



SAMPLE SURVEY QUESTIONS FOR TRANSPORTATION SURVEYS

Question Text	Category
<p>Do any of the following make it difficult to get to our fixed route bus stop? <i>(Check all that apply)</i></p> <ul style="list-style-type: none"> a. Lack of curb cuts (small ramp to get from the road to the sidewalk) b. Distance from your home to the nearest stop is too far c. Sidewalks are not available d. Service is not available frequently enough e. Other 	barriers
<p>Have you had difficulty finding a ride to a medical appointment in the past 6 months? If yes, please select all reasons that apply:</p> <ul style="list-style-type: none"> a. I need a wheelchair accessible vehicle. b. I don't have enough money for the fare. c. I don't know who to call to request a ride. d. My friends and family are not available to take me. e. There are no rides available when I call. f. I can't get a ride at the time I need to go. g. I have to wait too long for a ride back home after my appointment. h. Other (Please explain): 	barriers
<p>How often are you unable to get to where you need to go because of not having a way to get there?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rarely or Infrequently <input type="checkbox"/> Several times a year <input type="checkbox"/> About once a month <input type="checkbox"/> More than once a month <input type="checkbox"/> Once a week or more often 	barriers

<p>What prevents you from using public transportation (such as city bus, train, _____) in your area? (Choose all that apply)</p> <p>A. language barrier B. not within walking distance C. too confusing to use D. none available to me or in my area E. Other _____ F. I use public transportation</p>	barriers
<p>If you do not use the bus, what are the reasons? Mark all that apply and use the box below if you would like to tell us more about your reasons.</p> <p>___ too expensive ___ I don't live close enough to a bus stop ___ It doesn't serve my neighborhood ___ It doesn't go where I need to go ___ No benches/shelters at the bus stop ___ I would be too embarrassed ___ Often it is not on time ___ the trips are too long ___ bad customer service ___ I don't like sharing rides with others ___ I don't know how ___ Other (please explain in the box below)</p>	barriers
<p>Do you have difficulty leaving your home due to a lack of transportation?</p> <p>___ Yes ___ No</p>	barriers
<p>What is the hardest thing for you when using public transportation? (check all that apply)</p> <p>___ going up and down steps ___ doors that do not open automatically ___ no assistance for people who have vision or hearing impairment ___ other</p>	barriers
<p>What would encourage you to use public transportation more often? (open-ended)</p>	barriers
<p>What are some things you are concerned about when using public transportation? (open-ended)</p>	barriers

What do you think would get more people to use public transportation? (<i>open-ended</i>)	barriers
What obstacles do you think people are concerned with in reference to public transportation? (<i>open-ended</i>)	barriers
How do you rate your overall level of satisfaction with the coalition over the past 12 months? <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very Dissatisfied	coalition
What is one thing you would like to see the Coalition address in the next 1-3 years? (<i>open ended</i>)	coalition
How do you contact the transportation service you use? (check all that apply) <input type="checkbox"/> Phone call <input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Other	communication
If public transportation were available in your area, how much would you be willing and able to pay per ride (one-way trip)? <input type="checkbox"/> \$0 <input type="checkbox"/> \$1 or less <input type="checkbox"/> \$1.01 - \$2 <input type="checkbox"/> \$2.01 - \$3 <input type="checkbox"/> \$3.01 - \$4 <input type="checkbox"/> \$4.01 - \$5 <input type="checkbox"/> More than \$5 <input type="checkbox"/> Other	cost
Please rate your level of satisfaction with each method of transportation you have you used in the last six months? (<i>Matrix</i>) <i>Response options of methods</i> : Walking, Biking, Public Bus, Public Subway, Paratransit Service, Taxi, Ridesharing (Uber/Lyft), Car Rental, Friend/Family Member, Driving myself in my own car <i>Response options of satisfaction</i> : Very Dissatisfied, Dissatisfied, Ok, Satisfied, Very Satisfied, I don't use this option.	customer satisfaction

