



Transit Customer Survey

Twin Cities Area Transportation Authority (TCATA) and the Michigan Department of Transportation (MDOT) have asked a team from Michigan State University (MSU) to assess customer satisfaction and trip purpose of transit riders. The results of the survey will help MDOT and TCATA improve transit for you and other transit riders across the state. Your responses will be confidential and your information will be evaluated only in combination with other questionnaires received. You must be 18 years or older to participate in this survey.

Participation in this survey is voluntary and you have the right to refuse to participate in the survey, change your mind, or withdraw at any time.

Dr. Z. Kotval-K, assistant professor at MSU, is available to answer any questions you may have and can be reached at kotvalze@msu.edu or (517) 353-5460.

You indicate your voluntary agreement to participate by completing and returning this survey. This survey should take between 5-10 minutes to complete.

Please enter the date and time of your ride:

MM/DD/YY TIME (hh:mm)

Date/Time ___/___/___ ___:___ AM or PM (please circle)

Thank you for your participation.

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Customer Satisfaction

Please rank your satisfaction with the following: (5 point scale)

<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neutral</i>	<i>Satisfied</i>	<i>Very Satisfied</i>	<i>N/A</i>
1	2	3	4	5	0

1. Timeliness: “How satisfied are you with”
 - a. the arrival time of this vehicle? _____
 - b. the timeliness (on-time arrival) of the transit vehicles in general? _____
 - c. the time taken to reach your destination, given the distance traveled? _____
2. Comfort: “How satisfied are you with”
 - a. the temperature on this vehicle _____
 - b. the seats on this vehicle _____
3. Cleanliness: “How satisfied are you with”
 - a. the cleanliness of this vehicle _____
4. Information availability and ease of use: “How satisfied are you with”
 - a. the information that was provided to you when you made the reservation regarding when the vehicle would arrive _____
 - b. the information that was provided to you when you made the reservation regarding how long the trip would take? _____
 - c. the ease of booking trips _____
 - d. the ease of changing trips _____
 - e. the ease of cancelling trips _____
 - f. the ease of finding information on the transit agency in general _____
5. Customer service: “How satisfied are you with”
 - a. the helpfulness of the driver _____
 - b. the professionalism of the driver _____
 - c. the driving skill of the driver _____
 - d. the helpfulness of the staff taking reservations _____
 - e. the hours of operations from this transit agency _____
 - f. the overall service you receive from this transit agency _____
6. Safety and security: “How satisfied are you with....”
 - a. the safety in this vehicle _____
7. Cost/value: “How satisfied are you with....”
 - a. the cost of this ride _____

Trip Purpose

8. What is your purpose of **this** trip? Please circle all that apply:
- | | |
|---|---|
| a. Work | e. Visiting family / friend |
| b. Medical (doctor's appointment, pharmacy, rehabilitation, etc.) | f. Social Purpose (e.g. museum, community center) |
| c. Shopping | g. Other: Please specify |
| d. School | _____ |
9. If public transit was not available, you would:
- | | |
|--------------------------------------|--------------------------|
| a. Not make this trip | e. Drive |
| b. Look for alternative destinations | f. Walk / bike |
| c. Get a ride from family or friends | g. Other: Please specify |
| d. Take a taxi / cab / Uber / Lyft | _____ |

Autonomous Vehicles

Autonomous vehicles (AVs) are busses/shuttles/cars that operate without a driver.

10. How do you feel about autonomous vehicles?

11. Would you ride in an autonomous shuttle/bus if your transit agency used some AVs as part of their fleet of vehicles? Please circle one:

YES

NO

If no, what would be your main concerns stopping you from riding in AVs?

Demographic Information

12. Which one of the following best describes you? Are you (circle only one):

a. Employed for pay outside your home

d. Homemaker

b. Self-employed

e. Unemployed

c. Student

f. Retired

13. Are you?

a. Male

b. Female

c. Other / Prefer not to answer

14. What is your age?

a. 18 to 24

d. 55 to 64

b. 25 to 34

e. 65 to 74

c. 35 to 54

f. 75 to 84

g. 85 and older

15. What is your total combined annual household income?

- a. Less than \$5,000
- b. \$5,000 to \$9,999
- c. \$10,000 to \$14,999
- d. \$15,000 to \$19,999
- e. \$20,000 to \$24,999
- f. \$25,000 to \$34,999
- g. \$35,000 to \$49,999
- h. \$50,000 to \$74,999
- i. \$75,000 to \$100,000
- j. More than \$100,000

16. Which do you consider yourself:

- a. African-American / Black
- b. Asian
- c. Caucasian / White
- d. Hispanic / Latino(a)
- e. Native-American Indian
- f. Pacific Islander / Hawaiian
- g. Other: _____

17. What accommodations, disabilities, or special needs do you require assistance with?

- a. I do not have any special needs / I do not require any accommodations
- b. Blindness / Visual impairment
- c. Deaf / Hard of hearing
- d. Mobility disabilities
- e. Psychiatric disabilities
- f. Other: _____

Do you have any other comments about this transportation service?