

4. Have you or a family member needed transportation outside of your county but had trouble finding a ride?

Yes

No

If Yes, what county does the trip begin in? _____

Where are you trying to go? (example: Cleveland, Pittsburgh) _____

Is this a recurring trip?

Yes

No

5. What is the best way to share important transportation information with you?

Local TV

Social Media (like Facebook or a website)

Cable TV

Local newspaper

Newsletter

Radio

Other _____

6. What is your age group?

Up to 19

41-60

20-40

60+

7. What county do you live in? _____

8. Do you use a mobility device such as a cane, walker, wheelchair, or any other mobility aide?

Yes

No

9. What additional accommodations would make it easier to access transportation?

Wheelchair lift

Ways to secure or charge an oxygen tank

Schedules in other languages (or Braille)

Guardian/travel companion

Other _____

Bike racks

10. Do you have any transportation issues reaching transit services?

Lack of curb ramps

Lack of sidewalks or pathways

Lack of shelter or benches

11. Would you like the mobility manager for your county to call you about your transportation options or to help you with a transportation problem you are having?

If Yes, please provide your name and a phone number (this information will be kept confidential)

Name: _____

Phone: _____

Thank you for your help completing this survey.

Your answers will help to improve the transportation services and options in your county.