## Park and Ride Questionnaire

				CITY OF
Park and Ride Questionnaire				YORK
To be filled in by surveyor:	Service:	Journe	y: Direction:	COUNCIL
		= = = = = = = = = = = = = = = = = = =	ty's bus network. Please help us by filling in this shaire to the surveyor when you leave the bus	iort
1. Please tell us where you boa	rded this service:			
2. Please tell us where you will	alight this service:			
3. How often do you use this se	ervice? (please tid	ck)	4. What are you using the service for today?	(please tick)
More than 5 times a week		1	Commuting to/ from work	1
4-5 times a week		2	Shopping	2
2-3 times a week		3	Visiting friends or relatives	3
Once a week		4	Personal business	4
Once a fortnight		5	Going to school or college	5
Once a month		6	Getting to the rail station	6
Occasionally		7	Getting to hospital/doctors appointment	7
This is my first time		8	Day out/ tourism	8
		<del>_</del>	Leisure/ sport trip	9
			To access another bus service for onward trave	<b>el</b> 10
			Other (please state)	11
5. What type of ticket have you	u purchased for your trip	today? (please tick)	6. Do you have access to a car for this journey?	
Adult single or return		1	Yes	
Child single or return		2	No 2	
A period ticket or MINSTERcard	d	3		
I have a concessionary travel p		4	7. Do you have access to a bike for this journey	?
City of York Council employee MINSTERcard		5	Yes	
Student ticket		6	No 2	DI FACE TUDNI OVED
Family ticket		7		PLEASE TURN OVER

8. How satisfied are you with the following aspects of the bus service?	Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know or not applicable to
The facilities and car park where I board the service						
How close the service gets to where I want to go in the city centre						
The price of the ticket for single and return trips						
The price of the ticket for daily/ weekly travel						
The condition and cleanliness of the inside of the bus						
The condition and cleanliness of the outside of the bus						
My safety and security on the bus						
My interaction with the bus driver/ Park & Ride site supervisor						
The ease of getting on and off the bus						
The information which is available about the service						
The frequency of the service						
The reliability of the service						
The level of service provided in the evenings						
The level of service provided on Sundays						
The ease of getting a seat on the bus						
The ease of getting a space for a buggy or wheelchair on the bus						
The ease of finding space for my shopping on the bus						
The seating and comfort of the bus						
The bus stops outside the city centre						
The bus stops in the city centre						
The speed of the bus service						
Other (please state)						
	1	2	3	4	5	6

9. If the park and ride was not available for your journey today, what would	10. If you started your bus journey from the P&R site, how					
I would:		did you get there?				
Not travel at all	1					
Travel to somewhere else (e.g. Harrogate/ Leeds/ Selby)	2	Car	1			
Drive into York	3	Car passenger	2			
Use a local bus (e.g. the number 12)	4	Lift to site	3			
Cycle for my trip	5	Cycle	4			
Walk for my trip	6	Walk	5			
Take a taxi for my trip	7	Motorbike	6			
Other (please state)	8	Camper van	7			
		Other (please state)	8			
10. Please tell us your home postcode	13. Do you have a disabilit	ty which affects how you use the	bus?			
11. Are you: Male 1 (please tick) Female 2	Yes No	Go to question 14 Go to question 15				
12. Please tell us your age: (please tick)	14. Please tell us how it ef	14. Please tell us how it effects your bus use:				
0-15 1 20-25 3 45-65 5 16-19 2 26-44 4 Over 65 6						
15. The City of York Council may wish to undertake some focus	Name		a			
group research about developing the bus network. Please tell us your name and phone number if you would like to be considered for	Address		b			
inclusion in the focus groups:		-	_			
	Contact phone number		с			