

Manitoba Passenger Transportation Survey:

Individuals

INSTRUCTIONS:

Thank you for taking the time to provide your input about bus service in Manitoba. This survey should take about 10 minutes to complete.

Please answer the questions as accurately as possible. This survey can also be completed online at www.manitoba.ca/mit/intercitybus/input.

After you have completed this survey, please mail it back to us at the following address:

Manitoba Intercity Bus Project
Manitoba Infrastructure and Transportation
Motor Carrier Division
Unit C - 1695 Sargent Avenue
Winnipeg, Manitoba R3H 0C4
Telephone: 204-945-2487
Toll free: 1-877-340-9068
E-mail: intercitybusinfo@gov.mb.ca
Website: www.manitoba.ca/mit/intercitybus/

All information collected will remain confidential and will only be used to help develop a long-term strategy for bus service in Manitoba.

SECTION 1: General Information

1. What is your age?

Please select the appropriate range

- Under 18
- 18-34
- 35-49
- 50-64
- 65 or older

2. Gender?

Please select one

- Male
- Female

3. What is your annual household income?

Please select the appropriate range

- Under \$30,000
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or more

4. Do you currently rent or own your home?

Please select one

- Rent
- Own

5. What is your current employment status?

Please select one option

- Student
- Unemployed
- Self-employed
- Employed
- Retired
- Other

6. How many vehicles does your household own or lease?

Please select one.

- 0 1 2 3 4 5 or more

7. Do you have daily use of a vehicle?

Please select the best option

- Never
 Rarely
 Occasionally
 Frequently
 Always

8. How frequently do you use any form of public transportation (bus, taxi, etc)?

Please select one.

- Daily
 Weekly
 Monthly
 2 -3 times per year
 Never

9. What forms of public transportation are available to you in your community and how frequently do you use them?

For all types of transportation that apply to you (rows), please select one time period (columns).

	Daily	Weekly	Monthly	2-3 times per year	Never
Bus					
Taxi					
Shuttle					

Other (please specify):

SECTION 2: Personal Transportation Information

1. In an average month, how many times do you travel to a community more than 50 km from your home?

Please select one

- Less than 3 times
- 4 – 6 times
- 7 – 10 times
- More than 10 times
- Not sure

2. Which of the following types of transportation do you use most often when travelling more than 50 km from your home?

Please select one

- Personal vehicle
- Bus
- Taxi
- Community transportation service

Other (please specify):

3. Why do you usually travel to communities outside of your own?

Please select all that apply

- Visit family or friends
- Entertainment
- Medical
- Connect to another mode of transportation
- Work
- Shopping
- Accessing services (other than medical services)

Other (please specify):

Other (please specify):

4. a) Thinking of the trips you take outside of your community most often, please provide the details of each trip.

Trip 1

Origin (closest community):

Destination (closest community):

On average, how frequently do you make this trip?

Please select one

- | | |
|---|---|
| <input type="checkbox"/> More than one time per day | <input type="checkbox"/> One time per month |
| <input type="checkbox"/> One time per day | <input type="checkbox"/> Less than one time per month |
| <input type="checkbox"/> 2 – 3 times per week | |
| <input type="checkbox"/> One time per week | Other (please specify): |
| <input type="checkbox"/> 2 – 3 times per month | <input type="text"/> |

Transportation type:

Please select all that apply

- Personal vehicle
- Bus
- Taxi
- Community transportation service

Other (please specify):

Purpose:

Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Visit family or friends | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Accessing services (other than medical services) |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Work | Other (please specify): |
| <input type="checkbox"/> Connect to another mode of transportation | <input type="text"/> |

How much time do you spend at your destination on each trip?

Please select one

- | | |
|--|---|
| <input type="checkbox"/> Less than 2 hours | <input type="checkbox"/> 3 – 5 days |
| <input type="checkbox"/> 2 – 4 hours | <input type="checkbox"/> 1 week or more |
| <input type="checkbox"/> 5 – 8 hours | |
| <input type="checkbox"/> 1 day | Other (please specify): |
| <input type="checkbox"/> 2 days | <input type="text"/> |

The next 4 pages provide information for additional trips taken outside your community. If you do not require this space, please advance to Section 3.

4. b) Thinking of the trips you take outside of your community most often, please provide the details of each trip.

Trip 2 (if applicable)

Origin (closest community):

Destination (closest community):

On average, how frequently do you make this trip?

