

## On-Board Survey

**Champaign Transit System** values your support and opinion as a **CTS** rider. This survey will help us improve service to you and other customers. Please answer the following questions to let us know how you feel about our systems performance. If you have any comments, include them on the back. All replies will be kept confidential unless you wish to add your name. When you are finished with the survey, either put it in the box on the van or send it back to our office by mail.

**THANK YOU FOR YOUR HELP.**

---

**Today's Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Any Handicaps?** \_\_\_\_\_

---

(1) (2) (3) (4) (5)  
very poor poor average good excellent

### Van Driver

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Did the driver act and look professional? | <input type="checkbox"/> |
| Was the driver friendly and cheerful?     | <input type="checkbox"/> |
| Was the driver helpful to you and others? | <input type="checkbox"/> |
| Was your driver a safe driver?            | <input type="checkbox"/> |

### Van Cleanliness/Comfort

- |                                      |                          |                          |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is the van clean inside?             | <input type="checkbox"/> |
| Is the van clean outside?            | <input type="checkbox"/> |
| Was your ride comfortable?           | <input type="checkbox"/> |
| Was the van temperature comfortable? | <input type="checkbox"/> |

### Convenience

- |                                   |                          |                          |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Do our van times meet your needs? | <input type="checkbox"/> |
| Is your van usually on time?      | <input type="checkbox"/> |

When calling the office, are the office Representatives courteous and helpful?

**Income Level (Please Circle one)**

UNDER	\$10,000
\$10,000	\$20,000
\$20,000	\$30,000
\$30,000	\$40,000
\$40,000	\$50,000
\$50,000	\$60,000
Higher than \$60,000	

**Age (Please Circle one)**

0	to	15
16	to	30
31	to	50
51	to	70
71	and older	

**Race (Please Circle One)**

- Caucasian
- African American
- Asian
- Latin Origin
- Other

During your trips to grocery, going to the hair dresser, going to the doctor, shopping at Wal Mart etc. what is the average amount you would spend. \$\_\_\_\_\_

Any comments, suggestions or complaints that you feel would help us serve you better:

---

---

---

---

---

---

---

Would you like a company official to call you: Yes  No

If yes, please give your name & phone number: \_\_\_\_\_

(THIS WILL BE KEPT CONFIDENTIAL)