

# TRANSPORTATION SATISFACTION SURVEY

## Mail Survey

Version: June 1, 2001

[NAME OF TRANSPORTATION SERVICE] wants to determine the quality of our transportation service. This information is very important to us for improving the service we provide to you. Please help us by answering a few questions about the service. All of your answers will be strictly confidential. No one's answers will be identified with their name and your service will not be affected. Your responses will be useful to us, whether you are happy or unhappy with the service.

First, please answer some questions about the transportation service you receive from [NAME OF TRANSPORTATION SERVICE]. Please write in your response or check the appropriate response where necessary.

1. About how many days ago did you last use this service? \_\_\_\_\_(number of days)
2. About how many local trips a month do you make using this service? \_\_\_\_\_(# trips)
3. In an average month, would you say you rely on this transportation service for: **[Check only one]**
  - A) just a few of all your local trips
  - B) about 1/4 of all your local trips
  - C) about 1/2 of all your local trips
  - D) about 3/4 of all your local trips; or
  - E) nearly all of your local trips?
4. Where do you get on the vehicle? Does . . . **[Read list; Check only one]**
  - A) The driver come to your door?
  - B) The vehicle stop in front of your house?
  - C) The vehicle stop down the block? Or
  - D) Do you have to walk several blocks to get on the vehicle?

For the next few questions, please indicate 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 |
|--|--------|---------|-----------|--------|-------|
| 5. The vehicles are comfortable. Would you say . . .                     | 1      | 2       | 3         | 4      | 5     |
| 6. The vehicles are easy to get into and out of. Would you say . . .     | 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. Would you say . . . | 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. Would you say . . .    | 1      | 2       | 3         | 4      | 5     |

**Office Use Only:**

Client ID: \_\_\_\_\_ Date: \_\_\_\_\_ Interview was: Mail or Other: \_\_\_\_\_  
Service Enrollment Date: \_\_\_\_\_  
Service Type: Fixed Route Demand Response Assisted/Escort

# TRANSPORTATION SATISFACTION SURVEY

## Mail Survey

Version: June 1, 2001

|     |   | Always | Usually | Sometimes | Rarely | Never |
|-----|---|--------|---------|-----------|--------|-------|
| 11. | Would you say that the trips take too long . . .  | 1      | 2       | 3         | 4      | 5     |
| 12. | Would you say that the drivers are polite . . .   | 1      | 2       | 3         | 4      | 5     |
| 13. | Do the drivers offer to help passengers into and out of the van when they need it . . . | 1      | 2       | 3         | 4      | 5     |
| 14. | Do the drivers help passengers into and out of their homes when they need it. . . .     | 1      | 2       | 3         | 4      | 5     |

Please indicate whether you agree or disagree with the following statements about [NAME OF TRANSPORTATION SERVICE].

|     |  | Always | Usually | Sometimes | Rarely | Never |
|-----|--|--------|---------|-----------|--------|-------|
| 15. | I get the number of rides I need from this service. Would you say ...  | 1      | 2       | 3         | 4      | 5     |
| 16. | I get rides at the times and on the days I need them.  | 1      | 2       | 3         | 4      | 5     |
| 17. | I have the information I need to schedule and take my local trips. Would you say ...   | 1      | 2       | 3         | 4      | 5     |
| 18. | I get around more than I did before I had this service.  | 1      | 2       | 3         | 4      | 5     |
| 19. | I would recommend this transportation service to a friend. Would you say ...   | 1      | 2       | 3         | 4      | 5     |
| 20. | Next, how would you rate the transportation service that you received? Would you say ...<br><input type="checkbox"/> A) Excellent <input type="checkbox"/> B) Very Good <input type="checkbox"/> C) Good <input type="checkbox"/> D) Fair <input type="checkbox"/> E) Poor |        |         |           |        |       |
| 21. | Which of the following activities have you been able to get to <u>more often</u> now that you are using this transportation service: <b>[Check all that apply]</b>   |        |         |           |        |       |
|     | <input type="checkbox"/> A) work   |        |         |           |        |       |
|     | <input type="checkbox"/> B) doctors and health care providers  |        |         |           |        |       |
|     | <input type="checkbox"/> C) shopping   |        |         |           |        |       |
|     | <input type="checkbox"/> D) volunteer activities   |        |         |           |        |       |
|     | <input type="checkbox"/> E) senior center  |        |         |           |        |       |
|     | <input type="checkbox"/> F) lunch program  |        |         |           |        |       |
|     | <input type="checkbox"/> G) friends, neighbors, and relatives  |        |         |           |        |       |
|     | <input type="checkbox"/> H) social events and recreation activities  |        |         |           |        |       |
|     | <input type="checkbox"/> I) clubs and meetings   |        |         |           |        |       |
|     | <input type="checkbox"/> J) religious services   |        |         |           |        |       |
|     | <input type="checkbox"/> K) other (describe): _____  |        |         |           |        |       |

# TRANSPORTATION SATISFACTION SURVEY

## Mail Survey

Version: June 1, 2001

22. Do you have any recommendations for how to make the [SERVICE NAME] better? [**Check all that apply**]
- A) reduce the waiting time for a ride
  - B) need better buses/vans
  - C) need to be able to go more places
  - D) the drivers should provide more help into and out of the van
  - E) no suggestions for improvements
  - F) other (describe): \_\_\_\_\_
23. How has your life changed since you started using this service?

Finally, could you please tell us a bit about yourself? Like all of your other answers, all of this information will be kept **strictly confidential**.

24. Where is your home located? Would you say . . .
- A) In a city
  - B) In the suburbs of a city
  - C) In a small town or rural area.
25. What is your home zip code? \_\_\_\_\_
26. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month / day / year)
27. What is your gender?
- A) Male
  - B) Female
28. Which of the following statements describes your living arrangements? [**Check all that apply.**]
- A) I live alone. [**Skip to Question # 30**]
  - B) I live with my spouse.
  - C) I live with my children.
  - D) I live with other persons.
29. How many persons, including yourself, live in this household? \_\_\_\_\_

# TRANSPORTATION SATISFACTION SURVEY

## Mail Survey

Version: June 1, 2001

30. Is there a car in working condition in this household?
- A) Yes
  - B) No **[Skip to Question # 32.]**
31. Do you ever drive that car?
- A) Yes
  - B) No
32. What is your highest educational level?
- A) Less than High School Diploma
  - B) High School Diploma
  - C) Some college, including Associate degree
  - D) Bachelor's Degree
  - E) Some post-graduate work or advanced degree or degrees
33. What is your race? **[Check all that apply.]**
- A) White or Caucasian
  - B) Black or African American
  - C) Asian
  - D) American Indian or Alaskan Native
  - E) Native Hawaiian or Other Pacific Islander
  - F) Other
34. Are you of Hispanic origin?
- A) Yes
  - B) No
35. Do you have any physical or mental health condition which creates difficulty for you in going outside your home alone to shop or visit a doctor's office?
- A) Yes
  - B) No
36. What was the total combined income for all persons in your household during the past 12 months, including income from jobs, Social Security, retirement income, public assistance, and all other sources?
- A) Less than \$5,000
  - B) \$5,001 – \$8,350
  - C) \$8,351 – \$11,250
  - D) \$11,251 – \$14,150
  - E) \$14,151 – \$20,000
  - F) \$20,001 – \$35,000
  - G) \$35,001 – \$50,000
  - H) \$50,001 or more

Thank you very much for your time and cooperation. Your answers are very important to us in improving transportation services here.