



# Southwest Georgia Regional Transit Onboard Survey

Instructions: Please fill out, to the best of your ability, the following survey based on your last transit trip provided by Southwest Georgia Regional Transit and return via email to Suzanne Angell at [sangell@swgrc.org](mailto:sangell@swgrc.org) or fax to (229) 522-3552 or mail to: Suzanne Angell, Southwest GA RC, PO Box 346, Camilla, GA 31730.

1. Transit Provider: \_\_\_\_\_

2. Date of Trip: \_\_\_\_\_

2. Do you use a wheelchair? Yes  No   
**If yes,** did the driver assist you properly into the vehicle? Yes  No

3. Was your driver:

	Yes	No
(1) Courteous?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Helpful?	<input type="checkbox"/>	<input type="checkbox"/>

4. Did your driver:

	Yes	No
(1) Have a clean appearance?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Assist passengers onboard?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Make sure passengers seat belts were fastened?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Assist passengers to exit the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
(5) Drive competently?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Smoke, eat or drink with passengers onboard?	<input type="checkbox"/>	<input type="checkbox"/>
(7) Text or use phone while driving?	<input type="checkbox"/>	<input type="checkbox"/>

5. Did the Transit service meet your needs/expectations in the following categories:

	Yes	No
(1) Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
(2) Frequency of Service	<input type="checkbox"/>	<input type="checkbox"/>
(3) Timeliness (within a 15 min. window)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Availability of information	<input type="checkbox"/>	<input type="checkbox"/>
(5) Announcement of schedule changes	<input type="checkbox"/>	<input type="checkbox"/>
(6) Condition of transit vehicles	<input type="checkbox"/>	<input type="checkbox"/>
(7) Overall service	<input type="checkbox"/>	<input type="checkbox"/>

6. Did you pay a monetary fare when you boarded the vehicle? Yes  No   
**If yes:**

	Yes	No
(1) Did the driver collect the proper fare?	<input type="checkbox"/>	<input type="checkbox"/>
(2) In your opinion, was the fare affordable?	<input type="checkbox"/>	<input type="checkbox"/>

7. Please answer the following:

	Yes	No
(1) Would you use the service again?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Would you recommend the service?	<input type="checkbox"/>	<input type="checkbox"/>

8. Comments/ Suggestions

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**Thank you for participating in this survey!!!!**