



SENIOR TRANSPORTATION NEEDS ASSESSMENT

Name:

City/Town:

Email Address:

Phone Number:

1. Are you currently able to drive?
 Yes
 No

2. If you drive, to which of the following local destinations do you drive?
 Shopping, grocery store, bank
 Medical/dental appointments
 Social outing (friend or relative's home, restaurant, golf, etc.)
 Religious services
 School
 Work
 I don't drive to any destinations

3. Are there any circumstances under which you would prefer not drive (check all that apply)?
 At nighttime
 To a destination more than 3 miles away
 To a medical appointment when I am not feeling well
 On high-speed highways or freeways
 To an area of town that I don't not know very well
 I do not drive to any destinations

4. During the past 3 months, were you unable to travel to any of the following destinations because you did not have access to transportation (either your own car or a ride)?
 Shopping, grocery store, bank
 Medical/Dental appointments
 Social outings (friend or relative's home, restaurant, golf, etc.)
 Religious services
 School
 Work

5. During the past 3 months, which of the following factors prevented you from taking trips outside your home (check all that apply)?
- Not comfortable driving/cannot drive
 - Do not have a reliable vehicle
 - Cannot afford gas, parking or insurance
 - Cannot afford taxi/private transportation
 - Do not have someone to drive me
 - Do not have bus services in my area
 - Cannot afford to take the bus
 - Not familiar with transportation options in my area
 - Do not feel safe when traveling outside my home
 - Do not know who to call for help
 - Other: _____
6. Over the past 3 months, how much did you rely on others for transportation?
- For all of my trips
 - For about 75% of my trips
 - For about 50% of my trips
 - For about 25% of my trips
 - For none of my trips
7. If you depend on others for any of your trips, who do you depend on?
- Spouse
 - Children/other relatives
 - Friends/Neighbors
 - Private services, such as taxis
 - Public services (bus systems, Medicaid-paid transportation)
 - Volunteers (from churches or non-profit organizations)
 - Other (Please specify): _____
8. Which of the following statements about your *local public transportation system* are true for you (check all that apply)?
- I do not know if we have a public transportation system
 - I do not use public transportation services because:
 - they do not feel safe
 - I cannot afford to pay for them
 - service is not offered to destinations I want to visit
 - they do not operate at times when I need to travel
 - I do not have enough information about times, routes, etc. to use them
 - it takes too long to get to destinations
 - service is not reliable
 - I do not wish to

_____ I do not use the public transportation system because:

_____ I cannot walk to the closest bus stop

_____ Service is not provided near where I live

_____ The service cannot accommodate my wheelchair

_____ The service cannot accommodate my other needs (Please specify):

9. If you have *door-to-door bus services* available in your community, please indicate which of the following statements are true for you (check all that apply):

_____ I am not eligible to use these services

_____ I am not familiar with how to use these services

_____ These service do not feel safe

_____ these services are too expensive

_____ These services are not provided where I live

_____ I have to schedule these services too far in advance to be useful

_____ these services often are full when I call for a ride

_____ It takes too long to get to destinations on these services

10. If you have taxi or private services available in your community, please indicate which of the following statements are true for you (check all that apply):

_____ I am not familiar with who provides these services

_____ These services do not feel safe

_____ These services are too expensive

_____ These services are not provided where I live

_____ These services do not operate at times when I need to travel

_____ I cannot use these services for health reasons (example: I am physically unable).

_____ These services are not reliable

11. Over the next 1-3 years, to which of these destinations do you anticipate needing transportation because you will be unable to drive there?

_____ Shopping, grocery store, bank

_____ Medical/dental appointments

_____ Social outings (friend or relative's home, restaurant, golf, etc.)

_____ Religious services

_____ School

_____ Work

12. How old are you?

_____ 18-25

_____ 26-35

_____ 36-45

_____ 46-55

_____ 56-65

_____ 65+

13. What is the primary language spoken in your household?

English

Spanish

Other (Please specify):

14. What is your home zip code? _____