

Hello. My name is [INTERVIEWER'S NAME] from [AGENCY'S NAME]. We are conducting a survey to find out how satisfied you are with the transportation services that are presently available to you and how we can better meet your needs. We got your name from [AGENCY'S NAME]. Your name is listed as someone who is currently using the transportation service.

Is this a convenient time for you to answer a few questions?

(IF YES) Continue.

(IF NO) What time is better for you? _____

(Get time, date and phone number where they can be reached. Terminate interview.)

Thank them, and confirm the time and day you will call back.

[Record time interview began _____ am / pm]

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

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: **[Read list; Check only one]**
 - 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?
4. Where do you get on the vehicle? Would you say . . . **[Read list; Check only one]**
 - the driver comes to your door?
 - the vehicle stops in front of your house, but the driver does not come to your door?
 - the vehicle stops down the block? Or
 - you have to walk several blocks to get on the vehicle?

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
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

Office Use Only:

Client ID: _____ Interview was: Phone In person Mail or Other: _____
 Service Enrollment Date: _____ Survey Date: _____
 Service Type: Fixed Route Demand Response Assisted/Escort
 Transportation Provider Code: _____

		Always	Usually	Sometimes	Rarely	Never
10.	I can get to the places I want or need to go. Would you say . . .	1	2	3	4	5
11.	How often do the trips take too long? Would you say . . .	1	2	3	4	5
12.	How often are the drivers polite? . . .	1	2	3	4	5
13.	Do the drivers offer to help passengers into and out of the van when they need it. Would you say . . .	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
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

I'd like to ask you if the following statements apply to your experiences with [NAME OF TRANSPORTATION SERVICE]. Please select one of these five responses: (1) Yes, definitely; (2) Yes, I think so; (3) I'm not sure; (4) No, I don't think so; (5) No, definitely not.

		Yes, definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not
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 . . .

- Excellent
 Very Good
 Good
 Fair
 Poor

21. Which of the following activities have you been able to get to more often now that you are using this transportation service: **[Read list; 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 (describe): _____

22. Do you have any recommendations about how to make the [SERVICE NAME] better? **[Read list; Check all that apply]**

- 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 (describe): _____

23. How has your life changed since you started using this service? *[Write response verbatim]*

Finally, could you please tell me 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 in . . .

- A city
- A suburban area, or
- A rural area.

25. What is your home zip code? _____

26. What is your age? |__| |__| |__| (years)

27. ***[Interviewer: Record sex of respondent. If not obvious, ask:]*** What is your gender?

- Male
- Female

28. Which of the following statements describes your living arrangements? ***[Read list; Check all that apply.]***

- Living alone. ***[Interviewer: If "live alone", enter 1 in question 29, then skip to Question # 30]***
- Living with my spouse.
- Living with my children.
- Living with other persons.

29. How many family members, are living in your household, including yourself? _____

30. Is there a car in working condition in this household?

- Yes
- No ***[Skip to Question # 32.]***

31. Do you ever drive that car?

- Yes
- No

32. What is your highest educational level?

- Less than High School Diploma
- High School Diploma
- Some college, including Associate degree
- Bachelor's Degree
- Some post-graduate work or advanced degree

33. What is your race? *[Read list; Check all that apply.]*
- White or Caucasian
 - Black or African American
 - Asian
 - American Indian or Alaskan Native
 - Native Hawaiian or Other Pacific Islander
 - Other
34. Are you of Hispanic origin?
- Yes
 - 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?
- Yes
 - 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? I'll read a list of categories - please stop me when I get to the right one.
- Less than \$5,000
 - \$5,001 – \$8,500
 - \$8,501 – \$10,700
 - \$10,701 – \$13,850
 - \$13,851 – \$18,250
 - \$18,251 – \$25,000
 - \$25,001 – \$35,000
 - \$35,001 – \$50,000
 - \$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.

[Record time interview ended _____ am / pm.]