

## City of Banning Pass Transit Rider Survey

The City of Banning would appreciate you taking a few minutes to fill out our survey. All information provided is kept confidential and is used for statistical analysis purposes only. Though this is a voluntary questionnaire your participation is appreciated.

### General Information

**1. Please select the route(s) that you ride.**

- |             |                       |             |                       |             |                       |                 |                       |
|-------------|-----------------------|-------------|-----------------------|-------------|-----------------------|-----------------|-----------------------|
| (1) Route-1 | <input type="radio"/> | (4) Route-4 | <input type="radio"/> | (7) Route-7 | <input type="radio"/> | (10) Route10    | <input type="radio"/> |
| (2) Route-2 | <input type="radio"/> | (5) Route-5 | <input type="radio"/> | (8) Route-8 | <input type="radio"/> | (11) RTA Routes | <input type="radio"/> |
| (3) Route-3 | <input type="radio"/> | (6) Route-6 | <input type="radio"/> | (9) Route-9 | <input type="radio"/> | (12) None       | <input type="radio"/> |
- Other (Please specify) \_\_\_\_\_ I'm considering riding

**2. How often do you use public transportation?**

- |                           |                       |                   |                       |                           |                       |
|---------------------------|-----------------------|-------------------|-----------------------|---------------------------|-----------------------|
| (1) Less than once a week | <input type="radio"/> | (4) 3 days a week | <input type="radio"/> | (7) 6 or more days a week | <input type="radio"/> |
| (2) 1 day per week        | <input type="radio"/> | (5) 4 days a week | <input type="radio"/> |                           |                       |
| (3) 2 days a week         | <input type="radio"/> | (6) 5 days a week | <input type="radio"/> |                           |                       |

**3. Do you have a car or other vehicle that you could have used to make this trip?**

- |         |                       |        |                       |
|---------|-----------------------|--------|-----------------------|
| (1) Yes | <input type="radio"/> | (2) No | <input type="radio"/> |
|---------|-----------------------|--------|-----------------------|

**4. If you have a car, why do you use public transportation? (Please check all that apply)**

- |                                    |                          |                              |                          |
|------------------------------------|--------------------------|------------------------------|--------------------------|
| (1) The bus is faster than driving | <input type="checkbox"/> | (5) I don't like driving     | <input type="checkbox"/> |
| (2) Parking is hard to find        | <input type="checkbox"/> | (6) Driving is too expensive | <input type="checkbox"/> |
| (3) I care about the environment   | <input type="checkbox"/> | (7) I don't have a license   | <input type="checkbox"/> |
| (4) To avoid traffic congestion    | <input type="checkbox"/> | (8) Other                    | <input type="checkbox"/> |

Other (Please specify) \_\_\_\_\_

**5. If you don't have a car, why do you use public transportation? (Please check all that apply)**

- |                              |                          |                                |                          |           |                          |
|------------------------------|--------------------------|--------------------------------|--------------------------|-----------|--------------------------|
| (1) It's my only alternative | <input type="checkbox"/> | (3) I'm too old to drive       | <input type="checkbox"/> | (5) Other | <input type="checkbox"/> |
| (2) I'm too young to drive   | <input type="checkbox"/> | (4) I have given up my license | <input type="checkbox"/> |           |                          |

Other (Please specify) \_\_\_\_\_

**General information continued**

**6. What is your main purpose for riding the bus?**

- (1) College/school  (4) Shopping  (6) Work   
(2) Hospital/Doctors office  (5) Social/recreation  (7) Other   
(3) Personal business   
Other (Please specify) \_\_\_\_\_

**7. How do you MOST OFTEN get to the bus?**

- (1) Bicycle  (3) Get a ride from someone  (5) Other   
(2) Drive  (4) Walk   
Other (Please specify) \_\_\_\_\_

**8. In most situations, do you ride more than one bus on a trip (transfer from one bus to another)?**

- (1) Yes  (2) No

**9. If you transfer buses, which routes do you use?**

- (1) Rte 1  2  3  4  5  6  7  8  9  10  RTA   
(2) To 1  2  3  4  5  6  7  8  9  10  RTA

**10. If transit buses were not available, how would you get around? (Please check all that apply)**

- (1) Bicycle  (3) I would not be able to get around  (5) Use my car   
(2) Get a ride from someone  (4) Use a taxi  (6) Walk

**11. What would get you to use public transportation MORE OFTEN? (Please select all that apply)**

- (1) Buses being on-time/service more reliable  (8) More frequent service   
(2) Bus stops located closer to your home  (if buses came by stops more often)  
(3) Cleaner/Better maintained vehicles  (9) More information available about the service   
(4) Drivers more helpful  (10) More service offered earlier in the morning   
(5) Faster travel time  (11) More service offered later in the evening   
(if it took less time to get to destinations)  
(12) More service offered on weekends   
(6) Fuel prices increased  (13) Nothing, I am riding as often as I can   
(7) More comfortable vehicles  (14) Service provided to more destinations   
Other (Please specify) \_\_\_\_\_

**General information continued**

**12. Approximately how long does it typically take you to get to your place of employment and/or school (minutes)?**

- (1) less than 5 minutes  (4) 25-30 minutes  (7) 55-60 minutes   
(2) 5-10 minutes  (5) 35-40 minutes  (8) one hour or more   
(3) 15-20 minutes  (6) 45-50 minutes

**13. Approximately how many blocks is your home from the nearest bus stop?**

- (1) 1-2 blocks  (2) 3-4 blocks  (3) 5-6 blocks  (4) 7 or more blocks

**14. How far is the closest bus stop that PROVIDES YOU TIMELY SERVICE to your destination?**

- (1) 1-2 blocks  (2) 3-4 blocks  (3) 5-6 blocks  (4) 7 or more blocks

**15. Do you think you will be using the bus a year from now?**

- (1) Yes  (2) No

**16. Overall, how would you rate the quality of public transit services in Banning, Beaumont and Cabazon?**

- (1) Average  (2) Excellent  (3) Good  (4) Poor  (5) Don't know

**17. How do you typically get information about public transportation (bus) services? (Please check all that apply)**

- (1) Bus drivers  (4) Employer  (7) Other bus riders   
(2) Calling Transit office  (5) Friends/family  (8) Signs on buses   
(3) City website  (6) Google  (9) Other   
Other (Please specify) \_\_\_\_\_

**Demographic Information**

**1. How many persons reside in your household including yourself?**

- |               |                       |               |                       |                       |                       |
|---------------|-----------------------|---------------|-----------------------|-----------------------|-----------------------|
| (1) 1 person  | <input type="radio"/> | (3) 3 persons | <input type="radio"/> | (5) 5 persons         | <input type="radio"/> |
| (2) 2 persons | <input type="radio"/> | (4) 4 persons | <input type="radio"/> | (6) 6 or more persons | <input type="radio"/> |

**2. What is your age?**

- |                 |                       |                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|-----------------|-----------------------|
| (1) 0-18 years  | <input type="radio"/> | (3) 30-39 years | <input type="radio"/> | (5) 50-59 years | <input type="radio"/> |
| (2) 19-29 years | <input type="radio"/> | (4) 40-49 years | <input type="radio"/> | (6) 60+ years   | <input type="radio"/> |

**3. Your gender?**

- |            |                       |          |                       |
|------------|-----------------------|----------|-----------------------|
| (1) Female | <input type="radio"/> | (2) Male | <input type="radio"/> |
|------------|-----------------------|----------|-----------------------|

**4. What is your total annual household income?**

- |                       |                       |                       |                       |                         |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| (1) Under \$10,000    | <input type="radio"/> | (4) \$30,000-\$39,999 | <input type="radio"/> | (7) \$75,000 or greater | <input type="radio"/> |
| (2) \$10,000-\$19,999 | <input type="radio"/> | (5) \$40,000-\$49,999 | <input type="radio"/> |                         |                       |
| (3) \$20,000-\$29,999 | <input type="radio"/> | (6) \$50,000-\$74,999 | <input type="radio"/> |                         |                       |

**5. Please select the one that best describes your occupation.**

- |               |                       |                        |                       |                 |                       |
|---------------|-----------------------|------------------------|-----------------------|-----------------|-----------------------|
| (1) Clerical  | <input type="radio"/> | (5) Professional       | <input type="radio"/> | (9) Student     | <input type="radio"/> |
| (2) Homemaker | <input type="radio"/> | (6) Retired            | <input type="radio"/> | (10) Unemployed | <input type="radio"/> |
| (3) Laborer   | <input type="radio"/> | (7) Service Industry   | <input type="radio"/> |                 |                       |
| (4) Manager   | <input type="radio"/> | (8) Skilled Technician | <input type="radio"/> |                 |                       |

**6. What is the zip code of your place of employment and/or school?**

- |                                    |                       |                           |                       |                         |                       |
|------------------------------------|-----------------------|---------------------------|-----------------------|-------------------------|-----------------------|
| (1) 92220 (Banning)                | <input type="radio"/> | (5) 92399 (Yucaipa)       | <input type="radio"/> | (8) 92583 (San Jacinto) | <input type="radio"/> |
| (2) 92223 (Beaumont/Cherry Valley) | <input type="radio"/> | (6) 92545 (Hemet)         | <input type="radio"/> | (9) Other               | <input type="radio"/> |
| (3) 92230 (Cabazon)                | <input type="radio"/> | (7) 92553 (Moreno Valley) | <input type="radio"/> |                         |                       |
| (4) 92320 (Calimesa)               | <input type="radio"/> |                           |                       |                         |                       |

Please specify if other \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Please give to the driver or mail to P.O. Box 998, Banning, Ca 92220 Attention: Transit Department**