

Sample Survey

Surveys have been created in English and Spanish that are specific to each County.

Would you like to take this survey on-line?

www.surveymonkey.com/s/98555JV

4 County Community Transportation Planning Team—Adams County

Your opinion is important to determine the transportation needs in your community. Please complete only one survey.

I need transportation because: (Choose all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> I am an elder or senior citizen, and I don't drive | <input type="checkbox"/> I don't have a car | <input type="checkbox"/> I am not old enough to drive |
| <input type="checkbox"/> I am disabled | <input type="checkbox"/> I don't have a driver's license | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I am homeless | <input type="checkbox"/> I don't have auto insurance | |
| <input type="checkbox"/> I am too ill to drive | | |

I currently use the following means of transportation: (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medical (Coupon) Transportation | <input type="checkbox"/> Family, Friends or Volunteers |
| <input type="checkbox"/> GTA Transit | <input type="checkbox"/> Other service provider makes available bus pass, gas voucher or other form of service |
| <input type="checkbox"/> My Vehicle | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> People For People | |
| <input type="checkbox"/> Senior Services Transportation | |
| <input type="checkbox"/> Taxi Service | |

I need transportation to: (Number your top 3 choices)

- | | | |
|---|--|--|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Food bank | <input type="checkbox"/> Social Service Appointments |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Job Training | <input type="checkbox"/> Work |
| <input type="checkbox"/> Court Appointments | <input type="checkbox"/> Medical Appointments | <input type="checkbox"/> WorkSource Appointments |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Elder / Senior Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drug / Alcohol Treatment | <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Family and Friends | <input type="checkbox"/> Recreational Facilities | |

I need to go to: (Number your top 3 choices)

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Benge | <input type="checkbox"/> Moses Lake | <input type="checkbox"/> Richland | <input type="checkbox"/> Warden |
| <input type="checkbox"/> Cunningham | <input type="checkbox"/> Othello | <input type="checkbox"/> Ritzville | <input type="checkbox"/> Washtucna |
| <input type="checkbox"/> Ellensburg | <input type="checkbox"/> Pasco | <input type="checkbox"/> Royal City | <input type="checkbox"/> Wenatchee |
| <input type="checkbox"/> Hatton | <input type="checkbox"/> Quincy | <input type="checkbox"/> Spokane | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Lind | <input type="checkbox"/> Ralston | <input type="checkbox"/> Stratford | <input type="checkbox"/> Other _____ |

I need transportation on the following days of the week: (Choose all that apply)

- | | | | |
|---------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday | |

