along Columbia Road more ideal?

- Buses that come more consistently
- My trips being affected by traffic less
- Knowing when the bus will come + having MBTA time tables
- Having cleaner bus stops
- Other: _____

7. While you are walking to the bus stop along Columbia Road are there specific crosswalks or other locations that feel unsafe to cross? Is there a location you would like to see a crosswalk added? (Ask for specifics. Collect cross sections where possible)

8. Are there any improvements you would like to see along Columbia Road?

- More seating/benches
- More bus shelters
- Trash cans
- Repaired sidewalk cracks/unevenness

Where: _____

- Trees/Greener/ Flowers
- Public Art

Other: _____

9. What is the nearest cross-streets of your home address? Or your zip code?

Optional demographic info: The questions below are optional. Sharing this information helps us know whose voices might be missing from the conversations we're having with riders (i.e. are we only hearing from young people?)

10. Age _____

11. Race _____

12. Gender _____

13. Do you identify as a person with a disability? Yes/No

Other relevant observations:

{Weather Conditions}

Sunny / Cloudy / Rain Hot / Cold/ Very Windy

{Mode of Transportation}

Traveling Alone

Traveling w/Child(ren) / Walking w/ Stroller

Traveling w/Adult(s)

Using mobility device; specify

type: _____

Riding a bicycle (alone)

Riding a bicycle +1

Riding a bicycle +2 or more

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