

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: _____

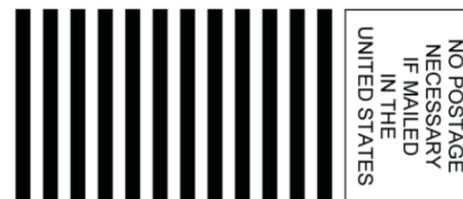
Any additional comments?

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

Glue Strip


 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) _____ | |

4. What is the address of where you are coming from?

Number & Street OR Intersection OR Location

City/Town *State* *Zip Code*

5. Where are you going?

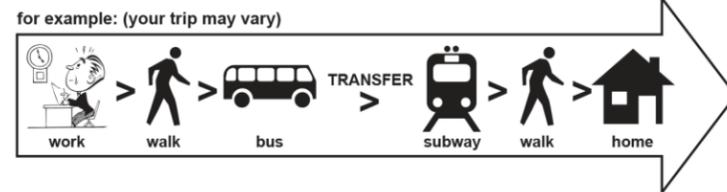
- | | |
|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Work/Work Related | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> School (K-12 Student Only) | <input type="checkbox"/> Personal Business |
| <input type="checkbox"/>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

6. What is the address of where you are going?

Number & Street OR Intersection OR Location

City/Town *State* *Zip Code*

About Your One Way Trip Today...



7. How many buses/trains/trolleys/subways will you use for this trip? _____

8. How did you get to your FIRST bus/train/trolley/subway for this one-way trip?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Carpool |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Car-Drop Off |
| <input type="checkbox"/> Car-Drive and park | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Other (Please Specify) _____ | |

9. Which Route number/name will you use on this trip?

1st route	2nd route	3rd route	4th route
_____	_____	_____	_____

for example: (your trip may vary)

1st route	2nd route	3rd route	4th route
<u>47 Bus</u>	<u>Market Frankford El</u>	_____	_____

10. How will you get to your final destination after exiting the last bus/train/trolley/subway vehicle?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Carpool |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Car-Pick Up |
| <input type="checkbox"/> Car-Drive and park | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Other (Please Specify) _____ | |

11. Generally, how often do you ride SEPTA?

- | | |
|--|---|
| <input type="checkbox"/> 5 or more days a week | <input type="checkbox"/> 1-3 days a month |
| <input type="checkbox"/> 4 days a week | <input type="checkbox"/> First-time customer |
| <input type="checkbox"/> 1-3 days a week | <input type="checkbox"/> Other (Please Specify) _____ |

12. Which of the following statements best applies to you? (Check only one)

- I have no other way to travel
- I use SEPTA because it is the best choice for me
- I usually use another type of transportation, but I occasionally take SEPTA

13. What type of ticket are you using for this trip?

- | | |
|---|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Token or single ticket |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Weekly TrailPass/TranPass |
| <input type="checkbox"/> Monthly TrailPass/TranPass | <input type="checkbox"/> Cross County Pass |
| <input type="checkbox"/> Intermediate Pass | <input type="checkbox"/> Independence Pass |
| <input type="checkbox"/> Other (Please Specify) _____ | |

About You...

14. How many people, including yourself, live in your household?

- one two three four five or more

15. How many people in your household are currently employed?

- none one two three four five or more

16. How many vehicles are available in your household?

- none one two three four five or more

17. What is your approximate annual household income?

This question is asked to ensure that all income levels are served well.

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$25,000 | <input type="checkbox"/> \$50,000-\$74,999 | <input type="checkbox"/> \$150,000-\$199,999 |
| <input type="checkbox"/> \$25,000-\$34,999 | <input type="checkbox"/> \$75,000-\$99,999 | <input type="checkbox"/> \$200,000 and over |
| <input type="checkbox"/> \$35,000-\$49,999 | <input type="checkbox"/> \$100,000-\$149,999 | |

18. What is your occupation? (Choose One Only)

- | | |
|--|---|
| <input type="checkbox"/> Management/Professional | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Student |
| <input type="checkbox"/> Sales/Retail | <input type="checkbox"/> Not Currently Employed |
| <input type="checkbox"/> Non-Office Worker | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Technical/Skilled | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Teacher/Instructor | <input type="checkbox"/> Other (Please Specify) _____ |

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