

# Appendix B: Onboard Survey Form

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## INDIVIDUAL TRANSPORTATION SURVEY



1. **For what purpose do you use the service?**  
 Work  Doctor  Shopping  Social/Visiting  School/College
2. **What should be the hours of operation?** \_\_\_\_\_
3. **Does the service operate late enough?**  
 Yes  No  
**If not, how late should it operate?** \_\_\_\_\_
4. **What do you think should be the days of operation?**  
\_\_\_\_\_
5. **To what cities and communities should the bus go?**  
\_\_\_\_\_
6. **How do you rate the present bus service?** (On the scale from 1 (best) to 5 (worst))
  - Timeliness \_\_\_\_\_
  - Cleanliness \_\_\_\_\_
  - Driver's Courtesy \_\_\_\_\_
  - Fares \_\_\_\_\_
  - Reliability \_\_\_\_\_
  - Overall Service Quality \_\_\_\_\_
7. **How much would you be willing to pay?** (\$1.00, \$ 1.25, or other)  
\_\_\_\_\_
8. **Do you have a Driver's License?**  
 Yes  No
9. **Do you have a vehicle available?**  
 Yes  No
10. **How often do you use the service?**
  - 1-3 days/week
  - 4-5 days/week
  - Less than once a month
  - 1-3 days/month
  - Other
11. **How did you first learn about Eagle Transit?** \_\_\_\_\_
12. **Other comments?** \_\_\_\_\_

Thank you!

