

Appendix H: University Questionnaires





University of Missouri Transportation Survey

Please take a few minutes to answer the following questions about your personal transportation needs. Your answers will help to identify transportation needs of members of the University of Missouri community.

1. What year student are you?

- Freshman Sophomore Junior Senior Graduate Student

2. Where do you live while attending MU?

- University Housing Off-Campus within 1/2 to 1 Mile
If so, specify residence hall or other _____ Off-Campus greater than 1 Mile
 Off-Campus within 1/4 Mile Outside City of Columbia
 Off-Campus within 1/4 to 1/2 Mile If so, in which community? _____

3. Do you have a driver's license? Yes No

4. Do you have a personal vehicle available? Yes No

If so, where do you park it? _____

5. What means of transportation do you use at this time? Check all that apply.

- Personal vehicle Taxi OATS Friend or family vehicle Walk
 Bicycle Columbia Transit Other (Please name): _____

6. If you use public transportation locally, how often do you use these services? Check only one.

- Daily Once a week Several times weekly Once a month
 Several times per month Several times per year Never

7. If you use public transportation locally, on what day(s) of the week do you need these services?

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

8. If you drive to campus, how much do you pay, on average, to park per month on campus? _____

9. How many people live with you? _____ **10. Do they own their own car(s)?** Yes No

10. How often do you need to leave campus?

- Once daily Several times daily Once a week Other _____

11. Which of the following describes the most common trip destinations you make during an average week? Check all that apply.

- Religious Services Restaurants Work School/College Child Care Bank
Doctor/Dentist/Therapist Medical Care Local businesses Shopping
Recreation Other destinations: _____

12. During what hours are you most in need of transportation? Check all that apply.

- 6:00am to 8:00am 8:00am to 10:00am 10:00am to noon

- Noon to 2:00pm 2:00pm to 4:00pm 4:00pm to 6:00pm
 6:00pm to 8:00pm 8:00pm to 10:00pm Between 10:00pm and 6:00am

13. What would be the primary purpose of this trip(s)? Check one

- Get to Campus Get to Work Get Medical Services For Recreation
 To Go Shopping To Get Home Other _____

14. What would make you use public transportation to a greater extent?

15. How important would each characteristic be in your decision to use public transportation? Please rate each characteristic. (1 = Not important; 2 = Desirable; 3 = Important; 4 = Very important)

	1	2	3	4
Service from home to campus /work				
Service must be flexible in scheduling rides				
Service from a park-and-ride lot to campus/work				
Evening service				
Service twice a day				
Service every few hours				
Service every hour				
Service every half-hour				
Weekend service				
Express service (very few stops)				
Employer pays part of the cost				
Guaranteed ride home				
Service close to my home				
Accept different forms of payment				
Clean buses				
Attractive buses				

If other, please specify:

16. Do you need or would you use public transportation to go beyond your home County? Yes No

If yes, to which county/counties do or would you require transportation? _____

17. Do you need or would you use public transportation to go beyond your home City? Yes No

If yes, to which other city/cities do or would you require transportation? _____

18. Would you be willing to pay for one-way public transportation? Circle one: Yes No

If yes, what range would you pay? Circle one: Up to \$2.00 \$2.00-\$3.00 \$3.00 or more

19. Would you be willing to pay a semester fee for unlimited rides on Columbia Transit? Yes No

Choose one: \$5.00 \$10.00 \$15.00 or more

19. What are your unmet transportation needs? _____

20. What additional transportation limitations do you currently have? *(please explain)*

21. Please include any additional comments regarding your personal transportation needs here.

Thank you for your participation in this survey!

Agency or organization conducting survey:

Date of Survey:



University at Missouri Employee Transportation Survey

Please take a few minutes to answer
The following questions about your personal transportation needs.
Your answers will help to identify transportation needs in Boone County.

1. In what City and Zip Code do you live?

If employed, in what City do you work?

City: _____ Zip Code: _____

City: _____ Zip Code: _____

2. What is your age? _____

3. What is your gender? Male Female

4. Do you have a driver's license? Yes No

5. Are you able to drive? Yes No

6. What is your Occupation?

- Homemaker
- Laborer
- Managerial/Professional
- Production/Craft/Repair/Machine Operator
- Retired
- Sales
- Service Worker
- College Student
- Secondary Student
- Technical/Administration
- Unemployed
- Other (please specify) _____

7. What means of transportation do you use at this time? *Check all that apply*

- Personal vehicle
- Taxi
- OATS
- Friend or family vehicle
- Columbia Transit
- Walk
- Bicycle
- Van or bus provided by my service agency
- Other (Please name): _____

8. Which of the following describes common trip destinations you make during an average week?

Check all that apply.

- Religious Services
- Restaurants
- Work
- School/College
- Child Care
- Bank
- Doctor/Dentist/Therapist
- Medical Care
- Shopping
- Other businesses
- Recreation
- Other destinations: _____

9. How often do you use public transportation? *Check only one.*

- Daily
- Several times weekly
- Once a week
- Several times per month
- Once a month
- Several times per year
- I never use public transportation

10. What is the most important reason you need public transportation?

Check only one.

- Family doesn't have a car
- Someone else uses car
- Traffic is bad
- Parking is a problem
- I don't drive
- Bus is economical
- Bus is convenient
- Weather conditions
- Not needed
- Other (please specify) _____

11. What day(s) of week would need public transportation? *Check all that apply.*

- Monday
- Tuesday
- Wednesday
- Thursday

- Friday Saturday Sunday

12. What would be the primary purpose of your trip(s) using public transportation? *Check only one*

- Medical Work Social Recreation
 Shopping Get Home Other_____

13. During what hours of the day are you most in need of transportation? *Check all that apply.*

- 6:00am to 8:00am 8:00am to 10:00am 10:00am to noon
 Noon to 2:00pm 2:00pm to 4:00pm 4:00pm to 6:00pm
 6:00pm to 8:00pm 8:00pm to 10:00pm Between 10:00pm and 6:00am

14. How important would each characteristic be in your decision to use public transportation? Please rate each characteristic.

(1 = Not important; 2 = Desirable; 3 = Important; 4 = Very important)

	1	2	3	4
Service from home to work				
Service must be flexible in scheduling rides				
Service from a park-and-ride lot to work				
Evening service				
Service twice a day				
Service every few hours				
Service every hour				
Service every half-hour				
Weekend service				
Express service (very few stops)				
Employer pays part of the cost				
Guaranteed ride home				
Service close to my home				
Accept different forms of payment				
Clean buses				
Attractive buses				

- Other. Please specify:** _____

15. Would you pay for one-way public transportation? *Circle one:* Yes No
If yes, what range would you be able to pay? *Circle one:* Up to \$2.00 \$2.00-\$3.00 \$3.00 or more

16. Do you need or would you use public transportation to go beyond your home County? Yes No
If yes, to which county/counties do or would you require transportation? _____

17. Do you need or would you use public transportation to go beyond your home City? Yes No
If yes, to which other city/cities do or would you require transportation? _____

18. What are your additional unmet transportation needs or transportation limitations?
Please explain (i.e., current disability, health concerns, etc.)

19. Do you believe there is community support for public transportation? Yes No

20. Would you support an increase in sales or property taxes to support a coordinated public transportation system throughout Boone County? Yes No

Please include any additional comments regarding your personal transportation needs here.

Agency or Organization
Conducting Survey:

Date of Survey:

Thank you for your participation in this survey!