***North American Micromobility Panel***

***Online Follow-up Survey***

***(Survey draft - last updated December, 2019)***

Outline of the Survey:

|  |  |  |
| --- | --- | --- |
| Section | Topic | # of questions |
| A | Car travel | 4-9+ |
| D | Micromobility Service Use | 1, 12 or 23 |
| F | Physical Activity and Safety | 2-12+ |
| G | Other potential questions if major household changes | 0-20 |
|  | TOTAL | 7-64+ |

**UC Davis / Qualtrics email recruitment**

It is now time to take the **5-minute** follow-up survey for the North American Micromobility Panel study. Please click HERE [Survey link] to take the survey. Thank you again for your participation!

**Welcome back to the North American Micromobility Panel**

Thank you for agreeing to participate in the North American Micromobility Panel. This follow-up survey will take approximately **5 minutes to complete**.

BEFORE YOU PROCEEED… you need the following information:

* + - 1. The current **odometer reading (how many miles the car has been driven)** for each household vehicle.

Please take this survey once you have this information.

**Section A:**  **Car travel**

1. Since completing the initial survey last week, have any of the following things changed? Select all that apply.

☐0 I’ve moved residences

☐1 I’ve changed my work status or primary workplace

☐2 I’ve changed my school status or primary school location

☐3 My household bought, sold, leased or gave up a lease on one or more vehicles

☐4 My household bought or sold a bike, e-bike, or e-scooter

☐5 My number of household members, education status, or income has changed

☐6 None of the above [Restricted only choice]

If any A1 ∈ {0,1,2,3,4}, Display appropriate sections from initial survey

1. Please provide current odometer readings of all passenger vehicles **available to your household**. [Display if car\_owner =1, car\_owner is internal variable set from initial survey]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Vehicle* | *Make* | *Model* | *Model Year* | *Fuel Type* | *Odometer reading (miles)* |
| *Example* | *Toyota* | *Prius* | *2009* | *Hybrid* | *52103* |
| 1. | Auto-complete | Auto-complete | Auto-complete | Auto-complete | [restrict to >= past] |
| 2. | Auto-complete | Auto-complete | Auto-complete | Auto-complete | [restrict to >= past] |
| 3. | Auto-complete | Auto-complete | Auto-complete | Auto-complete | [restrict to >= past] |
| 4. | Auto-complete | Auto-complete | Auto-complete | Auto-complete | [restrict to >= past] |

We would now like to obtain some information about your **out-of-town travel** (for vacations, business trips, visiting relatives, etc.) in the last week. By out-of-town travel we mean trips that are at least a **3 hour drive/train from your home and/or which involves travel by airplane**. Please do not include commute trips, and count each complete round-trip as ONE out-of-town trip.

1. How many out-of-town trips did you or your household members make **during the last 7 days**?

Please write "0"; if your answer is "none"; for any of the fields below. If you traveled with household members on a trip, count that as one trip. If different household member went on separate trips, count them all.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Trips by car | Trips by airplane | Trips by other travel means |
| a. Number of trips for **leisure purposes** during the last **7 days** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| b. Number of trips for **business purposes** during the last **7 days** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |

1. [For each out-of-town trip by car reported in A3, present questions A4]

|  |  |
| --- | --- |
| 1. Which car did you use? | ☐0 auto-populated 1  ☐1 auto-populated 2  ☐2 auto-populated 3  ☐3 auto-populated …  ☐4 Other non-household vehicle |
| 1. Did you travel to multiple cities? | ☐0 No, only one city  ☐1 Yes |
| 1. Which city did you travel to? [Display if A4b = 0] | City:\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_\_ |
| 1. Which cities did you travel to? Please list them in order of your visit. [Display if A4b = 1] | 1. City:\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_\_  2. City:\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_\_  3. City:\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_\_  … |
| 1. How many miles did this car go for this entire trip? Your best guess is fine. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_miles |

**Section B: Micromobility Service Use**

We’d like to learn more about **your most recent use of micromobility service use.**

