

# **Volunteer Driver TurnKey Kit**

**Planning Implementation Evaluation**



## Community Survey Instrument

### Volunteer Driver Program Planning

The community survey has the purpose of gathering information from a cross section of the community. The information included in this particular survey addresses concerns about driving, difficulties seniors have getting where they need to go, satisfaction (or dissatisfaction) with transportation options, general needs for transportation, and suggestions about how to design a new transportation service.

The survey can be developed as a mail survey or administered to people who participate in various senior programs (nutrition, adult day care, lifelong learning, exercise, and volunteer activities). It is important to remember that if the survey is administered to program participants, there is the possibility that only those people who drive or have a special transportation option will be able to participate in the survey. In that case, it also will be important to find a way to include people who do not drive or do not have adequate transportation.

It should be noted that the results of the survey can provide information for developing an agenda for community meetings and discussions.



# Senior Transportation Community Survey

## PROFILE

Please Check (✓) Correct Response

1. **GENDER:**     \_\_\_ Male     \_\_\_ Female
  
2. **AGE:**     \_\_\_ under age 55     \_\_\_ 65 - 74     \_\_\_ 85 or over  
              \_\_\_ 55 - 64            \_\_\_ 75 - 84
  
3. **EDUCATION:**     \_\_\_ graduated high school     \_\_\_ graduate school  
                          \_\_\_ graduated college            \_\_\_ other
  
4. **MARITAL STATUS:**     \_\_\_ married            \_\_\_ divorced/separated  
                              \_\_\_ never married            \_\_\_ widowed
  
5. **NUMBER OF YEARS DRIVING A CAR:**  
  
      \_\_\_ 1 - 9 years     \_\_\_ 20 - 29 years     \_\_\_ 40 - 49 years  
      \_\_\_ 10 - 19 years     \_\_\_ 30 - 39 years     \_\_\_ 50 years or more  
      \_\_\_ other            \_\_\_ never drove a car
  
6. **CURRENT DRIVING STATUS:**     \_\_\_ drive my own car  
  \_\_\_ have limited my driving  
  \_\_\_ no longer drive
  
7. **MOST FREQUENT TRANSIT OPTION:**     \_\_\_ driving my own auto  
  \_\_\_ passenger in auto of family, friend, neighbor  
  \_\_\_ passenger in public or paratransit service  
  \_\_\_ passenger in senior transit service  
  \_\_\_ other
  
8. **ANNUAL HOUSEHOLD INCOME:**     \_\_\_ below \$15,000     \_\_\_ \$45,001 - \$60,000  
  \_\_\_ \$15,001 - \$30,000     \_\_\_ \$60,001 - \$75,000  
  \_\_\_ \$30,001 - \$45,000     \_\_\_ more than \$75,000
  
9. **ETHNIC BACKGROUND:**  
  
      \_\_\_ African American     \_\_\_ Asian/Pacific Islander  
      \_\_\_ Hispanic/Chicano/Latino     \_\_\_ White/Caucasian  
                                  \_\_\_ other
  
10. **HEALTH STATUS:**  
  
      \_\_\_ excellent     \_\_\_ good     \_\_\_ fair     \_\_\_ poor



## GENERAL INFORMATION

### 1. In a typical week, how many times do you go to:

*(Please indicate # of times for each activity weekly.)*

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| _____ go to the doctor           | _____ go to the pharmacy          |
| _____ visit friends or relatives | _____ visit a community center    |
| _____ food shopping or errands   | _____ go to a restaurant          |
| _____ attend religious services  | _____ go to movies or recreation  |
| _____ go to work                 | _____ get out of house for a ride |
| _____ do volunteer work          | _____ take a walk                 |

\_\_\_\_\_ other \_\_\_\_\_  
*(please specify)*

### 2. What is the primary method you use for getting to your activities (such as those above)?

*(Please indicate **only one** method.)*

- drive myself    ride with family member    ride with a friend  
 ride with a neighbor    use a taxi    ride with City Ride  
 use Access Services    use Dial-A-Ride    other \_\_\_\_\_  
*(please specify)*

### 3. Is transportation or getting where you need to go a problem for you?

*(Please check [✓] only one response)*

- a very big problem    a big problem    not a big problem    not a problem

### 4. What is the major type of transportation that you (that you would) rely on as a non driver?

*(Please check [✓] your top three [3] choices)*

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| _____ family member drives me     | _____ senior transportation service |
| _____ friends(s) drive me         | _____ taxis                         |
| _____ neighbor(s) drive me        | _____ free shuttles                 |
| _____ public transit (bus, metro) | _____ walk                          |
| _____ paratransit or dial-a-ride  | _____ other _____                   |
- (please specify)*



**5. What is your assessment of the transportation you rely on?**  
*(Please check [✓] only one response)*

- excellent       good       fair       poor

**6. Do you believe new transportation programs for seniors are needed in your community?**

*(Please check [✓] only one response)*

- very much needed       much needed       not much needed  
 not needed at all

**7. Please indicate which of these have caused you (or would cause you) to stop driving.**

*(Please check [✓] the top three (3 only))*

- eyesight failing  
 a heart attack or stroke  
 a general health condition that limited my ability to drive  
 others – driving too fast, too much traffic  
 myself - not using safe driving practices  
 difficulty owning/maintaining a car  
 a number of scrapes on the car  
 a number of accidents  
 advice from a doctor not to drive  
 DMV would not renew my license  
 other \_\_\_\_\_  
(please specify)

**8. When seniors no longer drive, they often worry about transportation.**

*(Please check [✓] as many comments as apply to you.)*

**I worry about...**

- having to depend on a relative or friend to drive me around.  
 what would happen to me if others couldn't drive me.  
 having to use public transportation.  
 being a burden on others because of not driving.  
 the inconvenience (having to schedule in advance)  
 being unable to take part in activities I used to.  
 not getting out as much.  
 I do not worry about transportation.



**9. If a transportation option were modified or created to help seniors get where they need to go, what would BEST meet their needs?**

*(Please check only one for each topic.)*

**Type of Service**

fixed-route    curb-to-curb    door-to-door    door-through-door

other (please specify) \_\_\_\_\_

**Type of Vehicle**

Car    bus    van    taxi

other (please specify) \_\_\_\_\_

**Type of Driver**

paid    volunteer    escort    friend/family

other (please specify) \_\_\_\_\_

**Type of Payment**

flat fee    senior discount    voluntary donation    free

other (please specify) \_\_\_\_\_

**10. Would you use a program like the one you created (above)?**

yes    no

**If not, do you know someone who would use a program like the one you created?**

yes    no

**11. If you could make one suggestion to your Congressional Representative to help seniors get around, what would it be?**

\_\_\_\_\_

\_\_\_\_\_

**Thank You for Completing This Survey**