



**CLASSIFICATION DATA (to be administered by interviewer to respondent)**

Hello. I'm \_\_\_\_\_ of Mustel Research Group. We are doing a two-part survey on behalf of BC Ferries. We would like you to complete the second part of the survey later today or tomorrow after you finish **this** ferry trip. Then you can mail it back to us in this envelope. Is this OK with you? **IF YES, CONTINUE - IF NO, THANK AND TERMINATE**

**LOCATION OF INTERVIEW:**

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Cafeteria              | 4 <input type="checkbox"/> Outer Deck            |
| 2 <input type="checkbox"/> Snack Bar              | 5 <input type="checkbox"/> Vehicle Deck          |
| 3 <input type="checkbox"/> Lounge / Corridor Area | 6 <input type="checkbox"/> Other (specify) _____ |

**FOR ROUTES 5 / 5a / 9 ONLY ↓**

What time did you walk/drive onto the ferry? 1  5:15 – 11:59      2  12:00 – 16:59      3  17:00 – 23:59

B1. What is the main purpose of your ferry trip today, business or personal? **ONE RESPONSE.**

**IF "Going home", ASK: What activity are you returning from?**

**Business**

- 1  Business trip or on company business
- 2  Commuting to or from work
- 3  Hauling freight or operating a commercial vehicle
- 4  Attending school, college or course

**Personal**

- 5  Personal reasons (e.g., doctor's appt, moving, funeral, etc)
- 6  Shopping
- 7  Visiting friends / relatives
- 8  Vacation / getaway / recreation
- 9  Attending special event / entertainment
- 10  Other (specify) \_\_\_\_\_

B1a. Did you use the **printed** BC Ferries All Routes Schedule to plan your travel with BC Ferries **today**? (this does not include any schedule information you may have obtained or printed from the BC Ferries website) 1  YES 2  NO

B1b. And have you used the printed BC Ferries All Routes Schedule for any trips taken on BC Ferries in the past? 1  YES 2  NO

B2. Including today's trip, how many return trips (i.e., two-way trips) have you taken on this route in the past 12 months? **READ IF NECESSARY:** Take time to think back over the past year, especially if you travel often. Calculate your best estimate of how many return trips you have taken on this route.

Return trips on this route in past 12 months

B3. How many return trips have you taken on other BC Ferries routes in the past 12 months?

Return trips on other BC Ferries routes in past 12 months

B4. What community were you in when you headed for this ferry? **CLARIFY IF NECESSARY, IS THAT WITHIN BC OR ELSEWHERE. RECORD COMMUNITY AS WELL AS PROVINCE, STATE OR COUNTRY.**

B5. When you get off this ferry, to which community are you heading? **CLARIFY IF NECESSARY, IS THAT WITHIN BC OR ELSEWHERE. RECORD COMMUNITY AS WELL AS PROVINCE, STATE OR COUNTRY.**

B6. In which community do you live? **CLARIFY IF NECESSARY, IS THAT WITHIN BC OR ELSEWHERE. RECORD COMMUNITY AS WELL AS PROVINCE, STATE OR COUNTRY.**

B7. Are you a vehicle passenger or a foot passenger on today's trip? (If you boarded the ferry as a bus passenger or with a bicycle, please consider yourself a foot passenger.)

- 1  VEHICLE PASSENGER (INCLUDING DRIVER)
- 2  FOOT PASSENGER (INCLUDING BUS PASSENGERS AND BICYCLISTS)

B8. Are you travelling as part of an organized tour group or team? 1  Yes → How many approximately are in the tour group or team?  GO TO QB8b  
2  No → CONTINUE TO B8a

B8a. How many people in total are travelling together in your party today including yourself?

**ENTER** \_\_\_\_\_ TOTAL NUMBER IN PARTY, THEN PROBE

**AND HOW MANY ARE:** \_\_\_\_\_ ADULTS 19 YEARS OF AGE OR OLDER

\_\_\_\_\_ CHILDREN 6 TO 18 YEARS

\_\_\_\_\_ CHILDREN UNDER 6 YEARS

B8b. And for your own age, what is your year of birth? 19\_\_ \_\_

B9. GENDER 1  Male 2  Female

B10. Were you able to get on the ferry sailing that you arrived for? 1  Yes 2  No

B11. How long did you spend waiting in line before reaching the ticket booth or paying your fare?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

B12. Was that wait acceptable? **IF ZERO HOURS AND ZERO MINUTES, CHECK "YES" BELOW**

1  Yes 2  No

B13. How long did you spend waiting to board the ferry after passing the ticket booth?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

B14. Was that wait acceptable? 1  Yes 2  No

B15. Did the ferry you took today depart on schedule? 1  Yes 2  No 3  Not sure

B16. Are you connecting with another BC ferry vessel today? 1  Yes 2  No

B17a. Are you aware that BC Ferries has a website?

1  Yes → B17b. BC Ferries is constantly updating its website, have you accessed it in the last six months? 1  Yes 2  No

2  No

B18. If my supervisor wishes to verify this survey, may I please have your email address or phone number?

Email: \_\_\_\_\_@\_\_\_\_\_.

Phone: \_\_\_\_\_ -- \_\_\_\_\_  
AREA CODE PHONE NUMBER

REFUSED

And your first Name or Initial: \_\_\_\_\_

BC Ferries conducts a variety of different surveys from time to time. Would it be okay for BC Ferries, or their appointed research firm, to contact you for a future survey?

1  YES → **IF Email NOT PROVIDED IN B18 ABOVE, SOFT PROBE TO OBTAIN**

**Thank you very much for your help. This completes Part 1 of the survey.**

GIVE RESPONDENT THE SURVEY PACKAGE. For Part 2 of the survey, please wait until you have completed your ferry trip today so you can evaluate all aspects of your experience on this ferry trip. Complete this confidential survey and return it to us in this envelope.

