



Transportation Needs Survey

Please help us assess the transportation needs in the Marshfield area.

(This survey will take less than five minutes to complete)

- 1) What means of transportation do you/your family currently use to get to your destination? (Check all that apply.)
 I/we walk I/we bicycle I/we have a car
 I/we use a cab company I/we ride with others whenever possible
 I/we have my own vehicle, but am unable to use it reliably (e.g., due to the cost of gasoline, physical state of the vehicle ...)
- 2) Think of the common trips you/your family make during an average week. Please rank the following in terms of how often you travel to each destination. 1 = least common, 7 = most common

<input type="checkbox"/> Work	<input type="checkbox"/> Grocery Shopping
<input type="checkbox"/> School/College	<input type="checkbox"/> Recreation/Socializing
<input type="checkbox"/> Child Care	<input type="checkbox"/> Other shopping
<input type="checkbox"/> Doctor/Dentist/Therapist/Medical Care	<input type="checkbox"/> Other (please specify) _____
- 3) How many times per week do you/your family make a trip to your most common destination?
 One time only More than once a day
 Less than once a day 1-6 times a week
 Once a day
- 4) Do you believe there is a community need for public transportation? Yes No
- 5) Does lack of transportation affect your daily activities? Yes No
- 6) Do you know somebody who is in constant need of public transportation? Yes No

If you answered **no** to either of the previous two questions (#5 or #6), feel free to stop taking this survey.

If you answered **yes** to either of the previous two questions (#5 or #6), please continue with the rest of the survey.

- 7) Which of the following has been affected due to lack of transportation? (Check all that apply.)
 Not being able to get to work or school when needed
 Not being able to go somewhere else when needed
 Being late for or missing an appointment/meeting
 Becoming stranded away from home
 Other: _____
- 8) During the past 6 months, how many times were you not able to get to a desired destination because of a lack of transportation?

<input type="checkbox"/> Never	<input type="checkbox"/> About once a month
<input type="checkbox"/> Once	<input type="checkbox"/> More than once a month
<input type="checkbox"/> About once a week	
- 9) During which season do you have the most difficulty getting to your desired destination because of lack of transportation?
 Spring Summer Fall Winter
- 10) How many times per week would you use public transportation?

<input type="checkbox"/> One time only	<input type="checkbox"/> More than once a day
<input type="checkbox"/> Less than once a day	<input type="checkbox"/> 1-6 times a week
<input type="checkbox"/> Once a day	<input type="checkbox"/> Don't know
- 11) Are you willing to pay for one-way public transportation?
 Yes No

Please continue on the back

- 12) If yes, what range would you be able to pay?
 Up to \$2.00 \$2.00-\$3.00 \$3.00 or more
- 13) If you are not willing to pay for transportation, why not?
 Can't afford to pay Don't want to pay
- 14) On what days of the week are you most in need of transportation? (Check all that apply.)
 Monday Friday
 Tuesday Saturday
 Wednesday Sunday
 Thursday
- 15) During what hours of the day are you most in need of transportation? (Check all that apply.)
 6 am to 8 am 4 pm to 6 pm
 8 am to 10 am 6 pm to 8 pm
 10 am to noon 8 pm to 10 pm
 Noon to 2 pm Between 10 pm and 6 am
 2 pm to 4 pm
- 16) In what zip code/City do you **live**? _____ **work**? _____
- 17) Do you live within City of Marshfield limits or a rural area? _____
- 18) Do you have any children whom you would take with you while using this service? (Check all that apply.)
 No, I have no children that I would take with me
 Yes, I have children under the age of 18 who I would take with me
 Yes, I have children over the age of 18 who I would take with me
- 19) What is your gender?
 Male Female
- 20) What is your employment status? (Check all that apply.)
 Unemployed Retired Disabled Part-time Full-time Student
- 21) What is your household's total combined yearly income before taxes?
 Under \$10,000 \$40,000 to less than \$50,000
 \$10,000 to less than \$20,000 \$50,000 and above
 \$20,000 to less than \$30,000 Don't know
 \$30,000 to less than \$40,000
- 22) Do you have additional transportation limitations?
 Yes, disability
 Yes, health concerns
 Yes, another limitation: _____
 No limitations

Distributed at _____ (completed by volunteer)

Please contact the Marshfield Area United Way if you would like the results of or have any questions about this survey.

Thank you for your time!!

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