

ASSESSMENT SURVEY

This survey is designed to assess the transportation needs, travel patterns, and public interest in implementing a Regional Micro-transit Service in Southwest Georgia Region 10. The survey results will help identify service priorities, potential operating areas, target populations, and funding opportunities. **Scan the QR Code to take the survey online.**



1. What County do you live in?

- | | | | |
|-----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| ☐ Baker | ☐ Dougherty | ☐ Miller | ☐ Thomas |
| ☐ Calhoun | ☐ Early | ☐ Mitchell | ☐ Worth |
| ☐ Colquitt | ☐ Grady | ☐ Seminole | |
| ☐ Decatur | ☐ Lee | ☐ Terrell | |

2. What City or Community do you live in? _____

3. What is your age?

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|
| ☐ Under 18 | ☐ 25-34 | ☐ 45-54 | ☐ 65-74 |
| ☐ 18-24 | ☐ 35-44 | ☐ 55-64 | ☐ 75+ |

4. What best describes you?

- | | | |
|---|-----------------------------------|--------------------------------------|
| ☐ Full-time employed | ☐ Student | ☐ Unemployed |
| ☐ Part-time employed | ☐ Retired | ☐ Veteran |
| ☐ Self-employed | ☐ Disabled | ☐ Other _____ |

5. Do you have access to a personal vehicle?

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| ☐ Yes | ☐ No | ☐ Sometimes |
|------------------------------|-----------------------------|------------------------------------|

6. How do you usually travel? (Check all that apply.)

- | | | |
|--|--|--|
| ☐ Personal Vehicle | ☐ Existing Public Transit | ☐ Church Transportation |
| ☐ Family or Friends | ☐ Taxi | ☐ Senior Transportation |
| ☐ Walking | ☐ Uber/Lyft | ☐ Other _____ |
| ☐ Bicycle | ☐ Medical Transportation | |

7. How often do you have transportation problems?

- | | | |
|---------------------------------|------------------------------------|---------------------------------|
| ☐ Never | ☐ Sometimes | ☐ Always |
| ☐ Rarely | ☐ Often | |

8. What transportation challenges do you experience? (Check all that apply.)

- | | |
|--|--|
| ☐ No vehicle | ☐ Lack of public transportation |
| ☐ Vehicle is unreliable | ☐ Transportation unavailable during evening |
| ☐ Cannot afford fuel | ☐ Transportation unavailable on weekends |
| ☐ Cannot afford insurance | ☐ Long travel distances |
| ☐ No driver's license | ☐ Other _____ |
| ☐ Physical disability | |

9. What are your most common travel destinations? (Check all that apply.)

- | | | |
|---|---|--|
| ☐ Work | ☐ Childcare | ☐ Bus station |
| ☐ Medical Appointments | ☐ Government offices | ☐ Senior centers |
| ☐ Grocery Stores | ☐ Shopping | ☐ Social activities |
| ☐ Pharmacy | ☐ Recreation | ☐ Other _____ |
| ☐ School | ☐ Religious services | |
| ☐ College | ☐ Airport | |

10. How often do you travel outside your county?

- | | | |
|---------------------------------|----------------------------------|--------------------------------|
| ☐ Daily | ☐ Monthly | ☐ Never |
| ☐ Weekly | ☐ Rarely | |

11. Which counties do you travel to most? (Check all that apply.)

- | | | |
|------------------------------------|-----------------------------------|-----------------------------------|
| ☐ Baker | ☐ Early | ☐ Seminole |
| ☐ Calhoun | ☐ Grady | ☐ Terrell |
| ☐ Colquitt | ☐ Lee | ☐ Thomas |
| ☐ Decatur | ☐ Miller | ☐ Worth |
| ☐ Dougherty | ☐ Mitchell | |

12. Approximately how many one-way trips do you make each week?

- | | | | |
|------------------------------|-------------------------------|--------------------------------|---------------------------------------|
| ☐ 1-5 | ☐ 6-10 | ☐ 11-20 | ☐ More than 20 |
|------------------------------|-------------------------------|--------------------------------|---------------------------------------|

