

Appendix O: Community Questionnaire





Community-at-Large 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

Service Worker

Laborer

College Student

Managerial/Professional

Secondary Student

Production/Craft/Repair/Machine Operator

Technical/Administration

Retired

Unemployed

Sales

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!