

**FARGO MAT PARATRANSIT
PASSENGER SATISFACTION SURVEY**

Please check one response (Very Good, Good, Fair, Poor, No Opinion) for each of the following. Comments may be provided for each question or in the space on the back.

Return completed survey to the box provided on the van or Fargo Transit Office, 502 NP Avenue, Fargo, ND 58102 by March 30, 1994.

If you have any questions, please call 241-8140 (voice) or 232-7500 (TDD). This survey is available on audio cassette tape.

	VERY GOOD	GOOD	FAIR	POOR	NO OPINION
1. Hours of Service Comments: _____	<input type="checkbox"/>				
2. Days of Service Comments: _____	<input type="checkbox"/>				
3. Cost to ride Comments: _____	<input type="checkbox"/>				
4. Length of ride Comments: _____	<input type="checkbox"/>				
5. Service area (all Fargo, West Fargo and to 8th Street in Moorhead) Comments: _____	<input type="checkbox"/>				
6. Transferring to other transit services (Mhd. Dial-A-Ride, MAT Fixed Routes) Comments: _____	<input type="checkbox"/>				
7. On-time arrival of van Comments: _____	<input type="checkbox"/>				
8. Availability of time requested Comments: _____	<input type="checkbox"/>				
9. Dispatcher's ability to communicate (person who takes ride reservation) Comments: _____	<input type="checkbox"/>				
10. Driver assistance between door of building and van (must be requested) Comments: _____	<input type="checkbox"/>				
11. Driver's ability to communicate Comments: _____	<input type="checkbox"/>				
12. Driver's understanding of disability Comments: _____	<input type="checkbox"/>				

VERY GOOD GOOD FAIR POOR NO OPINION

13. Driver's appearance
 Comments: _____

14. Policy requiring cancellation of ride at least one hour in advance
 Comments: _____

15. Policy of paying for "no show"
 Comments: _____

16. Policy to suspend eligibility for five days after four "no shows"
 Comments: _____

17. Policy of driver carrying one package per eligible passenger
 Comments: _____

18. Size of vehicle
 Comments: _____

19. Comfort of vehicle
 Comments: _____

20. Application for eligibility or certification process
 Comments: _____

21. Availability of Information
 Comments: _____

22. Notification of service changes/fares
 Comments: _____

23. Marketing/advertising about availability of service
 Comments: _____

24. Do you need a vehicle with a wheelchair lift? (Check one)
 Yes _____ No _____

25. What needs are not currently being met by Fargo MAT Paratransit service?

**FARGO
METROPOLITAN AREA TRANSIT
PASSENGER SATISFACTION SURVEY**

Please check one response (Very Good, Good, Fair, Poor, No Opinion) for each of the following statements. Comments may be provided for each question or in the space on the back.

Return completed survey to either the box provided on the bus, GTC, or Fargo Transit Office, 502 NP Avenue, Fargo, ND 58102 by March 30, 1994.

If you have any questions, please call 241-8140 (Voice) or 232-7500 (TDD). This survey is available on audio cassette tape.

	VERY GOOD	GOOD	FAIR	POOR	NO OPINION
1. Hours of service Comments: _____	<input type="checkbox"/>				
2. Days of service Comments: _____	<input type="checkbox"/>				
3. Cost to ride Comments: _____	<input type="checkbox"/>				
4. Buses on-time per schedule Comments: _____	<input type="checkbox"/>				
5. Transferring between buses Comments: _____	<input type="checkbox"/>				
6. Length of bus ride Comments: _____	<input type="checkbox"/>				
7. Driver courtesy Comments: _____	<input type="checkbox"/>				
8. Driver knowledge of bus system Comments: _____	<input type="checkbox"/>				
9. Driver appearance Comments: _____	<input type="checkbox"/>				
10. Driver communication over public address system (inside speaker) Comments: _____	<input type="checkbox"/>				

	VERY GOOD	GOOD	FAIR	POOR	NO OPINION
11. Readability of sign on outside of bus (route number/destination) Comments: _____	<input type="checkbox"/>				
12. Vehicle condition inside/outside Comments: _____	<input type="checkbox"/>				
13. Comfort of Vehicle Comments: _____	<input type="checkbox"/>				
14. Appearance of GTC inside/outside Comments: _____	<input type="checkbox"/>				
15. GTC Dispatcher courtesy Comments: _____	<input type="checkbox"/>				
16. Number of bus shelters Comments: _____	<input type="checkbox"/>				
17. Location of bus shelters Comments: _____	<input type="checkbox"/>				
18. Appearance of bus shelters Comments: _____	<input type="checkbox"/>				
19. Availability of bus schedules Comments: _____	<input type="checkbox"/>				
20. Availability of monthly passes/tokens Comments: _____	<input type="checkbox"/>				
21. Notices of bus route/fare changes Comments: _____	<input type="checkbox"/>				
22. What needs are not currently being met by the existing transit service?					
