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)

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

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
   b. Medical (doctor’s appointment, pharmacy, rehabilitation, etc.)
   c. Shopping
   d. School
   e. Visiting family / friend
   f. Social Purpose (e.g. museum, community center)
   g. Other: Please specify

9. If public transit was not available, you would:
   a. Not make this trip
   b. Look for alternative destinations
   c. Get a ride from family or friends
   d. Take a taxi / cab / Uber / Lyft
   e. Drive
   f. Walk / bike
   g. Other: Please specify

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
    b. Self-employed
    c. Student
    d. Homemaker
    e. Unemployed
    f. Retired

13. Are you?
    a. Male
    b. Female
    c. Other / Prefer not to answer

14. What is your age?
    a. 18 to 24
    b. 25 to 34
    c. 35 to 54
    d. 55 to 64
    e. 65 to 74
    f. 75 to 84
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?