1. In the past 7 days, which of the following services did you use? Please select all that apply.

|  |
| --- |
| ☐0 Shared bike or e-bike |
| ☐1 Shared e-scooter |
| ☐2 Neither |

1. Considering the **last trip** you made using a **shared bike**, please answer the following questions: [Display if B1 ∈ {0}]

|  |  |
| --- | --- |
| * 1. When did you make this trip? | ☐0 Weekday  ☐1 Weeknight (**excluding** Friday night)  ☐2 Weekend daytime  ☐3 Weekend night time (**including** Friday night) |
| * 1. Please give the origin and destination of this trip. Or, if you prefer, click the red pin below, drag and drop near the origin and destination of the trip. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. What was the purpose of this trip? *Please check ALL that apply.* | ☐0 Work/school-related  ☐1 Shopping/errands  ☐2 Social/recreational  ☐3 Just to enjoy the ride/try the new service  ☐4 Other (please, specify): \_\_\_\_\_\_ |
| * 1. Were you trying to reach a destination, or was this a round-trip? [Display if B2c ∈ {2,3,4}] | ☐0 Reach a destination  ☐1 Round-trip |
| * 1. How far did you have to walk to access this shared bike? | ☐0 Less than a minute  ☐1 1 to 5 minutes  ☐2 6 to 10 minutes  ☐3 More than 10 minutes |
| * 1. Did you use the shared bike in combination with another travel mode? | ☐0 No, I used the shared bike as the only mode for the entire trip  ☐1 Yes, with light rail/street car/subway  ☐2 Yes, with public bus  ☐3 Yes, with commuter train  ☐4 Yes, with private car  ☐5 Yes, other (please, specify): \_\_\_\_\_\_ |
| * 1. Why did you use a shared bike for your trip? *Please check ALL that apply.* | ☐0 No need to park/parking was expensive or scarce  ☐1 To do more physical exercise  ☐2 To save time  ☐3 To save money  ☐4 Public transit was not available  ☐5 Public transit was not convenient  ☐6 Private vehicle was not available  ☐7 To have fun  ☐8 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. How would you have made your trip if the shared bike was not available? *Please check ALL that apply.* | ☐0 None, I wouldn’t have made the trip [Restricted only choice]  ☐1 Drive a private vehicle  ☐2 Ride as passenger in a private vehicle  ☐3 Ride public transit  ☐4 Use ride-hailing (Uber, Lyft) or taxi  ☐5 Use my own bike or scooter  ☐6 Use a shared e-scooter  ☐7 Walk  ☐8 Other (please, specify): \_\_\_\_\_\_ |
| * 1. Which of the following best describes your use of a shared bike for this trip? *Please check ALL that apply.* | ☐0 I decided to use a shared bike at the last minute without any planning in advance.  ☐1 My using the shared bike affected my use of a car for other trips during the day  ☐2 My using the shared bike affected my use of transit (bus and/or train) for other trips during the day |
| * 1. How did this shared bike trip influence your time spent in a car for other trips during the day? [Display if B2i ∈ {1,2}] | ☐0 Decreased by more than 20 minutes  ☐1 Decreased by 1 to 20 minutes  ☐2 Increased by 1 to 20 minutes  ☐3 Increased by more than 20 minutes |
| * 1. How did your shared bike trip influence your time spent on transit (bus and train) for other trips during the day? | ☐0 Decreased by more than 20 minutes  ☐1 Decreased by 1 to 20 minutes  ☐2 Increased by 1 to 20 minutes  ☐3 Increased by more than 20 minutes |

1. Considering the **last trip** you made using a **shared e-scooter**, please answer the following questions: [Display if B1 ∈ {1}]

