

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.....

3. In an average month, would you say you rely on this transportation service for:

Just a few of your local trips.....
About ¼ of all your local trips.....
About ½ of all your local trips.....
About ¾ of all your local trips.....
Nearly all of your local trips.....

Yes **No**

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

4. (con't.) If you answered yes above, please check all other forms of transportation that apply:

- 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 when they are supposed to.....	<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"/>
The vehicles are comfortable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We arrive at our destinations timely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get rides at the times and on the days I need them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

6. Do you get out more than you did before you had this service?

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"/>

Yes **No** **Not Sure**

9. Would you recommend the transportation program to a friend?

10. Would you say that the transportation program has helped you?

If yes, how has the transportation program helped you?

11. How would you rate the transportation program overall?

Excellent.....

Very Good.....

Good.....

Fair.....

Poor.....

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