APPENDIX B

English Language Survey Instruments
B-Line Passenger Survey

Hi! Your feedback helps us understand how people use B-Line and how we can improve service. Please tell us about the one-way trip you are making now. The answers are completely confidential.

Return the form in the COMPLETED SURVEYS envelope. If you have already filled out a survey this week, please DO NOT fill out another one.

1. Where are you COMING FROM?
   - Home
   - Work
   - Shopping
   - Doctor/Medical
   - School
   - Recreation/Social
   - Personal/Errands
   - Other

   Where is that place? What is the nearest intersection or nearest landmark to where you started your trip? (not the bus stop location)

   Street Address or landmark (e.g., hospital, mall, or intersection)

   City or Zip Code

2. Where are you GOING now?
   - Home
   - Work
   - Shopping
   - Doctor/Medical
   - School
   - Recreation/Social
   - Personal/Errands
   - Other

   Where is that place? What is the nearest intersection or nearest landmark to where you started your trip? (not the bus stop location)

   Street Address or landmark (e.g., hospital, mall, or intersection)

   City or Zip Code

3. How did you GET TO the bus stop to board this bus? Check one ✓.
   - Transferred from another bus (Which route?)
   - Walked (How many minutes?)
   - Used wheelchair or scooter (How many minutes?)
   - Drove alone, then parked
   - Someone dropped me off
   - Bike
   - Other

4. How will you GO FROM this bus to your destination? Check one ✓.
   - Transfer to another bus (Which route?)
   - Walk (How many minutes?)
   - Used wheelchair or scooter (How many minutes?)
   - Drive alone
   - Someone will pick me up
   - Bike
   - Other

5. In a typical week, about how many times do you ride the bus?
   - Never or rarely
   - 1-2 times
   - 3-4 times
   - 5 or more times

6. When did you start using B-Line buses regularly?
   - 2013
   - 2012
   - 2011
   - 2010
   - 2009 or earlier
   - Don’t ride regularly

7. What is the main reason you chose to ride B-Line today?
   - My only transportation
   - Save money
   - Convenience
   - Environmental benefits
   - Avoid traffic/parking
   - Other

8. Was a car available to you for this particular trip?
   - No
   - Yes, one was easily available
   - Yes, but at an inconvenience to others

9. How did you pay your bus fare today?
   - Cash
   - 10-Ride pass
   - All-Day Pass
   - CSUC ID
   - Downtown Chico Employee Pass
   - Other

10. How do you get information about B-Line services?
    - B-Line website
    - Ask a driver
    - Printed schedule/maps
    - Information posted at bus stop
    - Other

11. Please rate B-Line service in each of the following categories:
    - Very Poor
    - Somewhat Poor
    - Neutral
    - Good
    - Excellent

   A. How quickly does your bus get you there?
   B. How often your bus runs
   C. How often your bus is on time
   D. Safety at bus stops
   E. Length of bus stops
   F. B-Line information at bus stops
   G. Convenience of bus drivers
   H. Ease of transfers between routes
   I. Bus fare
   J. Ease/availability of customer service
   K. Overall, how do you rate B-Line service?

Thank you for your feedback.
We appreciate your input!

IMPORTANT: Please return this survey to the surveyor or drop it in the collection envelope at the front of the bus.
You may also fax this survey to 415-294-1554, or scan and email it to ghansen@nelsonnygaard.com.
**B-Line Encuesta de Pasajeros**

**B-Line Regional Transit**

**Butte County Association of Governments**

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### COMIENZO DE SU VIAJE

<table>
<thead>
<tr>
<th>¿DE DÓNDE viene?</th>
<th>Casa</th>
<th>Trabajo</th>
<th>De compras</th>
<th>Doctor/visita médica</th>
<th>Social/recreativa</th>
<th>Asuntos personales</th>
<th>Otros</th>
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</tbody>
</table>

¿Dónde quedarse encuentra este lugar? Indique la intersección o el punto de referencia más cercano al comienzo de su viaje. (No es la parada de autobús)

**Dirección de la calle**: Nombre: Lugar: Subcategoría: (por ejemplo, Aire Fresco, Chico Mall, o Oroville Hospital)

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### TERMINACIÓN DE SU VIAJE

<table>
<thead>
<tr>
<th>2. A DÓNDE va ahora?</th>
<th>Casa</th>
<th>Trabajo</th>
<th>De compras</th>
<th>Doctor/visita médica</th>
<th>Social/recreativa</th>
<th>Asuntos personales</th>
<th>Otros</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

¿Dónde queda/se encuentra este lugar? Indique la dirección, intersección y el punto de referencia más cercano a la terminación de su viaje. (No es la parada de autobús)

**Dirección de la calle**: Nombre: Lugar: Subcategoría: (por ejemplo, Aire Fresco, Chico Mall, o Oroville Hospital)

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### 3. ¿Cómo LLEGÓ a la parada de autobús para abordar este autobús? Marque una V

- Transbordo de otro autobús (¿Cuál ruta? __________) ☐
- Caminó (¿Cuántos minutos? __________) ☐
- Usó una silla de ruedas o silla eléctrica (¿Cuántos minutos? __________) ☐
- Manejó solo y no estacionó Me dejaron por coche ☐
- En Bicicleta ☐
- Otro ☐