**SHOW SURVEY ENVELOPE.** You will return this Q're, won't you?? Yes

Please remember, we need you to complete the survey yourself based on your own, personal experience on this ferry trip. Please complete this survey only after you have left the terminal area. Before you mail the survey back, make sure you have filled out all the sections.

BC Ferries is conducting this survey because it is dedicated to passenger satisfaction, and it wants your honest feedback on what it is doing well and what may need improvement.

**Suggestions**

**Q10. Are there any facilities or services that you were not able to find onboard or before boarding, that should be available?**

\_\_\_\_\_

\_\_\_\_\_

**Q11. Do you have any specific suggestions on how to improve the services and facilities offered by BC Ferries? If yes, explain. *Please be specific.***

\_\_\_\_\_

\_\_\_\_\_

**Transportation to and from the Terminal**

Please answer the following questions thinking only of the sailing on which you received this questionnaire.

**Vehicle drivers/vehicle passengers skip to Q14.**

**Q12. Foot Passengers ONLY (i.e. Walk-on, etc.): How did you get to the terminal? Check only one**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Dropped off by friend or relative                    | 6 <input type="checkbox"/> Walked                   |
| 2 <input type="checkbox"/> Drove to terminal and parked at or near the terminal | 7 <input type="checkbox"/> Taxi                     |
| 3 <input type="checkbox"/> Bicycle  | 8 <input type="checkbox"/> Hitchhiked               |
| 4 <input type="checkbox"/> BC Transit bus / TransLink bus / local city bus      | 9 <input type="checkbox"/> Charter bus / school bus |
| 5 <input type="checkbox"/> Non-charter bus (e.g. PCL, Greyhound, Laidlaw, etc.) | 10 <input type="checkbox"/> Other                   |

**Q13. Foot Passengers ONLY (i.e. Walk-on, etc.): How did you leave the terminal after your trip? Check only one**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Picked up by friend or relative                      | 6 <input type="checkbox"/> Walk                     |
| 2 <input type="checkbox"/> Used vehicle that I parked at or near the terminal   | 7 <input type="checkbox"/> Taxi                     |
| 3 <input type="checkbox"/> Bicycle  | 8 <input type="checkbox"/> Hitchhike                |
| 4 <input type="checkbox"/> BC Transit bus / TransLink bus / local city bus      | 9 <input type="checkbox"/> Charter bus / school bus |
| 5 <input type="checkbox"/> Non-charter bus (e.g. PCL, Greyhound, Laidlaw, etc.) | 10 <input type="checkbox"/> Other                   |

**Foot Passengers skip to Q15.**

**Q14. Vehicle drivers / vehicle passengers ONLY: What kind of vehicle did you travel in for the sailing on which you received this questionnaire? Check only one**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Car  | 5 <input type="checkbox"/> Semi   |
| 2 <input type="checkbox"/> Van or pickup or SUV (up to 7 feet high / wide)  | 6 <input type="checkbox"/> Commercial vehicle (over 5,500 kg or 6 tons) other than a semi |
| 3 <input type="checkbox"/> Overheight / Overwidth vehicle (over 7 feet high / wide and less than 5,500 kg or 6 tons; i.e., large van or pickup) | 7 <input type="checkbox"/> Motorcycle   |
| 4 <input type="checkbox"/> Recreational vehicle or camper   |   |

**Background**

*Your responses to these questions will help us group similar answers together.*

**Q15. Which of the following best describes your current occupation group? Check only one**

- |   |                             |
|---|-----------------------------|
| 1 <input type="checkbox"/> Executive / Managerial                         | } <b>Continue with Q16.</b> |
| 2 <input type="checkbox"/> Professional                                   |                             |
| 3 <input type="checkbox"/> Sales / Supervisory                            |                             |
| 4 <input type="checkbox"/> Clerical                                       |                             |
| 5 <input type="checkbox"/> Craftsperson / Tradesperson                    |                             |
| 6 <input type="checkbox"/> Manufacturing / Processing / Industrial worker |                             |
| 7 <input type="checkbox"/> Labourer, Shop Assistant, etc.                 |                             |
| 8 <input type="checkbox"/> Not employed                                   | } <b>Skip to Q18.</b>       |
| 9 <input type="checkbox"/> Retired  |                             |
| 10 <input type="checkbox"/> Homemaker                                     |                             |
| 11 <input type="checkbox"/> Student                                       |                             |

**← Did you answer Q4 to Q9?**

**Q16. Which of the following best describes the industry in which you are employed? Check only one**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Manufacturing or Construction                          | 7 <input type="checkbox"/> Health / Social services                 |
| 2 <input type="checkbox"/> Transportation / Storage or Communications / Utilities | 8 <input type="checkbox"/> Accommodation, Food and beverage service |
| 3 <input type="checkbox"/> Wholesale / Retail                                     | 9 <input type="checkbox"/> Agricultural / related services          |
| 4 <input type="checkbox"/> Finance / Insurance / Real Estate                      | 10 <input type="checkbox"/> Fishing / Trapping                      |
| 5 <input type="checkbox"/> Business services                                      | 11 <input type="checkbox"/> Logging / Forestry                      |
| 6 <input type="checkbox"/> Educational services                                   | 12 <input type="checkbox"/> Mining / Quarrying / Oil well           |
|   | 13 <input type="checkbox"/> Other                                   |

**Q17. Are you employed in the private sector or the public sector? Check only one**

- |   |   |
|---|---|
| <b>Private sector:</b>  | <b>Public sector:</b>   |
| 1 <input type="checkbox"/> Self employed                                  | 3 <input type="checkbox"/> Municipal or local government / agency |
| 2 <input type="checkbox"/> Employed by another organization or individual | 4 <input type="checkbox"/> Provincial government / agency         |
|   | 5 <input type="checkbox"/> Federal government / agency            |

