

Appendix B: Individual Questionnaire



WE WANT TO HEAR FROM YOU!



1. **For what purpose would you use the transit service?**
 Work Doctor Shopping Social/Visiting School/College
 Other (Please specify): _____
2. **What should be the hours of operation? (check all that apply)**
 6:00am to 9:00am 9:00am to noon Noon to 3:00pm
 3:00pm to 6:00pm 6:00pm to 9:00pm
3. **What do you think should be the days of operation? (check all that apply)**
 Weekdays Saturday Sunday
4. **Do you need or would you use public transportation?**
 Within Carroll County Beyond Carroll County
5. **To what cities and communities should the bus go?**
 Conway North Conway Ossipee Wolfeboro
 Moultonborough Berlin Lancaster Littleton
 Other _____
6. **What is your age?** _____
7. **Are you a licensed driver?**
 Yes No
8. **How many vehicles in operating condition do you have at your household?**
 None 1 2 3 or more
9. **What means of transportation do you use at this time? (check all that apply)**
 Personal vehicle Taxi Carpool Friend or family vehicle
 Bicycle Van or bus provided by my service agency _____
 Other (Please name): _____
10. **Are you:**
 Employed full-time Employed part-time Not employed Retired
 Full-time homemaker Unable to work High school/ Middle school/Elementary student
 Full-time/part-time college student
11. **Comments and suggestions on providing public transportation services in Carroll County?**

Thank you!