

**1. Why did you choose the bus for this trip?**

- 01  DON'T DRIVE
- 02  NO OTHER MEANS OF TRANSPORTATION
- 03  TOO MUCH TRAFFIC
- 04  TOO HARD TO PARK
- 05  CHEAPER THAN ALTERNATIVES
- 06  BETTER FOR THE ENVIRONMENT
- 07  OTHER \_\_\_\_\_

**2. In what ZIP code did your trip start today, and in what ZIP code will your trip end? (ZIP map on last page)**

START		END	
01	<input type="checkbox"/> 64501	08	<input type="checkbox"/>
02	<input type="checkbox"/> 64503	09	<input type="checkbox"/>
03	<input type="checkbox"/> 64504	10	<input type="checkbox"/>
04	<input type="checkbox"/> 64505	11	<input type="checkbox"/>
05	<input type="checkbox"/> 64506	12	<input type="checkbox"/>
06	<input type="checkbox"/> 64507	13	<input type="checkbox"/>
07	<input type="checkbox"/> OTHER _____	14	<input type="checkbox"/>

**3. Where did you start your trip today and where are you going?**

START		END	
01	<input type="checkbox"/> HOME	09	<input type="checkbox"/>
02	<input type="checkbox"/> WORK	10	<input type="checkbox"/>
03	<input type="checkbox"/> SCHOOL	11	<input type="checkbox"/>
04	<input type="checkbox"/> SHOPPING/ERRANDS	12	<input type="checkbox"/>
05	<input type="checkbox"/> DAYCARE	13	<input type="checkbox"/>
06	<input type="checkbox"/> MEDICAL APPOINTMENT	14	<input type="checkbox"/>
07	<input type="checkbox"/> SPORTS/SOCIAL RECREATIONAL	15	<input type="checkbox"/>
08	<input type="checkbox"/> OTHER _____	16	<input type="checkbox"/>

**4. How did you get to where you got on the bus today and how will you get to your destination when you get off the bus?**

START		END	
01	<input type="checkbox"/> WALK	05	<input type="checkbox"/>
02	<input type="checkbox"/> CAR AS A PASSENGER	06	<input type="checkbox"/>
03	<input type="checkbox"/> CAR AS A DRIVER	07	<input type="checkbox"/>
04	<input type="checkbox"/> ROUTE DEVIATION	08	<input type="checkbox"/>

**5. If you walked, how far was it from your origin to where you got on the bus and/or from the bus to your destination when you got off the bus?**

BEFORE		AFTER	
01	<input type="checkbox"/> BLOCKS _____	02	<input type="checkbox"/>
		BLOCKS _____	

**6. If you walked, did you have sidewalks?**

- 01  NO SIDEWALKS
- 02  SOME SIDEWALKS (+04 +05)
- 03  SIDEWALKS ON ENTIRE ROUTE? (+04 +05)
- 04  GOOD CONDITION
- 05  NEED REPAIR

**7. Would a bike rack on the bus, and/or at the Transfer Centers, be an incentive to use the bus more often?**

YES		NO	
01	<input type="checkbox"/> BIKE RACK?	02	<input type="checkbox"/>

**8. Is your trip today part of a round trip on the bus?**

YES		NO	
01	<input type="checkbox"/> ROUND TRIP?	02	<input type="checkbox"/>

**9. Have you, or will you, transfer buses to reach your destination?**

YES		NO	
01	<input type="checkbox"/> TRANSFER?	02	<input type="checkbox"/>

**10. What type of fare did you pay today?**

- 01  FULL FARE (.50¢)
- 02  HALF FARE SENIOR (.25¢)
- 03  HALF FARE DISABILITIES (.25¢)
- 04  YOUTH (.40¢)
- 05  DEVIATION (.10¢) or (.05¢)

**11. How did you pay for your fare?**

- 01  CASH
- 02  TICKET BOOK
- 03  MONTHLY PASS
- 04  DID YOU HAVE A ROUTE DEVIATION ON YOUR MONTHLY PASS?

If customer would like the results of this survey, please get the following information:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
 E-MAIL (optional) \_\_\_\_\_ results will be available January 2007

**12. On a scale of (5) being most satisfied, and (1) being the least satisfied, how would you rate St. Joseph Transit appearance:**

	5	4	3	2	1	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE TRANSIT BUSES ARE CLEAN
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE DOWNTOWN TRANSIT CENTER IS CLEAN AND NEAT
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE HYVEE TRANSFER CENTER IS CLEAN AND NEAT
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE WAL-MART TRASFER CENTER IS NEAT AND CLEAN
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE BUS SHELTERS ARE NEAT AND CLEAN
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSIT EMPLOYEES APPEAR NEAT AND PROFESSIONAL

**13. What would make your bus trip more convenient?**

01	<input type="checkbox"/>	THE BUS SERVICE IS FINE THE WAY IT IS (end of questions on this topic)
02	<input type="checkbox"/>	START EARLIER IN THE DAY
03	<input type="checkbox"/>	RUN LATER IN THE DAY
04	<input type="checkbox"/>	RUN MORE OFTEN DURING WORK COMMUTE
05	<input type="checkbox"/>	RUN MORE OFTEN ON WEEKDAYS
05	<input type="checkbox"/>	RUN MORE OFTEN ON SATURDAYS
06	<input type="checkbox"/>	ELIMINATE LUNCH PERIOD SCHEDULE
07	<input type="checkbox"/>	REDUCE LENGTH OF TIME FOR COMMUTE

