

# Tioga County Transportation Survey

Please answer the following questions about your personal transportation needs. Your answers will help to identify transportation needs in Tioga County.

**1. What means of transportation do you use at this time? Check all that apply**

- Personal vehicle    Taxi    Friend or family vehicle  
 Ride Tioga Fixed Route    Ride Tioga Dial-A-Ride    Walk    Bicycle  
 Other (Please name): \_\_\_\_\_

**2. How often do you use public transportation? Check only one.**

- Daily    Several times weekly    Once a week    Several times per month  
 Once a month    Several times per year    I never use public transportation

**3. What is the most important reason you need public transportation? Check only one.**

- Family doesn't have a car    Someone else uses car    Traffic is bad  
 Parking is a problem    I don't drive    Bus is economical  
 Bus is convenient    Weather conditions    Not needed  
 Other (please specify) \_\_\_\_\_

**4. If you never or rarely use public transportation, what is the main reason why? Check only one.**

- Not familiar with how to use    Does not go where needed    Does not go when needed  
 Bus is not convenient    Weather conditions    Not needed  
 Other (please specify) \_\_\_\_\_

**5. What day(s) of the week would you need public transportation? Check all that apply.**

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**6. What would be the primary purpose of your trip(s) using public transportation? Check only one**

- Medical    Work    Social    Recreation    Shopping    Get Home    School\College  
 Other \_\_\_\_\_

**7. During what hours of the day are you most in need of transportation? Check all that apply.**

- 6:00am to 8:00am    8:00am to 10:00am    10:00am to noon    Noon to 2:00pm  
 2:00pm to 4:00pm    4:00pm to 6:00pm    6:00pm to 8:00pm    8:00pm to 10:00pm  
 Between 10:00pm and 6:00am

**Please continue on the other side**

**8. How important would each characteristic be in your decision to use public transportation?  
Please rate each characteristic.**

**(1 = Not important; 2 = Desirable; 3 = Important; 4 = Very important)**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Service from home to work				
Service must be flexible in scheduling rides				
Service from a park-and-ride lot to work				
Evening service				
Service twice a day				
Service every few hours				
Service every hour				
Service every half-hour				
Weekend service				
Express service (very few stops)				
Employer pays part of the cost				
Guaranteed ride home				
Service close to my home				
Clean buses				

**Other - Please specify:** \_\_\_\_\_

**9. Do you need or would you use public transportation to go beyond Tioga County?**

**Yes**    **No**

If yes, to which county/counties do or would you require transportation? \_\_\_\_\_

What specific destination do you need to get to? \_\_\_\_\_

**10. What are your unmet transportation needs or transportation limitations?**

*Please explain (i.e., current disability, health concerns, etc.)*

\_\_\_\_\_

**11. Do you believe there is community support for public transportation?**  **Yes**    **No**

**12. In what village/town do you live?**

Village/Town: \_\_\_\_\_

**If employed, in what village/town do you work?**

Village/Town: \_\_\_\_\_

**13. What is your age?** \_\_\_\_\_

**14. What is your gender?**  **Male**    **Female**

**15. Do you have a driver's license?**  **Yes**    **No**

**16. Are you able to drive?**  **Yes**    **No**

**Please include any additional comments regarding your personal transportation needs here or on a separate sheet.**

**Can we contact you for further information about your answers?**  **Yes**    **No**

**If yes, please provide contact information.**

**Name** \_\_\_\_\_ **Contact (phone # or email address)** \_\_\_\_\_

**Thank you for your participation in this survey!**