Customer Survey

We’re working hard at FAX to improve service, and we’d like to hear from you!

Give us your input by dropping the completed Survey off at the Manchester Transit Center, or mail the Survey to:

FAX ADMINISTRATIVE OFFICE
2223 “G” Street
Fresno, CA 93706

FAX REGISTER HERE TO WIN A FREE MONTHLY PASS!

1. WHERE DID YOU COME FROM BEFORE YOU BEGAN THIS TRIP?
   - Work
   - Shopping
   - School
   - Social, Church, or other personal business

2. HOW DID YOU GET TO THIS BUS?
   - Rode a bus (Route?)
   - Walked
   - Dropped off by someone

3. WHERE ARE YOU GOING NOW?
   - Work
   - Shopping
   - School
   - Social, Church, or other personal business

4. WHEN WILL YOU GET OFF THIS BUS, HOW WILL YOU GET TO YOUR FINAL DESTINATION?
   - Rode a bus (Route?)
   - Walked
   - Get picked up by someone

5. HOW MANY BUSES WILL YOU USE TO MAKE THIS TRIP?
   - 1
   - 2
   - 3
   - 4 or more

6. HOW MANY DAYS A WEEK DO YOU USUALLY MAKE THIS TRIP?
   - ____ days a week
   - Once a month

7. HOW LONG HAVE YOU BEEN USING THE BUS TO MAKE THIS TRIP?
   - Less than a month
   - 1-6 months
   - 7-12 months

8. COULD YOU HAVE USED A CAR OR OTHER PERSONAL VEHICLE TO MAKE THIS TRIP?
   - Yes
   - No

9. HOW MANY LICENSED DRIVERS ARE IN YOUR HOUSEHOLD?
   - None

10. IF THIS TRANSIT SERVICE WERE NOT AVAILABLE, HOW WOULD YOU MAKE THIS TRIP?
   - Drive my car
   - Bicycle
   - Taxi
   - I would not make this trip

11. I AM...
    - Male
    - Female

12. MY AGE IS...
    - Under 15
    - 15 to 24
    - 25 to 34
    - 35 to 49
    - 50 to 64
    - 65 or older

13. WHAT IS YOUR TOTAL HOUSEHOLD INCOME?
    - Under $20,000
    - $20,000 to $39,000
    - $40,000 to $59,000
    - $60,000 to $79,000
    - $80,000 and over

14. CIRCLE YOUR RATING ON HOW YOU FEEL ABOUT YOUR BUS TRIP

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Unpleased</th>
<th>Very Pleased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness of bus stops</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Cleanliness</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Personal safety</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Convenience of routes</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Time between buses</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Buses being on schedule</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Travel time</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Crowding</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

15. WHICH ONE OF THE ITEMS FROM QUESTION 14 IS MOST IMPORTANT TO YOU? (Circle the item above)

THANK YOU for participating in this brief survey.