Appendix C:

Questionnaire



2019 Regional Transit On-Board Survey

Please take a few minutes to answer a few questions to help us plan for your transit needs.

Street Address							
			City			Zip C	ode
What type of place COMING FROM (the starting place for your usual WORKPL Your HOME → Go to Your Hotel or Lodging Another Home Store / Retail Place Restaurant School (K-12) / Day C College or University Airport (airline passer Hospital / Doctor Bank, or other office / Recreation Place Place of Worship Other: What is the NAM coming from now?	e are you NOW? your one-way trip ACE Question #4 g → Go to Question Care (student only) (student only) ger only) Errands E of the place	e you are	(the destin O Your usu O Your HO O Your HO O Your HO O Another O Store / R O Restaurs O School (I O College O Airport (a O Hospital O Bank, or Recreati O Place of O Other: 7. What is a going to no	De of place TO NOW ation for your all WORKPLAM ME → Go to G tel or Lodging - Home letail Place ant K-12 / Day Ca or University (s airline passeng / Doctor other office / E ownship the NAME W? the EXAC OR Intersect	one-way trip) Description #9 Go to Question re (student only) tudent only) er only)	you a	_ is
O Personal Bike O Was dropped off by s (answer 4a) O Drove alone and park O Drove or rode with oft O Uber, Lyft, etc.	FROM your #1) TO THE hicle you use Wheelchair / Mol Blike share (Jum omeone going son red (answer 4a) hers and parked (a	r origin (the VERY d for this bility Aid p, Relay, etc.) neplace else	9. How will (listed in LAST be this one Walk Personal Be picke	you GET a Question us/train/str -way trip? I Bike d up by someo parked vehicle parked vehicle ft, etc.	Zip:	u exit t will use bility Aid b, Relay, of answer 9 th someon etc.)	he e for etc.) a) ne
4a. Where did you vehicle you used (Nearest intersection / park and ride): 5. Where did yo Please provide the neatransfer center / park a	for this one- rail station / tran u get <u>ON this</u> arest intersection	way trip sfer center / vehicle?	vehicle y (Nearest in park and ri 10. Whe Please pro	/ou are usintersection / rade):	get off the I ing for this call station / trans	one-wa efer cent ehicle?	y tri
		/ehicle BEFORI	getting on thi	s vehicle?	O Yes	0 N	0
. Did you transfer F	ROM another v						
Did you transfer F Will you transfer T			ting off this ve	nicle?	O Yes	0 N	lo
-	O another veh	icle <u>AFTER</u> get	_				lo
Will you transfer T Please list the SYS	O another veh	icle <u>AFTER</u> get	r you use the				
Will you transfer T	O another veh	icle <u>AFTER</u> get	_				EN

OTHER INFORMATION ABOUT THIS TRIP 12. What time did you BOARD this transit vehicle? 13. Will you (or did you) make this same trip in exactly the opposite direction today? Yes - At what time did / will you leave for this trip in the opposite direction? _am/pm (circle one) 14. What fare payment methods did you use for this one-way trip? (select all that apply) o 1 Day Pass O 2 Trip Pass O 30 Day Pass O 2 Trip Pass O University Pass Program O Cash / One-way Trip O 7 Day Pass O 3 Day Pass O 4 Day Pass O 10 Trip Pass O 20 Trip Pass O Student Pass Program (K-12) O Employer Partnership Program O Other_ Free: O Under 46 inches O Other Free 15. What type of fare was this? O Regular Discount Fare: O Senior O Disabled / Medicare 16. Did you use a Breeze Card? O Yes, plastic card O Yes, paper ticket O No 17. If transit service was not available, how would you make this trip? O Driven by someone else O Carpool / Vanpool O Uber, Lyft, etc. O Would not make trip O Personal Bike O Bike share O Drive alone 18. How often do you ride public transit? O 5 or more days a week O 2 to 4 days a week O 2 to 3 times a month O About once a month O Once a vear O Several times a year O First time 19. Do you use any of the following services in the Atlanta area? (check all that apply) O E-Scooter (e.g. Bird, Lime, etc.) O None O Uber, Lyft, etc. O Car Share (e.g. Zipcar, etc.) ABOUT YOU AND YOUR HOUSEHOLD 20. How many working vehicles (cars. trucks, or motorcycles) are available to your household? vehicles 20a. [If Q20 is more than NONE] Could you have used one of these vehicles for this trip? OYes 21. Including YOU, how many people live in your household? 22. Including YOU, how many people who <u>live</u> in your household are making this trip with you?___ 23. Including YOU, how many people (over age 10, 11) 24. What is your employment status? (check the one response that BEST describes you) 25. Including YOU, how many people (over age 10, 11) 26. Including YOU, how many people (over age 10, 11) 27. Including YOU, how many people (over age 10, 11) 28. Including YOU, how many people (over age 10, 11) 29. Including YOU, how many people (over age 10, 11) 29. Including YOU, how many people (over age 10, 11) 20. Including YOU, how many people (over age 10, 11) 20. Including YOU, how many people (over age 10, 11) 21. Including YOU, how many people (over age 10, 11) 22. Including YOU, how many people (over age 10, 11) 23. Including YOU, how many people (over age 10, 11) 24. What is your employment status? (check the one response that BEST describes you) 25. Including YOU, how many people (over age 10, 11) 26. Including YOU, how many people (over age 10, 11) 27. Including YOU, how many people (over age 10, 11) 28. Including YOU, how many people (over age 10, 11) 29. Including YOU, how many people (over age 10, 11) 29. 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Including YOU, how many people (over age 15) in your household are employed full or part-time?__# people 24a. If employed, did/will you go to work since you left or before you will return home? (check all that apply) O No O Yes, since left home O Yes, before returning home 25. What is your student status? (check the one response that BEST describes you) O Not a student O Yes – Full time College / University O Yes – K - 12th grade O Yes, other type of student 25a. If a student, did/will you go to school since you left or before you return home? (check all that apply) O Yes, since left home 26. Do you have a valid driver's license? OYes ONo 27. What is your AGE? 0 6-15 O 16-17 O 18-24 O 25-34 O 35-44 O 45-54 O 55-64 O 65 and older O Under 6 O No O Yes 28. Are you of Hispanic, Latino, or Spanish origin? 29. What is your race? (check all that apply) NOTE: Please answer BOTH Question 28 about Hispanic origin and Question 29 about race. For this survey, Hispanic origins are not races. O American Indian/Alaska Native O Black/African American O Asian O White/Caucasian O Native Hawaiian/Pacific Islander 30. What is your gender? O Male O Female O Other 31. Do you speak a language other than English at home? O No OYes - Which language? 31a. [If #31 is Yes] How well do you speak English? O Very Well O Well O Less than well O Not at all 32. Which of the following BEST describes your TOTAL ANNUAL HOUSEHOLD INCOME in 2018 before taxes? ○ \$20,000 - \$29,999 ○ \$30,000 - \$39,999 ○ \$100,000 -\$119,999 ○ More than \$120,000 O Below \$5,000 ○ \$50,000 - \$59,999 ○ \$60,000 - \$74,999 O \$5 000 - \$9 999 O \$40,000 - \$49,999 O \$75,000 - \$99,999 O \$10,000 - \$19,999

REGISTER TO WIN A \$100 GIFT CARD AND PARTICIPATE IN A FUTURE STUDY

People who submit an accurately completed survey will be entered in a random drawing for a \$100 gift card. You must provide your home address at the beginning of the survey and answer all questions to be eligible. Please let us know if you would also like to participate in an additional travel study regarding your transit usage habits.

Your Name: Phone Number: (_

Thank you for your help!