

# South Boston Transportation Action Plan Community Survey

Please take this 5-10 minute survey to share your thoughts on transportation in South Boston. Your input will help shape recommendations for the South Boston Transportation Action Plan. Return your completed survey where you received it by **Thursday, December 15, 2022**.

Learn more (and access a digital version of this survey) at [bostonplans.org/SouthBostonTAP](https://bostonplans.org/SouthBostonTAP).

## Getting Around South Boston

1. Over the past month, how did you travel in/to/from South Boston? Select your most common mode of transportation for each destination.

To/From Destination	N/A (I don't make this kind of trip)	Walk	Bike (including e-bike)	Bluebikes	Scooter (including e-scooter)	Bus	Subway	The RIDE	Bus and subway	Bike/Scooter and bus	Bike/Scooter and subway	Other multimodal combination	Drive alone	Carpool (with friends/family)	Hail a ride (Uber/Lyft/Taxi)	Work/Take classes/Order online from home
Work																
K-12 school																
Higher education or adult learning classes																
The grocery store																
The library, community center, or faith center																
Restaurants																
Shops																
The pharmacy, medical services, or appointments																
Parks, open spaces, and trails																
Visiting local friends and family																
Children's after school or extracurricular activities																

Over →

2. Select your top three concerns when traveling in South Boston.

<input type="checkbox"/> Speeding or aggressive driving (for example, drivers not yielding)	<input type="checkbox"/> Poor accommodations at bus stops (lacking shelters, benches, lighting etc.)
<input type="checkbox"/> Unsafe, uncomfortable, or too few pedestrian crossings	<input type="checkbox"/> Personal safety
<input type="checkbox"/> Sidewalks that are missing, broken, or too narrow	<input type="checkbox"/> Traffic congestion
<input type="checkbox"/> Lack of safe and comfortable bike lanes	<input type="checkbox"/> Double-parked vehicles
<input type="checkbox"/> Lack of bike parking at my destination	<input type="checkbox"/> The ability to find parking
<input type="checkbox"/> Lack of Bluebikes stations	<input type="checkbox"/> Cost of parking
<input type="checkbox"/> Infrequent or slow transit service	<input type="checkbox"/> Lack of EV charging stations
<input type="checkbox"/> Limited or no transit service where I want to go	<input type="checkbox"/> Other:

3. If conditions were improved, what transportation option would you prefer using for travel in/to/from South Boston?

To/From Destination	N/A (I don't make this kind of trip)	Walk	Bike (including e-bike)	Bluebikes	Scooter (including e-scooter)	Bus	Subway	The RIDE	Bus and subway	Drive alone	Carpool (with friends/family)	Hail a ride (Uber/Lyft/Taxi)	Work/Take classes/Order online from home
Work													
K-12 school													
Higher education or adult learning classes													
The grocery store													
The library, community center, or faith center													
Restaurants													
Shops													
The pharmacy, medical services, or appointments													
Parks, open spaces, and trails													
Visiting local friends and family													
Children's after school or extracurricular activities													

If you selected preference to **walk** for any destination, continue to Question 4.

If you selected preference to **bike or ride Bluebikes** for any destination, skip to Question 5.

If you selected preference to take **transit** (bus, subway, the RIDE), skip to Question 6.

If you **did not** select walk, bike, Bluebikes, or transit for any destination, skip to Question 7.

## Barriers to Transportation

4. Which of the following prevent you from walking more than you do now (for transportation, leisure, or both)? Select all that apply.

<input type="checkbox"/> Dangerous driving	<input type="checkbox"/> Difficult to carry things
<input type="checkbox"/> Sidewalks that are missing, broken, or too narrow	<input type="checkbox"/> Complicated to walk with those that I transport
<input type="checkbox"/> Lack of safe places to cross the street	<input type="checkbox"/> Physical inability
<input type="checkbox"/> Lack of street lighting at night	<input type="checkbox"/> Lack of time
<input type="checkbox"/> Lack of snow removal	<input type="checkbox"/> The weather
<input type="checkbox"/> Destinations are too far away	<input type="checkbox"/> I take this trip often
<input type="checkbox"/> Harassment or personal safety concerns	<input type="checkbox"/> Other:

5. Which of the following prevent you from biking more than you do now (for transportation, leisure, or both)? Select all that apply.

