HAYWARD

Community-Based Transportation Plan (CBTP) Access Questionnaire

1. **What type(s) of disability or accessibility needs do you have?** (Check all that apply)

☐ Visual impairment
☐ Hearing impairment
☐ Physical or mobility limitations
☐ I use a mobility device (e.g., wheelchair, walker, cane, crutches)
☐ Cognitive or neurological disability
☐ Other (please specify):
_____
_____
☐ Prefer not to answer

Physical Infrastructure

2. **What challenges do you experience when using sidewalks in the study area?** (Select all that apply)

☐ Cracked or uneven sidewalks
☐ Missing or poorly placed curb ramps
☐ Sidewalks blocked by dumpsters, poles, or vegetation
☐ Curb cuts aimed toward traffic
☐ Poor lighting
☐ Other (please describe):
_____

Briefly identify specific blocks or sidewalks that require improvements:

_____
_____

3. **What challenges do you experience when using street crossings?** (Select all that apply.)

☐ Crossing time is too short
☐ Signal audio is not loud enough
☐ Audible "Walk" signal is not synchronized with the number countdown
☐ Poor lighting
☐ Other (please describe):
_____
_____

Briefly identify dangerous or inaccessible intersections in the study area:

_____
_____

Bus Service

4. **What challenges do you face when using buses in the area?** (Check all that apply)

☐ Inaccessible bus stops
☐ Difficulty boarding
☐ Difficulty hearing or seeing bus arrivals
☐ Unclear bus drop off or pick up areas
☐ Lack of seating or shelter at stops
☐ Poor lighting
☐ Other (please describe):
_____

Please identify transit or bus stops in the study area that require accessibility upgrades.

_____

_____

Paratransit Service

5. **How often do you use paratransit services, including East Bay Paratransit and Hayward Operated Paratransit (HOP)?**
   ☐ Daily ☐ On occasion ☐ Rarely ☐ Never
6. **How would you rate your overall experience with paratransit services in your area?**
   (1 = Very poor, 5 = Excellent)
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
7. **What challenges have you experienced using paratransit services?** (Check all that apply.)
   ☐ Eligibility and sign-up difficulties
   ☐ Long wait times
   ☐ Unreliable pick-up or drop-off
   ☐ Difficulty scheduling rides
   ☐ Restricted hours of operation
   ☐ Vehicles not suited to my needs

   Briefly describe local paratransit improvements that are needed:

   _____

   _____

Other Access Issues

8. **How would you rate the availability and accessibility of ADA-compliant parking?**
   (1 = Very poor, 5 = Excellent)
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
   Are there locations in the study area where more or better ADA parking is needed?

   _____

   _____

9. **What types of mobility options should the City provide to improve access for people with disabilities?**
   (Check all that apply.)
   ☐ Power-assist wheelchairs
   ☐ Adaptive e-scooters share program
   ☐ Community wheelchair loan programs
   ☐ Other (please describe):
   _____
   _____
   _____

10. **Do you have additional comments or suggestions regarding access and disability improvements in the CBTP study area?**

    _____

    _____

    _____

    _____