

Fort Smith Transit
Passenger Survey

Please check one response (Very Good, Good, Fair, Poor, Not Applicable or No Opinion) for each of the following. Comments may be provided for each question or in the space on the back.

	Very Good	Good	Fair	Poor	Not Applicable/ No Opinion
1. Hours of Service Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Days of Service Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cost to ride Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Length of ride Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Service area Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Transfers to other buses Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. On-time arrival of Fixed Route buses Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Availability of time requested (demand response) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Professionalism of dispatchers (person who takes ride reservation) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Professionalism of drivers Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Driver's understanding of disability Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Driver's appearance Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Size of vehicle Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14. Comfort of vehicle
Comments: _____
15. Cleanliness of vehicle
Comments: _____
16. Availability of Information
Comments: _____
17. Notification of service changes/fares
Comments: _____
18. Transit ride guide & map ease of use
and easy to understand
Comments: _____
19. Website ease of use and easy to understand
Comments: _____
20. Overall service of Fort Smith Transit
Comments: _____

21. How frequently do you use the transit system for your transportation needs? (Please Circle all that apply)

- Fixed Route
- A. Everyday
 - B. 3-5 times per week
 - C. 10-20 days per month
 - D. Never

- Demand Response
- A. Everyday
 - B. 3-5 times per week
 - C. 10-20 days per month
 - D. Never

22. What can the transit department do to improve transportation services for you? _____

23. What type of facilities or services would you like to see in the future? _____

24. Would you recommend Fort Smith Transit to your family and/or friends? _____

25. Additional Comments: _____

