

Appendix C: Commuter Survey Form





Five Valleys Regional Transit Study

The Montana Department of Transportation is conducting a study of regional public transportation (vanpool and bus) needs in the Five Valleys Region. Please take a few minutes to answer these questions and provide your input for this study.

Thank you for your participation.

1. In what city and zip do you live or stay?

City: _____ Zip Code: _____

2. What is your age? _____

3a. How often do you travel into Missoula?

- | | |
|---|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 5 days a week |
| <input type="checkbox"/> 2-4 times a week | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Less than once a month | |

3b. What is your primary purpose for traveling to Missoula?

- | | | |
|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Work | <input type="checkbox"/> Social |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Education | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Other (please name): _____ | | |

3c. What is your most often used mode of transportation to travel to and from Missoula?

- | | | | |
|---|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Drive alone | <input type="checkbox"/> Taxi | <input type="checkbox"/> Carpool | <input type="checkbox"/> Drive with a friend or family member |
| <input type="checkbox"/> Vanpool | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Bus | |
| <input type="checkbox"/> Other (please name): _____ | | | |

4a. Is there another community to which you travel frequently? Yes No

4b. If so, what is that community? _____

4c. How often do you travel to that community?

- | | |
|---|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 5 times a week |
| <input type="checkbox"/> 2 to 4 times a week | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Less than once a month | |

4d. What is your primary purpose for traveling to that community?

- | | | |
|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Work | <input type="checkbox"/> Social |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Education | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Other (please name): _____ | | |

4e. What is your most often used mode of transportation to travel to and from [community named in response]?

- | | | | |
|---|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Drive alone | <input type="checkbox"/> Taxi | <input type="checkbox"/> Carpool | <input type="checkbox"/> Drive with a friend or family member |
| <input type="checkbox"/> Vanpool | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Bus | |
| <input type="checkbox"/> Other (please name): _____ | | | |

5. The following are characteristics of transit service that may or may not influence your decision to use public transportation. If transportation service was provided between where you live and Missoula or another community, how important would each characteristic be?

Please rate each characteristic.

(1 = Not Important; 2 = Somewhat Important; 3 = Very Important; 4= Extremely Important)

	1	2	3	4
Service from home to work				
Service from home to medical facilities				
Local service in the community where I live				
Service must be flexible in scheduling rides				
Service from a park-and-ride lot to work				
Evening service (until 9:00 p.m.)				
Evening service (until 11:00 p.m.)				
Service twice a day				
Service every few hours				
Service every hour				
Service every half-hour				
Saturday service				
Sunday service				
Express service (very few stops)				
Door-to-door service				
Service close to my home				
Service provided by buses				
Clean buses				
Attractive buses				
Service by vanpools				
Guaranteed Ride Home				

Other (please specify): _____

6a. If bus service was available between your home and Missoula, would you use it?

Yes No

6b. If so, how often?

- Daily
- 2 to 4 times a week
- Several times a month
- Less than once a month
- Five days a week
- Once a week
- Once a month

7. Do you need your car for business purposes while you are at work? Yes No

8. Do you need your car for personal errands during the day? Yes No

9. Do you drop off or pick up children on your way to or from work? Yes No

10. During what hours of the day are you most in need of transportation to or from Missoula?

(Check all that apply.)

- 6:00 to 8:00 a.m.
- Noon to 2:00 p.m.
- 6:00 to 8:00 p.m.
- 8:00 to 10:00 a.m.
- 2:00 to 4:00 p.m.
- 8:00 to 10:00 p.m.
- 10:00 a.m. to noon
- 4:00 to 6:00 p.m.
- Between 10:00 p.m. and 6:00 a.m.

11. What day(s) of the week do you need transportation to or from Missoula?

(Check all that apply.)

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

12a. Are you employed? Yes No

12b. What is your occupation?

- Homemaker Service Worker
 Laborer College Student
 Managerial/Professional Production/Craft/Repair/Machine Operator
 Technical/Administration Retired
 Sales

13. What is the city and zip code of your place of employment or school?

City: _____ Zip Code: _____

14. What is your gender? Male Female

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

16. Are you able to drive? Yes No

17. Do you have a disability which limits your ability to travel outside your home alone?

- Yes No

18. Counting yourself, how many licensed drivers are in your household? _____

19. How many vehicles in working order are available to your household? _____

20a. What is the name of the road or street on which you currently live or stay?

20b. What is the closest crossroad or intersecting street to where you currently live or stay?

21. Considering the total annual income of all members of your household, which of the following categories best represents your household?

- Under \$15,000 \$15,000 to \$29,999 \$30,000 to \$44,999
 \$45,000 to \$59,999 \$60,000 to \$74,999 \$75,000 to \$99,999
 \$100,000 to \$149,999 \$150,000 or more

22a. Many people support public transportation, but find that it is not convenient for them or does not meet their needs. Understanding this, how likely are you to use public transportation if it was available from where you currently live to Missoula?

- Definitely would not use
- Not likely to use
- Likely to use
- Definitely would use

22b. For those responding other than definitely would not use: What would be the single most important factor which would influence your decision to use public transportation?

23. Please provide any additional comments you may have regarding carpool, vanpool, or bus transportation needs in the Five Valleys area.

24. Would you like to be informed of upcoming meetings about regional transit service in the Five Valleys Region?

Yes No

If so, please provide your e-mail address: _____
or

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

If you provide contact information, you will only receive information related to this study for regional transit service in the Five Valleys Region. Your information will not be given to anyone else.

Please fax or mail your completed questionnaire to:

**LSC Transportation Consultants, Inc.
516 North Tejon Street
Colorado Springs, CO 80903**

Fax: (719) 633-5430

**If you have questions, please call
LSC Transportation Consultants, Inc. at 1-800-677-1671**