

Appendix C: 2012 Metrorail Passenger Survey Questionnaire



Please take a minute to help us in planning for your transit needs by completing this survey questionnaire.

Return the questionnaire in the box you find near the exit gates or simply drop it in a mailbox, no stamp necessary. Please fill out this survey card each time you receive one.

You can take this survey online. Visit <http://tinyurl.com/MetroSurvey2012> or scan the QR code below.

Por favor, tome un minuto a ayudarnos en planear para sus necesidades de tránsito por completar esta encuesta.

Regrese la encuesta en una de las cajas que están cerca de las puertas de salida, o dejarla en cualquier buzón, no sello es necesario. Por favor, complete la tarjeta de encuesta cada vez que la recibe.

Usted puede hacer esto encuesta por Internet. Visita <http://tinyurl.com/MetroSurvey2012> o escanea el código QR adelante.

Serial Number

Barcode



A. At which Metro station did you receive this card?

B. Where do you live?

<input type="checkbox"/> District of Columbia		
Maryland		
<input type="checkbox"/> Montgomery County	<input type="checkbox"/> Anne Arundel County	<input type="checkbox"/> Charles County
<input type="checkbox"/> Prince George's County	<input type="checkbox"/> Frederick County	<input type="checkbox"/> Other Maryland
<input type="checkbox"/> Baltimore City/ Baltimore Co.		
Virginia		
<input type="checkbox"/> Arlington County	<input type="checkbox"/> Fairfax City	<input type="checkbox"/> Prince William County
<input type="checkbox"/> City of Alexandria	<input type="checkbox"/> Fairfax County	<input type="checkbox"/> Stafford County
<input type="checkbox"/> City of Falls Church	<input type="checkbox"/> Loudoun County	<input type="checkbox"/> Other Virginia
<input type="checkbox"/> Elsewhere		

C. Where did you come from just before ENTERING the Metro station where you RECEIVED this card? (Check one)

<input type="checkbox"/> Work	<input type="checkbox"/> Shopping or meal	<input type="checkbox"/> Personal trip
<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Sightseeing or recreation
<input type="checkbox"/> Job-related business		

D. What was the PRIMARY way you got to the Metro station where you RECEIVED this card? (Check one)

<input type="checkbox"/> Metrobus	<input type="checkbox"/> ART	<input type="checkbox"/> Dropped off by someone
<input type="checkbox"/> Ride On	<input type="checkbox"/> CUE	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Fairfax Connector	<input type="checkbox"/> Other bus service	<input type="checkbox"/> Walk
<input type="checkbox"/> Prince George's TheBus	<input type="checkbox"/> Shuttle	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> DASH	<input type="checkbox"/> Drove a car and parked	<input type="checkbox"/> AMTRAK, MARC or VRE
<input type="checkbox"/> DC Circulator	<input type="checkbox"/> Rode with someone who parked	<input type="checkbox"/> Taxi

E. What type of fare did you pay to ENTER the Metro station where you RECEIVED this card? (Check one)

<input type="checkbox"/> SmartTrip Fare	<input type="checkbox"/> Disabled Reduced Fare	<input type="checkbox"/> Weekly/Monthly Pass
<input type="checkbox"/> Paper Farecard Fare	<input type="checkbox"/> DC Student Fare	<input type="checkbox"/> WMATA Employee Pass
<input type="checkbox"/> Senior Reduced Fare	<input type="checkbox"/> Day Pass	

F. If you transferred BETWEEN METRORAIL LINES, at which station(s) did

☐ Did not transfer ☐ Metro Center ☐ Other Station

☐ Gallery Place-Chinatown ☐ Rosslyn

☐ L'Enfant Plaza ☐ Fort Totten

G. At which station will you LEAVE the metrorail system on this ONE-WAY trip?

ENGLISH SURVEY CONTINUES ON ENGLISH-2 →→→
ENGLISH-1

H. Where will you go just after LEAVING the Metro station? (Check one)

- | | | |
|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Work | <input type="checkbox"/> Shopping or meal | <input type="checkbox"/> Personal trip |
| <input type="checkbox"/> Home | <input type="checkbox"/> School | <input type="checkbox"/> Sightseeing or recreation |
| <input type="checkbox"/> Job-related business | | |

I. What is the primary way you will get to this place after LEAVING the Metro station?? (Check one)

- | | | |
|-------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Metrobus | <input type="checkbox"/> ART | <input type="checkbox"/> Get picked up by someone |
| <input type="checkbox"/> Ride On | <input type="checkbox"/> CUE | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Fairfax Connector | <input type="checkbox"/> Other bus service | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Prince George's TheBus | <input type="checkbox"/> Shuttle | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> DASH | <input type="checkbox"/> Drive a car | <input type="checkbox"/> AMTRAK, MARC or VRE |
| <input type="checkbox"/> DC Circulator | <input type="checkbox"/> Ride with someone who parked | <input type="checkbox"/> Taxi |

Information will only be used by WMATA. Your information will be kept strictly confidential.

J. What is your home address?

Number	Street

K. What is your home zipcode?

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L. How many cars or SUVs, vans or trucks are at your home?

- ☐ None ☐ One ☐ Two ☐ Three or more

M. Are you an employee of the Federal government (either civilian or military)?

- ☐ Yes ☐ No

N. Do you receive a monthly transit benefit from your employer?

- | | |
|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Yes, Employer Full Subsidy | <input type="checkbox"/> Yes, Pretax Payroll Deduction |
| <input type="checkbox"/> Yes, Employer Partial Subsidy | <input type="checkbox"/> No |

O. Are you of Hispanic or Latino Origin?

- ☐ Yes ☐ No

P. What is your race? (Mark all that apply.)

- | | |
|-----------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black or African American | |

Q. Which best describes your annual household income?

- | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000 to \$49,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$10,000 to 19,999 | <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$20,000 to \$29,999 | | |

R. What is your age?

- | | | |
|---------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than 18 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-54 | <input type="checkbox"/> 65 or older |

Thank you for riding Metro and completing this survey!
ENGLISH-2