<p>How would you currently rate our transit system as it is today?</p> <p>a. Excellent b. Good c. Fair d. Poor e. Do not know enough about the current system as it is currently</p>	customer satisfaction
<p>The buses are now equipped with kneeling positions that allow the bus to lower itself to curb level to help make it easier to get on the bus. Have you found this to be beneficial for yourself or someone you care for?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> I have not used this <input type="checkbox"/> No</p>	customer satisfaction
<p>On a scale from 1 – 10, how satisfied or dissatisfied are you with the availability of the bus service? 1 (Not Satisfied) ----- 10 (Very Satisfied)</p>	customer satisfaction
<p>How likely are you to use our transit company for your next doctor's appointment? 1 (Very Unlikely)-----10 (Very Likely)</p>	customer satisfaction
<p>When riding with *our transportation system* how friendly or unfriendly was your driver?</p> <p><input type="checkbox"/> Very friendly <input type="checkbox"/> A little friendly <input type="checkbox"/> Neither friendly nor unfriendly <input type="checkbox"/> Not very friendly <input type="checkbox"/> Very unfriendly</p>	customer satisfaction
<p>When arranging public transportation, are there handicapped accessible vehicles available at the time you need them?</p> <p><input type="checkbox"/> Always <input type="checkbox"/> More than half the time <input type="checkbox"/> Less than half the time <input type="checkbox"/> Never</p>	customer satisfaction
<p>How do you feel about the current transportation options in your area ? <i>(open-ended)</i></p>	customer satisfaction
<p>What is your zip code? <i>(Select from dropdown menu to avoid typing errors)</i></p>	demographic

<p>What are your most common destinations? <i>(Choose all that apply)</i></p> <ul style="list-style-type: none"> A. doctor's appointments B. grocery shopping C. personal appointments D. Senior/Community Center E. Other 	<p>destinations</p>
<p>What type of trips would you like to take that your transportation provider doesn't offer? Check all that apply</p> <ul style="list-style-type: none"> a. Long distance (more than 50 miles) b. Multi-stop trips (multiple places within the same trip) c. After hours (before 7 a.m. and/or after 6 p.m.) d. One-time Medical/health care e. Reoccurring medical trips (dialysis, mental health, oncology) f. Essential non-medical (banks, lawyers, post office) g. Employment or Job Seeking h. Education or training i. Volunteer activities j. Childcare k. Quality of life (shopping, recreational activities, religious services) l. Social services m. Other (open text) 	<p>destinations</p>
<p>How far do you travel to the grocery store (one-way trip)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 5 miles or less <input type="checkbox"/> Between 5 and 10 miles <input type="checkbox"/> More than 10 miles 	<p>destinations</p>

<p>Where are you most often unable to go because of not having a way there?</p> <p><input type="checkbox"/> Grocery Shopping</p> <p><input type="checkbox"/> Other shopping</p> <p><input type="checkbox"/> Pharmacy</p> <p><input type="checkbox"/> Bank</p> <p><input type="checkbox"/> Medical Appointments</p> <p><input type="checkbox"/> Other Appointments</p> <p><input type="checkbox"/> Church</p> <p><input type="checkbox"/> School or classes</p> <p><input type="checkbox"/> To see friends/family</p> <p><input type="checkbox"/> Other (please list): _____</p> <p><input type="checkbox"/> None, I always have a way to get where I need to go</p>	<p>effects of not driving</p>
<p>Have you recently quit driving? If yes, have any of the following happened as a result of not driving?</p> <p><input type="checkbox"/> missing work</p> <p><input type="checkbox"/> missing medical appointments</p> <p><input type="checkbox"/> unable to buy fresh foods</p> <p><input type="checkbox"/> using a lot of my income on taxi fares or other forms of transportation</p> <p><input type="checkbox"/> other (please explain in the box below)</p>	<p>effects of not driving</p>
<p>Does not driving affect how you feel about your independence?</p> <p><input type="checkbox"/> I still feel very independent</p> <p><input type="checkbox"/> I feel I have lost some independence, but am still able to do most things</p> <p><input type="checkbox"/> I have not noticed an impact on my independence</p> <p><input type="checkbox"/> I feel dependent on others for a lot more things since I don't drive</p> <p><input type="checkbox"/> I feel a big loss of independence as a result of not driving</p>	<p>effects of not driving</p>
<p>Rate the level of isolation you feel as a result of not driving:</p> <p>Not isolated 1-----5 Very isolated</p>	<p>effects of not driving</p>
<p>How many times in the last 3 months have you had to cancel an appointment due to lack of transportation?</p> <p>0 1 2 3 4 5 6 (or more)</p>	<p>effects of not driving</p>

