

ANNUAL SHUTTLE/FEEDER BUS RIDERSHIP SURVEY

Time survey is filled out: _____ AM

Part 1. Starting Location and Final Destination Information	<u>1</u>	What is the CITY and ZIP CODE of your STARTING LOCATION/HOME?		
	<u>2</u>	What is the DISTANCE between your STARTING LOCATION/HOME and FINAL DESTINATION?	Miles =	_____ (one-way)
	<u>3</u>	What is the address of your FINAL DESTINATION?	Street address:	
			City:	
			Zip code:	
	What is the PURPOSE or your trip?	Work	<input type="checkbox"/>	
		Shopping/Errands	<input type="checkbox"/>	
		Social/Recreation	<input type="checkbox"/>	
<i>Project sponsor can list out their project specific locations/stations to gather more information</i>				
Part 2. Shuttle and Feeder Bus Information	<u>4</u>	What is the distance between your STARTING LOCATION/HOME and the initial TRANSIT STATION (at the beginning of your commute) that you use most often?	Miles =	_____ (one-way)
	<u>5</u>	How do you travel from your STARTING LOCATION/HOME to your initial TRANSIT STATION?	<input type="checkbox"/> Car <input type="checkbox"/> Car pool: number of people <input type="checkbox"/> Walk/Bike	<input type="checkbox"/> Other Transit Service (Please specify): <input type="checkbox"/> Bus/Shuttle (please specify): <input type="checkbox"/> Other (please specify):
	<u>6</u>	Which Stop do you usually use to access Shuttle/Feeder Bus service?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<u>7</u>	How do you travel from the Shuttle/Feeder Bus Stop to your FINAL DESTINATION?	<input type="checkbox"/> Car <input type="checkbox"/> Car pool: number of people <input type="checkbox"/> Walk/Bike	<input type="checkbox"/> Other Transit Service (Please specify): <input type="checkbox"/> Bus/Shuttle (please specify): <input type="checkbox"/> Other (please specify):
	<u>8</u>	If the Shuttle/Feeder Bus service were not available, how would you get from you STARTING LOCATION/HOME to your FINAL DESTINATION?	<input type="checkbox"/> Car <input type="checkbox"/> Carpool of 2 or more <input type="checkbox"/> Walk/Bike	<input type="checkbox"/> Other Transit Service (Please specify): <input type="checkbox"/> I DO NOT USE Shuttle/Feeder SERVICE to get to my FINAL DESTINATION
	<u>9</u>	If the Shuttle/Feeder Bus service were not available, how many days per week would you DRIVE from your STARTING LOCATION/HOME to get to your FINAL DESTINATION?	<input type="checkbox"/> more than 5 days/ week <input type="checkbox"/> 5 days/ week <input type="checkbox"/> 4 days/ week	<input type="checkbox"/> 3 days/ week <input type="checkbox"/> 2 days/ week <input type="checkbox"/> 1 day/ week
	<u>10</u>	WHEN do you use Shuttle/Feeder Bus service?	<input type="checkbox"/> Both mornings and afternoons (round trip) <input type="checkbox"/> Morning only <input type="checkbox"/> Afternoon only	
	<u>11</u>	How many days per week do you use a Shuttle/Feeder Bus service?	<input type="checkbox"/> more than 5 days/ week <input type="checkbox"/> 5 days/ week <input type="checkbox"/> 4 days/ week	<input type="checkbox"/> 3 days/ week <input type="checkbox"/> 2 days/ week <input type="checkbox"/> 1 day/ week
	<u>12</u>	How did you discover or learn about Shuttle/Feeder Bus service?	<input type="checkbox"/> Other Shuttle rider <input type="checkbox"/> Newspaper <input type="checkbox"/> Public Transit Bulletin <input type="checkbox"/> Friend	<input type="checkbox"/> Shuttle Brochure <input type="checkbox"/> Employer <input type="checkbox"/> Website (Please specify): <input type="checkbox"/> Other (Please specify):
	<u>13</u>	Please rate Shuttle/Feeder Bus service (1-poor; 4-excellent):	Overall Quality	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
			Driver Courtesy	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
			On-Time Performance	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
			Cleanliness of Shuttle	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	Reliability of Service		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	

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Part 3. Additional Information	14	Are you aware of "Spare the Air " days announced by the Bay Area Air Quality Management District?	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	15	If YES, Do you use drive less on "Spare the Air" days?	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
16	COMMENTS/SUGGESTIONS:		



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

PLEASE RETURN THIS COMPLETED SURVEY TO SHUTTLE SERVICE STAFF MEMBERS

Funding for shuttle and feeder bus services were funded in part by **YOUR NAME HERE** and by the Bay Area Air Quality Management District

THANK YOU FOR YOUR COOPERATION AND PATRONAGE