

Appendix L: Agency Client Questionnaire





Social Service Agency Client Transportation Survey

Please take a few minutes to answer the following questions about your personal transportation needs. Your answers will help to identify transportation needs in Boone County.

1. In what City and Zip Code do you live?

If employed, in what City do you work?

City: _____ Zip Code: _____

City: _____ Zip Code: _____

2. What is your age? _____

3. What is your gender? Male Female

4. Do you have a driver's license? Yes No

5. Are you able to drive? Yes No

6. What is your Occupation?

Homemaker

Service Worker

Laborer

College Student

Managerial/Professional

Secondary Student

Production/Craft/Repair/Machine Operator

Technical/Administration

Retired

Unemployed

Sales

Other (please specify) _____

7. What means of transportation do you use at this time? *Check all that apply*

Personal vehicle Taxi OATS Friend or family vehicle

Columbia Transit Walk Bicycle Van or bus provided by my service agency

Other (Please name): _____

8. In the last two years, have you lost a job or had problems finding work due to lack of transportation?

Check one Yes No

If yes, please describe. _____

9. Which of the following describes common trip destinations you make during an average week?

Check all that apply.

Religious Services Restaurants Work School/College Child Care Bank

Doctor/Dentist/Therapist Medical Care Local businesses Shopping

Recreation Other destinations: _____

10. What is the most important reason you need public transportation?

Check only one.

Family doesn't have a car Someone else uses car Traffic is bad

Parking is a problem I don't drive Bus is economical

Bus is convenient Weather conditions Not needed

Other (please specify) _____

11. How often do you use existing public transportation services? *Check only one.*

Daily Several times weekly Once a week Several times per month

Once a month Several times per year I never use public transportation

12. During what hours are you most in need of transportation? *Check all that apply.*

- 6:00am to 8:00am 8:00am to 10:00am 10:00am to noon
- Noon to 2:00pm 2:00pm to 4:00pm 4:00pm to 6:00pm
- 6:00pm to 8:00pm 8:00pm to 10:00pm Between 10:00pm and 6:00am

13. What day(s) of week do you need public transportation? Check all that apply.

- Monday Tuesday Wednesday Thursday
- Friday Saturday Sunday

14. What would be the primary purpose of your trip(s) using public transportation? Check all that apply.

- Medical Work Social Recreation
- Shopping Get Home Other _____

15. How important would each characteristic be in your decision to use public transportation? Please rate each characteristic. (1 = Not important; 2 = Desirable; 3 = Important; 4 = Very important)

	1	2	3	4
Service from home to work				
Service must be flexible in scheduling rides				
Service from a park-and-ride lot to work				
Evening service				
Service twice a day				
Service every few hours				
Service every hour				
Service every half-hour				
Weekend service				
Express service (very few stops)				
Employer pays part of the cost				
Guaranteed ride home				
Service close to my home				
Accept different forms of payment				
Clean buses				
Attractive buses				

Other (Please specify). _____

16. Would you use public transportation more often if it were more widely available?

Circle one. Yes No

Please explain? _____

17. Would you pay for one-way public transportation? Circle one: Yes No

If yes, what range would you be able to pay? Circle one: Up to \$2.00 \$2.00-\$3.00 \$3.00 or more

18. Do you need or would you use public transportation to go beyond your home County? Yes No

If yes, to which county/counties do you or would you require transportation? _____

19. Do you need or would you use public transportation to go beyond your home City? Yes No

If yes, to which other city/cities do or would you require transportation? _____

20. What are your additional unmet transportation needs? Also, include any additional comments regarding your personal transportation needs here.

Agency or Organization Conducting Survey:
Date Conducted:

Thank you for your participation in this survey!