

Appendix 1: Survey Form

Important! Please complete questions 1 and 2 as clearly as possible, and continue through question 24. This information will help improve future service.

<p>1a. Where are you COMING FROM NOW?</p> <p>Name of Place / Building _____</p> <p>Exact Street Address (If DC, include NE, NW, SE or SW) _____</p> <p>City _____ State _____</p> <p>Exact Cross Street (If DC, include NE, NW, SE or SW) _____</p> <p>1b. Is this location . . .</p> <p><input type="checkbox"/> Work <input type="checkbox"/> Other School</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Medical services</p> <p><input type="checkbox"/> Shopping <input type="checkbox"/> Social, church or personal business</p> <p><input type="checkbox"/> College <input type="checkbox"/> Other _____</p> <p>1c. Where did you BOARD THIS BUS?</p> <p>(If DC, include NE, NW, SE or SW) _____</p> <p>Exact Cross Street, Rail Station or Transit Center Name _____</p>	<p>2a. Where are you GOING TO NOW?</p> <p>Name of Place / Building _____</p> <p>Exact Street Address (If DC, include NE, NW, SE or SW) _____</p> <p>City _____ State _____</p> <p>Exact Cross Street (If DC, include NE, NW, SE or SW) _____</p> <p>2b. Is this location . . .</p> <p><input type="checkbox"/> Work <input type="checkbox"/> Other School</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Medical services</p> <p><input type="checkbox"/> Shopping <input type="checkbox"/> Social, church or personal business</p> <p><input type="checkbox"/> College <input type="checkbox"/> Other _____</p> <p>2c. Where will you GET OFF THIS BUS?</p> <p>(If DC, include NE, NW, SE or SW) _____</p> <p>Exact Cross Street, Rail Station or Transit Center Name _____</p>
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3. What is your home zipcode? _____
4. Where do you LIVE?
- District of Columbia Arlington County, VA City of Falls Church, VA
- Montgomery County, MD City of Alexandria, VA Fairfax City, VA
- Prince George's County, MD Fairfax County, VA Loudoun County, VA
- Other (specify) _____
5. If OTHER, what brings you to the area? Business trip (including Government)
- Commute to work Tourist Personal Other (specify) _____
6. How did you GET TO the bus stop where you boarded this bus? (Check only one)
- Walked # blocks: _____ Rode w/ someone who parked
- Wheelchair Transferred from bus Route #: _____
- Drove my car Name of system: _____
- Dropped off by someone Transferred from MetroRail Station: _____
- Rode my bicycle Transferred from VRE/MARC Commuter Rail
7. Including this bus, how many TOTAL BUSES AND TRAINS will you ride to make this trip?
- One, this bus only Two Three Four or more
8. After you GET OFF this bus, will you . . . (Check only one)
- Walk # blocks: _____ Ride w/ someone who parked
- Wheelchair Transfer to another bus Route #: _____
- Drive my car Name of system: _____
- Get picked up by someone Transfer to MetroRail Station _____
- Ride my bicycle Transfer to VRE/MARC Commuter Rail
9. How did you PAY your fare on THIS BUS? (Check only one)
- Regular cash fare Bus transfer Pass (1 week/2 week/monthly) E/H fare
- Ticket/token Rail transfer Regional day pass
10. How many DAYS per week do you usually make this trip?
- 7 days 5 days 3 days 1 day Once a month
- 6 days 4 days 2 days Twice a month First time riding
11. How LONG DOES IT TAKE to make this trip? (Total time from door-to-door) _____ minutes
12. WHEN do you usually ride this route? (Check all that apply) Weekdays Saturdays Sundays
13. Was a CAR (or other PERSONAL VEHICLE) available to make this trip? Yes No
14. If BUS SERVICE WAS NOT AVAILABLE, how would you make this trip? (Check only one)
- Use my car Wheelchair Use a taxi I would not make this trip
- Walk Ride with a friend Bicycle Ride a train
15. How LONG have you been using the bus to make this trip?
- Less than a month 7 to 12 months 2 to 4 years
- 1 to 6 months 1 to 2 years More than 4 years

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Northern Virginia Transportation Commission--Results of the On-Board Survey



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16. Which THREE of the following bus features needs to be IMPROVED the most?
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> On-time arrival | <input type="checkbox"/> Bus stop locations | <input type="checkbox"/> Frequency of service | <input type="checkbox"/> Drivers |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Ease of transfers | <input type="checkbox"/> Shelters | <input type="checkbox"/> Vehicle condition |
| <input type="checkbox"/> Security/safety | <input type="checkbox"/> Travel time | <input type="checkbox"/> Fares (cost) | <input type="checkbox"/> Schedule information/signage |
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Go more places | <input type="checkbox"/> Longer hours of service | <input type="checkbox"/> Other: _____ |
17. Please RATE overall service for ...
- | | | | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| | Very Good | Good | Neutral | Poor | Very Poor | Don't Know/
No Opinion |
| a. Bus service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Rail service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
18. Are you ... Male Female
19. How OLD are you?
- Under 15 15 to 18 19 to 24 25 to 34 35 to 49 50 to 64 65 or older
20. Including yourself, how many PEOPLE LIVE IN YOUR HOUSEHOLD?
- One Two Three Four Five Six or more
21. How many CARS (or other PERSONAL VEHICLES) are in running condition and available to use in your household?
- None One Two Three Four or more
22. What is your ETHNICITY? (Check the one that best describes you)
- Black / African American Hispanic Native American
 White Asian American Other
23. Are you ... (Check all that apply)
- Working full-time Unemployed / Looking for a job Retired
 Working part-time Student Homemaker
24. What was your estimated total annual HOUSEHOLD INCOME (in 1999) before taxes?
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$70,000 - \$79,999 | <input type="checkbox"/> More than \$100,000 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$80,000 - \$89,999 | |
| <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$90,000 - \$99,999 | |

Comments: (Please provide any additional comments here)

End Here!

The survey was also printed in Spanish.