**14. On a scale of 5 being most satisfied, and 1 being the least satisfied, how would you rate St. Joseph Transit operations on:**

	5	4	3	2	1	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE BUS COMES ON TIME
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE BUS STOPS NEAR WHERE I NEED IT
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I FEEL SAFE ON THE BUS
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUS FARES ARE A BARGAIN
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE BUS DRIVERS ARE COURTEOUS
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I AM HAPPY WITH THE OVERALL SERVICE
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELIMINATE LUNCH PERIOD SCHEDULE

**15. How often do you ride the bus?**

01	<input type="checkbox"/>	DAILY
02	<input type="checkbox"/>	THREE TO FOUR DAYS A WEEK
03	<input type="checkbox"/>	TWO OR LESS DAYS A WEEK
04	<input type="checkbox"/>	OCCASIONALLY

**16. When do you most often ride the bus?**

LEAVE			RETURN	
01	<input type="checkbox"/>	0515 – 0615	06	<input type="checkbox"/>
02	<input type="checkbox"/>	0715 – 0815	07	<input type="checkbox"/>
03	<input type="checkbox"/>	0945 – 1315	08	<input type="checkbox"/>
04	<input type="checkbox"/>	1415 – 1615	09	<input type="checkbox"/>
05	<input type="checkbox"/>	1745 – 2015	10	<input type="checkbox"/>

**17. Is English your primary language?**

YES		NO	
01	<input type="checkbox"/>	ENGLISH?	02 <input type="checkbox"/>

**18. Is Spanish, or another, your primary language?**

YES		NO	
01	<input type="checkbox"/>	SPANISH?	02 <input type="checkbox"/>
03	<input type="checkbox"/>	OTHER?	04 <input type="checkbox"/>

**19. Are you a registered voter?**

YES		NO	
01	<input type="checkbox"/>	VOTER?	02 <input type="checkbox"/>

**20. Do you use the Internet and have you seen the Transit page on the City web site?**

YES		NO	
01	<input type="checkbox"/>	USE INTERNET?	02 <input type="checkbox"/>
03	<input type="checkbox"/>	If yes, DO YOU USE THE SITE FOR PLANNING YOUR TRIP?	04 <input type="checkbox"/>
05	<input type="checkbox"/>	If yes, WOULD YOU SCHEDULE A TRIP VIA THE INTERNET, IF AVAILABLE?	06 <input type="checkbox"/>

**21. Do you schedule trips through St. Joseph Transit Dispatch? If so, please rate our phone service:**

01	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DO YOU SCHEDULE TRIPS WITH DISPATCH?		
		5	4	3	2	1	IF YES 5=most, 1=least satisfied
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHONE COURTESY
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROMPTLY ANSWERED

**22. How would you rate St. Joseph Transit Informational Materials**

	5	4	3	2	1	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEM MAP
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROUTE TIMETABLES
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIDERS GUIDE
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDIVIDUAL ROUTE BROCHURES
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV ADVERTISING

**23. What is the best way that you use to find out about Transit?**

01	<input type="checkbox"/>	CALL TRANSIT DISPATCH
02	<input type="checkbox"/>	SYSTEM MAP
03	<input type="checkbox"/>	ROUTE TIMETABLES
04	<input type="checkbox"/>	RIDERS GUIDE
05	<input type="checkbox"/>	WEB SITE
06	<input type="checkbox"/>	OTHER _____

**24. Do you have friends, family or acquaintances that don't use Transit because of barriers like . .**

01	<input type="checkbox"/>	LANGUAGE
02	<input type="checkbox"/>	DON'T KNOW HOW TO USE TRANSIT
03	<input type="checkbox"/>	DON'T FEEL COMFORTABLE ON THE SYSTEM
04	<input type="checkbox"/>	PERSON WITH DISABILITIES HAS CONCERNS ABOUT ACCESSIBILITY TO SHELTERS, SIDEWALKS OR EQUIPMENT.

**25. What is your yearly household income?**

01	<input type="checkbox"/>	LESS THAN \$13,000
02	<input type="checkbox"/>	\$13,001 to \$20,000
03	<input type="checkbox"/>	\$20,001 to \$30,000
04	<input type="checkbox"/>	OVER \$30,000

**26. What is your age group?**

01	<input type="checkbox"/>	Under 17
02	<input type="checkbox"/>	18 to 24
03	<input type="checkbox"/>	25 to 34
04	<input type="checkbox"/>	35 to 49
05	<input type="checkbox"/>	50 to 59
05	<input type="checkbox"/>	60 AND OLDER

**27. What is your race? (observation, if possible)**

01	<input type="checkbox"/>	WHITE
02	<input type="checkbox"/>	BLACK/AFRICAN AMERICAN
03	<input type="checkbox"/>	HISPANIC/LATINO
04	<input type="checkbox"/>	NATIVE AMERICAN INDIAN
05	<input type="checkbox"/>	TWO OR MORE RACES

**28. Gender? (observation, if possible)**

01	<input type="checkbox"/>	FEMALE
02	<input type="checkbox"/>	MALE

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NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

E-MAIL (optional) \_\_\_\_\_

results will be available January 2007