<p>When you are unable to find transportation, what activities do you give up? (Check all that apply.)</p> <p><input type="checkbox"/> Work</p> <p><input type="checkbox"/> Shopping</p> <p><input type="checkbox"/> Community Events</p> <p><input type="checkbox"/> Medical Appts</p> <p><input type="checkbox"/> Social/Family events</p> <p><input type="checkbox"/> Other</p>	<p>effects of not driving</p>
<p>How often do you ride this bus service? (please check one)</p> <p><input type="checkbox"/> 5 - 7 days per week</p> <p><input type="checkbox"/> 2 - 4 days per week</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> A few days per month</p> <p><input type="checkbox"/> Once a month or less</p>	<p>frequency of use</p>
<p>Do you currently use public transportation? Yes or No.</p> <p>If yes, please indicate the frequency of your public transit use EACH WEEK.</p> <p><input type="checkbox"/> 1-2 times per week</p> <p><input type="checkbox"/> 3-4 times per week</p> <p><input type="checkbox"/> 5-6 times per week</p> <p><input type="checkbox"/> 7 or more times per week</p> <p><input type="checkbox"/> I don't use public transit</p>	<p>frequency of use</p>
<p>How often do you travel during the week?</p> <p><input type="checkbox"/> 1-2 times</p> <p><input type="checkbox"/> 3-4 times</p> <p><input type="checkbox"/> 5 or more times</p>	<p>frequency of use</p>
<p>Which best describes your fare type usage?</p> <p>Reduced Full Fare (<i>select one</i>)</p> <p>Single Ride Day Pass Weekly Pass 30-Day Pass (<i>select one</i>)</p>	<p>modes</p>

<p>In the last few weeks, how have you traveled? (Check all that apply.)</p> <p><input type="checkbox"/> A volunteer service drove me</p> <p><input type="checkbox"/> Lyft/Uber</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Rode a bicycle</p> <p><input type="checkbox"/> Walked</p> <p><input type="checkbox"/> Drove Myself</p> <p><input type="checkbox"/> Agency/senior services bus, van, or car</p> <p><input type="checkbox"/> Friend or family drove me</p> <p><input type="checkbox"/> Other</p>	<p>modes</p>
<p>What type of transportation do you use?</p> <p><input type="checkbox"/> I use my own vehicle</p> <p><input type="checkbox"/> Public transportation (bus, train, paratransit)</p> <p><input type="checkbox"/> Taxi/uber/lyft</p> <p><input type="checkbox"/> Rides from family or friends</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> I don't have access to transportation</p>	<p>modes</p>
<p>Are you able to get to the places you need to go?</p> <p><input type="checkbox"/> all of the time</p> <p><input type="checkbox"/> over half of the time</p> <p><input type="checkbox"/> about half of the time</p> <p><input type="checkbox"/> less than half of the time</p> <p><input type="checkbox"/> never</p>	<p>needs being met</p>
<p>I am able to use and reload my transportation payment card without assistance.</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly Disagree</p>	<p>needs being met</p>

<p>Do you use the bike racks on the bus?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, I don't know how to</p> <p><input type="checkbox"/> No, I didn't know there were bike racks</p> <p><input type="checkbox"/> No, I don't like using the racks</p> <p><input type="checkbox"/> I don't need to transport my bike</p> <p><input type="checkbox"/> I don't ride a bike</p> <p><input type="checkbox"/> Other</p>	needs being met
<p>Do you need help getting from your front door to the vehicle?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>	needs being met
<p>Are you able to get to your areas of interest by the current transportation options? (<i>open-ended</i>)</p>	needs being met
<p>When using the Fixed Route Bus Service, please rank the following in order of importance to you with 1 being the most important:</p> <p><input type="checkbox"/> Availability of services</p> <p><input type="checkbox"/> Frequency of services</p> <p><input type="checkbox"/> Travel time</p> <p><input type="checkbox"/> Condition of stops and shelters</p> <p><input type="checkbox"/> Fare costs</p> <p><input type="checkbox"/> Punctuality of bus</p>	priorities
<p>As a rider, what is most important to you as we plan for a better transportation system:</p> <p><input type="checkbox"/> Availability and frequency of scheduled services</p> <p><input type="checkbox"/> Ease of scheduling on-demand services</p> <p><input type="checkbox"/> Ease of contacting customer service support</p> <p><input type="checkbox"/> Affordability of a rider's fare</p> <p><input type="checkbox"/> Availability of internet services on the bus</p> <p><input type="checkbox"/> Other</p>	priorities