Please select one

- | | |
|---|---|
| <input type="checkbox"/> More than one time per day | <input type="checkbox"/> One time per month |
| <input type="checkbox"/> One time per day | <input type="checkbox"/> Less than one time per month |
| <input type="checkbox"/> 2 – 3 times per week | |
| <input type="checkbox"/> One time per week | Other (please specify): |
| <input type="checkbox"/> 2 – 3 times per month | <input type="text"/> |

Transportation type:

Please select all that apply

- | | |
|---|-------------------------|
| <input type="checkbox"/> Personal vehicle | Other (please specify): |
| <input type="checkbox"/> Bus | <input type="text"/> |
| <input type="checkbox"/> Taxi | |
| <input type="checkbox"/> Community transportation service | |

Purpose:

Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Visit family or friends | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Accessing services (other than medical services) |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Work | Other (please specify): |
| <input type="checkbox"/> Connect to another mode of transportation | <input type="text"/> |

How much time do you spend at your destination on each trip?

Please select one

- | | |
|--|---|
| <input type="checkbox"/> Less than 2 hours | <input type="checkbox"/> 3 – 5 days |
| <input type="checkbox"/> 2 – 4 hours | <input type="checkbox"/> 1 week or more |
| <input type="checkbox"/> 5 – 8 hours | |
| <input type="checkbox"/> 1 day | Other (please specify): |
| <input type="checkbox"/> 2 days | <input type="text"/> |

The next 3 pages provide information for additional trips taken outside your community. If you do not require this space, please advance to Section 3

4. c) Thinking of the trips you take outside of your community most often, please provide the details of each trip.

Trip 3 (if applicable)

Origin (closest community):

Destination (closest community):

On average, how frequently do you make this trip?

Please select one

- | | |
|---|---|
| <input type="checkbox"/> More than one time per day | <input type="checkbox"/> One time per month |
| <input type="checkbox"/> One time per day | <input type="checkbox"/> Less than one time per month |
| <input type="checkbox"/> 2 – 3 times per week | |
| <input type="checkbox"/> One time per week | Other (please specify): |
| <input type="checkbox"/> 2 – 3 times per month | <input type="text"/> |

Transportation type:

Please select all that apply

- | | |
|---|-------------------------|
| <input type="checkbox"/> Personal vehicle | Other (please specify): |
| <input type="checkbox"/> Bus | <input type="text"/> |
| <input type="checkbox"/> Taxi | |
| <input type="checkbox"/> Community transportation service | |

Purpose:

Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Visit family or friends | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Accessing services (other than medical services) |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Work | Other (please specify): |
| <input type="checkbox"/> Connect to another mode of transportation | <input type="text"/> |

How much time do you spend at your destination on each trip?

Please select one

- | | |
|--|---|
| <input type="checkbox"/> Less than 2 hours | <input type="checkbox"/> 3 – 5 days |
| <input type="checkbox"/> 2 – 4 hours | <input type="checkbox"/> 1 week or more |
| <input type="checkbox"/> 5 – 8 hours | |
| <input type="checkbox"/> 1 day | Other (please specify): |
| <input type="checkbox"/> 2 days | <input type="text"/> |

The next 2 pages provide information for additional trips taken outside your community. If you do not require this space, please advance to Section 3

4. d) Thinking of the trips you take outside of your community most often, please provide the details of each trip.

Trip 4 (if applicable)

Origin (closest community):

Destination (closest community):

On average, how frequently do you make this trip?

Please select one

- | | |
|---|---|
| <input type="checkbox"/> More than one time per day | <input type="checkbox"/> One time per month |
| <input type="checkbox"/> One time per day | <input type="checkbox"/> Less than one time per month |
| <input type="checkbox"/> 2 – 3 times per week | |
| <input type="checkbox"/> One time per week | Other (please specify): |
| <input type="checkbox"/> 2 – 3 times per month | <input type="text"/> |

Transportation type:

Please select all that apply

- | | |
|---|-------------------------|
| <input type="checkbox"/> Personal vehicle | Other (please specify): |
| <input type="checkbox"/> Bus | <input type="text"/> |
| <input type="checkbox"/> Taxi | |
| <input type="checkbox"/> Community transportation service | |

Purpose:

Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Visit family or friends | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Accessing services (other than medical services) |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Work | Other (please specify): |
| <input type="checkbox"/> Connect to another mode of transportation | <input type="text"/> |

How much time do you spend at your destination on each trip?

Please select one

- | | |
|--|---|
| <input type="checkbox"/> Less than 2 hours | <input type="checkbox"/> 3 – 5 days |
| <input type="checkbox"/> 2 – 4 hours | <input type="checkbox"/> 1 week or more |
| <input type="checkbox"/> 5 – 8 hours | |
| <input type="checkbox"/> 1 day | Other (please specify): |
| <input type="checkbox"/> 2 days | <input type="text"/> |

The next page provides information for an additional trip taken outside your community. If you do not require this space, please advance to Section 3

4. e) Thinking of the trips you take outside of your community most often, please provide the details of each trip.