|  |  |
| --- | --- |
| * 1. When did you make this trip? | ☐0 Weekday  ☐1 Weeknight (**excluding** Friday night)  ☐2 Weekend daytime  ☐3 Weekend night time (**including** Friday night) |
| * 1. Please give the origin and destination of this trip. Or, if you prefer, click the red pin below, drag and drop near the origin and destination of the trip. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. What was the purpose of this trip? *Please check ALL that apply.* | ☐0 Work/school-related  ☐1 Shopping/errands  ☐2 Social/recreational  ☐3 Just to enjoy the ride/try the new service  ☐4 Other (please, specify): \_\_\_\_\_\_ |
| * 1. Were you trying to reach a destination, or was this a round-trip? [Display if B3c ∈ {2,3,4}] | ☐0 Reach a destination  ☐1 Round-trip |
| * 1. How far did you have to walk to access this shared e-scooter? | ☐0 Less than a minute  ☐1 1 to 5 minutes  ☐2 6 to 10 minutes  ☐3 More than 10 minutes |
| * 1. Did you use the shared e-scooter in combination with another travel mode? | ☐0 No, I used the shared bike as the only mode for the entire trip  ☐1 Yes, with light rail/street car/subway  ☐2 Yes, with public bus  ☐3 Yes, with commuter train  ☐4 Yes, with private car  ☐5 Yes, other (please, specify): \_\_\_\_\_\_ |
| * 1. Why did you use a shared e-scooter for your trip? *Please check ALL that apply.* | ☐0 No need to park/parking was expensive or scarce  ☐1 To do more physical exercise  ☐2 To save time  ☐3 To save money  ☐4 Public transit was not available  ☐5 Public transit was not convenient  ☐6 Private vehicle was not available  ☐7 To have fun  ☐8 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. How would you have made your trip if the shared e-scooter was not available? *Please check ALL that apply.* | ☐0 None, I wouldn’t have made the trip [Restricted only choice]  ☐1 Drive a private vehicle  ☐2 Ride as passenger in a private vehicle  ☐3 Ride public transit  ☐4 Use ride-hailing (Uber, Lyft) or taxi  ☐5 Use my own bike or scooter  ☐6 Use a shared e-scooter  ☐7 Walk  ☐8 Other (please, specify): \_\_\_\_\_\_ |
| * 1. Which of the following best describes your use of a shared e-scooter for this trip? *Please check ALL that apply.* | ☐0 I decided to use a shared e-scooter at the last minute without any planning in advance.  ☐1 My using the shared e-scooter affected my use of a car for other trips during the day  ☐2 My using the shared e-scooter affected my use of transit (bus and/or train) for other trips during the day |
| * 1. How did this shared e-scooter trip influence your time spent in a car for other trips during the day? [Display if B3i ∈ {1,2}] | ☐0 Decreased by more than 20 minutes  ☐1 Decreased by 5 to 20 minutes  ☐2 Neither increased nor decreased by more than 5 minutes  ☐3 Increased by 5 to 20 minutes  ☐3 Increased by more than 20 minutes |
| * 1. How did your shared e-scooter trip influence your time spent on transit (bus and train) for other trips during the day? | ☐0 Decreased by more than 20 minutes  ☐1 Decreased by 5 to 20 minutes  ☐2 Neither increased nor decreased by more than 5 minutes  ☐3 Increased by 5 to 20 minutes  ☐3 Increased by more than 20 minutes |

**Section C: Physical Activity and Safety**

In this section we want to learn about your physical activity and your safety.

1. How many **days** in the **last 7 days** did you exercise hard enough to breathe somewhat harder than normal for **more than 10 minutes**?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_days

1. In the **last 7 days**, have you had any walk, bike, e-bike, or e-scooter collisions?

|  |
| --- |
| ☐0 No |
| ☐1 Yes |

1. How many collisions? [Display if C2 = 1]

\_\_\_\_\_\_\_\_\_\_\_\_\_collisions

1. [For each collision reported in C3, present questions F6]

|  |  |
| --- | --- |
| 1. How were you traveling immediately before your collision? | ☐0 Walking  ☐1 Personally owned conventional bike  ☐2 Personally owned e-bike  ☐3 Personally owned e-scooter  ☐4 Shared conventional bike  ☐5 Shared e-bike  ☐6 Shared e-scooter |
| 1. What was your collision with? | ☐0 Car, moving  ☐1 Car, parked  ☐2 Truck  ☐3 Bus  ☐4 Bike or e-bike  ☐5 E-scooter  ☐6 Pedestrian  ☐6 Animal  ☐6 Debris or other temporary obstacles  ☐6 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Where were you during your collision? | ☐0 Street (no bike lane)  ☐1 Bike lane  ☐2 Protected bike lane  ☐3 Off-street path/pedestrian path  ☐4 Sidewalk  ☐5 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Were you injured during your collision? | ☐0 No  ☐1 Yes, but didn’t receive treatment  ☐2 Yes, received treatment but was not hospitalized  ☐3 Yes, was hospitalized |
| 1. Where you wearing a helmet during your collision? | ☐0 No  ☐1 Yes |
| 1. What were the light conditions during the collision? | ☐0 Darkness  ☐1 Twilight  ☐2 Light |
| 1. Was your collision reported to the police? | ☐0 No  ☐1 Yes |
| 1. Was anyone involved in the collision impaired from alcohol or drugs? | ☐0 No  ☐1 Yes |
| 1. Is there anything else you would like to say about the collision that could be useful to improve safety? | ☐0 No  ☐1 Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Thank you for your time! We will send the follow-up survey next week.**

**OR**

**Thank you for completing the last follow-up survey for the spring 2020 survey period! Once we review your survey data to ensure it is complete, you will receive a $10 Amazon gift card at the email address you provided in the first survey. We will talk to you next year!**