Virtual Open House Survey

3rd Street Quick-Build



- 1. Do you support the proposed improvements on 3rd Street?
 - Yes
 - 🗆 No
 - Partially _____

2. Are you interested in seeing more protected bikeways in the South Beach and Mission Bay Neighborhoods?

- Yes
- No
- Partially_____
- 3. How do you travel along 3rd Street? Please select all that apply:
 - Walk
 - □ Wheelchair or other mobility aid (e.g. cane, scooter, guide dog, or walker)
 - □ Ride Share (e.g. Lyft/Uber)
 - Vehicle or motorcycle
 - □ Bicycle or scooter
 - 🗆 Muni
 - Paratransit
 - 🗆 Taxi
 - Skateboard
 - Other Please Specify _____
- 4. What is the main reason that you travel on 3rd Street?
 - Work nearby
 - Live nearby
 - Recreation
 - Visit Oracle Park
 - Other _____

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- 5. How did you learn about this survey or the proposals of the 3rd Street Quick-Build Project? Select all that apply.
 - Project webpage
 - □ SFMTA social media or email
 - Elected official's social media or email
 - □ Community, merchant, or neighborhood group email, social media, or website
 - □ Other social media (i.e. Facebook, Twitter(X), Instagram, Nextdoor, etc)
 - News media
 - Word of mouth
 - Other _____
- 6. Other comments or questions about the project:

Tell Us About Yourself (optional).

- 7. Please let us know your local ZIP code so we can better understand our survey respondents.
- 8. What race/ethnicity do you identify with? (select one)
 - □ Asian/Pacific Islander
 - Black/African American
 - □ Latin(x)/Hispanic
 - Middle Eastern/North African
 - Native American/American Indian
 - White
 - Other race or ethnicity (Write in) _____
 - □ I am not sure/I don't know
 - Prefer not to answer

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- 9. How do you describe your gender identity? (Check one that best describes your gender identity)
 - Female
 - Male
 - □ Genderqueer/Gender Non-binary
 - Trans Female
 - Trans Man
 - Not listed Write in _____
 - Prefer not to answer
- 10. Do any of the following disabilities currently affect your daily life? (Select all that apply)
 - Blindness or vision impairment
 - □ Hearing impairment
 - □ Mobility disability (example: difficulty walking or climbing stairs)
 - □ Cognitive or mental impairment
 - Not listed Write in _____
 - Prefer not to answer
- 11. Share your email to be included in the project update email list:

Thank you for your time and participation in this survey. For more information, visit <u>SFMTA.com/3rdStreetQB</u>or email <u>3rdStreetQB@SFMTA.com</u>

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