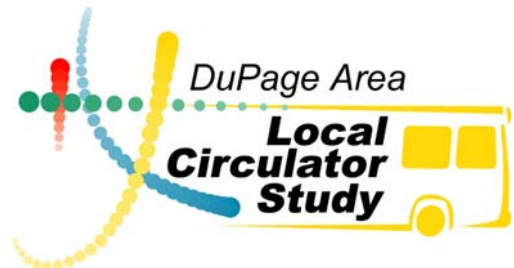
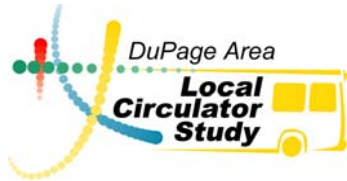


# Appendix A: Community Survey

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## CAN WE GIVE YOU A RIDE?



Addison is considering providing a local circulator bus service for residents, commuters, and visitors. A small bus would operate in the community and take passengers to destinations in Addison. We need your help to design this service. Please take a few minutes to complete the questions below. There is space for each person in your household to respond. Your input will help us design the best service to meet your needs. All information will be kept confidential.

To help us design a bus route that will serve the most people, we need to know generally where your bus trips would start.

1. What is your home address or nearest street intersection? \_\_\_\_\_
2. How many people live in your household? \_\_\_\_\_
3. How many in your household are under 16 \_\_\_\_\_; over 60 \_\_\_\_\_
4. How many in your household are employed outside the home? \_\_\_\_\_
5. How many persons in your household would have difficulty driving due to a health condition, disability, or other reason? \_\_\_\_\_
6. How many vehicles do you have available in your household? \_\_\_\_\_

Question	Person 1	Person 2	Person 3	Person 4
<b>Check all responses that apply:</b>	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other

Question	Person 1	Person 2	Person 3	Person 4
<b>If employed or a student, location to which you report most days:</b>	Street address or nearest intersection: _____ AND City/Town: _____ Zip Code: _____	Street address or nearest intersection: _____ AND City/Town: _____ Zip Code: _____	Street address or nearest intersection: _____ AND City/Town: _____ Zip Code: _____	Street address or nearest intersection: _____ AND City/Town: _____ Zip Code: _____
<b>Could you travel to this place by public transit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<b>Whether you use it or not, do you have a vehicle available that you could drive to work or school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you need your car at work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Usual mode of travel to work or school:</b>	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public bus <input type="checkbox"/> Metra rail <input type="checkbox"/> Ride with other <input type="checkbox"/> Drive with other <input type="checkbox"/> Drive alone	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public bus <input type="checkbox"/> Metra rail <input type="checkbox"/> Ride with other <input type="checkbox"/> Drive with other <input type="checkbox"/> Drive alone	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public bus <input type="checkbox"/> Metra rail <input type="checkbox"/> Ride with other <input type="checkbox"/> Drive with other <input type="checkbox"/> Drive alone	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public bus <input type="checkbox"/> Metra rail <input type="checkbox"/> Ride with other <input type="checkbox"/> Drive with other <input type="checkbox"/> Drive alone

Question	Person 1	Person 2	Person 3	Person 4
<b>If you use Metra,</b>	Which station do you use most often? _____	Which station do you use most often? _____	Which station do you use most often? _____	Which station do you use most often? _____
<b>How do you travel to and from the station?</b>	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Pace <input type="checkbox"/> Other	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Pace <input type="checkbox"/> Other	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Pace <input type="checkbox"/> Other	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Pace <input type="checkbox"/> Other
<b>If you use Pace,</b>	Which route or routes do you ride? _____	Which route or routes do you ride? _____	Which route or routes do you ride? _____	Which route or routes do you ride? _____
<b>How do you travel to and from the Pace bus stop?</b>	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Other	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Other	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Other	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive alone <input type="checkbox"/> Ride with another <input type="checkbox"/> Other
<b>Do you have to pay to park at work or school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, how much?</b>	_____ per day	_____ per day	_____ per day	_____ per day
<b>How long does it take to travel from home to work or school?</b>	_____ minutes	_____ minutes	_____ minutes	_____ minutes

