



Greater Minnesota Transit Investment Plan

- Please help us by completing this important survey. Your answers will help improve mobility statewide.
- Return the completed survey to the front of the bus. All responses will be kept confidential.
- You only need to complete one survey. If you are offered this survey on another bus trip, you do not need to fill it out.

Date _____

AM PM

Transit System ID:

Moorhead MAT

Part I. ABOUT YOUR BUS TRIPS

1. What bus route are you riding right now?
(If dial-a-ride or another type of service, please indicate.)

2. For what primary purpose do you most frequently ride the bus?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> a. Work | <input type="checkbox"/> e. Social (friends, family) |
| <input type="checkbox"/> b. School | <input type="checkbox"/> f. Event (sports, concert) |
| <input type="checkbox"/> c. Shopping | <input type="checkbox"/> g. Do not recall/know |
| <input type="checkbox"/> d. Errands | <input type="checkbox"/> h. Other (specify below) |
- _____

3. How often do you ride the bus?

- | | |
|---|---|
| <input type="checkbox"/> a. 5-7 days per week | <input type="checkbox"/> d. A few days per month |
| <input type="checkbox"/> b. 2-4 days per week | <input type="checkbox"/> e. Once a month or less |
| <input type="checkbox"/> c. Once a week | <input type="checkbox"/> f. This is my first time |

4. How long have you been using this bus service?

- | | |
|---|---|
| <input type="checkbox"/> a. Less than 1 month | <input type="checkbox"/> c. 1-5 years |
| <input type="checkbox"/> b. 1 month to 1 year | <input type="checkbox"/> d. More than 5 years |

5. When you get off this bus, how will you get to your final destination?

- | | |
|--|---|
| <input type="checkbox"/> a. Drive my car | <input type="checkbox"/> d. Ride my bicycle |
| <input type="checkbox"/> b. This bus will go to my destination | <input type="checkbox"/> e. Someone will pick me up |
| <input type="checkbox"/> c. Walk. How many minutes? _____ | <input type="checkbox"/> f. Transfer to another bus. Which route? _____ |

6. Generally, how satisfied are you with the availability of public transit (bus service) within your community?

- | | |
|--|---|
| <input type="checkbox"/> a. Very Satisfied | <input type="checkbox"/> d. Somewhat Dissatisfied |
| <input type="checkbox"/> b. Satisfied | <input type="checkbox"/> e. Dissatisfied |
| <input type="checkbox"/> c. Somewhat Satisfied | <input type="checkbox"/> f. Very Dissatisfied |

7. Please think of all of the trips you have taken and all of the destinations you have visited in the past week. On a scale from 0 percent (%) to 100 percent (%), what percentage of your transportation needs is served by the bus?

_____ Percent (%)

8. What single improvement to this service would make it most likely that you would ride the bus more frequently?

- | | |
|--|--|
| <input type="checkbox"/> a. Reliability (on-time) | <input type="checkbox"/> f. Better driver courtesy |
| <input type="checkbox"/> b. Longer service hours (earlier or later) | <input type="checkbox"/> g. Lower fare/cost |
| <input type="checkbox"/> c. Better frequency (less time between buses) | <input type="checkbox"/> h. More comfortable/cleaner vehicle |
| <input type="checkbox"/> d. Better information | <input type="checkbox"/> i. Shorter travel time on the bus |
| <input type="checkbox"/> e. More convenient stops | <input type="checkbox"/> j. Other _____ |
- _____

9. Each time we go somewhere, we make a decision about how we're going to get there (whether to drive, walk, carpool, ride a bus, etc.). Which is **most important** to you when making a decision about how you to make your trip? (**Choose one.**)

- | | |
|--|--|
| <input type="checkbox"/> a. Travel time | <input type="checkbox"/> d. Safety |
| <input type="checkbox"/> b. Cost | <input type="checkbox"/> e. Convenience |
| <input type="checkbox"/> c. Flexibility | <input type="checkbox"/> f. Availability of parking at destination |
| <input type="checkbox"/> g. Something else (what? _____) | |

10. Is there anywhere you need to travel **outside of town** that you cannot get to by bus?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No (Continue to 11) |
|---------------------------------|---|
- If yes, where? List all that apply. Use the back for others.

(1) _____
City Name Destination

(2) _____
City Name Destination

(3) _____
City Name Destination

11. If a new bus route would provide a link to one other city, which city should that be?

12. How often do you think you would you ride the bus to the location you indicated in Question 11?

- | | |
|--|--|
| <input type="checkbox"/> a. Almost every day | <input type="checkbox"/> e. Once a month or less |
| <input type="checkbox"/> b. A few days per week | <input type="checkbox"/> f. Very rarely/not at all |
| <input type="checkbox"/> c. Once or twice a week | <input type="checkbox"/> g. Don't know |
| <input type="checkbox"/> d. A few days per month | |

Survey continues on back →

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→ Continued from other side

Part II. ABOUT YOU

13. What is your age?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> a. Under 18 | <input type="checkbox"/> d. 45-54 |
| <input type="checkbox"/> b. 18-24 | <input type="checkbox"/> e. 55-64 |
| <input type="checkbox"/> c. 25-34 | <input type="checkbox"/> f. 65 or older |
| <input type="checkbox"/> d. 35-44 | |

14. What is your gender?

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> a. Female | <input type="checkbox"/> b. Male |
|------------------------------------|----------------------------------|

15. Do you have a driver's license?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

16. What ethnicity do you classify yourself as?

- | | |
|--|---|
| <input type="checkbox"/> a. White | <input type="checkbox"/> d. Hispanic |
| <input type="checkbox"/> b. Black/African American | <input type="checkbox"/> e. Mixed/Other |
| <input type="checkbox"/> c. Asian | <input type="checkbox"/> f. Prefer not to say |

17. Do you identify yourself as someone with a disability?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

18. Do you have any conditions that require assistance to use this bus?

- | | |
|--|--|
| <input type="checkbox"/> a. No, none | <input type="checkbox"/> d. Require lift device |
| <input type="checkbox"/> b. Difficulty hearing | <input type="checkbox"/> e. Visual impairments |
| <input type="checkbox"/> c. Difficulty walking | <input type="checkbox"/> f. Other. Please specify. |
-

19. By what method would you prefer to receive information about bus services? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> a. Flyers/newsletters | <input type="checkbox"/> f. Text message |
| <input type="checkbox"/> b. Newspaper | <input type="checkbox"/> g. Facebook/ Twitter |
| <input type="checkbox"/> c. Radio | <input type="checkbox"/> h. Transit website |
| <input type="checkbox"/> d. Television | <input type="checkbox"/> i. Other _____ |
| <input type="checkbox"/> e. Email | |
-

20. What is your total annual household income (for all people in your household combined)?

- | | |
|---|--|
| <input type="checkbox"/> a. Under \$25,000 | <input type="checkbox"/> d. \$75,000-\$99,999 |
| <input type="checkbox"/> b. \$25,000-\$49,000 | <input type="checkbox"/> e. \$100,000+ |
| <input type="checkbox"/> c. \$50,000-\$74,999 | <input type="checkbox"/> f. Don't know/
Prefer not to say |

We welcome your comments and suggestions.