

APPENDIX A

SURVEY

ENHANCED TREATMENT SELECTION FOR REFLECTIVE JOINT CRACKING IN COMPOSITE PAVEMENTS

This survey is designed as a part of the research project, “Enhanced Treatment Selection for Reflective Joint Cracking in Composite Pavement,” in cooperation with the Indiana Department of Transportation and the Federal Highway Administration. The purpose of this survey is to identify the testing methods that state DOTs are using to investigate and control reflective cracks in composite pavements. This survey also aims to investigate treatment selection methods considering a variety of factors/constraints such as the severity of the identified reflective joint cracking. Please take a few minutes to provide your valuable information to the seven questions with your contact information. All responses will be kept confidential. Thank you very much for helping us.

1. What testing method(s) do you use to evaluate reflective cracks?

- Visual Inspection
- Coring
- Falling Weight Deflectometer (FWD)
- Ground Penetrating Radar (GPR)
- Rolling Dynamic Deflectometer (RDD)
- Other



2. What decision process do you use to determine treatment needs? For example, Visual Inspection followed by FWD/GPR/Coring, etc.

Step 1.	<input type="text"/>
Step 2.	<input type="text"/>
Step 3.	<input type="text"/>
Step 4.	<input type="text"/>
Step 5.	<input type="text"/>

3. Please select the treatment types that you use to mitigate or repair reflective cracks.

Treatment Type Used	Experience (1-5 years)	Experience (6-10 years)	Experience (more than 10 years)
Geosynthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Absorbing Membrane Interlayer (SAMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strata Reflective Crack Relief System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nova Chip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphaltic Surface Treatment (Chip Seal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack and Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break and Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sawcut and Sealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undersealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the name(s) for "Other 1-5" treatment types.

4. Please provide the preference of the treatment types that you have selected in Question 3.

	Not Preferred	Least Preferred	Less Preferred	Preferred	More Preferred	Most Preferred
Geosynthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Absorbing Membrane Interlayer (SAMI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strata Reflective Crack Relief System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nova Chip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asphaltic Surface Treatment (Chip Seal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack and Seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break and Seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sawcut and Sealing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undersealing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide the name(s) for "Other 1-5" treatment types.

5. Please provide factors/constraints that you consider to refine the decision for the treatment types.

6. What decision-making tool do you use to select the type of treatment?
For example, Decision Tree, Analytic Hierarchy Process, etc.

7. Please provide your contact information.

Name:

Affiliation:

Position:

Office Phone:

Cell Phone (Optional):

Email: