

Bus User Questionnaire



To be filled in by surveyor: Bus service: Journey: Direction:

The City of York Council is undertaking a research project to develop the city's bus network. Please help us by filling in this short questionnaire during your bus journey today. Please return the questionnaire to the surveyor when you leave the bus

1. Please tell us where you boarded this bus: _____

2. Please tell us where you will alight this bus: _____

3. How often do you use this bus? (please tick)

More than 5 times a week		1
4-5 times a week		2
2-3 times a week		3
Once a week		4
Once a fortnight		5
Once a month		6
Occasionally		7
This is my first time		8

4. What are you using the bus for today? (please tick all that apply)

Commuting to/ from work		1
Shopping		2
Visiting friends or relatives		3
Personal business		4
Going to school or college		5
Getting to the rail station		6
Getting to hospital/ doctors appointment		7
Day out/ tourism		8
Leisure/ sport trip		9
To access another bus service for onward travel		10
Other (please state)		11

5. What type of ticket have you purchased for your trip today? (please tick)

Adult single or return		1
Child single or return		2
An operator day ticket (e.g. FirstDayRider)		3
An operator period ticket (e.g. Firstweekly ticket)		4
I have a concessionary travel pass		5
Plus bus		6
Student ticket (e.g. Yozone, scholar pass)		7
Family ticket		8

6. Do you have access to a car for this journey?

Yes		1
No		2

7. Do you have access to a bike for this journey?

Yes		1
No		2

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
a How close the service goes to my house						
b How close the service gets to where I want to go						
c The price of the bus ticket for single and return trips						
d The price of the bus ticket for daily/ weekly travel						
e The condition and cleanliness of the inside of the bus						
f The condition and cleanliness of the outside of the bus						
g My safety and security on the bus						
h My interaction with the bus driver or bus host						
i The ease of getting on and off the bus						
j The information which is available about the bus service						
k The frequency of the bus service						
l The reliability of the bus service						
m The level of service provided in the evenings						
n The level of service provided on Sundays						
o The ease of getting a seat on the bus						
p The ease of getting a space for a buggy or wheelchair on the bus						
q The ease of finding space for my shopping on the bus						
r The seating and comfort of the bus						
s The bus stops outside the city centre						
t The bus stops in the city centre						
u The speed of the bus service						
v Other (please state)						
	1	2	3	4	5	6

9. Please tell us your home postcode _____

10. Are you: (please tick)

Male	1
Female	2

11. Please tell us your age: (please tick)

0-15	1	20-25	3	45-65	5
16-19	2	26-44	4	Over 65	6

12. Do you have a disability which affects how you use the bus?

Yes	1	Go to question 13
No	2	Go to question 14

13. Please tell us how it effects your bus use:

14. The City of York Council may wish to undertake some focus group research about developing the bus network. Please tell us your name and phone number if you would like to be considered for inclusion in the focus groups:

Name _____ a

Address _____ b

Contact phone number _____ c