

[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.

What is today's date?      |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_| (day/month/year)

S1      Are you 60 years or older?

Yes .....  1  
No .....  2

S2      Did you begin using [NAME OF TRANSPORTATION SERVICE] **before January 1, 2003?**

Yes .....  1  
No .....  2

IF NO or DON'T KNOW: [Thank you for your time, but the focus of this survey is on persons who were using this service before January 1, 2003.] **END INTERVIEW**

S3      IF YES: About when did you begin using [NAME OF TRANSPORTATION SERVICE]?

|\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_| (month/year)

1.      About how many days ago did you last use [NAME OF TRANSPORTATION SERVICE]?

|\_\_|\_\_|\_\_| (# of days)

2.      About how many local trips a month do you make using this [NAME OF TRANSPORTATION SERVICE]?

|\_\_|\_\_| (# of trips)

**Office Use Only:**

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

3. In an average month, would you say you rely on this transportation service for:
- Just a few of your local trips .....  1
  - About 1/4 of all your local trips .....  2
  - About 1/2 of all your local trips .....  3
  - About 3/4 of all your local trips; or *[Skip to Question #4]* .....  4
  - Nearly all of your local trips *[Skip to Question #4]*.....  5

- 3A. For the majority of your local trips, how do you travel?
- Drive yourself .....  1
  - Ride with a spouse .....  2
  - Ride with other family members.....  3
  - Ride with volunteers .....  4
  - Take a taxi .....  5
  - Use public transportation .....  6
  - Walk .....  7
  - Use other means (describe)\_\_\_\_\_ .....  8

4. When using [NAME OF TRANSPORTATION SERVICE], where do you get on the vehicle?
- Does the driver come to your door? .....  1
  - Does the vehicle stop in front of your house? .....  2
  - Does the vehicle stop down the block? Or .....  3
  - Do you have to walk several blocks to get on the vehicle? .....  4

For questions 5 through 17, 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.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. The vehicles are easy to get into and out of.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. We arrive at our destinations on time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. The drivers pick me up when they are supposed to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. The service calls me if my ride has been cancelled.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. I can get to the places I want or need to go.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

- |  | Always                     | Usually                    | Sometimes                  | Rarely                     | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 11. How often do the trips take to long?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 12. How often are the drivers are polite?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 13. Do the drivers offer to help passengers into and out of the vehicle when they need it? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 14. Do the drivers help passengers into and out of their homes when they need it?          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 15. I get the number of rides I need from this service.                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 16. I get rides at the times and on the days I need them.                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 17. I have the information I need to schedule and take my local trips.                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Please indicate 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; or (5) No, definitely not.

- |  | Yes,<br>definitely         | Yes, I think<br>so         | I'm<br>not sure            | No, I don't<br>think so    | No,<br>definitely<br>not   |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 18. I get around more than I did before I had this service.    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 19. I would recommend this transportation service to a friend. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

- |                 |                            |
|-----------------|----------------------------|
| Excellent ..... | <input type="checkbox"/> 1 |
| Very Good ..... | <input type="checkbox"/> 2 |
| Good .....      | <input type="checkbox"/> 3 |
| Fair .....      | <input type="checkbox"/> 4 |
| Poor .....      | <input type="checkbox"/> 5 |

21. Which of the following activities have you been able to get to more often now that you are using this transportation service: **[CHECK ALL THAT APPLY.]**

- A. Work.....  1
- B. Doctors and health care providers .....  1
- C. Shopping .....  1
- D. Volunteer activities .....  1
- E. Senior center .....  1
- F. Lunch program.....  1
- G. Friends, neighbors, and relatives .....  1
- H. Social events and recreation activities .....  1
- I. Clubs and meetings .....  1
- J. Religious services .....  1
- K. Other (describe): \_\_\_\_\_  1
- L. None .....  1

22. Do you have any recommendations about how to make the [NAME OF TRANSPORTATION SERVICE] better?  
**[CHECK ALL THAT APPLY.]**

- A. Provide services more hours of the day .....  1
- B. Provide services more days of the week .....  1
- C. Reduce the waiting time for a ride .....  1
- D. Need better vehicles for older riders (vans, etc.) .....  1
- E. Need to be able to go more places .....  1
- F. The drivers should provide more help into and out of the van .....  1
- G. No suggestions for improvements .....  1
- H. Other (describe): \_\_\_\_\_  1

23. How has your life changed since you started using this service?

24. Is there a car in working condition in your household?

- Yes .....  1
- No **[Skip to Question # 26.]** .....  2

25. Do you ever drive that car?
- Yes .....  1  
No .....  2
26. 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 .....  1  
No .....  2

**DEMOGRAPHIC INFORMATION**

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**.

- D1. What is your gender?
- Male .....  1  
Female .....  2
- D2. What is your age? |\_\_| |\_\_| |\_\_| (years)
- D3. What is your highest educational level?
- Less than High School Diploma .....  1  
High School Diploma .....  2  
Some college, including Associate degree .....  3  
Bachelor's Degree .....  4  
Some post-graduate work or advanced degree .....  5
- D4. Are you Spanish, Hispanic, or Latino?
- Yes .....  1  
No .....  2
- D5. What is your race? **[CHECK ALL THAT APPLY.]**
- A. White or Caucasian .....  1  
B. Black or African American .....  1  
C. Asian .....  1  
D. American Indian or Alaskan Native .....  1  
E. Native Hawaiian or Other Pacific Islander .....  1  
F. Other (Specify: \_\_\_\_\_) .....  1

D6. Where is your home located? Would you say in . . .

- A city .....  1
- A suburban area, or .....  2
- A rural area. ....  3

D7. What is your home zip code? |\_|\_|\_|\_|\_|\_|\_|\_|

D8. We'd like to ask about the persons who live in this household. Does anyone else live with you in this household?

- Yes .....  1
- No **[SKIP TO D11]** .....  2

D9. Do you? **YES**   **NO**

- A. Live with your spouse .....  1    2
- B. Live with your children .....  1    2
- C. Live with other relatives .....  1    2
- D. Live with non relatives .....  1    2

D10. Including yourself, how many people live in your household? |\_|\_|

D11. What is your marital status?

- Now married .....  1
- Widowed .....  2
- Divorced .....  3
- Separated .....  4
- Never married .....  5

D12. Thinking about the total combined income from all sources for all persons in this household, was your total household annual income during the year 2002 above or below \$20,000?

- Below \$20,000 **[GO TO D13]**.....  1
- Above \$20,000 **[SKIP TO D14]**.....  2

**[Income from jobs, Social Security, retirement income, public assistance, and all other sources]**

D13. Which category best describes your total household annual income during the year 2002?

- \$10,000 or less .....  1
- \$10,001 to \$15,000 .....  2
- \$15,001 to \$20,000 .....  3

**[SKIP TO END]**

D14. Which category best describes your total household annual income during the year 2002?

- \$20,001 to \$25,000 .....  1
- \$25,001 to \$30,000 .....  2
- \$30,001 to \$35,000 .....  3
- \$35,001 to \$40,000 .....  4
- Over \$40,000 .....  5

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