Trip 5 (if applicable)

Origin (closest community):

Destination (closest community):

On average, how frequently do you make this trip?

Please select one

- | | |
|---|---|
| <input type="checkbox"/> More than one time per day | <input type="checkbox"/> One time per month |
| <input type="checkbox"/> One time per day | <input type="checkbox"/> Less than one time per month |
| <input type="checkbox"/> 2 – 3 times per week | |
| <input type="checkbox"/> One time per week | Other (please specify): |
| <input type="checkbox"/> 2 – 3 times per month | <input type="text"/> |

Transportation type:

Please select all that apply

- | | |
|---|-------------------------|
| <input type="checkbox"/> Personal vehicle | Other (please specify): |
| <input type="checkbox"/> Bus | <input type="text"/> |
| <input type="checkbox"/> Taxi | |
| <input type="checkbox"/> Community transportation service | |

Purpose:

Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Visit family or friends | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Accessing services (other than medical services) |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Work | Other (please specify): |
| <input type="checkbox"/> Connect to another mode of transportation | <input type="text"/> |

How much time do you spend at your destination on each trip?

Please select one

- | | |
|--|---|
| <input type="checkbox"/> Less than 2 hours | <input type="checkbox"/> 3 – 5 days |
| <input type="checkbox"/> 2 – 4 hours | <input type="checkbox"/> 1 week or more |
| <input type="checkbox"/> 5 – 8 hours | |
| <input type="checkbox"/> 1 day | Other (please specify): |
| <input type="checkbox"/> 2 days | <input type="text"/> |

SECTION 3: Personal Experiences with Bus Service

1. Using scale of 1 to 5 (1 being the lowest and 5 being the highest), please rate your overall impression of bus service in Manitoba.

Please select one

- 1 2 3 4 5 Not Sure

2. How satisfied have you been with your personal use of passenger bus service in your community?

Please select one

- Very Satisfied
 Somewhat Satisfied
 Neutral
 Somewhat Dissatisfied
 Very Dissatisfied
 Not Applicable

3. The following companies are bus operators in Manitoba. On a scale of 1 to 5 (1 being the lowest and 5 being the highest) please indicate your level of satisfaction with each company?

For each company, please select one option

Greyhound	1	2	3	4	5	Not Sure
Shilo Taxi	1	2	3	4	5	Not Sure
Beaver Bus Lines	1	2	3	4	5	Not Sure
Boutin Bus Lines	1	2	3	4	5	Not Sure
Richard Geauvreau	1	2	3	4	5	Not Sure
Southwestern Bus Lines	1	2	3	4	5	Not Sure
Interlake Transit and Tours	1	2	3	4	5	Not Sure
Brandon Air Shuttle	1	2	3	4	5	Not Sure
Northern Bus Lines	1	2	3	4	5	Not Sure
Other: _____	1	2	3	4	5	Not Sure

4. What prevents you from using bus service more frequently?

Please select all that apply

- Not affordable for you
- Inconvenient schedules
- You do not feel safe using the service
- You have a difficult time entering or exiting the bus
- The length of the trips are too long
- None, I use passenger bus service when needed
- None, I don't use passenger bus service

Other (please specify):

5. If you have used passenger bus service in the past, what did you like most?

Please describe

6. If you have used passenger bus service in the past, what did you like least?

Please describe

7. When was the last time you used passenger bus service?

Please select the most recent choice.

- | | |
|---|--|
| <input type="checkbox"/> Within the past week | <input type="checkbox"/> Within the past 2-3 years |
| <input type="checkbox"/> Within the past month | <input type="checkbox"/> More than 3 years ago |
| <input type="checkbox"/> Within the past 6 months | <input type="checkbox"/> Never |
| <input type="checkbox"/> Within the past year | |

8. The last time you used passenger bus service, which company did you use?

Please select one

- | | |
|--|---|
| <input type="checkbox"/> Greyhound | <input type="checkbox"/> Southwestern Bus Lines |
| <input type="checkbox"/> Grey Goose | <input type="checkbox"/> Interlake Transit and Tours |
| <input type="checkbox"/> Shilo Taxi | <input type="checkbox"/> Brandon Air Shuttle |
| <input type="checkbox"/> Beaver Bus Lines | <input type="checkbox"/> Northern Bus Lines |
| <input type="checkbox"/> Boutin Bus Lines | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Richard Geauvreau | <input type="checkbox"/> Never used passenger bus service |

Other (please specify):

SECTION 4: Ideas for Increasing the Number of Bus Passengers

1. Would any of the following increase your use of passenger bus service?

Please select any that apply (read across).

	Definitely	Probably	Not Sure	Probably Not	Definitely Not
More frequent service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower fares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More convenient schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

Other (please specify):

Other (please specify):

2. What is the most you would pay to travel 100 km by bus?

Please select one.

- Less than \$10.00
- \$10.00 - \$19.99
- \$20.00 – \$24.99
- \$25.00 – \$29.99
- \$30.00 or more
- Not sure

3. If it was affordable for you, would you use scheduled service from any of the following types of vehicles?

Please select one option for each type of vehicle

- | | | | |
|-------------------|------------------------------|-----------------------------|-----------------------------------|
| Small buses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 15 passenger vans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| Minivans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| Car | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

4. If you answered no in the previous question, please explain why you would not use that type of service.

Please describe

5. If a regularly scheduled service were to be set up to a community you travel to frequently, how likely would you be to use it?

Please select one

- Very Likely
- Somewhat Likely
- Unlikely
- Very Unlikely
- Not Sure

Thinking about where you would travel to frequently, please tell us where you would like to go and when would you travel?

Destination "A" (If applicable)

Desired origin:

Desired destination

Desired arrival time at destination:

Desired departure time from destination

Desired days of the week to travel:

Please select the days that would be ideal for you to make this trip.

Monday Tuesday Wednesday Thursday Friday Weekend

Destination "B" (If applicable)

Desired Origin:

Desired Destination

Desired arrival time at destination:

Desired departure time from destination

Desired days of the week to travel:

Please select the days that would be ideal for you to make this trip.

Monday Tuesday Wednesday Thursday Friday Weekend

Destination “C”

Desired Origin:

Desired Destination

Desired arrival time at destination:

Desired departure time from destination

Desired days of the week to travel:

Please select the days that would be ideal for you to make this trip.

Monday Tuesday Wednesday Thursday Friday Weekend

7. Do you have any ideas that you think would increase the number of passengers using bus services in your community?

Please be as specific as possible.

8. Do you have any other ideas that would help increase the number of passengers using bus service in Manitoba?

Please be as specific as possible.

SECTION 5: Bus Service and the Role of the Community

1. Using the scale of 1 to 5 (1 being the lowest and 5 being the highest), rate the current importance of bus service to your community?

Please select one

- 1 2 3 4 5 Not Sure

2. In the past year, have you used bus freight service to ship or receive a parcel?

Please select one

- Yes No Not Sure

a) If you answered “yes” to question 2, approximately how many times in the past year did you use bus freight service to ship a parcel?

Please select one

- Less than 3 times
 4 to 7 times
 8 to 12 times
 13 to 19 times
 20 times or more
 Not sure

b) If you answered “yes” to question 2, approximately how many times in the past year did you receive a parcel through bus freight service?

Please select one

- Less than 3 times
 4 to 7 times
 8 to 12 times
 13 to 19 times
 20 times or more
 Not sure

3. Approximately how much money did you spend in the past year on bus freight service?

Please select one.

- Less than \$100
- \$100 - \$499
- \$500 - \$999
- \$1,000 - \$2,499
- \$2,500 - \$4,999
- \$5,000 or more
- Not sure

4. To the best of your knowledge, how is bus service used most in your community?

Please select all that apply

- Visit family or friends
- Entertainment
- Medical
- Connect to another mode of transportation
- Work
- Shopping
- Accessing services (other than medical services)
- Freight service
- Not Sure

Other (please specify):

5. In your opinion, what is the most important aspect of bus service to your community?

Please be as specific as possible

6. Do you think that there is anything you can do to help keep bus service in your community?

Please be as specific as possible

7. In your opinion, what can your community or municipal government do to help keep bus service in your community?

Please be as specific as possible

8. Considering the area of Manitoba in which you live, do you have any ideas for a regional public transportation system (not previously mentioned in this survey)?

Please be as specific as possible

What would be the best way of notifying you or your community of potential changes to bus service?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Mail | <input type="checkbox"/> Community newspaper advertisement |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Advertisement in daily newspaper |

Other (please specify):

FINISHED

Thank you for taking the time to complete this survey. Your input will provide valuable information to help develop long term solutions for passenger bus service in Manitoba.

Please mail your completed survey to us at the following address:

Manitoba Intercity Bus Project
Manitoba Infrastructure and Transportation
Motor Carrier Division
Unit C - 1695 Sargent Avenue
Winnipeg, Manitoba R3H 0C4
Telephone: 204-945-2487
Toll free: 1-877-340-9068
E-mail: intercitybusinfo@gov.mb.ca
Website: www.manitoba.ca/mit/intercitybus/

All information collected will remain confidential and will only be used to help develop a long-term strategy for bus service in Manitoba.