



Etheridge Shire Council Einasleigh Walking Survey

Information gathered through the survey will assist in planning future projects that will provide the best value for community requirements. This survey is open to the public until **10 June 2024**. Please return your completed survey to the Shire Office at 41 St George Street, Georgetown or by email to info@etheridge.qld.gov.au.

On the following map, please identify:

1. The destinations you currently walk to.
2. The routes you currently walk for recreation.
3. The routes you would like to walk for recreation.





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1. If you identified destinations on the map:

How often do you walk to those destinations?

- 5-7 days per week
- 2-3 days per week
- 1-2 days per week
- Less than once a week

2. If you identified routes you currently walk on the map:

How often do you walk these routes?

- 5-7 days per week
- 2-3 days per week
- 1-2 days per week
- Less than once a week

When you walk, how long do you walk for?

- More than 1 hour
- 45 minutes - 1 hour
- 30-45 minutes
- 15-30 minutes
- 5-15 minutes
- Less than 5 minutes

Tell us the reasons why you walk?

- | | |
|---|---|
| <input type="checkbox"/> Recreation/physical health/fitness | <input type="checkbox"/> Walk the dog/pet |
| <input type="checkbox"/> Access services (e.g. shops, doctor, hospital) | <input type="checkbox"/> To be outdoors/to enjoy nature |
| <input type="checkbox"/> Walk to work | <input type="checkbox"/> Way of getting around |
| <input type="checkbox"/> Walk to school | <input type="checkbox"/> Other |

3. When walking for recreation, what things do you look for when selecting a walking route?

- | | |
|--|---|
| <input type="checkbox"/> Ability to access shade | <input type="checkbox"/> Locations where traffic speeds are low |
| <input type="checkbox"/> Lower traffic volumes on adjacent roads | <input type="checkbox"/> A route that I can walk in 30-45 minutes |
| <input type="checkbox"/> Locations where I can be away from vehicles | <input type="checkbox"/> Street lighting |
| <input type="checkbox"/> Points of visual interest | <input type="checkbox"/> Other |



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4. Please identify any issues or concerns you have when walking around Einasleigh:

- | | |
|--|---|
| <input type="checkbox"/> Speed or Traffic | <input type="checkbox"/> Unsafe Crossings |
| <input type="checkbox"/> Fear of Crime / Harassment | <input type="checkbox"/> Fear of Dogs |
| <input type="checkbox"/> No Path / Poor Path Quality | <input type="checkbox"/> Lack of Shade |
| <input type="checkbox"/> Lack of Lighting | |

5. Please describe the issue/s selected above, or any other concerns: (Feel free to attach photos to this survey to support your comments)

6. Please provide us with your address, or at a minimum the street you live on:

Property No.	Street Name

Thank you for taking the time to complete this survey. Would you like to be contacted about your answers? Please include your details below:

Name	
Phone	
Email	