SEMCOG
TravelCount '10

Hi, thank you for helping us improve **YOUR** transit system.
Complete this survey and become eligible to win one of ten **$100** cash prizes!

Please provide your contact information.
Fill in answers clearly as shown in this example: A B C 1 2 3

Name

Phone Number ( ) -

All information is confidential and will not be shared or sold.

1. What one service do you feel needs the most improvement?

- ○ Make transfers easier
- ○ Start service earlier
- ○ End service later
- ○ Add new route from, specify:
- ○ Improve pedestrian access
- ○ Increase frequency of service
- ○ Other, specify on back
- ○ No service improvements needed

to

Answer the rest of the survey questions about the **ONE-WAY TRIP** you are taking now!

Example One-Way Trip

ORIGIN — WALK — BUS — TRANSFER BUS — WALK — DESTINATION

NOTE: Your trip may look different.

2. Including the bus where you were given this survey, how many total buses will you take on this one-way trip? (Please include People Mover rides in your total.)

- ○ One, this bus only
- ○ Two
- ○ Three or more

3. List all the route numbers (or names) you will use for this one-way trip.

Example: 1st Route 125 | 2nd Route PEOPLE MOVER | 3rd Route 29 OR LINWOOD | 4th Route —

1st Route | 2nd Route | 3rd Route | 4th Route

For office use only

Continue Inside →

If returning by mail, please close with tape.

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 5478 AUSTIN TX

POSTAGE WILL BE PAID BY ADDRESSEE

NUSTATS
206 WILD BASIN RD STE A300
AUSTIN TX 78746-9907

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Please provide any additional comments.

Return the completed survey to the surveyor, or drop it in any mailbox (*no postage required*).
If you would like to fill out this survey electronically, visit:
www.surveys.nustats.com/semcog

Thank you!

dt SMART
DETROIT PEOPLE MOVER
TheRide Ann Arbor Transportation Authority
LAKE ERIE TRANSIT
MICHIGAN M

If you have additional customer comments or questions about **SEMCOG** and its services, please visit the survey website www.semcog.org/On-boardTransitSurvey.aspx, email InfoCenter@semcog.org, or call 313-324-3362 or 800-961-3334.

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4. ORIGIN LOCATION: Where are you coming from?

a. What kind of place?

- Home
- University/College (Student only)
- Shopping
- Social, Eat Out, Recreational, Religious, Community or Personal Business
- Work or Work-Related
- High School/Middle School (Student only)
- Medical Services
- Other, specify: _____

b. What is the exact street address?
(Provide the nearest cross streets if you don't know the exact address)

Address _____

Cross Street #1 _____

and Cross Street #2 _____

City _____   Zip _____

c. Please record the name of the place or building (Enter HOME if you are coming from home).

_____

d. How did you get from your origin location to the first bus stop (or People Mover station) on your trip?

- Walked/Wheelchair   # blocks (please answer 0 if less than 1 block) _____
- Dropped off
- Drove alone
- Carpooled — Parking Lot Name/Cross Streets _____
- Bicycled
- Taxi

5. When you got on the bus where you were given this survey, how did you pay?

- Cash/Day Pass
- Other pass (weekly, monthly, prepaid card, etc.)
- Transfer
- University of Michigan, free → Skip to Q8
- Other, specify: _____

6. Was your fare...

- Regular fare
- Student (K-12)
- Senior/Disabled

7. Did your employer or another organization pay for your fare?

- Yes, entire fare
- Yes, some of fare
- No

8. DESTINATION LOCATION: Where are you going to?

a. What kind of place?

- Home
- University/College (Student only)
- Shopping
- Social, Eat Out, Recreational, Religious, Community or Personal Business
- Work or Work-Related
- High School/Middle School (Student only)
- Medical Services
- Other, specify: _____

b. What is the exact street address?
(Provide the nearest cross streets if you don't know the exact address)

Address _____

Cross Street #1 _____

and Cross Street #2 _____

City _____   Zip _____

c. Please record the name of the place or building (Enter HOME if you are going home).

_____

d. How will you get to your destination location from the last bus stop (or People Mover station) on your trip?

- Walk/Wheelchair   # blocks (please answer 0 if less than 1 block) _____
- Picked up
- Drive alone
- Carpool — Parking Lot Name/Cross Streets _____
- Bicycle
- Taxi

9. How many days a week do you usually make this trip?

- 6-7 days per week
- 3-5 days per week
- 1-2 days per week
- 1-3 days per month
- Less than 1 day per month
- First time to make this trip

10. If bus service was not available, how would you make this trip?

- Walk/Wheelchair
- Drive
- Ride with someone else
- Taxi
- Bicycle
- Would not make this trip

11. Where will you get off the bus on which you were given this survey?

Name of Place (including Park & Ride or other lots) _____

Cross Street #1 _____

and Cross Street #2 _____

12. Do you have a valid driver's license?

- Yes
- No

13. What is your age?

- Under 18
- 18 - 25
- 26 - 34
- 35 - 54
- 55 - 64
- 65 + years of age

14. Are you... (fill in all that apply)

- Full-time Worker
- Part-time Worker
- Homemaker
- University/College Student
- Middle/High School Student
- Other Student
- Unemployed, but seeking work
- Unemployed, not seeking work
- Retired

15. How many working vehicles are available to your household?

- None
- 1
- 2
- 3 or more

16. Including yourself, how many people live in your household?

- 1
- 2
- 3
- 4 or more

17. Including yourself, how many of the people in your household are employed full-time or part-time?

- None
- 1
- 2
- 3 or more

18. What was your total household income in 2009 before taxes?

- Less than $10,000
- $10,000 - $14,999
- $15,000 - $24,999
- $25,000 - $34,999
- $35,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 or more

Please continue on the back →