Calle más cercana que cruzó: (Por ejemplo, W. 11th Ave. & Zero Ave.) Ciudad y Código Postal: __________

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### 4. ¿Cómo va a IR DE este autobús a su destino? Marque una V

- Transbordo a otro autobús (¿Cuál ruta? __________) ☐
- Caminó (¿Cuántos minutos? __________) ☐
- Usó una silla de ruedas o silla eléctrica (¿Cuántos minutos? __________) ☐
- Manejó solo ☐
- En Bicicleta ☐
- Otro ☐

Calle más cercana que cruzó: (Por ejemplo, W. 11th Ave. & Zero Ave.) Ciudad y Código Postal: __________

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### 5. En una semana típica, ¿cuántas veces viajó en el autobús?

- Nunca/raramente ☐
- 1-2 veces ☐
- 3-4 veces ☐
- 5 o más veces ☐

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### 6. ¿Cuando empezó a usar los autobuses B-Line con regularidad?

- 2013 ☐
- 2012 ☐
- 2011 ☐
- 2010 ☐
- 2009 o antes ☐
- No uso B-Line con regularidad ☐

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### 7. ¿Cuál es la razón principal por la que eligió tomar B-Line hoy?

- No hay un solo transporte ☐
- Para ahorrar dinero ☐
- Conveniencia o beneficios del medio ambiente ☐
- Para evitar tráfico y estacionamiento ☐
- Otro ☐

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### 8. ¿Estaba en su coche a disposición para este viaje?

- Sí ☐
- No ☐

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### 9. ¿Cuántas veces paga la tarifa del autobús hoy?

- En efectivo ☐
- Pase de 2 o 10 días ☐
- Pase de 30 días ☐
- Pase de día ☐
- CSUC ID ☐
- Pase para empleados del centro de Chico ☐

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### 10. ¿Cómo se obtiene información acerca de los servicios de B-Line?

- Sitio web de B-Line ☐
- Horarios/públicados ☐
- Por teléfono a B-Line ☐
- Pido al conductor ☐
- Información en la parada de bus ☐
- Otro ☐

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### 11. Por favor califique el servicio de B-Line en cada una de las siguientes categorías:

<table>
<thead>
<tr>
<th>Calificación</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muy Malo</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Malo</td>
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<td>☐</td>
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<tr>
<td>Media</td>
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<tr>
<td>Bueno</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Muy Bueno</td>
<td>☐</td>
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</tbody>
</table>

- A rapidez con la que el autobús lo lleva a su destino ☐
- B frecuencia con la que pase el autobús ☐
- C frecuencia con la que el autobús llega a tiempo ☐
- D Seguridad en la parada ☐
- E Tiempo en las paradas ☐
- F Información de B-Line en la parada ☐
- G Cortesía de los conductores ☐
- H Facilidad de transbordo entre las rutas ☐
- I Tarifa de autobús ☐
- J Facilidad/disponibilidad de servicio al cliente ☐
- K ¿Cómo califica usted el servicio de B-Line en general? ☐

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**IMPORANTE:** Por favor devuelva esta encuesta al inspector o déjela en el sobre de colección en la parte delantera del autobús. También puede enviar esta encuesta por fax al 415-284-1554, o escanear y enviarla por correo electrónico a ghansen@nelsonnygaard.com.

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Gracias por llenar la encuesta.
¡Agradecemos sus comentarios!
Butte County Travel Study

In an effort to help plan future transit, bike and pedestrian transportation, we are conducting a short survey on transportation choices and preferences. We plan to use this information to help the Butte County Association of Governments create a plan for transportation services and programs. This survey should take approximately 5-7 minutes to complete. At the end of the survey, you will have the option of entering a drawing for one of 10 30-day B-Line Transit bus passes ($45 value).

1. In which city do you currently live?

2. Are you currently employed or in school? (check all that apply)
   - □ Employed (in what city do you work? ____________________________)
   - □ School (in what city do you attend school? _________________________)
   - □ Neither → Skip to Question #5
   - □ Other → Skip to Question #5

3. For work/school, what is your primary mode of transportation?
   - □ Drive Alone
   - □ Walk
   - □ Bike
   - □ Public Transportation/B-Line
   - □ Carpool/ Vanpool
   - □ N/A
   - □ Other

4. On a typical day, how long does it take you to travel from your home to your place of work or school?
   - □ 0-10 Minutes
   - □ 11-20 Minutes
   - □ 21-30 Minutes
   - □ 31-40 Minutes
   - □ 40-60 Minutes
   - □ More than 1 hour
   - □ Don’t commute on a regular basis