**Q18. Which of the following broad categories best describes the total combined annual income for the household you are in before taxes?**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Under \$20,000       | 5 <input type="checkbox"/> \$80,000 to \$99,999   |
| 2 <input type="checkbox"/> \$20,000 to \$39,999 | 6 <input type="checkbox"/> \$100,000 to \$119,999 |
| 3 <input type="checkbox"/> \$40,000 to \$59,999 | 7 <input type="checkbox"/> \$120,000 or over      |
| 4 <input type="checkbox"/> \$60,000 to \$79,999 |   |

**For classification purposes only could we have the first 3 digits of your Canadian postal code, or your zip code if you live in the USA?**

**Q19. Postal code:** \_\_\_\_\_ - \_\_\_\_\_

**Or**

**Q.20 Zip code:** \_\_\_\_\_

**LAST QUESTION**

BC Ferries conducts a variety of different surveys from time to time. Would it be okay for BC Ferries, or their appointed research firm, to contact you for a future survey?

If so, please fill in your contact information below.

**Note that only the contact information provided below would be passed on to BC Ferries. All responses and data from this survey are strictly confidential, and are separated from the contact information before being reported. The actual surveys remain with Mustel Group for six months after which they are destroyed.**

**Phone number:** \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE PHONE NUMBER

**Email:** \_\_\_\_\_@\_\_\_\_\_

**Fax:** \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE PHONE NUMBER

**First name:** \_\_\_\_\_ **Mailing address:** \_\_\_\_\_

**Thank you very much for your help. Your answers will help BC Ferries to improve services and facilities!**

Please place this completed survey in the postage-paid envelope, and put it in the mail as soon as you can within the next day or two.



November 24, 2010

Dear Ferry Traveller,

Please accept our thanks for agreeing to complete the enclosed survey. Your feedback is very important to BC Ferries, so we are delighted that you are participating in this important study. By your ratings and comments, please let us know what things we are doing well and what things need further attention.

Your answers will be held in strict confidence and will be combined with those of other passengers. In order for overall results to be truly representative, we need responses from everyone who agrees to participate, so please be sure to complete all parts of the survey. The professional BC research firm of Mustel Group has been commissioned to receive your responses and prepare the results.

Please mail your completed survey in the enclosed pre-paid return envelope to Mustel Group in the next one or two days. If you have any questions about the survey, please do not hesitate to contact Evi Mustel at Mustel Group (PH 866-742-2240) or Jackee Kasandy, Marketing Manager at BC Ferries (PH 604-204-2228). Your opinions are important to us, and essential to improving service on BC Ferries.

Thank you, again, for your help.

Sincerely,

Janet Carson  
Vice President, Marketing and Travel Services  
BC Ferry Services Inc.

**BC Ferries Customer Satisfaction Survey**

**Thinking only of the sailing on which you received this questionnaire, please answer all sections applicable to you. Thank you very much.**

**Satisfaction Ratings**

**Overall satisfaction**

**Q1. How satisfied or dissatisfied were you, overall, with your recent experience travelling with BC Ferries? (i.e. the sailing on which you received this questionnaire.)**

- |                            |                            |                                    |                            |                            |
|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|
| Very satisfied             | Satisfied                  | Neither satisfied nor dissatisfied | Dissatisfied               | Very dissatisfied          |
| 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/>         | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

**Q2. Please rate how satisfied or dissatisfied you were with each of the following. If you did not use this service, please check "Not Used / Not Applicable" on the right.**

<b>Before arriving at terminal</b>	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Usefulness of BC Ferries Web site	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using on-line reservations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Usefulness of BC Ferries phone service	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using automated phone system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Highway signage	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Please open folder to Q3**

**Q3. Please rate how satisfied or dissatisfied you were with each of the following. If you did not use this service, please check "Not Used / Not Applicable" on the right.**

**At the Terminal: All Passengers**

**TERMINAL OVERALL**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
<b>Your overall experience at the terminal before boarding</b>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Outside appearance of the terminal you left from	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>Ticket purchase</b>						
Efficiency of the transaction	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Clarity of staff directions	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>(if applicable) Food and beverage services at the terminal</b>						
Food / beverages offered	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>(if applicable) INDOOR Gift shop / news stand/ kiosks at the terminal</b>						
Variety / selection of merchandise	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>(if applicable) OUTDOOR Market area at the terminal</b>						
Variety / selection of merchandise	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Other terminal services**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Clarity of public address system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Announcements when you need to be informed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Overall look & décor inside the terminal you left from (if applicable)	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Usefulness of TV info screens (if applicable)	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Procedures for loading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Professionalism of terminal staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Vehicle drivers / vehicle passengers skip to Q4.**

**Foot Passengers ONLY (i.e. Walk-on, bus, bicycle)**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Availability of parking spaces	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Parking value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using passenger drop-off / pick-up area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of seating in pre-boarding lounge at terminal	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Comfort of seating in pre-boarding lounge at terminal	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of pre-boarding lounge	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Q4. Please rate how satisfied or dissatisfied you were with each of the following. If you did not use this service, please check "Not Used / Not Applicable" on the right.**

**Onboard: All Passengers**

**ONBOARD OVERALL**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
<b>Your overall experience onboard the ferry</b>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Please open folder to "Q4 cont'd"

**Q4. cont'd**

**Gift shop / News stand**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Variety / selection of merchandise	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of moving around inside shop	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Food services**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Length of time in line for food service	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Food / beverages offered	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of seating	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Comfort of seating	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of seating area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Washrooms**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Availability of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Lounge Seating**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Comfort of indoor lounge seating	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of indoor lounge seating area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Other onboard facilities / services**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Play area for children	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Video arcade	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Work stations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Outside decks	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Outside appearance of the vessel overall	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of tourist and travel information	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of access, overall, for people with disabilities	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of finding facilities / services	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Clarity of public address system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Announcements when you need to be informed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Atmosphere / environment	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Procedures for unloading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Professionalism of onboard staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Q5. How satisfied or dissatisfied were you with each of the following? If you did not use this service, please check the "Not Used / Not Applicable" box on the right.**

**Experience with the Sailing schedule**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Earliest ferry early enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Latest ferry late enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ferry sailings frequent enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ability to get onto desired sailing	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ability to connect with other sailings	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ferry departing on time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Safety**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Safety of ferry operations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Safety of loading / unloading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**OVERALL VALUE**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Value for money of fares	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Q6a. Are you aware that in April 2003 BC Ferries changed from a crown corporation to an independent regulated company?**

- 1  Yes
- 2  No

**Q6b. Since this change, would you say now the service at BC Ferries, overall, is ...**

- 1  Much better
- 2  Somewhat better
- 3  The same as before
- 4  Somewhat worse
- 5  Much worse
- 6  No Opinion / Don't know

**Q7a. Did you encounter any problem, difficulty or concern related to ferry service before or during your trip today?**

- 1  No → SKIP TO Q8
  - 2  Yes, before arriving at the terminal
  - 3  Yes, at the terminal
  - 4  Yes, onboard the ferry
- } CONTINUE ON TO Q7b

**Q7b. If Yes in Q7a, please explain.** \_\_\_\_\_

**Q7c. If Yes in Q7a, did you request assistance from BC Ferries' staff to resolve this?**

- 1  No → skip to Q8
- 2  Yes → continue on to Q7d

**Q7d. If Yes in Q7c, how satisfied or dissatisfied were you with the assistance you received from BC Ferries' staff in resolving this?**

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

**Q8. What is the main food service area that you used onboard the ferry?**

"Pacific Buffet"	Main cafeteria	Self-serve snack bar or coffee shop	Used none of these
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/>

**Expenditures and Services**

**Q9. Not including the cost of the fare for your ferry trip, what is the approximate amount you personally spent for yourself, and for any other members of your party, at the following facilities today?**

*Please include all purchases that you paid for before taxes. Do not include any purchases that someone else paid for you.*

Before boarding, at the terminal, food service area or news stand	\$ _____
Food services onboard (if applicable)	\$ _____
Gift shop / news-stand onboard (if applicable)	\$ _____
Video arcade onboard (if applicable)	\$ _____

**TOTAL for this trip** \$

Please turn over



**Transportation to and from the Terminal**

Please answer the following questions thinking about only of the sailing on which you received this questionnaire.

Vehicle drivers / vehicle passengers skip to Q14.

**Q12. Foot Passengers ONLY (i.e. Walk-on, etc.):** How did you get to the terminal? *Check only one*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Dropped off by friend or relative                    | 6 <input type="checkbox"/> Walked                   |
| 2 <input type="checkbox"/> Drove to terminal and parked at or near the terminal | 7 <input type="checkbox"/> Taxi                     |
| 3 <input type="checkbox"/> Bicycle  | 8 <input type="checkbox"/> Hitchhiked               |
| 4 <input type="checkbox"/> BC Transit bus / TransLink bus / local city bus      | 9 <input type="checkbox"/> Charter bus / school bus |
| 5 <input type="checkbox"/> Non-charter bus (e.g. PCL, Greyhound, Laidlaw, etc.) | 10 <input type="checkbox"/> Other                   |

**Q13. Foot Passengers ONLY (i.e. Walk-on, etc.):** How did you leave the terminal after your trip? *Check only one*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Picked up by friend or relative                      | 6 <input type="checkbox"/> Walk                     |
| 2 <input type="checkbox"/> Used vehicle that I parked at or near the terminal   | 7 <input type="checkbox"/> Taxi                     |
| 3 <input type="checkbox"/> Bicycle  | 8 <input type="checkbox"/> Hitchhike                |
| 4 <input type="checkbox"/> BC Transit bus / TransLink bus / local city bus      | 9 <input type="checkbox"/> Charter bus / school bus |
| 5 <input type="checkbox"/> Non-charter bus (e.g. PCL, Greyhound, Laidlaw, etc.) | 10 <input type="checkbox"/> Other                   |

Foot Passengers skip to Q15.

**Q14. Vehicle drivers / vehicle passengers ONLY:** What kind of vehicle did you travel in for the sailing on which you received this questionnaire? *Check only one*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Car  | 5 <input type="checkbox"/> Semi   |
| 2 <input type="checkbox"/> Van or pickup or SUV (up to 7 feet high / wide)  | 6 <input type="checkbox"/> Commercial vehicle (over 5,500 kg or 6 tons) other than a semi |
| 3 <input type="checkbox"/> Overheight / Overwidth vehicle (over 7 feet high / wide and less than 5,500 kg or 6 tons; i.e., large van or pickup) | 7 <input type="checkbox"/> Motorcycle   |
| 4 <input type="checkbox"/> Recreational vehicle or camper   |   |

**Background**

Your responses to these questions will help us group similar answers together.

**Q15. Which of the following best describes your current occupation group? Check one only**

- |   |                             |
|---|-----------------------------|
| 1 <input type="checkbox"/> Executive / Managerial                         | } <b>Continue with Q16.</b> |
| 2 <input type="checkbox"/> Professional                                   |                             |
| 3 <input type="checkbox"/> Sales / Supervisory                            |                             |
| 4 <input type="checkbox"/> Clerical                                       |                             |
| 5 <input type="checkbox"/> Craftsperson / Tradesperson                    |                             |
| 6 <input type="checkbox"/> Manufacturing / Processing / Industrial worker |                             |
| 7 <input type="checkbox"/> Labourer, Shop Assistant, etc.                 |                             |
| 8 <input type="checkbox"/> Not employed                                   | } <b>Skip to Q18.</b>       |
| 9 <input type="checkbox"/> Retired  |                             |
| 10 <input type="checkbox"/> Homemaker                                     |                             |
| 11 <input type="checkbox"/> Student                                       |                             |

**Q16. Which of the following best describes the industry in which you are employed? Check only one**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Manufacturing or Construction                          | 7 <input type="checkbox"/> Health / Social services                 |
| 2 <input type="checkbox"/> Transportation / Storage or Communications / Utilities | 8 <input type="checkbox"/> Accommodation, Food and beverage service |
| 3 <input type="checkbox"/> Wholesale / Retail                                     | 9 <input type="checkbox"/> Agricultural / related services          |
| 4 <input type="checkbox"/> Finance / Insurance / Real Estate                      | 10 <input type="checkbox"/> Fishing / Trapping                      |
| 5 <input type="checkbox"/> Business services                                      | 11 <input type="checkbox"/> Logging / Forestry                      |
| 6 <input type="checkbox"/> Educational services                                   | 12 <input type="checkbox"/> Mining / Quarrying / Oil well           |
|   | 13 <input type="checkbox"/> Other                                   |

**Q17. Are you employed in the private sector or the public sector? Check one only**

- |   |   |
|---|---|
| <b>Private sector:</b>  | <b>Public sector:</b>   |
| 1 <input type="checkbox"/> Self employed                                  | 3 <input type="checkbox"/> Municipal or local government / agency |
| 2 <input type="checkbox"/> Employed by another organization or individual | 4 <input type="checkbox"/> Provincial government / agency         |
|   | 5 <input type="checkbox"/> Federal government / agency            |

**Q18. Which of the following broad categories best describes the total combined annual income for the household you are in before taxes?**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Under \$20,000       | 5 <input type="checkbox"/> \$80,000 to \$99,999   |
| 2 <input type="checkbox"/> \$20,000 to \$39,999 | 6 <input type="checkbox"/> \$100,000 to \$119,999 |
| 3 <input type="checkbox"/> \$40,000 to \$59,999 | 7 <input type="checkbox"/> \$120,000 or over      |
| 4 <input type="checkbox"/> \$60,000 to \$79,999 |   |

**For classification purposes only could we have the first 3 digits of your Canadian postal code, or your zip code if you live in the USA?**

**Q19. Postal code:** \_\_\_\_\_

**Or**

**Q.20 Zip code:** \_\_\_\_\_

**LAST QUESTION**

**BC Ferries conducts a variety of different surveys from time to time. Would it be okay for BC Ferries, or their appointed research firm, to contact you for a future survey?**

If so, please fill in your contact information below.

Note that only the contact information provided below would be passed on to BC Ferries. All responses and data from this survey are strictly confidential, and are separated from the contact information before being reported. The actual surveys remain with Mustel Group for six months after which they are destroyed.

**Phone number:** \_\_\_\_\_  
AREA CODE PHONE NUMBER

**Email:** \_\_\_\_\_@\_\_\_\_\_

**Fax:** \_\_\_\_\_  
AREA CODE PHONE NUMBER

**First name:** \_\_\_\_\_ **Mailing address:** \_\_\_\_\_

**Thank you very much for your help. Your answers will help BC Ferries to improve services and facilities!**

Please place this completed survey in the postage-paid envelope, and put it in the mail as soon as you can within the next day or two.

November 24, 2010

Dear Ferry Traveller,

Please accept our thanks for agreeing to complete the enclosed survey. Your feedback is very important to BC Ferries, so we are delighted that you are participating in this important study. By your ratings and comments, please let us know what things we are doing well and what things need further attention.

Your answers will be held in strict confidence and will be combined with those of other passengers. In order for overall results to be truly representative, we need responses from everyone who agrees to participate, so please be sure to complete all parts of the survey. The professional BC research firm of Mustel Group has been commissioned to receive your responses and prepare the results.

Please mail your completed survey in the enclosed pre-paid return envelope to Mustel Group in the next one or two days. If you have any questions about the survey, please do not hesitate to contact Evi Mustel at Mustel Group (PH 866-742-2240) or Jackee Kasandy, Marketing Manager at BC Ferries (PH 604-204-2228). Your opinions are important to us, and essential to improving service on BC Ferries.

Thank you, again, for your help.

Sincerely,

Janet Carson  
 Vice President, Marketing and Travel Services  
 BC Ferry Services Inc.

**BC Ferries Customer Satisfaction Survey**

*Thinking only of the sailing on which you received this questionnaire, please answer all sections applicable to you. Thank you very much.*

**Satisfaction Ratings**

**Overall satisfaction**

**Q1. How satisfied or dissatisfied were you, overall, with your recent experience travelling with BC Ferries? (i.e. the sailing on which you received this questionnaire.)**

- |                            |                            |                                    |                            |                            |
|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|
| Very satisfied             | Satisfied                  | Neither satisfied nor dissatisfied | Dissatisfied               | Very dissatisfied          |
| 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/>         | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

**Q2. Please rate how satisfied or dissatisfied you were with each of the following. If you did not use this service, please check "Not Used / Not Applicable" on the right.**

<b>Before arriving at terminal</b>	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Usefulness of BC Ferries Web site	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using on-line reservations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Usefulness of BC Ferries phone service	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using automated phone system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Highway signage	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Q3. Please rate how satisfied or dissatisfied you were with each of the following. *If you did not use this service, please check "Not Used / Not Applicable" on the right.*

**At the Terminal: All Passengers**

**TERMINAL OVERALL**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Your <i>overall</i> experience at the terminal before boarding	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Outside appearance of the terminal you left from	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Ticket purchase**

Efficiency of the transaction	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Clarity of staff directions	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Other terminal services**

Clarity of public address system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Announcements when you need to be informed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Procedures for loading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Professionalism of terminal staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Vehicle drivers / vehicle passengers skip to Q4.

**Foot Passengers ONLY (i.e. Walk-on, bus, bicycle)**

Availability of parking spaces	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Parking value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using passenger drop-off / pick-up area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of seating in pre-boarding lounge at terminal	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Comfort of seating in pre-boarding lounge at terminal	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of pre-boarding lounge	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Q4. Please rate how satisfied or dissatisfied you were with each of the following. *If you did not use this service, please check "Not Used / Not Applicable" on the right.*

**Onboard: All Passengers**

**ONBOARD OVERALL**

Your <i>overall</i> experience onboard the ferry	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
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**Washrooms**

Availability of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Lounge Seating**

Comfort of indoor lounge seating	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of indoor lounge seating area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Please open folder to "Q4 cont'd"

Q4. cont'd

**Other onboard facilities / services**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Outside decks	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Outside appearance of the vessel overall	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of tourist and travel information	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of access, overall, for people with disabilities	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of finding facilities / services	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Clarity of public address system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Announcements when you need to be informed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Atmosphere / environment	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Procedures for unloading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Professionalism of onboard staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Q5. How satisfied or dissatisfied were you with each of the following? *If you did not use this service, please check the "Not Used / Not Applicable" box on the right.*

**Experience with the Sailing schedule**

Earliest ferry early enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Latest ferry late enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ferry sailings frequent enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ability to get onto desired sailing	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ability to connect with other sailings	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ferry departing on time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Safety**

Safety of ferry operations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Safety of loading / unloading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**OVERALL VALUE**

Value for money of fares	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
--------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-------------------------

Q6a. Are you aware that in April 2003 BC Ferries changed from a crown corporation to an independent regulated company?

- 1  Yes  
2  No

Q6b. Since this change, would you say now the service at BC Ferries, overall, is . . .

- 1  Much better  
2  Somewhat better  
3  The same as before  
4  Somewhat worse  
5  Much worse  
6  No Opinion / Don't know

Q7a. Did you encounter any problem, difficulty or concern related to ferry service before or during your trip today?

- 1  No → SKIP TO Q9  
2  Yes, before arriving at the terminal  
3  Yes, at the terminal  
4  Yes, onboard the ferry
- CONTINUE ON TO Q7b

Q7b. If Yes in Q7a, please explain. \_\_\_\_\_

Q7c. If Yes in Q7a, did you request assistance from BC Ferries' staff to resolve this?

- 1  No → skip to Q9  
2  Yes → continue on to Q7d

Q7d. If Yes in Q7c, how satisfied or dissatisfied were you with the assistance you received from BC Ferries' staff in resolving this?

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Q8. (Omitted – not applicable to this route)

**Expenditures and Services**

Q9. Not including the cost of the fare for your ferry trip, what is the approximate amount you personally spent for yourself, and for any other members of your party, at the following facilities today?

Please include all purchases that you paid for before taxes. Do not include any purchases that someone else paid for you.

Before boarding, at the terminal, food service area or news stand	\$ _____
Food services onboard (if applicable)	\$ _____
Gift shop / news-stand onboard (if applicable)	\$ _____
Video arcade onboard (if applicable)	\$ _____
<b>TOTAL for this trip</b>	\$ <input type="text"/>

**Suggestions**

Q10. Are there any facilities or services that you were not able to find onboard or before boarding, that should be available?

Q11. Do you have any specific suggestions on how to improve the services and facilities offered by BC Ferries? If yes, explain. Please be specific.

Please turn over

**Transportation to and from the Terminal**

Please answer the following questions thinking only of the sailing on which you received this questionnaire.

Vehicle drivers / vehicle passengers skip to Q14.

**Q12. Foot Passengers ONLY (i.e. Walk-on, etc.):** How did you get to the terminal? *Check only one*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Dropped off by friend or relative                    | 6 <input type="checkbox"/> Walked                   |
| 2 <input type="checkbox"/> Drove to terminal and parked at or near the terminal | 7 <input type="checkbox"/> Taxi                     |
| 3 <input type="checkbox"/> Bicycle  | 8 <input type="checkbox"/> Hitchhiked               |
| 4 <input type="checkbox"/> BC Transit bus / TransLink bus / local city bus      | 9 <input type="checkbox"/> Charter bus / school bus |
| 5 <input type="checkbox"/> Non-charter bus (e.g. PCL, Greyhound, Laidlaw, etc.) | 10 <input type="checkbox"/> Other                   |

**Q13. Foot Passengers ONLY (i.e. Walk-on, etc.):** How did you leave the terminal after your trip? *Check only one*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Picked up by friend or relative                      | 6 <input type="checkbox"/> Walk                     |
| 2 <input type="checkbox"/> Used vehicle that I parked at or near the terminal   | 7 <input type="checkbox"/> Taxi                     |
| 3 <input type="checkbox"/> Bicycle  | 8 <input type="checkbox"/> Hitchhike                |
| 4 <input type="checkbox"/> BC Transit bus / TransLink bus / local city bus      | 9 <input type="checkbox"/> Charter bus / school bus |
| 5 <input type="checkbox"/> Non-charter bus (e.g. PCL, Greyhound, Laidlaw, etc.) | 10 <input type="checkbox"/> Other                   |

Foot Passengers skip to Q15.

**Q14. Vehicle drivers / vehicle passengers ONLY:** What kind of vehicle did you travel in for the sailing on which you received this questionnaire? *Check only one*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Car  | 5 <input type="checkbox"/> Semi   |
| 2 <input type="checkbox"/> Van or pickup or SUV (up to 7 feet high / wide)  | 6 <input type="checkbox"/> Commercial vehicle (over 5,500 kg or 6 tons) other than a semi |
| 3 <input type="checkbox"/> Overheight / Overwidth vehicle (over 7 feet high / wide and less than 5,500 kg or 6 tons; i.e., large van or pickup) | 7 <input type="checkbox"/> Motorcycle   |
| 4 <input type="checkbox"/> Recreational vehicle or camper   |   |

**Background**

Your responses to these questions will help us group similar answers together.

**Q15. Which of the following best describes your current occupation grouping?**

- |   |                             |
|---|-----------------------------|
| 1 <input type="checkbox"/> Executive / Managerial                         | } <i>Continue with Q16.</i> |
| 2 <input type="checkbox"/> Professional                                   |                             |
| 3 <input type="checkbox"/> Sales / Supervisory                            |                             |
| 4 <input type="checkbox"/> Clerical                                       |                             |
| 5 <input type="checkbox"/> Craftsperson / Tradesperson                    |                             |
| 6 <input type="checkbox"/> Manufacturing / Processing / Industrial worker |                             |
| 7 <input type="checkbox"/> Labourer, Shop Assistant, etc.                 |                             |
| 8 <input type="checkbox"/> Not employed                                   | } <i>Skip to Q18.</i>       |
| 9 <input type="checkbox"/> Retired  |                             |
| 10 <input type="checkbox"/> Homemaker                                     |                             |
| 11 <input type="checkbox"/> Student                                       |                             |

**Q16. Which of the following best describes the industry in which you are employed?** *Check only one*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Manufacturing or Construction                          | 7 <input type="checkbox"/> Health / Social services                 |
| 2 <input type="checkbox"/> Transportation / Storage or Communications / Utilities | 8 <input type="checkbox"/> Accommodation, Food and beverage service |
| 3 <input type="checkbox"/> Wholesale / Retail                                     | 9 <input type="checkbox"/> Agricultural / related services          |
| 4 <input type="checkbox"/> Finance / Insurance / Real Estate                      | 10 <input type="checkbox"/> Fishing / Trapping                      |
| 5 <input type="checkbox"/> Business services                                      | 11 <input type="checkbox"/> Logging / Forestry                      |
| 6 <input type="checkbox"/> Educational services                                   | 12 <input type="checkbox"/> Mining / Quarrying / Oil well           |
|   | 13 <input type="checkbox"/> Other                                   |

← Did you answer Q4 to Q11?

**Q17. Are you employed in the private sector or the public sector?**

- |   |   |
|---|---|
| <b>Private sector:</b>  | <b>Public sector:</b>   |
| 1 <input type="checkbox"/> Self employed                                  | 3 <input type="checkbox"/> Municipal or local government / agency |
| 2 <input type="checkbox"/> Employed by another organization or individual | 4 <input type="checkbox"/> Provincial government / agency         |
|   | 5 <input type="checkbox"/> Federal government / agency            |

**Q18. Which of the following broad categories best describes the total combined annual income for the household you are in before taxes?**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Under \$20,000       | 5 <input type="checkbox"/> \$80,000 to \$99,999   |
| 2 <input type="checkbox"/> \$20,000 to \$39,999 | 6 <input type="checkbox"/> \$100,000 to \$119,999 |
| 3 <input type="checkbox"/> \$40,000 to \$59,999 | 7 <input type="checkbox"/> \$120,000 or over      |
| 4 <input type="checkbox"/> \$60,000 to \$79,999 |   |

**For classification purposes only** could we have the first 3 digits of your Canadian postal code, or your zip code if you live in the USA?

**Q19. Postal code:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Or**

**Q.20 Zip code:** \_\_\_\_\_

**LAST QUESTION**

**BC Ferries conducts a variety of different surveys from time to time. Would it be okay for BC Ferries, or their appointed research firm, to contact you for a future survey?**

If so, please fill in your contact information below.

Note that only the contact information provided below would be passed on to BC Ferries. All responses and data from this survey are strictly confidential, and are separated from the contact information before being reported. The actual surveys remain with Mustel Group for six months after which they are destroyed.

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE PHONE NUMBER

Email: \_\_\_\_\_@\_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE PHONE NUMBER

First name: \_\_\_\_\_ Mailing address: \_\_\_\_\_

**Thank you very much for your help. Your answers will help BC Ferries to improve services and facilities!**

Please place this completed survey in the postage-paid envelope, and put it in the mail as soon as you can within the next day or two.



November 24, 2010

Dear Ferry Traveller,

Please accept our thanks for agreeing to complete the enclosed survey. Your feedback is very important to BC Ferries, so we are delighted that you are participating in this important study. By your ratings and comments, please let us know what things we are doing well and what things need further attention.

Your answers will be held in strict confidence and will be combined with those of other passengers. In order for overall results to be truly representative, we need responses from everyone who agrees to participate, so please be sure to complete all parts of the survey. The professional BC research firm of Mustel Group has been commissioned to receive your responses and prepare the results.

Please mail your completed survey in the enclosed pre-paid return envelope to Mustel Group in the next one or two days. If you have any questions about the survey, please do not hesitate to contact Evi Mustel at Mustel Group (PH 866-742-2240) or Jackee Kasandy, Marketing Manager at BC Ferries (PH 604-204-2228). Your opinions are important to us, and essential to improving service on BC Ferries.

Thank you, again, for your help.

Sincerely,

Janet Carson  
 Vice President, Marketing and Travel Services  
 BC Ferry Services Inc.

**BC Ferries Customer Satisfaction Survey**

*Thinking only of the sailing on which you received this questionnaire, please answer all sections applicable to you. Thank you very much.*

**Satisfaction Ratings**

**Overall satisfaction**

**Q1. How satisfied or dissatisfied were you, overall, with your recent experience travelling with BC Ferries? (i.e. the sailing on which you received this questionnaire.)**

- |                            |                            |                                    |                            |                            |
|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|
| Very satisfied             | Satisfied                  | Neither satisfied nor dissatisfied | Dissatisfied               | Very dissatisfied          |
| 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/>         | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

**Q2. Please rate how satisfied or dissatisfied you were with each of the following. If you did not use this service, please check "Not Used / Not Applicable" on the right.**

<b>Before arriving at terminal</b>	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Usefulness of BC Ferries Web site	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using on-line reservations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Usefulness of BC Ferries phone service	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using automated phone system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Highway signage	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Please open folder to Q3

**Q3. Please rate how satisfied or dissatisfied you were with each of the following. If you did not use this service, please check "Not Used / Not Applicable" on the right.**

**At the Terminal: All Passengers**

**TERMINAL OVERALL**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
<b>Your overall experience at the terminal before boarding</b>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Outside appearance of the terminal you left from	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>Ticket purchase</b>						
Efficiency of the transaction	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Clarity of staff directions	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>Food and beverage services at the terminal (before boarding, if applicable)</b>						
Food / beverages offered	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>Gift shop / news stand/ kiosks at the terminal (before boarding, if applicable)</b>						
Variety / selection of merchandise	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>Outdoor market area at the terminal (before boarding, if applicable)</b>						
Variety / selection of merchandise	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Other terminal services**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Clarity of public address system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Announcements when you need to be informed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Overall look & décor inside the terminal you left from (if applicable)	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Usefulness of TV info screens (if applicable)	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Procedures for loading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Professionalism of terminal staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Vehicle drivers / vehicle passengers skip to Q4.**

**Foot Passengers ONLY (i.e. Walk-on, bus, bicycle)**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Availability of parking spaces	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Parking value for money	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of using passenger drop-off / pick-up area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of seating in pre-boarding lounge at terminal	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Comfort of seating in pre-boarding lounge at terminal	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of pre-boarding lounge	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Q4. Please rate how satisfied or dissatisfied you were with each of the following. If you did not use this service, please check "Not Used / Not Applicable" on the right.**

**Onboard: All Passengers**

**ONBOARD OVERALL**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
<b>Your overall experience onboard the ferry</b>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
<b>Washrooms</b>						
Availability of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of washrooms	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

Please open folder to "Q4 cont'd"

**Q4. cont'd**

**Lounge Seating**

Comfort of indoor lounge seating	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Cleanliness of indoor lounge seating area	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Other onboard facilities / services**

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
Outside decks	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Outside appearance of the vessel overall	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Availability of tourist and travel information	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of access, overall, for people with disabilities	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ease of finding facilities / services	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Clarity of public address system	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Announcements when you need to be informed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Atmosphere / environment	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Procedures for unloading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Professionalism of onboard staff	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Q5. How satisfied or dissatisfied were you with each of the following? If you did not use this service, please check the "Not Used / Not Applicable" box on the right.**

**Experience with the Sailing schedule**

Earliest ferry early enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Latest ferry late enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ferry sailings frequent enough	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ability to get onto desired sailing	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ability to connect with other sailings	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Ferry departing on time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**Safety**

Safety of ferry operations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
Safety of loading / unloading	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>

**OVERALL VALUE**

Value for money of fares	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="radio"/>
--------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-------------------------

**Q6a. Are you aware that in April 2003 BC Ferries changed from a crown corporation to an independent regulated company?**

- 1  Yes  
2  No

**Q6b. Since this change, would you say now the service at BC Ferries, overall, is . . .**

- 1  Much better  
2  Somewhat better  
3  The same as before  
4  Somewhat worse  
5  Much worse  
6  No Opinion / Don't know

**Q7a. Did you encounter any problem, difficulty or concern related to ferry service before or during your trip today?**

- 1  No → **SKIP TO Q9**  
2  Yes, before arriving at the terminal  
3  Yes, at the terminal  
4  Yes, onboard the ferry
- } **CONTINUE ON TO Q7b**

**Q7b. If Yes in Q7a, please explain.** \_\_\_\_\_

**Q7c. If Yes in Q7a, did you request assistance from BC Ferries' staff to resolve this?**

- 1  No → *skip to Q9*  
2  Yes → *continue on to Q7d*

**Q7d. If Yes in Q7c, how satisfied or dissatisfied were you with the assistance you received from BC Ferries' staff in resolving this?**

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

**Q8. (Omitted – not applicable to this route.)**

**Expenditures and Services**

**Q9. Not including the cost of the fare for your ferry trip, what is the approximate amount you personally spent for yourself, and for any other members of your party, at the following facilities today?**

*Please include all purchases that you paid for before taxes. Do not include any purchases that someone else paid for you.*

Before boarding, at the terminal, food service area or news stand	\$ _____
Food services onboard (if applicable)	\$ _____
Gift shop / news-stand onboard (if applicable)	\$ _____
Video arcade onboard (if applicable)	\$ _____
<b>TOTAL for this trip</b>	\$ <input type="text"/>

**Suggestions**

**Q10. Are there any facilities or services that you were not able to find onboard or before boarding, that should be available?**

\_\_\_\_\_

\_\_\_\_\_

**Q11. Do you have any specific suggestions on how to improve the services and facilities offered by BC Ferries? If yes, explain. Please be specific.**

\_\_\_\_\_

\_\_\_\_\_

Please turn over