

Date:
Route #:

EXPRESS BUS CUSTOMER SURVEY

Survey #:

DEAR EXPRESS BUS CUSTOMER: We would like information about your trip on this Express bus to help improve the transit service. PLEASE take a few minutes to complete the following survey. Please check (x), write out, or circle your responses as appropriate. Even if you do not complete the survey, please return it to a surveyor or leave in your seat as you exit the bus. Please do not put your name or other identifying marks on the survey. Thank you for your time.

TODAY'S TRIP ON THIS EXPRESS BUS

1. I **BEGAN** this one-way trip at: (Check ONE only)
- | | |
|---|---|
| <input type="checkbox"/> Work | <input type="checkbox"/> Social / Recreational |
| <input type="checkbox"/> Home | <input type="checkbox"/> College / University |
| <input type="checkbox"/> School (K - 12) | <input type="checkbox"/> Pre-school / Child Daycare |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Other (ex. Airport, Hotel, etc.) |
| <input type="checkbox"/> Medical / Health Care Facility | _____ |

2. I will **END** this one-way trip at: (Check ONE only)
- | | |
|---|---|
| <input type="checkbox"/> Work | <input type="checkbox"/> Social / Recreational |
| <input type="checkbox"/> Home | <input type="checkbox"/> College / University |
| <input type="checkbox"/> School (K - 12) | <input type="checkbox"/> Pre-school / Child Daycare |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Other (ex. Airport, Hotel, etc.) |
| <input type="checkbox"/> Medical / Health Care Facility | _____ |

3. Please provide the cross-streets / intersection of where you **STARTED** this one-way trip. (ex. the location of your home, work, school, etc.)
- _____

4. How did you get to the Express bus stop for this one-way bus trip? (Check ALL that apply)
- | | |
|---|---|
| <input type="checkbox"/> Walked (# blocks)_____ | <input type="checkbox"/> Transfer from other bus (Route #)_____ |
| <input type="checkbox"/> Drove alone (& parked) | <input type="checkbox"/> Tri-Rail |
| <input type="checkbox"/> Bike | <input type="checkbox"/> Metrorail / Metromover |
| <input type="checkbox"/> Dropped off by car | <input type="checkbox"/> Other _____ |

5. How far did you travel from where you started this one-way trip to the Express bus stop?
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> under 2 miles | <input type="checkbox"/> 5 to 7 miles |
| <input type="checkbox"/> 2 to 5 miles | <input type="checkbox"/> over 7 miles |

6. How will you get to your **FINAL DESTINATION** after this one-way bus trip? (Check ALL that apply)
- | | |
|---|---|
| <input type="checkbox"/> Walk (# blocks)_____ | <input type="checkbox"/> Transfer to other bus (Route #)_____ |
| <input type="checkbox"/> Drive alone (& park) | <input type="checkbox"/> Tri-Rail |
| <input type="checkbox"/> Bike | <input type="checkbox"/> Metrorail / Metromover |
| <input type="checkbox"/> Picked up by car | <input type="checkbox"/> Other _____ |

7. Please provide the cross-streets / intersection of your **FINAL DESTINATION** on this one-way trip. (ex. the location of your home, work, school, etc.)
- _____

8. The fare type I used for this one-way trip was:
- | | |
|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Monthly Pass |
| <input type="checkbox"/> Reduced Fare Permit | <input type="checkbox"/> Bus Transfer |
| <input type="checkbox"/> Golden / Patriot Passport | <input type="checkbox"/> Tri-Rail Transfer |
| <input type="checkbox"/> Day Pass | |

9. Does your employer pay any /all of your bus fare? Yes No

10. Did you have a car / motor vehicle available for this trip? Yes No

11. Is this journey part of a **ROUND** trip that you will make today? Yes No

- If YES, what service will you use for the return leg of the round trip?
- | | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Local Bus | <input type="checkbox"/> Metrorail / | <input type="checkbox"/> Tri-Rail | <input type="checkbox"/> Express | <input type="checkbox"/> Other |
| | Metromover | | Bus | _____ |

12. Consider the average time it takes to make your entire one-way trip from door to door. What is your typical total travel time in minutes? _____mins

13. How many days per week do you use the Express bus? _____days

PLEASE TELL US A LITTLE ABOUT YOURSELF. ALL REPLIES ARE STRICTLY CONFIDENTIAL.

14. Are you female or male? Female Male

15. How old are you?
- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> under 16 | <input type="checkbox"/> 45 - 54 |
| <input type="checkbox"/> 16 - 24 | <input type="checkbox"/> 55 - 64 |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 65 or over |
| <input type="checkbox"/> 35 - 44 | |

16. My race is best described as:
- | | |
|---|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Spanish / Hispanic / Latino |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Other _____ |

17. What is your household's approximate total annual income?
- | | |
|---|---|
| <input type="checkbox"/> less than \$16,500 | <input type="checkbox"/> \$33,500 to \$39,500 |
| <input type="checkbox"/> \$16,500 to \$22,000 | <input type="checkbox"/> \$39,500 to \$45,000 |
| <input type="checkbox"/> \$22,000 to \$28,000 | <input type="checkbox"/> \$45,000 to \$75,000 |
| <input type="checkbox"/> \$28,000 to \$33,500 | <input type="checkbox"/> more than \$75,000 |

18. What is the total number of cars or other motor vehicles owned or leased by your household?
- | | | | | | |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> 0 (none) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 or more |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------------|

19. I have a valid Driver's License. Yes No

20. Including you, (# of people)_____ people live in my home and of those: (# of people)_____ have drivers license (# of people)_____ are under 16 years old (# of people)_____ are 65 and over (# of people)_____ work outside of our home

21. Are you disabled? Yes No

22. What is the **HIGHEST** level of education you have completed? Not applicable
- | | |
|--|--|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> Vocational / Technical School |
| <input type="checkbox"/> Middle / Junior High School | <input type="checkbox"/> College / University - Undergraduate Degree |
| <input type="checkbox"/> High School / GED | <input type="checkbox"/> College / University - Graduate Degree |

22. What is your current **EMPLOYMENT** status? (Check ALL that apply)
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Working Full Time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Working Part Time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Not Working / Unemployed | <input type="checkbox"/> Retired |

**THANK YOU FOR COMPLETING THE SURVEY!
PLEASE LEAVE IT ON YOUR SEAT TO BE PICKED UP OR RETURN TO SURVEYOR.**