

BC Ferries Customer Satisfaction Tracking Survey – SAILING HEADER

SECTION A: CLASSIFICATION DATA (to be completed prior to interview)

A1. DATE: _____ / _____ / _____
DAY MONTH YEAR

A3. SCHEDULED SAILING TIME (24-HOUR CLOCK): _____ : _____

A4. NAME OF VESSEL

- | | | | | | |
|-------------------------------|--------------------------|----|----------------------------------|--------------------------|----|
| Queen of Cowichan..... | <input type="checkbox"/> | 1 | Spirit of Vancouver Island | <input type="checkbox"/> | 12 |
| Queen of Alberni..... | <input type="checkbox"/> | 2 | Bowen Queen | <input type="checkbox"/> | 13 |
| Queen of Coquitlam..... | <input type="checkbox"/> | 3 | Skeena Queen | <input type="checkbox"/> | 15 |
| Queen of Cumberland..... | <input type="checkbox"/> | 4 | Powell River Queen | <input type="checkbox"/> | 16 |
| Queen of New Westminster..... | <input type="checkbox"/> | 5 | Spirit of British Columbia | <input type="checkbox"/> | 17 |
| Queen of Oak Bay | <input type="checkbox"/> | 6 | Mayne Queen | <input type="checkbox"/> | 18 |
| Queen of Nanaimo..... | <input type="checkbox"/> | 8 | Coastal Renaissance..... | <input type="checkbox"/> | 21 |
| Queen of Surrey | <input type="checkbox"/> | 9 | Coastal Inspiration | <input type="checkbox"/> | 22 |
| Quinsam..... | <input type="checkbox"/> | 11 | Coastal Celebration | <input type="checkbox"/> | 23 |

A5. ROUTE:

- | | | | | | |
|--|--------------------------|-----|---|--------------------------|------|
| Tsawwassen → Swartz Bay | <input type="checkbox"/> | 1a | Tsawwassen → Nanaimo Duke Point..... | <input type="checkbox"/> | 30a |
| Swartz Bay → Tsawwassen | <input type="checkbox"/> | 1b | Nanaimo Duke Point → Tsawwassen..... | <input type="checkbox"/> | 30b |
| Horseshoe Bay → Nanaimo Departure Bay..... | <input type="checkbox"/> | 2a | Swartz Bay → Fulford Harbour | <input type="checkbox"/> | 4a |
| Nanaimo Departure Bay → Horseshoe Bay..... | <input type="checkbox"/> | 2b | Fulford Harbour → Swartz Bay | <input type="checkbox"/> | 4b |
| Horseshoe Bay → Langdale | <input type="checkbox"/> | 3a | Swartz Bay → Southern Gulf Islands..... | <input type="checkbox"/> | 5/5a |
| Langdale → Horseshoe Bay | <input type="checkbox"/> | 3b | Tsawwassen → Southern Gulf Islands..... | <input type="checkbox"/> | 9 |
| Nanaimo Harbour → Gabriola | <input type="checkbox"/> | 19a | | | |
| Gabriola → Nanaimo Harbour | <input type="checkbox"/> | 19b | | | |

SECTION V: VERIFICATION OF DATA (to be completed AFTER EACH SAILING)

- V1. Number of screeners completed this sailing: _____
- V2. Survey Numbers: _____ to _____
- V3. Work Checked by Interviewer: Yes No
- V4. Interviewer Name: _____
- V5. Interviewer Signature: _____
- V6. Work Edited by Supervisor: Yes No
- V7. Supervisor Signature: _____

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 | Personal |
|--|---|
| 1 <input type="checkbox"/> Business trip or on company business | 5 <input type="checkbox"/> Required personal travel (e.g., doctor's appt, moving, funeral, etc) |
| 2 <input type="checkbox"/> Commuting to or from work | 6 <input type="checkbox"/> Shopping |
| 3 <input type="checkbox"/> Hauling freight or operating a commercial vehicle | 7 <input type="checkbox"/> Visiting friends / relatives |
| 4 <input type="checkbox"/> Attending school, college or course | 8 <input type="checkbox"/> Vacation / getaway / recreation |
| | 9 <input type="checkbox"/> Attending special event / entertainment |
| | 10 <input type="checkbox"/> Other (specify) _____ |

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.**

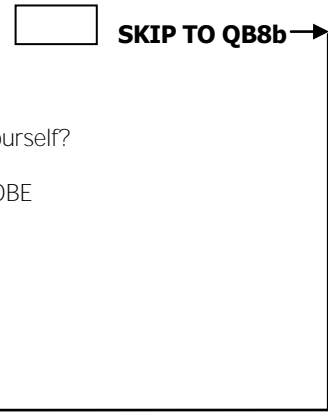
B7. Are you a vehicle passenger or a foot passenger on today's trip? (If you boarded the ferry as a bus passenger or on bicycle, please consider yourself a foot passenger.) **IF FOOT PASSENGER, PROBE IF ON BICYCLE**

- 1 VEHICLE PASSENGER (INCLUDING DRIVER)
 2 FOOT PASSENGER (INCLUDING BUS PASSENGERS AND CYCLISTS)
IF FOOT PASSENGER → B7a. Are you on bicycle? 1 YES
 2 NO

B7b. Are you travelling with a pet on today's trip?

- 1 YES
 2 NO

- 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?
 2 No → **ASK ALL REMAINING QUESTIONS**



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

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: _____

ONLINE. If you were given the option to complete the second part of this survey online, would you prefer responding that way as opposed to paper?
 1 YES, PREFER ONLINE 2 NO, PREFER PAPER

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 PT 2 SURVEY PACKAGE.

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 |
| 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 |
| 9 | <input type="checkbox"/> Retired |
| 10 | <input type="checkbox"/> Homemaker |
| 11 | <input type="checkbox"/> Student |

Continue with Q16.

Skip to Q18.

← 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

- | | |
|---|---|
| Private sector: | Public sector: |
| 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.

Mustel Group is a Gold Seal certified member of the Marketing Research and Intelligence Association (MRIA) and in full compliance with the Personal Information Protection and Electronic Documents Acts (PIPEDA). Overview of the Mustel Group Privacy Policy can be found here: http://www.mustelgroup.com/privacy_policy.php

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 2, 2015

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. You also have the option to complete online, as described below. If you have any questions about the survey, please do not hesitate to contact Phil Giborski at Mustel Group (1-888-733-4213) or Rosa Marinelli, Marketing Manager at BC Ferries (1-604-204-2228). 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.

Prefer to complete this survey online?

Go to this website: www.mustelgroup.com/ferries
Enter this code:

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.

Before arriving at terminal	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
Your <u>overall</u> 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 customer 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"/>
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"/>
(if applicable) Food and beverage services at the terminal						
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"/>
Vending machines	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"/>
(if applicable) <u>INDOOR</u> Gift shop / news stand/ kiosks at the terminal						
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"/>
(if applicable) <u>OUTDOOR</u> Market area at the terminal						
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"/>
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"/>
Pet 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 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
Your <u>overall</u> 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"/>

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 customer 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 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 customer 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"/>
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"/>
Vending machines	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 (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"/>
Pet area (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"/>
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"/>

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	Seawest Lounge	Used none of these
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <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. Please indicate in Canadian dollars (CDN)

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 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 | } Continue with Q16. |
| 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 | } Skip to Q18. |
| 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?

- | | |
|---|---|
| Private sector: | Public sector: |
| 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.

Mustel Group is a Gold Seal certified member of the Marketing Research and Intelligence Association (MRIA) and in full compliance with the Personal Information Protection and Electronic Documents Acts (PIPEDA). Overview of the Mustel Group Privacy Policy can be found here: http://www.mustelgroup.com/privacy_policy.php

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 2, 2015

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. You also have the option to complete online, as described below. If you have any questions about the survey, please do not hesitate to contact Phil Giborski at Mustel Group (1-888-733-4213) or Rosa Marinelli, Marketing Manager at BC Ferries (1-604-204-2228). 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.

Prefer to complete this survey online?

Go to this website: www.mustelgroup.com/ferries
 Enter this code:

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.

Before arriving at terminal	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
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 customer 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"/>
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"/>
Food and beverage services at the terminal (before boarding, if applicable)						
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"/>
Vending machines	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"/>
Gift shop / news stand/ kiosks at the terminal (before boarding, if 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"/>
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"/>
Outdoor market area at the terminal (before boarding, if 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"/>
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"/>
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"/>
Pet 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 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
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"/>
Food services						
Vending machines	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"/>

Q4 (cont'd). 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 (cont'd)

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not Used/Not Applicable
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"/>

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"/>
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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. Please indicate in Canadian dollars (CDN)

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 \$

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

Please open folder to Q4

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 | } Continue with Q16. |
| 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 | } Skip to Q18. |
| 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? Check one only

- | | |
|---|---|
| Private sector: | Public sector: |
| 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.

Mustel Group is a Gold Seal certified member of the Marketing Research and Intelligence Association (MRIA) and in full compliance with the Personal Information Protection and Electronic Documents Acts (PIPEDA). Overview of the Mustel Group Privacy Policy can be found here: http://www.mustelgroup.com/privacy_policy.php

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 2, 2015

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. You also have the option to complete online, as described below. If you have any questions about the survey, please do not hesitate to contact Phil Giborski at Mustel Group (1-888-733-4213) or Rosa Marinelli, Marketing Manager at BC Ferries (1-604-204-2228). 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.

Prefer to complete this survey online?

Go to this website: www.mustelgroup.com/ferries
Enter this code:

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.

Before arriving at terminal	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
Your overall 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 customer 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"/>
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"/>
Food and beverage services at the terminal (before boarding)						
Vending machines	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"/>
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
Your overall 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"/>
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

Q4 (cont'd). 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.

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

	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

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"/>
--------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-------------------------

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. Please indicate in Canadian dollars (CDN)

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 \$

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