

NCDOT FY 2025-2029 Statewide Locally Coordinated Plan (LCP) Public Survey

Please complete the survey to help us learn more about mobility needs in your area. The survey is comprised of 18 questions and will take 10-15 minutes to complete.

	In which county do you live? In instances where you travel outside your county of residence, to which county do you travel to most?					
2.						
	Which transit agency/transportation provider do you use most often?					
4.	o you think public transportation is prioritized/sufficient in your community?					
	☐ Strongly agree		Disagree			
	☐ Agree		Strongly disagree			
_	☐ Neutral					
5.	How often do you use transit services?					
	□ Daily		Every few months			
	☐ Weekly		Never			
	☐ Monthly					
6.	If you use a reservation public transportation service, how do you schedule your rides?					
	(Choose one)					
	Call in by phone					
	☐ Text message					
	☐ Email					
	☐ Cell phone app					
	☐ Family member, caretaker, senior center, medical facility makes the reservation for me					
	□ Not applicable					
7	Other (please specify): If you use public transportation now or decide to use it in the future, where would you most likely					
7.	go? (Select your top 3)					
	□ Work		Non-Emergency Medical Destinations			
	Colleges/Community					
	Colleges/Universities		Hospitals Dialysis Centers			
	☐ Shopping☐ Social Services Center		Dialysis Centers Other (places appoint):			
	☐ Senior Center		Other (please specify):			
8.	□ Senior Center Please select your comfort level with using private on-demand services (e.g., Uber/Lyft) in your					
0.	community.					
	☐ Uncomfortable	☐ I am not sure/uncert	ain □ Already use/would use			
9.	When considering service improvements, please indicate which improvement you prefer:					
-	☐ More destinations	7 I	☐ Fewer destination served			
	served fewer times a day	☐ Unsure	more frequently			
	correct tower arrives a day		more nequently			
10.	When considering service impro	When considering service improvements, please indicate which improvement you prefer:				
	☐ Service on Saturday and	☐ Unsure	☐ More service closer to			
	Sunday		your house			



11. when considering capital improve	ements, please	indicate w	nich improvement you prefer:		
☐ Real-time bus information	□ Unsure	:	☐ More passenger infrastructure (bus stop benches, shelters, etc.)		
12. When considering convenience a	2. When considering convenience and cost, please indicate which improvement you prefer:				
☐ Pay less, schedule a day before 13. When considering how you requently improvement you prefer:	☐ Unsure	ortation s	☐ Pay more, on- demand service ervice, please indicate which		
☐ An app accessible by smart phone	☐ Unsure		☐ Talking to an operator on the phone		
Please tell us a little about yourself 14. Please select your age group.					
☐ 18 or younger			51 – 65		
□ 19 – 30			65 or older		
\square 31 – 50 15. My total household income for 20)22 was		Prefer not to answer		
☐ Less than \$20,000			\$50,000 – \$74,999		
□ \$20,000 - \$29,999			\$75,000 or greater		
□ \$30,000 – \$39,999			Prefer not to answer		
\$40,000 - \$49,99916. I have access to a personal vehice	de				
☐ Yes			I share a vehicle with a member of my household		
☐ No 17. Gender			my nousenoid		
☐ Male			Non-binary		
☐ Female 18. My race is…			Prefer not to answer		
☐ White/Caucasian			Native Hawaiian/ Pacific Islander		
☐ Black/African American			Two or more races		
☐ Asian			Other (please specify):		
☐ American Indian/Alaska Nativ	re		Prefer not to answer		
Comments			scan the survey to: 1@ncdot.gov or mail/fax the survey to:		
		Hart Ev	ans		
		NCDOT	TIMD		
		Mail Service Center 1550			
		Raleigh	, NC 27699-1550 9-733-1391		