# Transport Needs Questionnaire

**[Insert your organisation’s name here]** are assessing unmet transport needs for **[Insert area here]**. Following discussion and **[Number]** meetings with a wide range of representative groups for disabled and older people in the area, it was agreed that there was a significant need. However, further detail would be required about the types of journeys and destinations required by potential service users which are not currently met by other transport provision in the area.

The aim of this survey is to try to better assess the levels of demand and the types of transport required e.g. voluntary car schemes, Dial a Ride or group transport. All information collected will be on an anonymous basis and will be treated in confidence.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please tell us in which town or village you live |  | | | | | | |
| If you live in **[Insert area here]**, please tell us in which area of the town. |  | | | | | | |
| How often do you need to travel to access services or social activities each week? | Once a month | | | | |  | |
| Once a fortnight | | | | |  | |
| 1-2 times a week | | | | |  | |
| Other (please explain): | | | | |  | |
| Which services in **[Insert area here]** do you access currently or would like to access regularly? Please tick all that apply. | Shopping | | | | |  | |
| Doctor/medical appointment | | | | |  | |
| Visiting family and friends | | | | |  | |
| Day centre | | | |  | | |
| Group activity | | | |  | | |
| Other (please explain): | | | | | | |
| Are you currently employed in the **[Insert area here]**? | Yes | | | No | | | |
| If yes, and if you would like to, please tell us the name/location of your employer: | | | | | | |
| Do you have any difficulty traveling to your place of work e.g. non-regular shift patterns or non-compatible/accessible local bus services? | Yes | | No | | | | |
| If yes, please explain: | | | | | | |
| What times of day do you require regular general travel? Please tick all that apply. | Early morning (before 9:00) | | | | | |  |
| Morning (9:00 – 12:00) | | | | | |  |
| Afternoon (13:00 – 17:00) | | | | | |  |
| Early evening (17:00 – 19:00) | | | | | |  |
| Night time (after 19:00) | | | | | |  |
| Do you require travel at weekends? | Yes | No | | | | | |
| What method/methods of transport do you currently use? Please tick all that apply. | Taxi | | | | | |  |
| Train | | | | | |  |
| Bus | | | | | |  |
| Community car scheme | | | | | |  |
| I rely on friends/family | | | | | |  |
| Other (please explain): | | | | | | |
| What travel needs do you have which make it difficult to access public transport? | I am a wheelchair user | | | | | |  |
| I travel with a carer | | | | | |  |
| I travel with a guide dog | | | | | |  |
| I’m unable to walk more than 200m without help | | | | | |  |
| Other (please explain): | | | | | | |
| If you do not often use taxis or trains for your travel needs, please explain why. |  | | | | | | |
| If you do not often use buses for your travel needs, please explain why. Please tick all that apply. | There is no local bus route to where I want to go | | | | |  | |
| The bus doesn’t go at the time I need to travel | | | | |  | |
| I cannot get to the bus stop | | | | |  | |
| I am unable to board a bus on my own | | | | |  | |
| I cannot afford the cost | | | | |  | |
| Other (please explain): | | | | | | |
| Please tell us if you need to access a service which is not based in **[Insert area here]** currently. | Service:  Location: | | | | | | |
| In order to gain an understanding of the needs/requirements of potential service users, we would appreciate you telling us your age range: | 18 - 30  31 - 40  41 - 50  51 - 60  61 - 70  71 - 80  80+ | | | | | | |
| Are there any further comments you would like to make regarding your transport needs not covered by the above questions? |  | | | | | | |
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Thank you for taking part in the survey.

Please return questionnaires to:

**[insert suitable return address here]**