

CONSUMER SURVEY

(For the General Public)

On behalf of the Houston-Galveston Area Council (H-GAC), which is the Council of Governments for the 13-county Gulf Coast Planning Region, we are requesting your assistance in completing the following survey. The data gathered from this effort will assist the Texas Department of Transportation (TxDOT) and H-GAC in identifying areas of needs and opportunities for enhanced transportation services through coordination. H-GAC currently is developing a 13-county Regional Transportation Coordination Plan that ultimately will identify several new Pilot Projects throughout the region. **Your input in the survey process will help ensure that H-GAC is fully aware of potential Pilot Project opportunities in your area.**

There are two ways in which you can complete the survey:

1. online at <http://www.surveymonkey.com/s.asp?u=878332439343>
2. by mailing the survey to H-GAC at the following address:

Attention: Lydia Abebe
P.O. Box 22777
Houston, TX 77227-2777

If you have any questions regarding the survey or its contents, please contact:

John Carrara – The Goodman Corporation
Call (713) 951-7951 or Email: jcarrara@thegoodmancorp.com

The deadline for receiving your response is August 25, 2006. Your participation in this survey is truly appreciated.

SURVEY QUESTIONS

1. **Home ZIP Code:** _____
2. **If traveling ALONE, how are you MOST likely to travel to the places you want to go?**
(Check all that apply)
 - I DRIVE
 - I RIDE THE BUS or ride public transportation
 - I RIDE A VAN or use community transportation
 - I use a TAXI
 - I GET A RIDE from my family, friends, or neighbors
 - I WALK
 - I will NOT GO alone
3. **What type of public transportation do you use?** (Check all that apply)
 - I walk or wheel to a stop and CATCH THE BUS (Houston METRO, Colorado Valley Transit)
 - I CALL to be picked up by a bus or van at MY HOUSE (Dial-a-Ride)

COMMUTER/EXPRESS BUS

Other (*Specify*) _____

4. How often do you use public transportation?

Every day

Once or twice a week

Once or twice a month

Once or twice a year

Rarely

5. Thinking about the past six (6) months, can you think of an example where you were not able to go where you needed or wanted to go because you lacked transportation?

NO: I have been able to travel where I needed or wanted to go.

(Go to Question 8)

YES: I have been unable to get where I needed or wanted to go because I did not have transportation.

(Go to Question 6)

6. Thinking about the past six months, please check those places you were NOT able to go because you did not have transportation. (Check all that apply)

Work

Groceries

Medical services

Visit family or friends

Childcare or their school

Shopping

Church, temple, or worship services

Recreation

Other service-related appointments, such as the food pantry

Places or services in another city or county o City/County: _____

Other: _____

7. What city or county were you unable to reach?

8. Tell us about a trip you might need or want to make. If you were traveling alone, mark the statements below that describe the difficulties you might have as you prepared to make your trip or that might keep you from making the trip. (Check all that apply)

I do not have a car

I have an unreliable or unsafe car

No bus, van or other transportation is available where I live or where I need to travel

- No taxi services are available where I live or where I need to go
- The transportation services in my area cost too much
- The distance between my home and my destinations makes the trip difficult
- Finding someone to take me to places in another city or county
- I am not aware of any transportation services that I could use
- The bus stop is too far away
- I do not feel safe traveling by myself
- My trips don't always match the hours and days that transportation is available
- I am concerned about crime
- Other: _____

9. Mark the statements below that describe the difficulties you might have as you made your trip alone or that might keep you from your trip. (Check all that apply)

- My medical and/or physical condition makes it difficult for me to travel by myself
- I cannot get transportation that picks me up or drops me off at my door
- I am afraid of getting lost or am not familiar with how to get where I need to go
- I am not eligible for the transportation that is available in my area
- Because I use a walker or a wheelchair, I find it difficult to travel
- Missing or broken sidewalks makes the trip difficult or unsafe
- The climate (e.g., heat, cold) makes traveling difficult for me on some days
- Traveling with children can be difficult
- I am anxious or do not feel safe traveling by myself

These final questions will ask for some very basic information about you.

10. Please tell us your gender:

- I am a MALE, or MAN
- I am a FEMALE, or WOMAN

11. Please tell us your age range:

- I am 60 or OLDER
- I am 59 or YOUNGER

12. Mark any of the following that make it difficult for you to get the transportation you need. (Check all that apply)

- I have VISION problems, or difficulty seeing
- I have HEARING problems

- o I have difficulty WRITING, or FILLING OUT FORMS
- o I have difficulty READING, or UNDERSTANDING FORMS
- o I have difficulty WALKING, STANDING, or GETTING AROUND BY MYSELF
- o I use a WHEELCHAIR, SCOOTER, WALKER, or other assistive device
- o Other: (*Specify*) _____

13. Do you want to share more about the transportation challenges in your area by telephone?

- o YES: I would like to be interviewed
- o NO: I have described how I get around adequately

14. Please contact me for further information.

- o My name is: _____
- o My phone number, with area code, is: _____

Your time and the information you have shared are very valuable. Thank you very much for telling us about how you get to where you need to go—we appreciate your input!