

# Regional Community Transportation Needs Survey

Community transportation includes services that address all transit needs of a community, including general and special populations, such as persons with disabilities and seniors. Services can include public transit, car pools, volunteer drivers and other options.

1. I am currently a resident of (city/town):  
\_\_\_\_\_

2. What is your main daily activity?

- Employed full time
- Employed part time
- Not employed but seeking employment
- Not employed & not seeking employment
- College student
- High/middle/elementary school student
- Retired
- Other \_\_\_\_\_

3. Are you physically disabled?

- Yes  No

4. Do you feel that your community is under served by community transportation?

- Yes  There is no community transportation.  
 No  
 I don't know

5. How willing would you be to use community transportation?

- I would never use
- I probably would not use
- I probably would use
- I definitely would use

6. What types of community transportation would you use? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Dial-a-Ride             | <input type="checkbox"/> Independent Shuttle/Bus |
| <input type="checkbox"/> Taxi                    | <input type="checkbox"/> Volunteer Drivers       |
| <input type="checkbox"/> City Bus                | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Hospital Transportation |  |

7. To what activities would you travel using community transportation if it were available? (check all that apply)

- My job
- Volunteer/recreational/social activities
- Errands (other than grocery shopping)
- Grocery shopping
- Meal sites
- Healthcare appointments
- Place of worship
- School/vocational training
- Senior center
- Other \_\_\_\_\_

8. On average, how many days per week would you use community transportation?

- Less than once per week  3-5 times per week  
 1-2 times per week  Everyday

9. Do you need physical assistance with any of the following? (check all that apply)

- Getting in/out of your home
- Getting in/out of a car or van
- Getting on/off of a bus
- Personal care assistance
- I don't need assistance
- Other \_\_\_\_\_

**10. When you go out, do you have any of the following with you? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Wheelchair                  | <input type="checkbox"/> Someone to accompany you |
| <input type="checkbox"/> Guide dog or service animal | <input type="checkbox"/> Small children           |
| <input type="checkbox"/> Walker or cane              | <input type="checkbox"/> None of the above        |
| <input type="checkbox"/> Crutches                    | <input type="checkbox"/> Other _____              |

**11. In the past 12 months, have you been unable to get to any of the following destinations because you did not have reliable transportation? (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Healthcare providers | <input type="checkbox"/> Recreational activities |
| <input type="checkbox"/> Errands              | <input type="checkbox"/> Work                    |
| <input type="checkbox"/> Social activities    | <input type="checkbox"/> School                  |
|   | <input type="checkbox"/> Other _____             |

**12. What is the most you would be willing to pay to use community transportation?**

- |  |  |
|--|--|
| <input type="checkbox"/> Up to \$2 per trip                      | <input type="checkbox"/> I don't know                  |
| <input type="checkbox"/> \$3-\$4 per trip                        | <input type="checkbox"/> I am not willing to pay a fee |
| <input type="checkbox"/> \$4-5 per trip                          | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> I am unable to pay a fee of \$2 or less |  |

**13. If community transportation were available, what would you be concerned about? (check all that apply)**

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Safety      | <input type="checkbox"/> Availability |
| <input type="checkbox"/> Cost        | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Convenience |                                       |

**14. I am**

- Male  Female

**15. How old are you?**

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Under 15 years | <input type="checkbox"/> 35-49   |
| <input type="checkbox"/> 15-18          | <input type="checkbox"/> 50-64   |
| <input type="checkbox"/> 19-24          | <input type="checkbox"/> Over 64 |
| <input type="checkbox"/> 25-34          |                                  |

**16. How many people live in your household?**

- |                            |                                    |
|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3         |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4 or more |

**17. What is the total annual income for all members of your household?**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$60,000-\$89,000 |
| <input type="checkbox"/> \$20,000-\$39,000  | <input type="checkbox"/> \$90,000 or more  |
| <input type="checkbox"/> \$40,000-\$59,000  |  |

**18. What communities and/or destinations would you like public transit to provide access to?**

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**Thank you for completing this survey.  
For more information please contact:**

**Nashua Regional Planning Commission**  
9 Executive Park Drive, Suite 201  
Merrimack, NH 03054  
603-424-2240 | [www.nashuarpc.org](http://www.nashuarpc.org)

