

POMP Final: Transportation Survey Instrument

(Mail Version)

This survey is about the transportation services you receive. We would like you to answer questions about these services. It will take between 15 and 30 minutes to answer this survey. We are interested in the length of time you have received transportation services and whether the transportation services have been helpful. Your answers will help make sure that the services meet your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

The first few questions are about the transportation service you receive.

TR1. When was the last time you used the transportation services?

- Today or yesterday..... 1
More than 1 day, but not more than a week ago 2
More than 1 week, but not more than a month ago 3
More than 1 month ago..... 4
Over 1 year ago 5
- Thank you, but the focus of this survey is on people who have used the service within the past year. Thank you for your time. 

TR2. How long have you been receiving transportation services? Would you say...

- 6 months or less 1
More than 6 months, but less than 1 year 2
At least 1 year but less than 2 years..... 3
2 to 5 years..... 4
More than 5 years 5

TR3. How often do you use the transportation service?

- 5 or more times per week 1
3 to 4 times per week..... 2
Once per week..... 3
1 to 2 times per month 4
Less than once per month 5

TR4. In an average month, would you say you rely on this transportation service for:

- Just a few of your local trips 1
About 1/4 of all your local trips 2
About 1/2 of all your local trips 3
About 3/4 of all your local trips 4
Nearly all of your local trips 5

Office Use Only:

Client ID: _____

Service Enrollment Date: _____

Date of Survey Administration: _____

TR5. Which of the following best describes where you get on the vehicle?

- Several blocks away 1
- Down the block 2
- My driveway/In front of my residence 3
- The driver comes to my door 4
- At the senior center 5

For the next few questions, please tell me how frequently these statements apply to your overall experiences with the transportation service. Please select one of these five responses: Always, Usually, Sometimes, Rarely, Never).

	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>
TR6. The drivers pick me up when they are supposed to. Would you say	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TR7. The drivers are polite.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TR8. The vehicles are easy to get into and out of	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TR9. The vehicles are comfortable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TR10. We arrive at our destinations on time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TR11. The trips take too long.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TR12. The transportation service takes me to the places I want or need to go.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TR13. I get rides at the times and on the days I need them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

TR14. Do you need help getting into and out of your home?

- Yes..... 1
- No..... 2 → GO TO TR15

TR14a. Does the driver or aide help you get into and out of your home?

- Yes 1
- No 2

TR15. Do you need help getting into or out of the vehicle?

Yes..... 1
No..... 2 → GO TO TR16

TR15a. Does the driver or aide help you get into or out of the vehicle?

Yes..... 1
No..... 2

TR16. Do you get around more than you did before you had this service?

Yes..... 1
No..... 2

TR17. Would you recommend this transportation service to a friend?

Yes..... 1
No..... 2

TR18. Do the services you receive help you continue to live at home?

Yes..... 1
No..... 2

TR19. Next, how would you rate the transportation service that you received? Would you say...

Excellent..... 1
Very Good..... 2
Good..... 3
Fair..... 4
Poor..... 5

TR20. Do you use the transportation service to get to:

	<u>Yes</u>	<u>No</u>
a. Doctors and health care providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Shopping/Hairdresser	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Volunteer activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Senior center.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Lunch program	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Friends, neighbors, and relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Social events and recreation activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Clubs and meetings.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Religious services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Some place else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Describe: _____

TR21. In general, would you say that the transportation service has helped you?

Yes..... 1
No..... 2 → GO TO TR22

TR21a. How has the transportation service helped you?

TR22. Do you have any recommendations to improve the transportation service?

Yes..... 1
No..... 2 → GO TO TR23

TR22a. What recommendations do you have for improving the service?

Five horizontal lines for writing recommendations.

These next questions are about getting around outside your home.

TR23. Is there a car or other personal motor vehicle in working condition in this household?

Yes..... 1
No..... 2 → GO TO TR25

TR24. Do you ever drive that car?

Yes..... 1 → If yes, this concludes the transportation survey.
No..... 2

TR25. Excluding taxi services, is public transportation service available in this community, such as a regular bus line, rapid transit, subway, or street car?

Yes..... 1
No..... 2 → If no, this concludes the transportation survey.

TR26. Do you ever use public transportation?

Yes..... 1
No..... 2 → If no, this concludes the transportation survey.

TR27. Do you have a physical, mental, or emotional condition that makes public transportation hard to use?

Yes..... 1
No..... 2 → If no, this concludes the transportation survey.

TR27a. Do you need the assistance of another person to use public transportation?

Yes 1
No 2

Thank you very much for your time and cooperation. Your answers are very important to us in improving transportation services.