

Bus Passenger Service Survey

Please help us to find out what bus services you need. Thank you for your help.

Q1. What time did you get on this bus?

Q2. Where did you get ON the bus? *(Please write in a street name or landmark of where you got on the bus).*

Q3. Where are you going to when you get OFF the bus? *(Please write in a street name or landmark of where you going).*

Q4. What is the main purpose of your trip today? (Going to or coming from).

- 1 Work
- 2 Shopping
- 3 Personal Business e.g. Bank
- 4 Medical appointment
- 5 School
- 6 Other educational institution
- 7 Social or recreational activities

Q5. How often do you catch buses on this route?

- 1 More than 4 days week
- 2 1-3 days per week
- 3 2-3 days a month
- 4 Once a month or less
- 5 First time today

Q6. How often do you catch buses on other routes in the area?

- 1 More than 4 days a week
- 2 1-3 days per week
- 3 2-3 days a month
- 4 Once a month or less
- 5 Never

Q7. What type of ticket are you using today?

- 1 Adult
- 2 Child
- 3 Pensioner
- 4 Student

Q8. Did you have a car available to make this trip today?

- 1 Yes
- 2 No

Q9. How did you find out about the timetable for this bus?

- 1 Friends / family
- 2 Bus depot
- 3 Information in your letterbox
- 4 Local newspaper
- 5 Local radio
- 6 Other

Q10. Did you find travelling on this bus difficult due to any of the following:

- 1 I have difficulty stepping onto the bus
- 2 I use a walking aid
- 3 I use a wheelchair
- 4 I have a child in a pram or pushchair
- 5 Other



Once you have completed the form, please hand it back as you leave the station.