

# Survey of Senior Transportation Needs and Practices

South Haven Area Senior Services and Region 4 Area Agency on Aging are conducting a survey about people's opinions regarding transportation issues. Your individual responses are anonymous and will be held in the strictest confidence. We are asking you to complete the survey and return it to SHASS at 220 Broadway St. South Haven, MI 49090 by 11-21-2008 for a chance to win \$100.00. We ask you submit a name and phone number for the drawing only, it will not be used for any other reason.

**1. Which of the following home types do you live in?**

- A single-family detached home
- A semi-detached home, like a townhouse, row-house, or duplex
- A multi-unit building (includes all apartments, either high-rise or low-rise)
- A mobile home
- Foster Care
- Assisted living facility
- Skilled nursing home

**2. How long have you lived in your current residence? \_\_\_\_\_**

**3. Do you currently live within a 1/2-mile of**

- A grocery store
- A drug store
- Your doctor's office
- A public transportation stop
- None of these

**4. How many times did you go out yesterday? (Leaving your house and yard, or apartment to go some place else.)**

- None
- Once
- Twice

Three or more times **5. Thinking about yesterday did you:**

- Talk to a friend or relative on the phone
- Have someone come to you home to visit
- Have someone come to your home to deliver a product or service
- Write a letter to a friend or relative
- Order a product or service by phone or mail

Use a computer to send or receive e-mail, or order a product or service **6. How often would you say you go out in a typical week?**

- Not At All
- 1 or 2 times
- 3 to 5 times
- More than 5 times

**7. Do you have a driver's license now?**

- Yes
- No- Have you ever been a licensed driver?
  - Yes
  - No

**8. Does anyone else in your household drive?**

- Yes
- No

**9. Thinking about your driving, please mark the ones that are problems for you:**

- The cost of operating a car

- Being worried about getting lost
- Traffic moves too fast
- Being able to see signals, signs and lane markings
- Poor Road Conditions
- Parking
- Feeling Confident about Driving
- Driving at Night

**10. In the past two months, about how often did you get a ride from someone?**

- Every day
- Two or more times a week
- About once a week
- Once or twice a month
- Less than once a month
- Never

**11. Thinking about getting a ride from someone you know, please check all that are a problem for you:**

- Worrying about imposing on others
- Feel embarrassed asking for a ride
- Having to fit the ride-givers schedule
- Feel obliged or want to reciprocate
- Don't know very many people willing to help
- Concern about ride-giver's driving ability
- Don't like to be dependent on others

**12. In the last two months about how often have you used Van Buren Public Transit?**

- Everyday
- Two or more times a week
- About once a week
- Less than once a month
- Never - If you haven't used Van Buren Public Transit, would you do so if a volunteer travel companion or escort were with you on your first trip? \_\_\_\_ Yes \_\_\_\_ No

**13. Thinking about Van Buren Public Transit, mark the ones that are problems for you:**

- Accessibility (getting to the bus from your house)
- Difficulty boarding
- Being late for scheduled appointments
- Embarrassed riding the Public Transit
- Getting information about fares, routes, schedules
- Being worried about crime
- Van Buren Public Transit is too expensive
- Van Buren Public Transit does not go where I need to go

**14. Overall, how satisfied are you with how you get around in your community when you want or need to go someplace?**

- Completely satisfied
- Neither satisfied or dissatisfied
- Completely Dissatisfied.

**15. In the past two months, about how often have you walked to go some place? (Leaving your home and traveling to your destination on foot)**

- Everyday
- Two or more times a week
- About once a week
- Less than once a month
- Never

**17. In the last two months about how often have you taken a senior van?**

- Two or more times a week
- About once a week
- Less than once a month
- Never

**18. Thinking about a senior van, what would you consider the problems for you in using a senior van? Check all that apply to you.**

- I did not know there was a senior van.
- Getting information about availability or eligibility
- Making reservations is difficult
- Vans are late for scheduled pickups
- Fares are too high
- It's embarrassing to use special transportation
- Having to schedule ahead is not convenient
- The time it takes to use
- Vehicles are poorly maintained
- I am not eligible

**19. Thinking about different places you might go, please indicate how often transportation problems interfere with your ability to go to each kind of place.**

**Your Doctor**

- Often
- Sometimes
- Never
- I don't go there

**Visit your family**

- Often
- Sometimes
- Never
- I don't go there

**Visit your friends**

- Often
- Sometimes
- Never
- I don't go there

**Your place of worship**

- Often
- Sometimes
- Never
- I don't go there

**The grocery store or drug store**

**20. If you could go wherever you wanted and transportation was not a problem, what would you do as part of your weekly routine that you aren't doing now?**

- Visit friends and family more
- Travel for pleasure

- Often
- Sometimes
- Never
- I don't go there

**Shopping for clothes or household items**

- Often
- Sometimes
- Never
- I don't go there

**Entertainment (such as movies, going out to eat, or an event.)**

- Often
- Sometimes
- Never
- I don't go there

**Volunteer activities**

- Often
- Sometimes
- Never
- I don't go there

- Shop more
- More recreational activities
- Volunteer
- Attend more community events

**21. Would you say your health in general is:**

- Excellent
- Very good
- Good
- Fair
- Poor

**22. Do you use any of the following aides to get around?**

- Cane
- Walker
- Electric scooter
- Wheelchair
- Guide dog

**23. Mark any of the following you have difficulty with:**

- Seeing words and letters in an ordinary newspaper even when wearing glasses.
- Hearing what is said in a normal conversation even when using a hearing aid if you use one.
- Lifting or carrying something as heavy as 10 pounds, like a bag full of groceries.
- Climbing a flight of stairs without resting.
- Walking a quarter mile (about 3 city blocks)

**24. Which of the following describes your living situation?**

- Live alone
- Live with your spouse
- Live with spouse and dependent children
- Live with adult children or other adult family member.
- Live with nonrelated person or persons.

**25. What is your age? \_\_\_\_\_**

**26. What is your sex?**

- Male
- Female

**27. What is your five digit zip code? \_\_\_\_\_  
reside? \_\_\_\_\_**

**27. What race do you consider yourself?**

- White
- Black/African American
- American Indian
- Spanish/Hispanic
- Asian

**28. Please indicate your household's total income in 2007 before taxes.**

- Less than \$5,000
- Between \$5,000 and \$10,000
- Between \$10,000 and \$20,000
- Between \$20,000 and \$30,000
- Between \$30,000 and \$40,000
- Between \$40,000 and \$50,000
- Between \$50,000 and \$60,000
- More than \$60,000

**29. In which township or city do you reside? \_\_\_\_\_**