Question	Person 1	Person 2	Person 3	Person 4
<b>Do you drop-off or pick-up a child at school or daycare while traveling to/ from work or school?</b>	<input type="checkbox"/> No <input type="checkbox"/> Every day <input type="checkbox"/> A few days a week <input type="checkbox"/> Occasionally	<input type="checkbox"/> No <input type="checkbox"/> Every day <input type="checkbox"/> A few days a week <input type="checkbox"/> Occasionally	<input type="checkbox"/> No <input type="checkbox"/> Every day <input type="checkbox"/> A few days a week <input type="checkbox"/> Occasionally	<input type="checkbox"/> No <input type="checkbox"/> Every day <input type="checkbox"/> A few days a week <input type="checkbox"/> Occasionally
<b>What are some of the places in Addison that you travel to or from once a week or more often? (examples: Marcus Cinema, Green Meadows Shopping Center, Community Park Recreation Center, Metra station, etc.)</b>				
<p style="text-align: center;">Addison is considering providing a local circulator service. A van or small bus would operate in the community and take riders to and from destinations in Addison.</p>				
<b>If a local circulator bus service was available in Addison, would you use it?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question	Person 1	Person 2	Person 3	Person 4
<b>If so, how often?</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Five days a week <input type="checkbox"/> 2 to 4 times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month	<input type="checkbox"/> Daily <input type="checkbox"/> Five days a week <input type="checkbox"/> 2 to 4 times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month	<input type="checkbox"/> Daily <input type="checkbox"/> Five days a week <input type="checkbox"/> 2 to 4 times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month	<input type="checkbox"/> Daily <input type="checkbox"/> Five days a week <input type="checkbox"/> 2 to 4 times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month
<b>I would prefer a service that:</b>	<input type="checkbox"/> Stopped at a nearby corner at regular intervals <input type="checkbox"/> Came to my door after a phone call	<input type="checkbox"/> Stopped at a nearby corner at regular intervals <input type="checkbox"/> Came to my door after a phone call	<input type="checkbox"/> Stopped at a nearby corner at regular intervals <input type="checkbox"/> Came to my door after a phone call	<input type="checkbox"/> Stopped at a nearby corner at regular intervals <input type="checkbox"/> Came to my door after a phone call
<b>I would be willing to walk ___ blocks [or ___ minutes] to or from a bus stop.</b>	_____ blocks or _____ minutes	_____ blocks or _____ minutes	_____ blocks or _____ minutes	_____ blocks or _____ minutes
<b>The most I would be willing to pay per one-way trip would be:</b>	<input type="checkbox"/> \$0.50 <input type="checkbox"/> \$0.75 <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$1.50 <input type="checkbox"/> \$2.00 <input type="checkbox"/> Other (specify)_____	<input type="checkbox"/> \$0.50 <input type="checkbox"/> \$0.75 <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$1.50 <input type="checkbox"/> \$2.00 <input type="checkbox"/> Other (specify)_____	<input type="checkbox"/> \$0.50 <input type="checkbox"/> \$0.75 <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$1.50 <input type="checkbox"/> \$2.00 <input type="checkbox"/> Other (specify)_____	<input type="checkbox"/> \$0.50 <input type="checkbox"/> \$0.75 <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$1.50 <input type="checkbox"/> \$2.00 <input type="checkbox"/> Other (specify)_____
<b>For me to use the service it would have to:</b>	Arrive at the bus stop at least every: <input type="checkbox"/> 5 min. <input type="checkbox"/> 10 min. <input type="checkbox"/> 15 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour Arrive at my door after a phone request within: <input type="checkbox"/> 10 min. <input type="checkbox"/> 20 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour	Arrive at the bus stop at least every: <input type="checkbox"/> 5 min. <input type="checkbox"/> 10 min. <input type="checkbox"/> 15 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour Arrive at my door after a phone request within: <input type="checkbox"/> 10 min. <input type="checkbox"/> 20 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour	Arrive at the bus stop at least every: <input type="checkbox"/> 5 min. <input type="checkbox"/> 10 min. <input type="checkbox"/> 15 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour Arrive at my door after a phone request within: <input type="checkbox"/> 10 min. <input type="checkbox"/> 20 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour	Arrive at the bus stop at least every: <input type="checkbox"/> 5 min. <input type="checkbox"/> 10 min. <input type="checkbox"/> 15 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour Arrive at my door after a phone request within: <input type="checkbox"/> 10 min. <input type="checkbox"/> 20 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 1 hour

