

# POMP Final: Transportation Survey Instrument

(Telephone Version)

Hello. My name is \_\_\_\_\_. I am calling from the (name of AAA). I understand that you receive transportation services. We would like to ask you a few questions about the services that you receive. The interview will take about 15 to 30 minutes. 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 us make sure that the services meet your needs. Participation in the interview is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

Now we are going to talk about the transportation service you receive from (agency/provider name).

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

- |   |    |  |
|---|----|--|
| Today or yesterday .....                              | 1  | Thank you, but the focus of this survey is on people who have used the service within the past year. END INTERVIEW |
| 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  |  |
| Refused .....   | -7 | } END INTERVIEW  |
| Don't Know .....                                      | -8 |  |

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  |
| Refused .....                                  | -7 |
| Don't Know .....                               | -8 |

Office Use Only:

Client ID: \_\_\_\_\_

Service Enrollment Date: \_\_\_\_\_

Date of Survey Administration: \_\_\_\_\_

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
Refused .....	-7
Don't Know .....	-8

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
Refused .....	-7
Don't Know .....	-8

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
Refused .....	-7
Don't Know .....	-8

For the next few questions, please tell me how frequently these statements apply to your overall experiences with (name of Transportation Service). Please select one of these seven responses: Always, Usually, Sometimes, Rarely, Never, Refused, Don't Know).

	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>Refused</u>	<u>Don't Know</u>
TR6. The drivers pick me up when they are supposed to. Would you say .....	1	2	3	4	5	-7	-8
TR7. The drivers are polite. Would you say .....	1	2	3	4	5	-7	-8
TR8. The vehicles are easy to get into and out of. Would you say .....	1	2	3	4	5	-7	-8
TR9. The vehicles are comfortable. Would you say .....	1	2	3	4	5	-7	-8
TR10. We arrive at our destinations on time. Would you say.....	1	2	3	4	5	-7	-8
TR11. The trips take too long. Would you say .....	1	2	3	4	5	-7	-8
TR12. The transportation service takes me to the places I want or need to go. Would you say .....	1	2	3	4	5	-7	-8
TR13. I get rides at the times and on the days I need them. Would you say .....	1	2	3	4	5	-7	-8

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

- |                  |    |              |
|------------------|----|--------------|
| Yes.....         | 1  | } GO TO TR15 |
| No.....          | 2  |              |
| Refused .....    | -7 |              |
| Don't Know ..... | -8 |              |

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

- |                 |    |
|-----------------|----|
| Yes .....       | 1  |
| No .....        | 2  |
| Refused.....    | -7 |
| Don't Know..... | -8 |

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

- |                  |    |              |
|------------------|----|--------------|
| Yes.....         | 1  | } GO TO TR16 |
| No.....          | 2  |              |
| Refused .....    | -7 |              |
| Don't Know ..... | -8 |              |

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

- |                 |    |
|-----------------|----|
| Yes .....       | 1  |
| No .....        | 2  |
| Refused.....    | -7 |
| Don't Know..... | -8 |

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

- |                  |    |
|------------------|----|
| Yes.....         | 1  |
| No.....          | 2  |
| Refused .....    | -7 |
| Don't Know ..... | -8 |

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

- |                  |    |
|------------------|----|
| Yes.....         | 1  |
| No.....          | 2  |
| Refused .....    | -7 |
| Don't Know ..... | -8 |

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

- |                  |    |
|------------------|----|
| Yes.....         | 1  |
| No.....          | 2  |
| Refused .....    | -7 |
| Don't Know ..... | -8 |

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  |
| Refused .....    | -7 |
| Don't Know ..... | -8 |

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

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
a. Doctors and health care providers .....	1	2	-7	-8
b. Shopping/Hairdresser .....	1	2	-7	-8
c. Volunteer activities .....	1	2	-7	-8
d. Senior center.....	1	2	-7	-8
e. Lunch program .....	1	2	-7	-8
f. Friends, neighbors, and relatives .....	1	2	-7	-8
g. Social events and recreation activities .....	1	2	-7	-8
h. Clubs and meetings.....	1	2	-7	-8
i. Religious services.....	1	2	-7	-8
j. Work .....	1	2	-7	-8
k. Some place else? .....	1	2	-7	-8
(Specify) _____				

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

Yes.....	1	} GO TO TR22
No.....	2	
Refused .....	-7	
Don't Know .....	-8	

TR21a. How has the transportation service helped you?

---



---



---



---



---

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

Yes.....	1	} GO TO TR23
No.....	2	
Refused .....	-7	
Don't Know .....	-8	

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

---

---

---

---

---

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  | } GO TO TR25 |
| No.....          | 2  |              |
| Refused .....    | -7 |              |
| Don't Know ..... | -8 |              |

TR24. Do you ever drive that car?

- |                  |    |                    |
|------------------|----|--------------------|
| Yes.....         | 1  | * GO TO ADDITIONAL |
| No.....          | 2  | MODULES OR CLOSE   |
| Refused .....    | -7 |                    |
| Don't Know ..... | -8 |                    |

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  | } GO TO ADDITIONAL |                  |
| No.....          | 2  |                    | MODULES OR CLOSE |
| Refused .....    | -7 |                    |                  |
| Don't Know ..... | -8 |                    |                  |

TR26. Do you ever use public transportation?

- |                  |    |                    |                  |
|------------------|----|--------------------|------------------|
| Yes.....         | 1  | } GO TO ADDITIONAL |                  |
| No.....          | 2  |                    | MODULES OR CLOSE |
| Refused .....    | -7 |                    |                  |
| Don't Know ..... | -8 |                    |                  |

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

Yes.....	1	} GO TO ADDITIONAL MODULES OR CLOSE
No.....	2	
Refused .....	-7	
Don't Know .....	-8	

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

Yes .....	1
No .....	2
Refused.....	-7
Don't Know.....	-8

**Note to Interviewer:**

**Additional modules may be used with this survey:**

- 1. Additional Services Received Module**
- 2. Physical Functioning and Health Module**
- 3. Social and Emotional Well-Being Module**
- 4. Demographics Module**

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