



Transit Customer Survey

Alger Transit Authority and the Michigan Department of Transportation (MDOT) have asked a team from Michigan State University (MSU) to assess customer satisfaction and trip purpose of transit riders. The results of the survey will help MDOT and Altran improve transit for you and other transit riders across the state. Your responses will be confidential and your information will be evaluated only in combination with other questionnaires received. You must be 18 years or older to participate in this survey.

Participation in this survey is voluntary and you have the right to refuse to participate in the survey, change your mind, or withdraw at any time.

Dr. Z. Kotval-K, assistant professor at MSU, is available to answer any questions you may have and can be reached at kotvalze@msu.edu or (517) 353-5460.

You indicate your voluntary agreement to participate by completing and returning this survey. This survey should take between 5-10 minutes to complete.

Please enter the date and time of your ride:

MM/DD/YY TIME (hh:mm)

Date/Time ___/___/___ ___:___ AM or PM (please circle)

Thank you for your participation.

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Customer Satisfaction

Please rank your satisfaction with the following: (5 point scale)

<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neutral</i>	<i>Satisfied</i>	<i>Very Satisfied</i>	<i>N/A</i>
1	2	3	4	5	0

1. Timeliness: “How satisfied are you with”
 - a. the arrival time of this transit vehicle _____
 - b. the timeliness (on-time arrival) of this transit system in general _____

2. Comfort: “How satisfied are you with”
 - a. the temperature on the bus _____
 - b. the comfort at the bus stop _____
 - c. seat availability when you boarded the bus _____
 - d. the Covid-19 safety of this ride _____

3. Cleanliness: “How satisfied are you with”
 - a. the cleanliness of this bus _____
 - b. The cleanliness of the bus shelter (if there was one) where you boarded _____

4. Information availability and ease of use: “How satisfied are you with”
 - a. the ease of finding information on this route _____
 - b. the ease of finding information on the transit agency _____
 - c. the accuracy of published/electronic information _____

5. Customer service: “How satisfied are you with”
 - a. the helpfulness of the driver _____
 - b. the professionalism of the driver _____
 - c. the driver’s driving skill _____
 - d. the overall service you receive from this transit agency _____

6. Safety and security: “How satisfied are you with...”
 - a. the safety in this vehicle _____

7. Cost / value: “How satisfied are you with...”
 - a. The cost of this ride _____

Trip Purpose

8. What is your purpose of **this** trip? Please circle all that apply:
- a. Work
 - b. Medical (doctor’s appointment, pharmacy, rehabilitation, etc.)
 - c. Shopping
 - d. School
 - e. Visiting family / friend
 - f. Social Purpose (e.g. museum, community center)
 - g. Other: Please specify _____
9. If public transit was not available, you would:
- a. Not make this trip
 - b. Look for alternative destinations
 - c. Get a ride from family or friends
 - d. Take a taxi / cab / Uber / Lyft
 - e. Drive
 - f. Walk / bike
 - g. Other: Please specify _____

Altran Questions

10. Would you use a mobile or on-line application to:
- a. Book/cancel/change your ride reservation? Yes No
 - b. Track your bus real-time for arrival prediction? Yes No
 - c. Pay for your rides? Yes No

11. What could we do to make your ride more enjoyable?

12. What could we do to improve our service?

COVID Question

13. Please estimate how many times per month you did the following activities.

	Before COVID	During COVID before a vaccine was available to you	During COVID but after a vaccine was available to you
Travel on the bus	_____ times per month	_____ times per month	_____ times per month
Use telehealth services	_____ times per month	_____ times per month	_____ times per month
Shop online (e.g. food, clothes)	_____ times per month	_____ times per month	_____ times per month
Video meet with friends & family	_____ times per month	_____ times per month	_____ times per month
Travel by car	_____ times per month	_____ times per month	_____ times per month

Demographic Information

14. Which one of the following best describes you? Are you (circle only one):

- a. Employed for pay outside your home
- b. Self-employed
- c. Student
- d. Homemaker
- e. Unemployed
- f. Retired

15. Are you?

- a. Male
- b. Female
- c. Other/Prefer not to answer

16. What is your age?

- a. 18 to 24
- b. 25 to 34
- c. 35 to 44
- d. 45 to 54
- e. 55 to 64
- f. 65 to 74
- g. 75 to 84
- h. 85 and older

17. What is your total combined annual household income?

- a. Less than \$5,000
- b. \$5000 to \$9,999
- c. \$10,000 to \$14,999
- d. \$15,000 to \$19,999
- e. \$20,000 to \$24,999
- f. \$25,000 to \$34,999
- g. \$35,000 to \$49,999
- h. \$50,000 to \$74,999
- i. \$75,000 to \$100,000
- j. More than \$100,000

18. Which do you consider yourself:

- a. African-American / Black
- b. Asian
- c. Caucasian / White
- d. Native-American Indian
- e. Pacific Islander / Hawaiian
- f. Other: _____

19. Are you of Hispanic, Latinx, or Spanish origin?

- a. Yes
- b. No

20. What accommodations, disabilities, or special needs do you require assistance with?

- a. I do not have any special needs / I do not require any accommodations
- b. Blindness / Visual impairment
- c. Deaf / Hard of hearing
- d. Mobility disabilities
- e. Psychiatric disabilities
- f. Other: _____

Do you have any other comments about this transportation service?