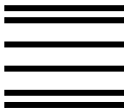


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MBTA Rail Rapid Transit Passenger Survey

This survey is being conducted to help determine how rail rapid transit (Red, Blue, Orange, and Green Line) service can be improved. Please help us by answering as many questions as you can. After completing this survey, please either hand it to a survey distributor or a Customer Service Agent at a station, or drop it in the mail (no stamp is needed). You may fill out the survey online or get more information about the survey at www.ctps.org/mbtarapid/. All answers are confidential. You will not be put on any mailing lists.

THANK YOU!

1. **What rail line were you boarding/riding when you got this survey form?**

<input type="checkbox"/> Red Line	<input type="checkbox"/> Green Line B (Boston College) on surface
<input type="checkbox"/> Orange Line	<input type="checkbox"/> Green Line C (Cleveland Circle) on surface
<input type="checkbox"/> Blue Line	<input type="checkbox"/> Green Line D (Riverside) on surface
<input type="checkbox"/> Mattapan Trolley	<input type="checkbox"/> Green Line E (Heath St.) on surface
<input type="checkbox"/> Green Line in subway, or at Lechmere or Science Park	
2. **At what station did you board the train on that line?**

3. **About what time did you board that train?**

<input type="text" value=""/>	:	<input type="text" value=""/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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- 4a. **Where were you before starting this entire one-way trip?**

<input type="checkbox"/> At work	<input type="checkbox"/> At a doctor or other personal business
<input type="checkbox"/> At school	<input type="checkbox"/> At a work-related errand or meeting
<input type="checkbox"/> At home	<input type="checkbox"/> At a restaurant, or social or recreational activity
<input type="checkbox"/> At a store	<input type="checkbox"/> Other _____
- 4b. **Where is the place in question 4a located?**

(address or nearest street intersection or landmark)

(city/town/neighborhood) (state) (zip code)
- 5a. **Where did you first board a public transit vehicle on this one-way trip?**

<input type="checkbox"/> At the station reported in question 2
<input type="checkbox"/> At the _____ rapid transit or commuter rail station
<input type="checkbox"/> At a bus or Silver Line stop at _____ on Route (number or name) _____
<input type="checkbox"/> At _____ boat dock <input type="checkbox"/> Other _____
- 5b. **How did you get to the station or stop reported in question 5a?**

<input type="checkbox"/> Walked directly (from work, school, home, etc.)
<input type="checkbox"/> Drove or rode in a personal vehicle and parked at or near station/stop
<input type="checkbox"/> Dropped off by personal vehicle that did not park <input type="checkbox"/> Taxi <input type="checkbox"/> THE RIDE
<input type="checkbox"/> Private shuttle van/shuttle bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Other _____
6. **How long did it take to get from where this trip started to the first place where you boarded a public transit vehicle on this trip?** _____minutes
7. **What type of fare did you pay for this rapid transit trip?**

<input type="checkbox"/> Pay-per-ride CharlieCard (plastic)	<input type="checkbox"/> Pay-per-ride CharlieTicket (paper)
<input type="checkbox"/> Monthly pass (circle one): Link (Subway + Bus); Zone_____; Boat; Inner Express Bus; Outer Express Bus; Student; Senior; Disability	
<input type="checkbox"/> Full cash fare on-board Green Line train or Mattapan trolley	
<input type="checkbox"/> Reduced fare (circle one): Student; Senior; Disability	
<input type="checkbox"/> Child under age 12 free fare	<input type="checkbox"/> Blind Access Card
<input type="checkbox"/> 1-day Link Pass	<input type="checkbox"/> 7-day Link Pass <input type="checkbox"/> Other _____

MORE QUESTIONS INSIDE ➡

Please seal here with tape—do not staple.

8a. At what station will you/did you leave the train you were boarding/riding when you got the survey? _____

8b. Where will you/did you last leave a public transit vehicle on this one-way trip? ☐ At the station reported in question 8a
☐ At the _____rapid transit or commuter rail station
☐ At a bus or Silver Line stop at _____on Route (number or name) _____
☐ At _____boat dock ☐ Other _____

9a. Where will/did this one-way trip end?
☐ At work ☐ At a doctor or other personal business
☐ At school ☐ At a work-related errand or meeting
☐ At home ☐ At a restaurant, or social or recreational activity
☐ At a store ☐ Other _____

9b. Where is the place in question 9a located?