Question	Person 1	Person 2	Person 3	Person 4
<b>What would be your primary purpose for using a local circulator?</b>	<input type="checkbox"/> Medical <input type="checkbox"/> Work <input type="checkbox"/> Social <input type="checkbox"/> Shopping <input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> Other (please name):	<input type="checkbox"/> Medical <input type="checkbox"/> Work <input type="checkbox"/> Social <input type="checkbox"/> Shopping <input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> Other (please name):	<input type="checkbox"/> Medical <input type="checkbox"/> Work <input type="checkbox"/> Social <input type="checkbox"/> Shopping <input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> Other (please name):	<input type="checkbox"/> Medical <input type="checkbox"/> Work <input type="checkbox"/> Social <input type="checkbox"/> Shopping <input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> Other (please name):
<b>During what hours of the day are you most in need of a local circulator service? (Check all that apply.)</b>	<input type="checkbox"/> 6:00 to 8:00 a.m. <input type="checkbox"/> 8:00 to 10:00 a.m. <input type="checkbox"/> 10:00 a.m. to noon <input type="checkbox"/> Noon to 2:00 p.m. <input type="checkbox"/> 2:00 to 4:00 p.m. <input type="checkbox"/> 4:00 to 6:00 p.m. <input type="checkbox"/> 6:00 to 8:00 p.m. <input type="checkbox"/> 8:00 to 10:00 p.m. <input type="checkbox"/> Between 10:00 p.m. and 6:00 a.m.	<input type="checkbox"/> 6:00 to 8:00 a.m. <input type="checkbox"/> 8:00 to 10:00 a.m. <input type="checkbox"/> 10:00 a.m. to noon <input type="checkbox"/> Noon to 2:00 p.m. <input type="checkbox"/> 2:00 to 4:00 p.m. <input type="checkbox"/> 4:00 to 6:00 p.m. <input type="checkbox"/> 6:00 to 8:00 p.m. <input type="checkbox"/> 8:00 to 10:00 p.m. <input type="checkbox"/> Between 10:00 p.m. and 6:00 a.m.	<input type="checkbox"/> 6:00 to 8:00 a.m. <input type="checkbox"/> 8:00 to 10:00 a.m. <input type="checkbox"/> 10:00 a.m. to noon <input type="checkbox"/> Noon to 2:00 p.m. <input type="checkbox"/> 2:00 to 4:00 p.m. <input type="checkbox"/> 4:00 to 6:00 p.m. <input type="checkbox"/> 6:00 to 8:00 p.m. <input type="checkbox"/> 8:00 to 10:00 p.m. <input type="checkbox"/> Between 10:00 p.m. and 6:00 a.m.	<input type="checkbox"/> 6:00 to 8:00 a.m. <input type="checkbox"/> 8:00 to 10:00 a.m. <input type="checkbox"/> 10:00 a.m. to noon <input type="checkbox"/> Noon to 2:00 p.m. <input type="checkbox"/> 2:00 to 4:00 p.m. <input type="checkbox"/> 4:00 to 6:00 p.m. <input type="checkbox"/> 6:00 to 8:00 p.m. <input type="checkbox"/> 8:00 to 10:00 p.m. <input type="checkbox"/> Between 10:00 p.m. and 6:00 a.m.
<b>What day(s) of the week do you most need a local circulator service? (Check all that apply.)</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

**Thank you for your input.**

*The Local Circulator Study is sponsored*  
 by the DuPage Mayors and Managers Conference in cooperation with DuPage County.