

TRANSPORTATION SATISFACTION SURVEY

Version: June 1, 2000

First I'm going to ask you some questions about the service you receive from [NAME OF TRANSPORTATION SERVICE].

1. How many days ago did you last use this service? _____(number of days)
2. In general, how many local trips a month do make using this service? _____(# trips)
3. In an average month, would you say you rely on this transportation service for:
 - just a few of all your local trips
 - about 1/4 of all your local trips
 - about 1/2 of all your local trips
 - about 3/4 of all your local trips; or
 - nearly all of your local trips.

For the next few questions, please tell me how frequently these statements apply to your overall experiences with [NAME OF TRANSPORTATION SERVICE]. Please select one of these five responses: (1) Always, (2) Usually, (3) Sometimes, (4) Rarely, (5) Never.

	Always	Usually	Sometimes	Rarely	Never
4. The vehicles are clean and comfortable.	1	2	3	4	5
5. I feel safe when riding with [SERVICE NAME].	1	2	3	4	5
6. The vehicles are easy to get into and out of.	1	2	3	4	5
7. We arrive at our destinations on time.	1	2	3	4	5
8. The drivers pick me up when they are supposed to.	1	2	3	4	5
9. The service would call me if my ride has been cancelled.	1	2	3	4	5
10. I can get to the places I want or need to go.	1	2	3	4	5
11. The trips take too long.	1	2	3	4	5
12. I worry that the drivers will drop me off in the wrong place.	1	2	3	4	5
13. The drivers are polite.	1	2	3	4	5
14. The drivers offer to help passengers into and out of the van when they need it.	1	2	3	4	5
15. The drivers help passengers into and out of their homes when they need it.	1	2	3	4	5

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Client ID:	D.O.B.:	Gender:	Service Enrollment Date:	

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Now, I'd like to ask you if you agree or disagree with the following statements about [NAME OF TRANSPORTATION SERVICE]. There are four possible responses: (1) Yes, Definitely; (2) Yes, I Think So; (3) No, I Don't Think So; or (4) No, Definitely Not.

	Yes, Definitely	Yes, I Think So	No, I Don't Think So	No, Definitely Not
16. I get the number of rides I need from this service.	1	2	3	4
17. I get rides at the times and on the days I need them.	1	2	3	4
18. I have the information I need to schedule and take my local trips.	1	2	3	4
19. I get around more than I did before I had this service.	1	2	3	4
20. I would recommend this transportation service to a friend.	1	2	3	4

21. Next, how would you rate the transportation service that you received?

- Excellent
 Very Good
 Good
 Fair
 Poor

22. Now that you have this transportation service, which of the following activities have you been able to get to more often: **[Check all that apply]**

- work
 doctors and health care providers
 shopping
 volunteer activities
 senior center
 lunch program
 friends, neighbors, and relatives
 social events and recreation activities
 clubs and meetings
 religious services
 other **[Please describe]** _____

23. Do you have any recommendations on how to make the [NAME OF TRANSPORTATION SERVICE] better? **[Check all that apply]**

- increase the hours the service is available
 reduce the waiting time for a ride
 need better buses/vans
 need to be able to go more places
 the drivers should provide more help into and out of the van
 no suggestions for improvements
 other **[Please describe]**: _____

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24. Finally, how has your life changed since you started using this service? *[Write response verbatim]*