<input type="checkbox"/> Dangerous driving	<input type="checkbox"/> Difficult to carry things
<input type="checkbox"/> Lack of safe bike lanes or paths	<input type="checkbox"/> Complicated to ride with those that I transport
<input type="checkbox"/> Lack of snow removal	<input type="checkbox"/> Physical inability
<input type="checkbox"/> No bike and/or gear	<input type="checkbox"/> Physical appearance
<input type="checkbox"/> Too expensive	<input type="checkbox"/> Lack of time
<input type="checkbox"/> Destinations are too far away	<input type="checkbox"/> The weather
<input type="checkbox"/> Harassment or personal safety concerns	<input type="checkbox"/> I take this trip often
<input type="checkbox"/> No safe bike storage at home	<input type="checkbox"/> Other:
<input type="checkbox"/> No safe bike storage at destination	

6. Which of the following prevent you from using public transit more than you do now? Select all that apply.

<input type="checkbox"/> Service not frequent enough	<input type="checkbox"/> Complicated to ride with those that I transport
<input type="checkbox"/> Need different connections	<input type="checkbox"/> Physical inability
<input type="checkbox"/> Too expensive	<input type="checkbox"/> Physical appearance
<input type="checkbox"/> Destinations are too far away	<input type="checkbox"/> Lack of time
<input type="checkbox"/> Delay or service failure concerns	<input type="checkbox"/> The weather
<input type="checkbox"/> Public health concerns (including COVID)	<input type="checkbox"/> I take this trip often
<input type="checkbox"/> Harassment or personal safety concerns	<input type="checkbox"/> Other:
<input type="checkbox"/> Difficult to carry things	

Over →

# Your Transportation Priorities

7. What is the most important to you in South Boston. Select your top three choices.

<input type="checkbox"/> Slowing down cars	<input type="checkbox"/> Reducing cut through traffic
<input type="checkbox"/> Making crosswalks and intersections safer for pedestrians	<input type="checkbox"/> Reducing double parking
<input type="checkbox"/> Adding bike lanes	<input type="checkbox"/> Maintaining on-street parking
<input type="checkbox"/> Making the bus faster	<input type="checkbox"/> Lessening vehicle congestion
<input type="checkbox"/> Making bus stops more comfortable places to wait	<input type="checkbox"/> Other:

## Focus Groups (Optional)

Please share your email address and/or phone number if you are interested in participating in a 60-minute focus group related to transportation in South Boston. As part of our commitment to holistic representation, we're interested in hearing from resident populations that we don't hear from as often:

- Transit dependent
- Under 35
- Over 60
- Families with school-age children
- Households below city-median income
- Households with a member who is mobility-impaired

8. Phone number

9. Email

## About You (Optional)

10. Using the map below, please indicate where you live.

<input type="checkbox"/> Area 1	
<input type="checkbox"/> Area 2	
<input type="checkbox"/> Area 3	
<input type="checkbox"/> Area 4	
<input type="checkbox"/> Area 5	
<input type="checkbox"/> Area 6	
<input type="checkbox"/> South Boston, outside of study area (e.g., Seaport, Mary Ellen, Dot Ave)	
<input type="checkbox"/> Other Boston neighborhood	
<input type="checkbox"/> Outside of Boston	

11. How many cars do you have available for use?

0    1    2    3    4 or more

12. If you have **one or more cars** available, select all parking arrangements that apply.

	In use	Have but not in use	Don't have
Resident Parking Permit (RPP) space			
Reserved space (driveway, garage, or surface lot)			
Unreserved space (driveway, garage, or surface lot)			
Disability placard			

13. Please indicate any other parking arrangements that you have, and whether you use that arrangement or not.

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14. What is your age?

18 or under    19-24    25-34    34-59    60 or over    Prefer not to say

15. What gender do you identify with?

Female    Male    Non-Binary    Prefer not to say

16. What races/ethnicities do you identify with? Select all that apply.

<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Indigenous American	<input type="checkbox"/> Other
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Hispanic/Latinx	<input type="checkbox"/> White	

17. Please indicate if you have a disability.

<input type="checkbox"/> Cognitive/Mental	<input type="checkbox"/> Vision	<input type="checkbox"/> None of the above
<input type="checkbox"/> Hearing	<input type="checkbox"/> Other:	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Mobility		

18. How many people are part of your household?

1    2    3    4    5    More than 5    Prefer not to say

19. Do you have a child/children in school?

Yes    No    Prefer not to say

20. Do you have one or more dogs?

Yes    No    Prefer not to say

21. What is your annual household income before taxes?

Less than \$25,000    \$25,000-\$49,999    \$50,000-\$75,999    \$76,000-\$99,999    \$100,000 or above    Prefer not to say

Thank you!