

# Appendix C: Individual Transportation Survey

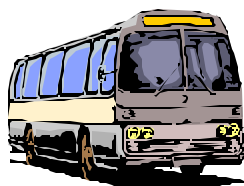
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## INDIVIDUAL TRANSPORTATION SURVEY



1. **For what purpose do you use the service?**  
 Work     Doctor     Shopping     Social/Visiting
2. **What should be the hours of operation?** \_\_\_\_\_
3. **Does the service operate late enough?**  
 Yes     No
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?** (\$0.25, \$0.50, \$0.75, \$1.00, \$ more than \$1.25 or more)  
\_\_\_\_\_
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  
 4-7 days/week  
 Less than once a month  
 1-3 days/month  
 Other
11. **Other comments?** \_\_\_\_\_



Thank you!