<p>Please rank the top five items listed below and their importance to you in choosing to use public transportation. <i>(One being the most important and five being least important.)</i></p> <p>___ Convenience ___ Cost ___ Safety ___ Location of Bus Stop ___ Lights and Bench at Bus Stop ___ Length of Trip ___ Number of Transfers ___ Other</p>	<p>priorities</p>
<p>Which of the following reasons would encourage you to use public transportation more frequently in the future? Please rank your answers in order of importance, with 1 being the most important.</p> <p>a. Reliable bus service b. Safety at bus stops c. Safety on buses d. Bus service close to home e. Access to schedule/route information f. Other</p>	<p>priorities</p>
<p>Please rate how safe or unsafe you feel riding the bus. 1 (Completely unsafe)-----10 (Completely safe)</p>	<p>safety</p>
<p>If you don't feel completely safe, which of the following matches your reason? (select all that apply)</p> <p>a. Bus is driven too fast b. Stops are made too abruptly c. Bus does not feel clean d. Turns are made too quickly e. Other riders make me feel unsafe f. There is not enough time to board/alight g. Other</p>	<p>safety</p>

<p>How safe or unsafe do you feel while waiting at the bus stop/terminal at night? (choose one)</p> <p><input type="checkbox"/> I feel very unsafe</p> <p><input type="checkbox"/> I feel somewhat unsafe</p> <p><input type="checkbox"/> I feel neither safe nor unsafe</p> <p><input type="checkbox"/> I feel somewhat safe</p> <p><input type="checkbox"/> I feel very safe</p> <p><input type="checkbox"/> I do not take buses from that terminal at night because I feel unsafe</p> <p><input type="checkbox"/> I do not take buses from that terminal at night, unrelated to safety</p>	safety
<p>How would you prefer to schedule your curb to curb rides? <i>Choose one</i></p> <p>a. call in by phone</p> <p>b. text message</p> <p>c. email</p> <p>d. cell phone app</p> <p>e. other</p>	scheduling
<p>How would you prefer to get a confirmation for your scheduled ride? Choose one</p> <p>a. call by phone</p> <p>b. text message</p> <p>c. email</p> <p>d. cell phone app</p> <p>e. other</p>	scheduling
<p>Please rate your experience making a reservation with our transit company.</p> <p>1 (Very Difficult) ----- 5 (Very Easy)</p>	scheduling
<p>What hours do you need help with transportation? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Before 9:00am</p> <p><input type="checkbox"/> 9:00am - 5:00pm</p> <p><input type="checkbox"/> After 5:00pm</p>	time of use
<p>We are considering expanding our transportation service and would like to know when you would most likely use the service. Check all that apply.</p> <p><input type="checkbox"/> Monday through Friday, between 8:00am and 4:00pm</p> <p><input type="checkbox"/> Monday through Friday, between 4:00pm and 9:00pm</p> <p><input type="checkbox"/> Saturdays between 9:00am and 5:00pm</p>	time of use

<p>*Your agency* currently provides transportation to dialysis centers on weekdays, Monday through Friday. If available, would you be interested in Saturday trips to dialysis? YES - NO</p>	time of use
<p>When are you most likely to use our transit routes. Check all that apply. <input type="checkbox"/> before 11 a.m. <input type="checkbox"/> between 11 a.m. and 5 p.m. <input type="checkbox"/> after 5 p.m.</p>	time of use
<p>How long is a reasonable amount of time to wait for a bus? a. 5 minutes b. 10 minutes c. 15 minutes d. 30 minutes e. Other</p>	wait time
<p>How easy or difficult is it to access our current website to find out bus schedule information? a. Extremely easy b. Somewhat easy c. Neither difficult or easy d. Somewhat difficult e. Extremely difficult</p>	website