

# Regional Needs Assessment Survey

Thank you for your help with this survey. All responses are completely anonymous. This survey will help determine how to improve transportation services and increase transportation options in your county.

## 1. What types of transportation do you use in a typical year?

- Personal vehicle
- Public transit
- Private transportation (example: senior services)
- Carpool/Vanpool
- Taxi/Uber
- Ride with family/friends

## 2. How do you usually get to the following?

	Public Transit	Drive Myself	Ride with Family/Friends	Private Transportation	Taxi or Uber	N/A
Grocery/Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Places (YMCA, Senior Services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Do you or a family member use public transit?

If **No**, what is the main reason why?

- I have a car or other means of transportation.
- It is too expensive.
- It does not go when I need to go.
- It does not go where I need to go.
- Other \_\_\_\_\_

If **Yes**, How often do you ride public transit?

- Daily
- 2-4x a week
- Occasionally (1-4x monthly)
- Rarely (less than once a month)

How satisfied are you with the service?

- Satisfied
- Neutral
- Dissatisfied

How could the public transit service be improved?

- Go places outside my county.
- Start service earlier in the morning.
- End service later in the evening.
- Operate service on Saturday.
- Operate service on Sunday.
- Be more reliable/on time to pick me up or drop me off.
- Shorter wait times
- Payment options
- Other \_\_\_\_\_

**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.