

**OKLAHOMA**  
**TRANSPORTATION PROGRAM PARTICIPANT SURVEY**

County of Residence: \_\_\_\_\_

Gender

Female                       Male

Age

Under 60                       60-74                       75-84                       85 +

1. How long have you been using the transportation services?

Less than 1 year                       1 to 3 years   
4 to 5 years                       More than 5 years

2. How often do you use the transportation service?

3 or more times per month.....  
1 to 2 times per month.....  
Less than once per month.....

Yes    No

3. Do you access other forms of transportation?.....    

4. Please check the forms of transportation that you use:

Family and/or Friends.....  
Cab.....  
Other Public Transit (bus, tribal, trolley, etc.)....  
Church van.....

5. What is your overall experience with the transportation service? Would you say....

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
The drivers pick me up on time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The drivers are polite.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The vehicles are easy to get into and out of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rides are available when needed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We arrive at our destinations timely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you get out of your home more than before you began using this service? ..... Yes No

7. Do the services you receive help you continue to live at home?.....

8. Do you use the transportation service to get to...

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
Medical appointments or services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How would you rate the transportation program overall?

Excellent.....

Good.....

Poor.....

10. What recommendations do you have to improve the transportation program?

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