

Take Our Rider Survey - Win a \$25 Gift Card!

\$25 gift cards will be given to ten randomly picked survey respondents

Respondents do not need to sign into Google to complete survey and qualify for gift card.

* Indicates required question

Public Transportation Rider Survey

The Municipality of Anchorage is conducting an update to the coordinated public transit-human services plan for the Anchorage and Chugiak/Eagle River area. We would like your feedback on your experience accessing and using public transportation.

This survey is for current riders or people who do not currently use public transit; the survey should take no more than 3 minutes to complete. Your valuable feedback will help guide the plan update.

1. **During the past year, were you UNABLE TO TRAVEL to any of the following destinations because you did NOT have access to transportation? (Check all that apply)**

Check all that apply.

- Shopping/grocery/banking
- Medical/dental/wellness appointments
- Social outings (friends/family)
- Recreational/senior center/casino
- Religious services
- Education (school)
- Work/volunteering

2. **Which of the following factors prevented you from taking trips this past year? (Check all that apply)**

Check all that apply.

- I can't drive (no license, don't feel comfortable, etc.)
- Do not have a car
- I can't pay for gas, parking, and/or insurance
- I don't have anyone to take me
- I don't have bus services in my area
- I can't afford bus fare
- I'm not familiar with transportation options
- I don't feel safe or comfortable

3. **Are you currently able to drive? ***

Mark only one oval.

- Yes
- No *Skip to question 6*

4. **If you drive, which of the following local destinations do you drive to? (Check all that apply)**

Check all that apply.

- Shopping/grocery/banking
- Medical/dental/wellness appointments
- Social outings
- Recreational/senior center/casino
- Religious services
- Education (school)
- Work/volunteering
- I don't drive to any destination

5. **If you drive, are there any circumstances in which you would prefer not to drive? (Check all that apply)**

Check all that apply.

- At night
- To a destination more than 5 miles away
- To a doctor's appointment when I don't feel well
- On highways
- To a place I don't know very well
- I don't drive to any destination

6. **If you rely on another driver for any of your trips, on whom do you depend? (Check all that apply)**

Check all that apply.

- Spouse/partner
- Children/other relatives
- Friends/neighbors
- Public services: transit
- Transit/Paratransit
- Transport offered by assisted living facility/senior community
- Taxi/Uber/Lyft

7. **Over the next 1-3 years, which destinations do you anticipate needing transportation to because you won't be able to drive there? (Check all that apply)**

Check all that apply.

- Shopping/grocery/banking
- Medical/dental/wellness appointments
- Social outings (friends/family)
- Recreational/senior center/casino
- Religious services
- Education (school)
- Work/volunteering

Bus Service

8. **Do you use the bus? ***

⌵ Dropd

Mark only one oval.

- Yes *Skip to question 10*
- No *Skip to question 9*

9. What are the reasons you do not (or cannot) use the Bus? (Check all that apply)

Check all that apply.

- I don't know what services are available
- I can't afford the fare
- Service does not take me where I want to go
- Service not available during the times I need it
- It takes me too long to get where I need to go
- Service is not reliable
- I don't feel safe waiting for the service
- I don't feel safe on the service
- I can't walk to the nearest bus stop
- The service cannot meet my other needs

Skip to question 13

10. On a scale of 1-5, how safe do you feel while taking the bus?

⊙ Dropdc

Mark only one oval.

- 1 Not Safe
- 2 Somewhat Unsafe
- 3 Neutral
- 4 Somewhat safe
- 5 Safe

11. What would make you feel safer taking the bus?

Check all that apply.

- Better bus stop amenities (shelters, benches, etc.)
- Better lighting
- Option 3
- Option 4
- Other: _____

12. What general bus service improvements would you like? (Check all that apply)

Check all that apply.

- Free transfers between systems (i.e. from Valley Transit to People Mover)
- Real-time arrival information
- Bus system app with schedules and fare options
- Online trip planning tool
- Other: _____

AnchorRIDES**13. Do you use AnchorRIDES ***

⌵ Dropdc

Mark only one oval.

- Yes *Skip to question 15*
- No *Skip to question 14*

14. What are the reasons you do not (or cannot) use AnchorRIDES? (Check all that apply) *

Check all that apply.

- I don't need the service
- I don't know what services are available
- I can't afford the fare
- Service does not take me where I want to go
- Service is not available during the times I need it
- It takes me too long to get where I need to go
- Service is not reliable
- I can't wait for the service
- I don't feel safe on the service
- The service cannot meet my other needs

Skip to question 18

15. On a scale of 1-5, how safe do you feel while taking AnchorRIDES?

⌵ Dropdc

Mark only one oval.

