

DRAFT

## Capital Area Transportation Needs Survey

January 2011

Do you need transportation services or do you see a need for improvements to the transportation services that are available to you? In order to take advantage of Federal, State and local funding opportunities that may address the transportation needs of the community, including low-income persons, people with disabilities and seniors, the greater Austin area must update its "Capital Area Coordinated Public Transit-Health and Human Services Transportation Plan." This Plan seeks to identify the unmet community transportation needs and recommend strategies to meet the needs. You can help identify those "unmet needs" by taking the time to fill out the survey.

Please return it to \_\_\_\_\_ by \_\_\_\_\_.

*(If distributed on board a CARTS or Capital Metro vehicle: Please return this survey to the person who gave it to you/the collection box at the front of the bus when you exit the bus, or mail it to the following address: \_\_\_\_\_.)*

*(If distributed via a human service agency: Please return this survey to the person who gave it to you, or mail it to the following address: \_\_\_\_\_.)*

*(On web-based survey, please complete by: \_\_\_\_\_).*

1. How do you usually get to where you need to go? (Check any travel mode you use on a regular basis)

- |                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Drive myself                  | <input type="checkbox"/> My employer provides bus or van service                  |
| <input type="checkbox"/> Ride with family or friends   | <input type="checkbox"/> Ride a senior center shuttle                             |
| <input type="checkbox"/> Ride with a volunteer driver  | <input type="checkbox"/> Ride in the bus or van of another community organization |
| <input type="checkbox"/> Take the bus:                 | <input type="checkbox"/> Walk                                                     |
| <input type="checkbox"/> Capital Metro                 | <input type="checkbox"/> Ride a bicycle                                           |
| <input type="checkbox"/> UT Shuttle                    | <input type="checkbox"/> Taxi                                                     |
| <input type="checkbox"/> CARTS                         | <input type="checkbox"/> Vanpool                                                  |
| <input type="checkbox"/> San Marcos CAT                | <input type="checkbox"/> Other: _____                                             |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> I would rather not answer this question                  |
| <input type="checkbox"/> Take the train:               |                                                                                   |
| <input type="checkbox"/> Capital MetroRail             |                                                                                   |
| <input type="checkbox"/> Other: _____                  |                                                                                   |
| <input type="checkbox"/> Use MetroAccess / paratransit |                                                                                   |

2. Where do you live? Please indicate zip code or city name: \_\_\_\_\_

3. Is there anywhere in the greater Austin that you want to get to but can't because there isn't transportation that works for you? \_\_\_ yes \_\_\_no

If you answered "yes" please indicate the following:

3a. Where do you want to go? Please indicate city or town(s):

\_\_\_\_\_

3b. What kind of destination do you wish to reach? Check all that apply

- |                                                          |                                                              |
|----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Doctor's office/clinic/hospital | <input type="checkbox"/> Counseling or social services       |
| <input type="checkbox"/> School or university            | <input type="checkbox"/> Religious services                  |
| <input type="checkbox"/> Shopping center                 | <input type="checkbox"/> Recreational                        |
| <input type="checkbox"/> Grocery store                   | <input type="checkbox"/> Social - to visit family or friends |
| <input type="checkbox"/> Employment                      | <input type="checkbox"/> Other: _____                        |

3c. What days and times of the week do you need to get there?

- Weekdays - during office hours
- Weekday - evenings
- Saturdays
- Sundays

3d. What keeps you from getting there?

- No transportation services are available to make this trip.
- The available transportation services cost too much.
- I don't know the bus/train schedules.
- There is no service nights/weekends.
- Information isn't available in my language.
- Available services take too long/require too many transfers.
- My mobility aids will not fit on bus/van.
- I don't feel comfortable using the available transportation services.
- Other: \_\_\_\_\_
- I prefer not to answer.

4. What problems in your neighborhood make getting to/from the nearest bus stop or train station difficult? (Check all that apply)

- |                                                               |                                                        |
|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> No sidewalks                         | <input type="checkbox"/> Curbs or steps to climb       |
| <input type="checkbox"/> Sidewalks are poorly maintained      | <input type="checkbox"/> Steep hills to climb          |
| <input type="checkbox"/> Nearest stop/station is too far away | <input type="checkbox"/> No place to secure my bicycle |
| <input type="checkbox"/> No safe place to cross the street    | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Traffic speeds                       | <input type="checkbox"/> No problems                   |
| <input type="checkbox"/> Poor lighting at night               | <input type="checkbox"/> I prefer not to answer        |
| <input type="checkbox"/> Concerns about personal safety       |                                                        |

5. What kinds of assistance would make it easier for you to use the bus or other transportation services? (Check all that apply)

- Easier-to-read schedules
- Bus stop closer to my home
- Bus stop closer to my travel destination
- More frequent service (shorter waiting time between buses)
- Shelter at the stop/station
- Bench/seating at the stop/station
- Bicycle rack at the stop/station
- Lighting at the stop/station
- Information presented in a different language: \_\_\_\_\_
- Information presented in a different accessible format
- Someone to ride with me the first time
- Audible crossing signal near the stop/station
- New or improved sidewalks in my neighborhood
- Accommodation of larger wheelchairs
- Child seats on the vehicle
- Help carrying groceries on/off the vehicle
- Door-to-door assistance
- Other: \_\_\_\_\_

6. I ... (Please check all that apply)

- |                                                           |                                                                       |
|-----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> am 65 or over                    | <input type="checkbox"/> am a student                                 |
| <input type="checkbox"/> am 36-64                         | <input type="checkbox"/> am a caregiver for someone with a disability |
| <input type="checkbox"/> am 17-35                         | <input type="checkbox"/> am a caregiver for someone 65 or over        |
| <input type="checkbox"/> am under 16                      | <input type="checkbox"/> prefer not to answer this question           |
| <input type="checkbox"/> earn less than \$1,805 per month |                                                                       |
| <input type="checkbox"/> have a disability                |                                                                       |
| <input type="checkbox"/> am unemployed                    |                                                                       |

7. Additional comments:

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Thank you! Please return the survey as indicated on the first page.

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*For more information about the Capital Area Coordinated Public Transit-Health and Human Services Transportation Plan, please visit the project website at \_\_\_\_\_ or call*

*\_\_\_\_\_.*  
*(This information should also be available on something they can take home with them – a small flyer or card.)*