



Driver's name: _____

Date: _____

2009 Ridership Survey

Please take a moment to help us improve our service! When you have finished your survey please give it to a JAUNT driver or mail it to: 104 Keystone Place, Charlottesville, VA 22902 Thank you!

I. Quality

JAUNT would like to know how you feel about riding with us and how we may improve our service to you. (Parents and guardians, please assist as needed.)

1. When you call for a ride, do you receive prompt, courteous service?

- Yes Usually No Don't know.

2. Do the drivers drive safely?

- Yes Usually No Don't know.

3. Do the drivers insist that you wear your seatbelt?

- Yes Usually No Don't know.

4. Do the drivers help you when you need assistance on and off the bus?

- Yes Usually No Don't know.

5. Are the vehicles clean and comfortable?

- Yes Usually No Don't know.

6. Does the JAUNT vehicle pick you up on time?

- Usually within 15 minutes of the scheduled time
 Usually within 15 to 30 minutes of the scheduled time
 Usually more than 30 minutes late

7. Do you feel our service is reasonably priced?

- Yes No Don't know. My trips are free.

8. Is JAUNT able to get you where you need to go?

- Yes Usually No I ride on a regular route
(i.e. Commuter, activities)

II. Transportation

We would like to know a little more about your transportation. Please choose one answer for each question below.

9. What was the main purpose of your trip today?

- | | |
|--|--|
| <input type="radio"/> Work (Volunteer) | <input type="radio"/> Senior Center |
| <input type="radio"/> Shopping (Groceries etc) | <input type="radio"/> Doctor/Dentist/Hospital |
| <input type="radio"/> School/Day Care | <input type="radio"/> Personal (i.e., pay bills) |
| <input type="radio"/> Social/recreational | <input type="radio"/> Adult Day Care |
| <input type="radio"/> Meal site | <input type="radio"/> Other: _____ |

10. How often do you ride JAUNT?

- | | |
|---|--|
| <input type="radio"/> 4-5 days per week | <input type="radio"/> 1-3 times a month |
| <input type="radio"/> 2-3 days per week | <input type="radio"/> Once every month or so |
| <input type="radio"/> Once a week | <input type="radio"/> Less than 4 times per year |

11. How long have you ridden JAUNT?

- | | |
|---|-------------------------------------|
| <input type="radio"/> Less than 1 month | <input type="radio"/> 1 to 2 years |
| <input type="radio"/> 1 to 6 months | <input type="radio"/> 2 to 5 years |
| <input type="radio"/> 6 months to a year | <input type="radio"/> 5 to 10 years |
| <input type="radio"/> More than 10 years! | |

12. Do you have any other transportation other than JAUNT?

- Yes No Sometimes Don't know.

13. Do you ride Charlottesville Transit Service (CTS)?

- Yes. No. If yes, how often? _____

III. All about You!

Finally, we'd like to know a little bit about you. Please give one answer to each question below.

14. In which city/county do you live?

- | | |
|---------------------------------------|------------------------------------|
| <input type="radio"/> Charlottesville | <input type="radio"/> Louisa |
| <input type="radio"/> Albemarle | <input type="radio"/> Nelson |
| <input type="radio"/> Fluvanna | <input type="radio"/> Amherst |
| <input type="radio"/> Buckingham | <input type="radio"/> Other: _____ |

15. Do you have a disability?

- | | |
|--------------------------|------------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes |
| | Do you use a wheelchair? Yes |

No

16. Are you male? Or female?

17. To what age group do you belong?

- | | |
|---|---|
| <input type="radio"/> 14 years old or younger | <input type="radio"/> 25-44 years old |
| <input type="radio"/> 15-19 years old | <input type="radio"/> 45-64 years old |
| <input type="radio"/> 20-24 years old | <input type="radio"/> 65 years old or older |

18. What is your race?

- | | |
|--|---------------------------------------|
| <input type="radio"/> African American | <input type="radio"/> Hispanic |
| <input type="radio"/> Asian American | <input type="radio"/> Native American |
| <input type="radio"/> Caucasian | <input type="radio"/> Other: _____ |

19. Where do you live?

- Alone (owned or rented house/apartment/trailer)
- With my family or spouse (owned or rented house/apartment/trailer)
- In a retirement or nursing facility
- In a group home
- Other: _____

20. How many people live in your household? _____

21. What is the combined yearly income of all persons in your household?

- Under \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$30,999
- \$30,000 to \$40,999
- \$40,000 and above

22. Would you recommend JAUNT to a friend?

- Yes!
- No.

23. What could we do to attract more riders?

24. We want to hear from you! What comments &/or suggestions do you have for us?

Thank you for taking the survey!

Would you like us to share a positive story or comment with our staff? Fill in the comment area below and we'll be sure they get your message!

To: _____

From: _____