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metropolitan washington
COUNCIL OF GOVERNMENTS
1225 Connecticut Avenue, N.W., Washington, D. C. 20036 · 223-6800

Dear Resident:

The enclosed questionnaire has been designed to sample the opinion of citizens in the Washington metropolitan area on the subject of personal safety in bus transportation.

Your address was selected on a random basis to receive this questionnaire.

Please fill out the survey even if you do not use bus transportation because your opinions are still considered very valuable.

All information received from this survey will be kept confidential. Only statistical summaries of answers will be used for planning purposes.

Please use the enclosed envelop to mail your completed questionnaire. No postage is needed.

Thank you for your help and cooperation.

The preparation of this survey has been financed in part through a grant from the U.S. Department of Transportation, Urban Mass Transportation Act of 1964, as amended.

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1. Please give your:
City and County _____, State _____, Zip Code _____

2. For each type of trip listed below, please check the means of transportation which you *normally use* (bus or other), and whether you have a *car available* for each type of trip.

	BUS	OTHER	CAR AVAILABLE
Work	____	____	____
Shopping	____	____	____
School	____	____	____
Recreation	____	____	____
Personal business	____	____	____

3. How often do you ride the bus? (Please check one)

____ 4-7 days a week
____ 1-3 days a week
____ Less than one day a week
____ Never

4. During what times of the day do your bus trips normally occur? (You may check more than one).

____ Morning rush hour
____ Afternoon rush hour
____ Daytime, non-rush hour
____ Night time
____ I do not ride the bus

5. Please indicate on the following list, the biggest problems with bus transportation (circle no more than four of the letters). Circle answer "k" if you feel that there are no problems with bus transportation.

a. Too crowded
b. Dirty buses
c. Crime/Threats on your safety by others
d. Infrequency of service
e. Inconvenience of routes
f. Takes too long
g. Costs too much
h. Discourteous bus drivers
i. Buses are not on time
j. Bad weather
k. "no problems"
l. Other _____

6. Please rank your choices from question five, *from the biggest problem to the less serious problem*. Place the letters in the numbered blocks provided for you below.

1 ☐ Biggest problem 2 ☐ 3 ☐ 4 ☐ Less serious problem

If you choose "k" above, you may complete this questionnaire simply by answering question 10. Please return this in the enclosed envelope, and deposit it in the nearest mailbox. No postage is required. Thank you for your help.

7. Which, if any of these events have you personally observed, and when did they occur?			8. Which of these events concern you (prevent you from riding the bus during the day or night?)	
Night	Day	EVENTS	Night	Day
		Pushing and shoving		
		Swearing		
		Spoken threats		
		Vandalism		
		Drunkeness		
		Robbery		
		Assault		
		Vulgar/Indecent behavior		
		Generally annoying behavior		
		None of the above		

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9. Please indicate the place and time of day when (in your opinion) these events are most likely to happen to you:

EVENTS	While riding bus		While waiting at bus stop		While walking to bus stop	
	Night	Day	Night	Day	Night	Day
Pushing and shoving						
Swearing						
Spoken threats						
Vandalism						
Drunkeness						
Robbery						
Assault						
Vulgar/Indecent behavior						
Generally annoying behavior						
None of the above are likely to happen						

10. Please indicate your sex, age, and occupation:

_____ Female
_____ Male _____ Age Occupation _____

11. Do you have any concerns about riding the bus that you have not already mentioned? If so, please describe: _____

12. What would you like to see done to improve your bus ride? _____

13. If the actions that you have suggested were taken, would you ride the bus more often? _____ Yes _____ No.

THANK YOU VERY MUCH FOR YOUR TIME AND ASSISTANCE.

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METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS
DEPARTMENT OF PUBLIC SAFETY
1225 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036

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