

Your feedback will be used to evaluate existing public transit service in the Texoma region and to develop potential service improvements in the future. All information provided will be kept anonymous. Thank you for participating!

If you would prefer to take this survey online, please go to texomatransitsurvey.questionpro.com or scan the QR code at the bottom of the page with your phone's camera.

1. How do you normally get around? Please select all that apply:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Drive Alone | <input type="checkbox"/> Public Transit/Bus |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Carpool or Vanpool |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Rideshare (<i>Uber, Lyft, etc.</i>) |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Other _____ |

**2. Do you or another driver in your household own or have regular access to a car?
Please select one answer:**

- Yes, all drivers in my household have a car
- Yes, the drivers in my household share one or more cars
- No, my household does not own or have regular access to a car

3. What ZIP code do you live in? _____

4. What ZIP code do you travel to most? _____

5. On a typical day, what time do you normally need to leave your home? _____

6. On a typical day, what time do you normally need to return home? _____

7. Are you ever unable to get where you want to go because you cannot find a means of transportation?

- Almost always
- Often
- Sometimes
- Rarely
- Never

8. Where do you most often need to travel? Please select up to three of the options below:

- | | |
|---|--|
| <input type="checkbox"/> Work | <input type="checkbox"/> Personal errands |
| <input type="checkbox"/> School | <input type="checkbox"/> Visit friends and family |
| <input type="checkbox"/> Medical appointments | <input type="checkbox"/> Places of worship |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> To access recreational activities |

9. How often do you use public transit?

- | | |
|---|--|
| <input type="radio"/> 5 or more days per week | <input type="radio"/> Once per month |
| <input type="radio"/> 2-4 days per week | <input type="radio"/> A few times a year |
| <input type="radio"/> 2-4 times per month | <input type="radio"/> Never |



10. What do you need from public transit? Please rank the following choices from 1-6, with 1 being the most important and 6 being the least important:

- I need it to save me time
- I need it to be reliable
- I need it to be frequent
- I need it to be safe and friendly
- I need it to be easy to use
- I need it to save me money

11. Do you have any other comments on public transit service in your community?

12. What is your age? *(optional)*

- 17 years or younger
- 18-25 years
- 26-45 years
- 46-65 years
- 66 years or older

13. What is your annual household income? *(optional)*

- Less than \$25,000
- \$25,000-\$49,999
- \$50,000-\$100,000
- More than \$100,000

14. Which of the following describes you? Please select all that apply: *(optional)*

- Employed (Full Time)
- Employed (Part Time)
- Unemployed
- Retired
- K-12 student
- College Student (Full Time)
- College Student (Part Time)

15. Do you have a disability? *(optional)*

- Yes, I have a disability
- No, I do not have a disability
- Prefer not to say

16. Are you a veteran? *(optional)*

- Yes, I am a veteran
- No, I am not a veteran
- Prefer not to say

Please provide your name and email address: *(optional)*
