Transportation Survey

The ThedaCare New London Community Health Action Team (CHAT) is seeking community member input related to transportation. All completed surveys will be confidential. The information received will be used to help identify opportunities to improve transportation options for New London and Waupaca County. Thank you for providing input to improve the health of our community members!

1.	How do you curren		_	-	•	? Please te	ll us what percen	itage	
	I use my own car_	%	I rely on friends	%	I rely on family	%	I bike	%	
	Volunteer Drivers_	%	I walk	%	Shuttle service	% 7	Taxi Service	%	
	Uber/Lyft or similar	service	%	Wheelchai	r Accessible (i.e. Koe	eppen's, Cit	y Van)%		
	Disabled American	Veteran (D.	AV) or other veter	an specific t	transit%		Other	%	
2.	On a scale of 1-5, with 1 being not reliable at all and 5 being extremely reliable, how would you rate the reliability of your current transportation?								
	1	2	3		4	5			
	Not reliable at all					Extreme	ly reliable		
3.	If you couldn't use your primary mode of transportation for 3 weeks, how would you meet your day to day transportation needs? (Circle/select up to 2 options)							lay	
	Rely on friends	Rely	on family	Volunte	eer Drivers	Walk	Bike_		
	Shuttle service	_ Taxi	Service	V	Vheelchair Accessib	le (i.e. Koep	ppen's, City Van)_		
	Uber/Lyft or similar	r service	Disable	d American	Veteran (DAV) or o	ther vetera	n specific transit_		
	Other								
4.	How many times p	er month o	lo you rely on oth	ner transpor	tation options?				
	1 time per month_		2-3 times per m	nonth	4-5 times per	month	_		
	6-10 times per mon	nth	11-15 times per	r month	More than 16	times per r	month		
5.	What are the top r	What are the top reasons you seek help with transportation from other sources? (Select top 3 reasons)							
	Groceries	Meal sites	Medica	ıl appointme	ents To ge	t to VA clin	ics or VA hospital		
	Visiting family	_ To g	et to my job	_ To at	tend school	Visiting	friends		
	Pharmacy trips	To a	ttend a place of w	orship	Errands	_ Oth	er		

	Arrive late for work Arrive late for medical appointments Skip medical appointments								
	Skip medical treatment altogether Arrive late for other important personal appointments								
	Skip other important personal appointments Miss work Lose a job								
	Other								
	None of the above – I have always had reliable transportation								
7.	Would you be willing to be a volunteer driver for someone else in your community? Yes/No								
8.	If yes, may we contact you? Please provide a phone number or email where we can reach you (this information will be separated from your responses)								
	Phone Number:								
	Email:								
9.	What town, village or city do you reside? (leave as open text)								
10.	 Please use this space for any additional comments or thoughts you have on transportation options for you, your family, or friends. (open text) 								
Der	mographic questions								
11.	My age is: or I prefer not to answer								
12.	My gender is: or I prefer not to answer								
13.	My race is: White, Black/African American American Indian or Alaska Native Asian								
	Native Hawaiian or other Pacific Islander Some other race Two or more races Prefer not to answer								
14.	My ethnicity is: Hispanic or Latino Not Hispanic or Latino Prefer not to answer								
15.	My income is: Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999								
	\$50,000 to \$74,999 \$75,000 to \$99,999 Over \$100,000 Prefer not to answer								

Thank You!

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