(address or nearest street intersection or landmark)

(city/town/neighborhood) (state) (zip code)

9c. How will you/did you get there from the station/stop in question 8b?
☐ Walk directly (to work, school, home, etc.)
☐ Drive or ride in personal vehicle parked at or near station/stop
☐ Met at station/stop by car or other personal vehicle ☐ Taxi ☐ THE RIDE
☐ Private shuttle van/shuttle bus ☐ Bicycle ☐ Other _____

10. How long will it/did it take to get to your destination (in question 9a/9b) from your last station/stop (in question 8b)? _____ minutes

11. How many days a week do you ride the rail line checked in question 1?
☐ Less than 1 day ☐ 3 days ☐ 6 days
☐ 1 day ☐ 4 days ☐ 7 days
☐ 2 days ☐ 5 days ☐ I'm only visiting Boston

12. Do you ride that rail line on . . .
Saturdays? ☐ Yes, regularly ☐ Yes, occasionally ☐ No, not at all
Sundays? ☐ Yes, regularly ☐ Yes, occasionally ☐ No, not at all

13a. On days when you ride that rail line, how many one-way trips do you usually make on it? _____

13b. On days when you do not ride that rail line, do you make the same trips by other means? ☐ Yes ☐ No If yes, check all that apply:
☐ Drive alone ☐ Carpool/vanpool ☐ Other MBTA service
☐ Non-MBTA bus ☐ Bicycle ☐ Other _____

14. Do you have a valid driver's license? ☐ Yes ☐ No

15a. How many usable vehicles (autos, trucks, or motorcycles) does your household have? ☐ 0 ☐ 1 ☐ 2 ☐ 3 or more

15b. Could you have used one of these vehicles instead of riding the rail line on the day you got this survey? ☐ Yes ☐ No

16. What is your age?
☐ 18 or under ☐ 25–34 ☐ 45–64
☐ 19–24 ☐ 35–44 ☐ 65 or over

17. What is your primary occupation?
☐ Construction Trades/Manufacturing ☐ Professional/Business Services
☐ Retail/Sales ☐ Student ☐ Homemaker ☐ Retired/Unemployed
☐ Other _____

18. How many people are in your household, including yourself? (the number of people living in your house or apartment) _____

19. What is your annual combined household income?
☐ Under \$20,000 ☐ \$40,000–\$49,999 ☐ \$75,000–\$99,999
☐ \$20,000–\$29,999 ☐ \$50,000–\$59,999 ☐ \$100,000 or more
☐ \$30,000–\$39,999 ☐ \$60,000–\$74,999

20. What is your gender? (For example: Male, Female)_____

21a. How do you self-identify by race? (check all that apply)
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or other Pacific Islander ☐ Other _____

21b. Are you Hispanic/Latino? ☐ Yes ☐ No

22. What are your main reasons for using MBTA rapid transit service? (check all that apply)
☐ Convenience ☐ Environmentally responsible
☐ Speed/travel time ☐ Less expensive than other choices
☐ Avoid driving/traffic ☐ Can read or do work on the train
☐ Avoid parking at destination ☐ Only transportation available
☐ Other _____

23a. How do you obtain information about MBTA service? (check all that apply)
☐ By phone ☐ From MBTA website ☐ From SmarTraveler
☐ Get printed material at: __station __information booth __on vehicle
__store __library ☐ Other _____

23b. Do you carry a cell phone when riding the MBTA? ☐ Yes ☐ No

24. Several measures of service quality are listed below. Please circle a number after each measure to indicate how you feel about MBTA rapid transit service. (Leave blank any measures that don't apply.) Then place a check mark beside the three measures most important to you.

	Poor	Average	Excellent	✓		
Reliability (on-time performance)	1	2	3	4	5	_____
Safety and security	1	2	3	4	5	_____
Cleanliness/condition of vehicles	1	2	3	4	5	_____
Courtesy of train crews	1	2	3	4	5	_____
Announcement of stations	1	2	3	4	5	_____
Availability of seating on trains	1	2	3	4	5	_____
Frequency of service	1	2	3	4	5	_____
Travel time/speed	1	2	3	4	5	_____
Parking availability	1	2	3	4	5	_____
Station amenities	1	2	3	4	5	_____
Fare collection system	1	2	3	4	5	_____

Comments/Suggestions: