

NCI Shady Grove Shuttle Survey

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Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address.

1. Please rate these aspects of the shuttle service.

	Exceptional	Very Good	Satisfactory	Unsatisfactory	N/A
Your ridership experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shuttle driver's operation of bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shuttle driver's communication with passengers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus cleanliness & condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of posted schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-time arrival	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shuttle frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synchromatics Online Shuttle Tracking System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have a comment?

2. Did you submit a shuttle service complaint during the survey period?

☐ Yes

☐ No

3. Have you used the NCI Kiosk located in the Main Lobby within the last 4 months?

☐ Yes

☐ No

If YES, were you able to retrieve arrival times?

4. Thank you. Please provide additional comments below. If we exceed your expectations, meet your needs, or fall short in your estimation, please describe the situation.

5. If you would like personal assistance to address an issue, please provide your contact information so an OSFM staff member can assist you.