Maldon Neighbourhood Centre

Better Community Buses passenger satisfaction survey

[This template has been developed for you to copy and paste into your own Microsoft Word template as required. While all parts of this template can be modified to suit your needs, items in red have been highlighted to show where you might delete or amend text.]

We would like to hear your views on the community bus trial between [location] and [location] to inform how it will run into the future. Please complete the survey (where applicable) regardless of whether you used the bus service.

The community bus trial is part of the Age Friendly Communities project funded by Victorian Government.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The flyer | Satisfied | Neutral | Dissatisfied | Not applicable |
| The timetable was easy to find |  |  |  |  |
| The timetable was easy to understand |  |  |  |  |

|  |
| --- |
| Comments, feedback and suggestions: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The timetable | Satisfied | Neutral | Dissatisfied | Not applicable |
| Bus route |  |  |  |  |
| Bus schedule |  |  |  |  |
| Frequency of service |  |  |  |  |
| Trip length |  |  |  |  |
| Waiting time |  |  |  |  |

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| --- |
| Comments, feedback and suggestions: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The bus | Satisfied | Neutral | Dissatisfied | Not applicable |
| The bus was clean |  |  |  |  |
| There was enough storage space |  |  |  |  |
| It was easy to get on and off the bus |  |  |  |  |

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| --- |
| Comments, feedback and suggestions |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The trip | Satisfied | Neutral | Dissatisfied | Not applicable |
| Passenger comfort |  |  |  |  |
| Driver safety skills |  |  |  |  |
| Personal security |  |  |  |  |
| Volunteer friendliness |  |  |  |  |
| Cost of service |  |  |  |  |

|  |
| --- |
| Comments, feedback and suggestions |

Please rate the importance of each category.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Importance (where 1 is most important) | 1 | 2 | 3 | 4 | 5 |
| The flyer |  |  |  |  |  |
| The timetable |  |  |  |  |  |
| The bus |  |  |  |  |  |
| The trip |  |  |  |  |  |

Please indicate your main reason for using this service:

* Do not own a car
* Cannot drive – injury
* Cannot drive – no licence
* Environmental reasons
* To support the service
* Other

Please indicate how often you have used local buses in the past:

* Sometimes
* Never
  + All the time

Please indicate your age range:

* 0–24
* 25–49
* 50–65
* 66–70
* 71–80
* 81–90
  + 90+

Please indicate where you live:

* [Town/suburb]
* [Town/suburb]
* [Town/suburb]
  + Other

Thank you for completing the survey.

Please return it to [email] or [address]. For any enquiries, please contact [Organisation Name] on [phone] or [email].

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