- 1 Not Safe
- 2 Somewhat Unsafe
- 3 Neutral
- 4 Somewhat safe
- 5 Safe

16. What would make you feel safer taking AnchorRIDES? (Click all that apply)

Check all that apply.

- Emergency features on the bus (call buttons, etc.)
- Safer access to or from the bus (sidewalks, ramps, snow clearing)
- Advanced driver training (customer service, safe securing, conflict resolution, etc.)
- Door-through-door service
- Other: _____

17. What general improvements to AnchorRIDES service would you like? (Check all that apply)

Check all that apply.

- Real-time bus arrival/bus tracking
- Same-day reservations
- On-bus amenities (storage, comfort, wi-fi, etc.)
- Extended service span, including holiday service
- Greater reliability/fewer cancellations
- Shorter wait times
- Other: _____

Paratransit Services**18. Do you use paratransit services? ***

⌵ Dropdc

Mark only one oval.

- Yes *Skip to question 20*
- No *Skip to question 19*

19. **What are the reasons you do not (or cannot) use paratransit services?** (*Check all that apply*)

Check all that apply.

- I don't need the service
- I don't know what services are available
- I can't afford the fare
- Service does not take me where I want to go
- Service is not available during the times I need it
- It takes me too long to get where I need to go
- Service is not reliable
- I can't wait for the service
- I don't feel safe on the service
- The service cannot meet my other needs

Skip to question 23

Untitled Section

20. **On a scale of 1-5, how safe do you feel while taking paratransit services?**

⌵ Dropdc

Mark only one oval.

- 1 Not Safe
- 2 Somewhat Unsafe
- 3 Neutral
- 4 Somewhat safe
- 5 Safe

21. What would make you feel safer taking paratransit services?

Check all that apply.

- Emergency features on the bus (call buttons, etc.)
- Safer access to or from the bus (sidewalks, ramps, snow clearing)
- Advanced driver training (customer service, safe securing, conflict resolution, etc.)
- Door-through-door service
- Upgraded or new vehicles
- Other: _____

22. What general improvements to paratransit services would you like? (Check all that apply)

Check all that apply.

- Real-time bus arrival/bus tracking
- Same-day reservations
- On-bus amenities (storage, comfort, wi-fi, etc.)
- Extended service span, including holiday service
- Greater reliability/fewer cancellations
- Shorter wait times
- Other: _____

CONFIDENTIAL Demographic Information**23. Have you spent more than two nights unhoused or in temporary shelter in the last year?**

⌵ Dropdc

Mark only one oval.

- Yes
- No
- Prefer not to answer

24. **What is your home zip code?**

25. **Which of the following devices do you use to access the Internet? (Check all that apply)**

Check all that apply.

- Personal computer (desktop/laptop)
- Smartphone
- Tablet
- Public computer in a public place (i.e., library, senior center, school)
- I don't have access to any of these devices.

26. **Do you have access to WiFi in your residence?**

⌵ Dropdc

Mark only one oval.

- Yes
- No

27. **Do you identify as a person with a disability?**

⌵ Dropdc

Mark only one oval.

- No
- Yes, and I DO USE a mobility device
- Yes, but I DO NOT use a mobility device.

28. What is your age?

Mark only one oval.

- 17 and under
- 18-28
- 29-35
- 36-45
- 46-55
- 56-64
- 65-74
- 75-84
- 85+

29. What is your total household income per year?

Mark only one oval.

- Below \$15,000
- \$15,001-\$30,000
- \$30,001-\$45,000
- \$46,001-\$60,000
- \$60,001-\$75,000
- Above \$75,000

30. What is the main language spoken in your home?

Mark only one oval.

- English
- Tagalog or Filipino
- Spanish
- Arabic
- Russian
- Hmong
- Yup-ik
- Samoan
- Other: _____

31. Are you a veteran of the U.S. Armed Forces?

⌵ Dropd

Mark only one oval.

- Yes
- No

Thank you for completing our survey!

All responses will be kept strictly confidential.

If you have any questions please contact: inquiries@aroundanchorage2025.com

For more project information visit: [AroundAnchorage2025.com](https://www.aroundanchorage2025.com).

**>>TO ENTER THE DRAWING FOR ONE OF TEN \$25 GIFT CARDS, please [click here](#)<<
*Winners will be announced on August 28***