

Transportation User Survey

Tell us about your transportation needs

Welcome to the Yakima Valley Conference of Governments Transportation Survey. This is a brief survey to ask you about your transportation needs and to help us determine what we need to do in the future to address those needs. This survey may take about 8 minutes to complete. We appreciate your time to complete this survey, as the information you provide is very important to developing our future transportation plans.

1. Mark all of the types of public transportation you have used during the past 12 months to work/appointments/shopping/social activities/etc.

- Fixed route public transit (with bus stops and time schedule)
- Flexible public transit routes (vehicles operate on fixed route and time schedule but can make deviations off the route)
- Advance reservation transportation services
- Public or advance reservation services from agencies in neighboring counties
- Public walking or biking facilities (bike lanes, sidewalks, pathways, etc.)
- Other (please specify)

2. Mark all types of transportation services you have used in the last 12 months to travel to work/appointments/shopping/social activities/etc.

- Private Taxi or Uber
- Car share/bike share
- Carpool/Vanpool program
- Drive yourself
- Ride with a friend or family member as a passenger
- Transit to adjacent counties (Greyhound, Airport Shuttle, Charter Bus Service)
- Ellensburg-Yakima Commuter
- Cabulance/medical based transportation

3. Mark all of the transportation services that you would use if they were available in Yakima County.

- Passenger train
- More bus routes near your home or work
- Additional airline service
- Bike Share
- Electric Car Share

Any other transportation service not currently provided in your area (please specify)

4. Mark all other transportation services you or your family have used in the last 12 months to travel to work/appointments/shopping/social activities/etc.

- Faith Based Organization
- Non-Emergency Medical Transportation (Medicaid, VA, etc.)
- Social Service or Employment Assistance transportation
- Dial A Ride

Other (please specify)

5. Is public transportation, carpooling, or senior services transportation an option for you?

- Yes. I use it.
- No. It is not available at the times or days when I need it.
- No. But would use it if available

6. If public or senior services transportation is available, but you do not use it, please select any of the following reasons that apply.

- I do not qualify for transportation services available in my area.
- I cannot afford it
- I have my own car and prefer to drive
- My friends or family members drive me where I need to go

Other (please specify)

7. If public transportation options (except for driving) were easy to use and available to you which of the following would cause you to use the service? (Please select all that apply)

- If it would save money (save on gas or car maintenance)
- If I were not capable of driving myself
- If it is better for the environment
- If I do not have another transportation option
- If it is provided with wheelchair accessible vehicles
- I would not use public, private or other transportation options under any circumstance

Other (please specify)

8. What changes could be made to your public transportation services to make them more appealing to you? (Please select all that apply)

- If I could ride to destinations in other counties in the Central Washington Area
- Operate on a fixed schedule and allow flexibility in choice of travel times
- If service starts earlier in the morning or ends later at night
- If buses came more often on fixed route
- Service on Saturday
- Offer wheelchair accessible vehicles
- Service on Sunday
- If I could request my trip with as little as one day's notice for reservation
- Pick me up at my house and take me directly to where I am going/no shared rides with others
- If I could request my trip through an app or website and not just on the phone
- More reliable/on time for picking me up/dropping me off
- If more vanpool vehicles were available

Other (please specify)

9. When do you need transportation most often for each of the following routine purposes? (Please select all that apply)

| | Medical/Healthcare | Senior Services | Work | Child Care/Daycare | School | General Shopping & Groceries | Recreation/Social | Faith Based Organization | Other |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| 12 am--6 am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 am--8 am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 am--12 pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 pm--6 pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 pm--9 pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 pm--12 am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify)

10. Which of the following are destinations or places you most often visit when transportation is available to you? (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Medical/Dental offices or hospitals | <input type="checkbox"/> School |
| <input type="checkbox"/> Senior program activities and appointments | <input type="checkbox"/> Shopping, (General shopping, Pharmacy and/or Grocery) |
| <input type="checkbox"/> Work | <input type="checkbox"/> Social/Recreation activities |
| <input type="checkbox"/> Child care or daycare | <input type="checkbox"/> Faith-Based Organizations and activities |

Other (please specify)

11. Where are the places from Question 9 located?

| | Medical/Health Care | Senior Services | Work | Child Care/Day Care | School | General Shopping & Groceries | Recreation Social | Faith Based Organization | Other |
|-----------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|---------------------------------------|--------------------------|-----------------------------|--------------------------|
| In your neighborhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In your town or city | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neighboring town or city | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In the Yakima City area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In the lower Valley | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside of Yakima County | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Which of the following do you use most often to get the transportation information you need?

- | | |
|---|---|
| <input type="radio"/> Smartphone Apps/Text for information | <input type="radio"/> Organization like my senior center or church or similar |
| <input type="radio"/> Transportation provider websites | <input type="radio"/> I asked a friend or family member for help because I am not comfortable using the computer, smartphone apps, or call by phone |
| <input type="radio"/> Phone call to transportation provider for information | |
| <input type="radio"/> Other: (please specify) | |

13. How old are you?

- | | |
|--------------------------------|-------------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 55-64 |
| <input type="radio"/> 18-24 | <input type="radio"/> 65-74 |
| <input type="radio"/> 25-34 | <input type="radio"/> 75-84 |
| <input type="radio"/> 35-44 | <input type="radio"/> over 84 |
| <input type="radio"/> 45-54 | |

14. Is English your first language?

Yes

No

15. What is your zip code where you live?

16. Which city, town or area do you live in?

17. Which of the following best applies to you?

Employed outside your home

Retired

Volunteer outside your home regularly

High school student

Work from home

College student

Homemaker

Unemployed

Other (please specify)

18. Do you have a disability which requires you to use a cane, walker, wheelchair, and/or another device to help get around?

Yes

No

19. I am completing this survey for.

Myself

A family member

Another person in need of transportation

20. Please write any additional comments regarding transportation service needs. Thank you for completing this survey.