

Appendix A: Survey Questionnaire

If you would like to enter our drawing for free SEPTA rides, please include your name, home address, phone number and e-mail address. All previous questions must be answered.

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Borough/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Phone number: (     ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

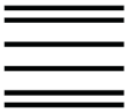
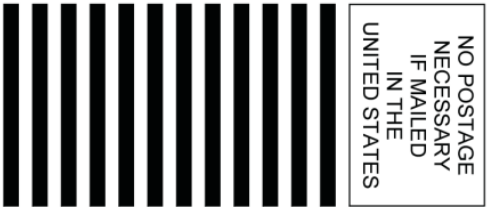
Any additional comments?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for riding SEPTA and for participating in this survey!



DELAWARE VALLEY REGIONAL PLANNING COMMISSION  
190 N INDEPENDENCE MALL WEST 8TH FLR  
PHILADELPHIA PA 19106-9833

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 29894 PHILADELPHIA, PA  
POSTAGE WILL BE PAID BY ADDRESSEE



**Transit Customer Survey**  
SEPTA wants to serve you better. Please complete this survey and return it to the survey agent. You can also mail it back to us postage paid.  
**Your personal information will be kept confidential.** Fully completed surveys are eligible to win a prize.

**For Your Trip Today...**

1. Where did you board the Bus or Train you are on now?

\_\_\_\_\_ Station OR Stop

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

2. What time did you board this bus or train today?

:   ☐ AM ☐ PM  
hour minutes

3. Where are you coming from?

- |   |  |
|---|--|
| <input type="checkbox"/> Home                         | <input type="checkbox"/> Shopping            |
| <input type="checkbox"/> Work                         | <input type="checkbox"/> Medical/Dental      |
| <input type="checkbox"/> School (K-12 Student Only)   | <input type="checkbox"/> Personal Business   |
| <input type="checkbox"/> School (Technical/College)   | <input type="checkbox"/> Social/Recreational |
| <input type="checkbox"/> Other (Please specify) _____ |  |



