

## Clarksville MPO Transportation Survey

To get a better understanding of the Transportation needs in our community, please complete the following survey. The answers provided will help us determine where we need to focus our efforts. **Please distribute survey to your clients.**

1. What area of the city or county is your home located? (you may provide only your street name or a main connector road near your home)

2. Do you or any member of your family use Public Transit on a regular basis?

3. Are you unable to travel by yourself or access transportation due to:

**Please check all that apply**

Disability/health condition

No valid driver's license

No vehicle that works

None of the above

Other \_\_\_\_\_

4. Please select the appropriate age range below:

18 or under

60-69

19-29

70-79

30-39

80-89

40-49

90+

50-59

5. Do you require any of the following items when you travel?

**Please check all that apply**

Wheelchair lift or ramp

Space for a fold-up wheelchair

Assistance getting into and out of vehicle

Service Animal

Escort or Personal Care Attendant (PCA)

Help loading or unloading packages

Curb-to-curb service-from the curb of pickup location to the curb of the drop off location.

Door-to-door service-from the door of the pickup location to the door of the drop off location.

6. Do you currently receive benefits from any of the following?

**Please check all that apply**

TennCare

Medicaid

Social Security Disability Income (SSDI)

TANF or food stamps

- None
- Other \_\_\_\_\_

7. Where do you currently live?

- House or Apartment
- Public Housing
- Nursing Home/Group Home
- Assisted Living/Community residence
- Transitional housing (motel, shelter)
- Other \_\_\_\_\_

8. Which one do you use most frequently?

**Please check only one**

- Clarksville Transit System CTS
- MCHRA Public Transit
- Vanpool
- Car pool
- Senior Center Van/Bus
- TennCare Van
- Other \_\_\_\_\_
- Taxi
- Volunteer driver
- Friend/Relative
- Church Bus
- Montgomery Co. Veterans Transp.
- School bus

9. Regarding the service that you have identified in number 10, please tell us if you agree or disagree with the following statements about that service.

A. The service is available on days & times that I need to travel.

*Strongly Agree*    *Agree*    *No Opinion*    *Disagree*    *Strongly Disagree*

                                                                              

B. The service goes where I need to go.

*Strongly Agree*    *Agree*    *No Opinion*    *Disagree*    *Strongly Disagree*

                                                                              

C. The service picks me up and drops me off on time.

*Strongly Agree*    *Agree*    *No Opinion*    *Disagree*    *Strongly Disagree*

                                                                              

D. I feel safe when I use the service.

*Strongly Agree*    *Agree*    *No Opinion*    *Disagree*    *Strongly Disagree*

                                                                              

E. If I have a problem with the service, they are able to fix it.

*Strongly Agree*   *Agree*   *No Opinion*   *Disagree*   *Strongly Disagree*  
           

F. The people who work for the service are helpful.

*Strongly Agree*   *Agree*   *No Opinion*   *Disagree*   *Strongly Disagree*  
           

G. The cost for the service is reasonable.

*Strongly Agree*   *Agree*   *No Opinion*   *Disagree*   *Strongly Disagree*  
           

H. The length or trip duration times are reasonable.

*Strongly Agree*   *Agree*   *No Opinion*   *Disagree*   *Strongly Disagree*  
           

10. Is there a time of day when it is difficult for you to get transportation?

- None
- Early morning (5am to 8am)
- Mid Morning (8am to 12pm)
- Afternoon (12pm to 4pm)
- Late Afternoon (4pm to 6pm)
- Evening (6pm to 8pm)
- After 8pm

11. Is there anything else that you would like to mention about your transportation difficulties or any suggestions on how your transit experiences could be improved?

12. Is there anything that you would like to mention about your transportation successes or positive experiences?

**Thank you for completing this survey!!!**

**Please email completed survey to:**

**[jill.hall@cityofclarksville.com](mailto:jill.hall@cityofclarksville.com)**

**You may also mail or fax your completed survey**

**Attn: Jill Hall**

**Clarksville MPO**

**329 Main Street**

**Clarksville, TN 37040**