



Questionnaire

Thank you for your interest in *Transportation Outlook 2035*. The BRTB will consider information gathered in this survey as they develop a draft amended plan for *Transportation Outlook 2035*.

Please return this form by **September 2, 2008** to:

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What's important to you?

When you are evaluating our regional transportation system what is most important to you?

Please rate each of the following on a scale of 1 (least important) to 5 (most important)

	Least important				Most important
Travel time	1	2	3	4	5
Reliability and predictability	1	2	3	4	5
Environment and a healthy community	1	2	3	4	5
Safety	1	2	3	4	5
Having more ways to get around	1	2	3	4	5
Connectivity of transit to places such as work, school and recreation	1	2	3	4	5
Easy connections between modes (i.e. train-to-bus, bus-to-light rail)	1	2	3	4	5
Transportation/Transit affordability?	1	2	3	4	5

Please rate the following statements on a scale of 1 (not believable at all to you) to 5 (most believable)

Regional transit will...

	Not believable				Most believable
Be integrated with regional roads	1	2	3	4	5
Reduce the amount of time I'm stuck in traffic	1	2	3	4	5
Not make any difference in my life	1	2	3	4	5
Provide options which get more cars off the road	1	2	3	4	5
Manage growth and preserve our quality of life	1	2	3	4	5
Provide more ways to get around	1	2	3	4	5
Keep us competitive globally	1	2	3	4	5

What are your typical transportation trips like?

How do you get around? What modes of transportation do you use primarily for: *(Check all that apply)*

	Work/School	Personal/Other
Drive alone	<input type="checkbox"/>	<input type="checkbox"/>
Carpool or vanpool	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>
Mobility/Paratransit *	<input type="checkbox"/>	<input type="checkbox"/>
Transit	<input type="checkbox"/>	<input type="checkbox"/>
MARC train	<input type="checkbox"/>	<input type="checkbox"/>
Light Rail Train	<input type="checkbox"/>	<input type="checkbox"/>
Metro Subway (Baltimore)	<input type="checkbox"/>	<input type="checkbox"/>
Commuter /Express Bus	<input type="checkbox"/>	<input type="checkbox"/>
Local Bus	<input type="checkbox"/>	<input type="checkbox"/>
Shuttle Bug	<input type="checkbox"/>	<input type="checkbox"/>
Water Taxi	<input type="checkbox"/>	<input type="checkbox"/>
Intercity Bus or Train Service **	<input type="checkbox"/>	<input type="checkbox"/>

How many minutes is your average daily commute to work/school? (Round-trip) _____

How many miles do you travel from home to work/school? (Round-trip) _____

For Demographic purposes, what is your zip code and home jurisdiction? Zip Code _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Annapolis | <input type="checkbox"/> Baltimore City |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Carroll County | <input type="checkbox"/> Harford County |
| <input type="checkbox"/> Howard County | <input type="checkbox"/> Other (please specify) _____ | |

If you ride transit; how often do you ride?

- | | | |
|--|---|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Once a week | <input type="checkbox"/> Two or more times a week |
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> I don't ride transit | |

If you ride transit; how do you connect to transit? (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Drive alone to park-n-ride | <input type="checkbox"/> Carpool to park-n-ride | <input type="checkbox"/> Get dropped off |
| <input type="checkbox"/> Local bus | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Walk (How many blocks? _____) |
| <input type="checkbox"/> Other (please specify) _____ | | |

If you don't ride transit; why not? _____

* Mobility/Paratransit is curb-to-curb service for people with disabilities who are not able to ride fixed-route public transportation.

** Regional or Intercity Service is provided by such systems as Amtrak, Greyhound or Megabus.

How could your trip be improved?

What would make your travel/transit experience more efficient and reliable?

Please rate each of the following on a scale of 1 (least important) to 5 (most important)

	Least important			Most important	
	1	2	3	4	5
An intermodal transit transfer center	1	2	3	4	5
Transit shelters	1	2	3	4	5
Real time info about the next transit vehicle arrival time provided on:					
Dynamic message signs	1	2	3	4	5
Real-Time Web sites, or	1	2	3	4	5
Mobile hand-held device	1	2	3	4	5
511 Telephone System or Web site	1	2	3	4	5
Dedicated shoulder for congested roadways for buses	1	2	3	4	5
Park and Ride Lots (New or expanded parking lots)	1	2	3	4	5

Where: _____

What other type of capital improvements would make your trip more efficient and reliable?

What mode of transit do you think would benefit from additional vehicles?

Please rate each of the following on a scale of 1 (least important) to 5 (most important)

	Least important			Most important	
	1	2	3	4	5
MARC	1	2	3	4	5
Light-rail	1	2	3	4	5
Metro (Baltimore)	1	2	3	4	5
Commuter/Express Bus	1	2	3	4	5
Local Bus (i.e. Howard Transit, Annapolis Transit, etc)	1	2	3	4	5
Shuttle (i.e. MTA sponsored shuttles such as the Hampden Shuttle Bug)	1	2	3	4	5
Vanpool/Carpool	1	2	3	4	5
Mobility/Paratransit *	1	2	3	4	5
Other (Please list) _____	1	2	3	4	5

Do you have any additional comments?

* Mobility/Paratransit is curb-to-curb service for people with disabilities who are not able to ride fixed-route public transportation.



Optional Demographic information

The BRTB recognizes the importance of reaching out to and involving a diverse population throughout the region, especially persons and groups typically underrepresented in transportation planning or with special transportation needs, including low-income, minority, elderly, and disabled populations.

The information gathered on this page will only be used as a means to help us measure the effectiveness of our public outreach efforts. All questions are optional and all personal information will remain confidential.

Gender

- Female Male

Race/Ethnicity

- White/Caucasian White/Caucasian - Non-Hispanic Black or African-American
 Hispanic or Latino Asian-Pacific Islander Native American

Age

- Under 18 25 -35 51-65
 18 - 24 36 - 50 66 and over

Person with Disability

- Yes No

What is your annual income?

- Less than \$15,000 \$35,000-\$59,999
 \$15,000-\$34,999 \$60,000 or more

What is the highest level of education you have completed?

- Less than high school College degree (Associates, BA, BS)
 High School/GED Graduate Degree (Master's, Doctorate, etc)

Do you have any recommendations on how we can improve our outreach efforts?
