

Appendix F: Community Survey



HELENA COMMUNITY SURVEY

1. In what Area and Zip Code do you live?

Area (Example: East Helena): _____ Zip Code: _____

2. If employed, where do you work? Employer: _____

3. What is your age? _____

4. What is your gender? Male Female

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

6. Are you able to drive? Yes No

7. What is your occupation?

- | | |
|---|---|
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Production/Craft/Repair/Machine Operator |
| <input type="checkbox"/> Service Worker | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Secondary Student |
| <input type="checkbox"/> Managerial/Professional | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Technical/Administration | <input type="checkbox"/> Other (please specify): _____ |

8. What is your primary means of transportation at this time? Check only one.

- | | |
|---|---|
| <input type="checkbox"/> Personal vehicle | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Helena Dial-A-Ride bus |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Van or bus provided by my service agency |
| <input type="checkbox"/> Friend or family vehicle | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Helena city bus | |

9. Which of the following describes common trip destinations you make during an average week? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Religious Services | <input type="checkbox"/> Doctor/Dentist/Therapist |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Work | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> School/College | <input type="checkbox"/> Other businesses |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Other destinations (please specify): _____ |

10. How often do you use public transportation? Check only one.

- | | | |
|--|---|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Several times weekly | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Several times per month | <input type="checkbox"/> Once a month | <input type="checkbox"/> Several times per year |
| <input type="checkbox"/> I never use public transportation | | |

11. What is the MOST important reason you need or would use public transportation? Check only one.

- | | |
|--|--|
| <input type="checkbox"/> Family doesn't have a car | <input type="checkbox"/> Bus is economical |
| <input type="checkbox"/> Someone else uses car | <input type="checkbox"/> Bus is convenient |
| <input type="checkbox"/> Traffic is bad | <input type="checkbox"/> Weather conditions |
| <input type="checkbox"/> Parking is a problem | <input type="checkbox"/> Not needed |
| <input type="checkbox"/> I don't drive | <input type="checkbox"/> Other (please specify): _____ |

12. What day(s) of week would need or use public transportation? *Check all that apply.*

- | | | |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Wednesday | | |

13. What would be the PRIMARY purpose of your trip(s) if you use or would use public transportation? *Check only one.*

- | | | |
|--------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Social | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Work | <input type="checkbox"/> Shopping | <input type="checkbox"/> Get Home |
| <input type="checkbox"/> Other _____ | | |

14. During what hours of the day are you most in need of transportation?

Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> 6:00 a.m. - 8:00 a.m. | <input type="checkbox"/> Noon - 2:00 p.m. | <input type="checkbox"/> 6:00 p.m. - 8:00 p.m. |
| <input type="checkbox"/> 8:00 a.m. - 10:00 a.m. | <input type="checkbox"/> 2:00 p.m. - 4:00 p.m. | <input type="checkbox"/> 8:00 p.m. - 10:00 p.m. |
| <input type="checkbox"/> 10:00 a.m. - noon | <input type="checkbox"/> 4:00 p.m. - 6:00 p.m. | <input type="checkbox"/> Between 10:00 p.m. - 6:00 a.m. |

15. How important would each characteristic be in your decision to use public transportation? Please rate each characteristic.

	Very Important	Important	Desirable	Not Important
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): _____				

16. What would you be willing to pay for a one-way ride on a scheduled fixed-route system? Check only one.

- \$1.25 per trip \$1.50 per trip \$1.75 per trip \$2.00 per trip
 More than \$2.00 per trip

17. Do you need or would you use public transportation to go beyond your home County?

- No
 Yes – If yes, to which county/counties do or would you require transportation?
(please specify): _____

18. Do you need or would you use public transportation to go beyond your home City?

- No
 Yes – If yes, to which other city/cities do or would you require transportation?
(please specify): _____

19. If you live outside of the City, would you use a Public Park-and-Ride bus service?

- No
 Yes – If Yes, do you live: North East South West of Helena

21. What would you be willing to pay for commuter bus service from a Park-and-Ride lot to Helena?

Per Trip: _____ Per Week: _____ Per Month: _____

22. What are your additional unmet transportation needs or transportation limitations?

Please explain (i.e., current disability, health concerns, etc.):

23. Do you believe there is community support for public transportation?

- Yes No

24. Would you support an increase in taxes to support a coordinated public transportation system throughout the area?

- Yes No

25. Please add any comments regarding your personal transportation needs.

Thank you for your participation in this survey!