13. Before today, were you familiar with Micro-transit?

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

14. If affordable Micro-transit were available, how likely would you be to use it?

- | | | |
|--------------------------------------|-----------------------------------|--|
| ☐ Very likely | ☐ Unsure | ☐ Very unlikely |
| ☐ Likely | ☐ Unlikely | |

15. For what purposes would you use Micro-transit? (Check all that apply.)

- | | | |
|-----------------------------------|--|--|
| ☐ Work | ☐ Airport | ☐ Government services |
| ☐ Medical | ☐ Recreation | ☐ Other _____ |
| ☐ Shopping | ☐ Church | |
| ☐ School | ☐ Visiting family | |

16. What days would you most likely use Micro-transit? (Check all that apply.)

- | | | | |
|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| ☐ Monday | ☐ Wednesday | ☐ Friday | ☐ Sunday |
| ☐ Tuesday | ☐ Thursday | ☐ Saturday | |

17. What times would you need service? (Check all that apply.)

- | | | |
|---|---|--|
| ☐ 5:00-7:00 AM | ☐ 12:00 PM-3:00 PM | ☐ After 9:00 PM |
| ☐ 7:00-9:00 AM | ☐ 3:00-6:00 PM | |
| ☐ 9:00 AM-12:00 PM | ☐ 6:00-9:00 PM | |

18. Do you own a smartphone?

- ☐ Yes ☐ No

19. How would you prefer to request a ride?

- ☐ Mobile App ☐ Website ☐ Through a dispatcher
☐ Telephone ☐ Text Message

20. Would you need assistance using ride-booking technology?

- ☐ Yes ☐ No

21. Which vehicle type would you prefer?

- ☐ Small van ☐ SUV ☐ Shuttle ☐ No preference

22. What maximum wait time would you accept?

- ☐ Less than 10 minutes ☐ 20-30 minutes ☐ More than 45 minutes
☐ 10-20 minutes ☐ 30-45 minutes

23. What is a reasonable one-way fare?

- ☐ \$1.00—\$2.00 ☐ \$6.00—\$10.00
☐ \$3.00—\$5.00 ☐ More than \$10.00

24. Would you support a subscription or monthly pass?

- ☐ Yes ☐ No ☐ Maybe

25. Would anyone in your household require an ADA-accessible vehicle?

- ☐ Yes ☐ No

26. Would you need transportation with any of the following? (Check all that apply.)

- ☐ Wheelchair ☐ Child safety seat ☐ None
☐ Walker ☐ Bicycle rack
☐ Service animal ☐ Grocery assistance

27. Please rate the importance of Micro-transit service to the following destinations.

Destination	Very Important	Important	Neutral	Not Important
Employment Centers	☐	☐	☐	☐
Hospitals	☐	☐	☐	☐
Medical Clinics	☐	☐	☐	☐
Grocery Stores	☐	☐	☐	☐
Colleges	☐	☐	☐	☐
Schools	☐	☐	☐	☐
Government Offices	☐	☐	☐	☐
Shopping Centers	☐	☐	☐	☐
Parks	☐	☐	☐	☐
Airports	☐	☐	☐	☐

28. Which transportation investments should receive the highest priority? Rank from 1 to 5.

Rank 1=HIGHEST PRIORITY 5=LOWEST PRIORITY					Investment
1	2	3	4	5	Medical Transportation
1	2	3	4	5	Workforce Transportation
1	2	3	4	5	Rural Transportation
1	2	3	4	5	Senior Transportation
1	2	3	4	5	Veterans Transportation
1	2	3	4	5	Student Transportation
1	2	3	4	5	Regional Transportation

29. Please indicate your level of agreement.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My community needs additional transportation options.	☐	☐	☐	☐	☐
Transportation limits employment opportunities.	☐	☐	☐	☐	☐
Transportation affects access to healthcare.	☐	☐	☐	☐	☐
Transportation affects education opportunities.	☐	☐	☐	☐	☐
I would recommend Micro-transit to others.	☐	☐	☐	☐	☐

30. What transportation needs are currently not being met in your community?

31. What destinations should be included in the Regional Micro-transit system?

32. What suggestions do you have to improve transportation in Southwest Georgia Region 10?
