

Can you please navigate through this document by using arrow-up and arrow-down buttons?
This survey has 4 pages and 11 questions.

120 Line Research

Question 1. How often do you use service 120 currently? (please tick one)

You can tick or untick check boxes by pressing your space button.

- ☐ 5 + days a week
- ☐ 3 - 4 days a week
- ☐ 1 - 2 days a week
- ☐ Once a fortnight
- ☐ About once a month
- ☐ Within the last year
- ☐ More than year ago
- ☐ First time user

Question 2. How satisfied are you with knowing where to board and alight when travelling on the 120 bus service? (please tick one)

You can tick or untick check boxes by pressing your space button.

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

Question 3. What makes you feel satisfied / dissatisfied with knowing where to board and alight when travelling on the 120 bus service?

You can answer this question by pressing Page-down button and typing in your text.

Please press the Enter key before continuing with page-down button.

Question 4. Has the audio-visual equipment had an impact on how often you use the 120 service? (please tick one)

You can tick or untick check boxes by pressing your space button.

- ☐ Yes - I am using more often
- ☐ Yes - I am using less often
- ☐ No – it had no impact on my usage

Question 5. Overall how do you feel about the availability of the audio-visual equipment? (please tick one)

You can tick or untick check boxes by pressing your space button.

- ☐ It is useful to me
- ☐ It is not useful to me
- ☐ I don't have an opinion
- ☐ Don't know / unsure

Question 6. What makes it useful / not useful to you?

You can answer this question by pressing Page-down button and typing in your text.

Please press the Enter key before continuing with page-down button.

Question 7. On a scale of 0-10 with 0 being least likely and 10 being most likely, how likely would you be to recommend the 120 service to friends and family

You can answer this question by pressing Page-down button and typing in your score number.

Please press the Enter key before continuing with page-down button.

Can you please explain your score:

You can answer this question by pressing Page-down button and typing in your text.

Please press the Enter key before continuing with page-down button.

Question 8. What age category do you belong to? (please tick one)

You can tick or untick check boxes by pressing your space button.

- ☐ 16-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-74
- ☐ 75+
- ☐ Prefer not to say

Question 9. Do you consider yourself to have a disability or long term health condition which affects the way you travel?

You can tick or untick check boxes by pressing your space button.

- ☐ Yes
- ☐ No

Question 10. Which, if any, of the following relate to your disability/health condition? (please tick one)

You can tick or untick check boxes by pressing your space button.

- ☐ Mobility related
- ☐ Visual related
- ☐ Hearing related
- ☐ Hidden disability

- ☐ Learning disability
- ☐ Mental health condition
- ☐ Speech / language impediment
- ☐ Prefer not to say
- ☐ Other – please specify:

You can answer this question by pressing Page-down button and typing in your answer.

Please press the Enter key before continuing with page-down button.

Question 11. Which of the following describes how you think of yourself?

You can tick or untick check boxes by pressing your space button.

- ☐ Female
- ☐ Male
- ☐ In another way
- ☐ Prefer not to say

Thank you for taking time to fill in this survey. We will use it to evaluate the current system and make improvements.