



2004 Transit Customer Survey

Encuesta Sobre el Cliente 2004

STEER US IN THE RIGHT DIRECTION!

You can help us plan transit services for the Tucson area by answering each of the following questions. Please tell us about the bus or shuttle trip you are making now.

HOW ARE WE ARE DOING?

We hope you will also tell us what you think about the transit services you use. We need your help to answer all of the questions including the questions about your opinion on the last panel.

THANKS FOR YOUR HELP!

Please complete this survey and drop it into the return box by the door of the bus OR fold to show the return address and mail to us. The postage is already paid.

GUIENOS EN LA DIRECCIÓN CORRECTA!

Usted puede ayudarnos a planificar los servicios de tránsito en el area de Tucson con solo contestar las siguientes preguntas. Por favor relate con nosotros acerca del bus o transporte interno en el que se encuentra.

QUE LE PARECE EL SERVICIO QUE PRESTAMOS?

Esperamos que usted tambien comparta con nosotros los servicios de transporte que utiliza. Necesitamos de su ayuda con sus respuestas a este cuestionario incluyendo las de la última sección.

GRACIAS POR SU AYUDA!

Por favor complete el cuestionario y depositelo en la caja que se encuentra a un lado de la salida del bus o doblelo y envíelo por correo. El costo de envío esta incluido.

Español es en otro lado.

Please tell us about the **ONE-WAY** trip to the place where you are going **NOW!**

Please print clearly as in the example: A B 1 2 3 Mark box with:

1 Where did you COME FROM? Mark one

- Work School Shopping College/University Home
 Medical Social/Church/Personal Other _____

2 What is the ADDRESS or LOCATION of the place you CAME FROM?

Name the address OR the cross streets of the nearest corner

Address _____

Street # Direction N,S,E,W Street Name

Cross Streets _____ & _____

Street 1 Street 2

In the City of _____ Zip code if known _____

What is the name of the PLACE or BUILDING you came FROM? Example:

W A L M A R T

3 How did you GET FROM that place to the FIRST bus you used for this trip?

- Walked # Blocks Bicycled
 Dropped off by someone Drove my car and parked

4 What was the FIRST bus you used for THIS TRIP?

- This is my first bus on this trip. Cat Tran TICET
 I transferred from Sun Tran Route Please give the bus route # _____

5 Where did you GET ON the bus you are riding now? Location of the bus stop

Name the cross streets of the nearest corner OR name the transit center or park and ride

Cross Streets _____ & _____

Street 1 Street 2

Transit center or park and ride _____

6 Where will you GET OFF the bus you are riding now? Location of the bus stop

Name the cross streets of the nearest corner OR name the transit center or park and ride

Cross Streets _____ & _____

Street 1 Street 2

Transit center or park and ride _____

7 Will you transfer to ANOTHER bus on THIS trip to where you are going NOW?

- No, I will not transfer to another bus. To Cat Tran To TICET
 Yes, I will transfer to Sun Tran Route Please give the bus route # _____

8 Where are you GOING TO NOW? Mark one

- Work School Shopping College/University Home
 Medical Social/Church/Personal Other _____

9 What is the ADDRESS or LOCATION of the place you are GOING NOW?

Name the address OR the cross streets of the nearest corner

Address _____

Street # Direction N,S,E,W Street Name

Cross Streets _____ & _____

Street 1 Street 2

In the City of _____ Zip code if known _____

What is the name of the PLACE or BUILDING you are GOING TO? Example:

W A L M A R T

10 How will you GET TO the place where you are going NOW from the LAST bus you ride on THIS TRIP?

- Walk # Blocks Bicycle
 Picked up by someone Drive

11 How many working vehicles (autos, trucks, motorcycles) are available in the household where you live or where you stay in the Tucson area?

- 0 1 2 3 4 or more

12 Could you have used one of these vehicles to make THIS TRIP today instead of riding the bus?

- Yes No

13 How did you pay your fare? Mark one

- Cash Fare Monthly Pass Stored Value Pass
 2-Ride Pass Quarterly Pass Sun Tran Dependent Pass
 Day Pass Annual Pass Cat Tran (No Fare)
 U-Pass (UA or PCC) TICET (No Fare) Cat Tran Shuttle Pass

14 Including yourself, how many people live in the household where you live or where you stay in the Tucson area?

- 1 2 3 4 or more

15 Including yourself, how many people who live in that household work outside of the house?

- 0 1 2 3 4 or more

16 What do you estimate was the combined total annual income (before taxes) in 2003 for everyone who lives in that household? Mark one

- Below \$5,000 \$20,000 - \$29,999 \$50,000 - \$59,999
 \$5,000 - \$9,999 \$30,000 - \$39,999 \$60,000 - \$75,000
 \$10,000 - \$19,999 \$40,000 - \$49,999 More than \$75,000

17 Overall, how do you rate the transit service you are riding today?

- Very Good Good Fair Poor Very Poor

18 Do you Agree or Disagree with the following statements?

Mark one box for each statement

- | | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Transit services operate on-time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel safe when riding the bus. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drivers are helpful and friendly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Route/Schedule information is easy to use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buses are clean and well maintained. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19 What do you suggest to improve transit services in this area?

If you are willing to answer some additional questions for a Sun Tran Customer Satisfaction Survey, please enter your name and local telephone number.

 First Name
 _____ -- _____
 Phone Number

 Last Name
 Gender M F
 Years of Age _____