5. Does public transportation currently serve the community where you live?
   - □ Yes → If YES: Answer 6a and 6b –
     - □ B-Line Regular Routes
     - □ B-Line Paratransit
     - □ Glenn Ride
     - □ Plumas Transit
     - □ Yuba-Sutter Transit
     - □ Other: Which system(s)? Where? ____________
   - □ No → If NO: Why have you not used public transportation? (Mark all that apply)
     - □ Prefer to drive
     - □ Get rides from others
     - □ Prefer to bike or walk
     - □ Too far to walk to bus
     - □ Travel times on bus are too long
     - □ Service does not operate where I need it
     - □ Service does not operate when I need it
     - □ Public transportation is too expensive
     - □ Other: ____________

6. Have you used public transportation in the past six months?
   - □ Yes → If YES: Answer 6a and 6b –

   6a. Which service(s) have you used? (Mark all that apply)
   - □ B-Line Regular Routes
   - □ B-Line Paratransit
   - □ Glenn Ride
   - □ Plumas Transit
   - □ Yuba-Sutter Transit
   - □ Other: Which system(s)? Where? ____________

   6b. How often do you ride public transportation? (Check only one)
   - □ 5-7 days per week
   - □ A few days a week (2-4 days/week)
   - □ A few days a month
   - □ Less than once a month

   □ No → If NO: Why have you not used public transportation? (Mark all that apply)

   - □ Prefer to drive
   - □ Get rides from others
   - □ Prefer to bike or walk
   - □ Too far to walk to bus
   - □ Travel times on bus are too long
   - □ Service does not operate where I need it
   - □ Service does not operate when I need it
   - □ Public transportation is too expensive
   - □ Other: ____________

7. Which factors would encourage you to consider taking B-Line bus routes/ride B-Line more often?

<table>
<thead>
<tr>
<th>Factor</th>
<th>NO not consider</th>
<th>MAYBE Consider somewhat</th>
<th>YES Consider Strongly</th>
<th>N/A Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-Line would begin to operate in my community/neighborhood</td>
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<tr>
<td>Increase in traffic congestion/more difficulty driving</td>
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<tr>
<td>More pedestrian/bike friendly environment</td>
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<tr>
<td>Higher price of gasoline</td>
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<tr>
<td>Improvements in bus service frequency</td>
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<tr>
<td>More storage space for bikes on the bus</td>
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<tr>
<td>Lower fare</td>
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<tr>
<td>Longer bus service hours</td>
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<tr>
<td>Limited parking availability at my destination</td>
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<tr>
<td>Passenger amenities (i.e. shelters, benches, etc.)</td>
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<tr>
<td>Transit would need to go to:</td>
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</tbody>
</table>
8. On an average weekday, how many total minutes do you walk outdoors?
   - 0-10 minutes
   - 10-30 minutes
   - 30-60 minutes
   - More than 60 minutes

9. As a pedestrian in Butte County, what are the primary issues you experience while walking outdoors? (Mark all that apply)
   - Missing sidewalks
   - Unsafe crossings/intersections
   - Personal safety
   - N/A-no concerns; don't walk
   - Other (specify)

10. Are there specific locations where pedestrian improvements are needed?
    - No/Don’t Know
    - Yes. Please indicate where:

11. On an average weekday, how many total minutes do you bike somewhere outdoors?
    - I do not bike
    - Fewer than 10 minutes
    - 10-30 minutes
    - 30-60 minutes
    - More than 60 minutes

12. As a bicyclist, the primary issue that you experience while biking in Butte County is:
    - No bike paths, bike lanes, etc.
    - High traffic volume or speed
    - No place to park/store bicycle at destination
    - Limited capacity to store bicycles on B-Line buses
    - Other (please specify)

13. Are there specific locations where bicycle improvements are needed?
    - No/Don’t Know
    - Yes. Please indicate where:

### HOUSEHOLD INFORMATION (FOR CLASSIFICATION PURPOSES ONLY)

14. Including yourself, how many people currently live in your household?
    - 1-2
    - 3-4
    - 5-6
    - 7+

15. How many are age 65 or older?
    - 0
    - 1-2
    - 3-4
    - 5-6
    - 7+

16. How many are age 18 or under?
    - 0
    - 1-2
    - 3-4
    - 5-6
    - 7+

17. How many automobiles (including motorcycles, scooters, etc.) does your household have?
    - 0
    - 1
    - 2
    - 3
    - 4+

18. What is your annual household income?
    - $19,999 or less
    - $20,000-$39,000
    - $40,000-$59,000
    - $60,000-$74,999
    - $75,000-$99,999
    - $100,000+

19. What is your gender?
    - Female
    - Male

20. Please share any additional comments:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

**OPTIONAL:** To be entered to win one of 10 B-Line bus passes good for unlimited travel for 30 days, please provide the information below. **This information is confidential and is kept separate from your responses to the survey. It will ONLY be used to contact you in the event you are selected as one of the winners. Winners will be notified by email or phone and prizes will be mailed to the address below.**

Persons who wish to enter without completing the survey may send a postcard with their name, address, phone number and email address to Nelson\Nygaard Associates, 116 New Montgomery St., Suite 500, San Francisco, CA 94105. Only one entry per person regardless of entry method (via in-person survey, on-line survey, or postcard) is allowed.

Name: ________________________________

Email: ________________________________

Address (Only for mailing prizes): ________________________________

Phone Number (Only used if we cannot reach you by mail): ________________________________