

[Agency/Org conducting survey logo]



Community Transportation Needs Assessment – Resident Survey

[Organization] is conducting a transportation needs assessment survey to hear from [City/Community] residents on their current travel behavior and preferences for future transportation enhancements and projects. This survey is an effort to improve transportation options in [city/community].

Please answer the following questions about your personal and household transportation needs. This survey takes about [xx] minutes to complete, and all personally identifiable information will be confidential. You are free to skip questions you do not feel comfortable answering.

This survey is adapted from a template developed through the State of California's Clean Mobility Options Voucher Pilot Program (CMO) which provides funding for under-resourced communities in California to conduct community transportation needs assessments and implement zero-emission shared mobility projects to increase access to safe, reliable, convenient, and affordable transportation options. CMO is part of California Climate Investments, a statewide initiative that puts billions of Cap-and-Trade dollars to work reducing greenhouse gas emissions, strengthening the economy, and improving public health and the environment – particularly in disadvantaged communities.

Consent:

I understand the purpose of the survey and that all my information will be held confidential. I also understand I am free to stop at any time and skip any questions I am not comfortable answering. To request that your personal information be deleted, contact [Organization Contact].

Yes, I understand

1. Is it generally easy for you to get to:

	Yes	Sometimes	No
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See Family and Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Doctor / Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What makes it hard to get to where you want to go? (Choose all that apply.)

- Distance (too far)
- Time (takes too long)
- Safety (too dangerous)
- Cost (too expensive)
- Reliability (travel times are not consistent/predictable)
- Accessibility (I don't have a car or bike)
- Ability (not able to use certain modes due to physical or other conditions)
- Other - Write In _____

3) How many cars does your household (family members/roommates) have access to?

- 0 1 2 or more

4) If you do not own or lease a car, please indicate why (check all that apply):

- I can access everything I need without a car I can't afford to purchase and/or repair a car
 I can't afford gas or insurance I don't have a license
 Parking is expensive

Other _____

3. Which transportation options do you use now, and which transportation options would you use if they were readily available and affordable? (Choose all that apply.)

	Use Now	Would Use	Would Not Use	I'm not familiar with this
Drive alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive with others (e.g., co-workers, family, friends, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpool service If yes, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus or light rail/metro train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk/roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uber/Lyft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carshare (e.g. Zipcar) If yes, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bikeshare (e.g. Lime, Jump) If yes, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scootershare (e.g.,				

Lime, Bird) If yes, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shuttle/Microtran sit If yes, which? _____ —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Variant: Remove or add modes and examples relevant to project area]

For this portions consider a prompt such as: *The information you share will help us find out which mobility options could help you travel in ways that are more affordable, pollute less and make it easier for you to get where you want to go.*

5. Do you want to talk more about this or learn more about this project? (Choose all that apply. You will be able to share your contact information at the end of the survey.)

- Yes, please call me.
- Yes, please text me.
- Yes, please email me.
- I would be willing to take a longer survey.
- No.

[Variant: This question can be asked first, followed by a prompt for contact information. Or, you could proceed or replace with question #7, below.]

6. What is your preferred language (i.e., the language you speak most of the time)?

- Spanish
- Mixteco
- Hmong

- English
- Other - Write In

7. How should we get in touch with you?

By Mail:

First Name: _____ Last Name: _____

Address: _____ Apartment #: _____

City: _____ Zip Code: _____

By Phone:

Phone Number _____

By Email:

Email Address _____

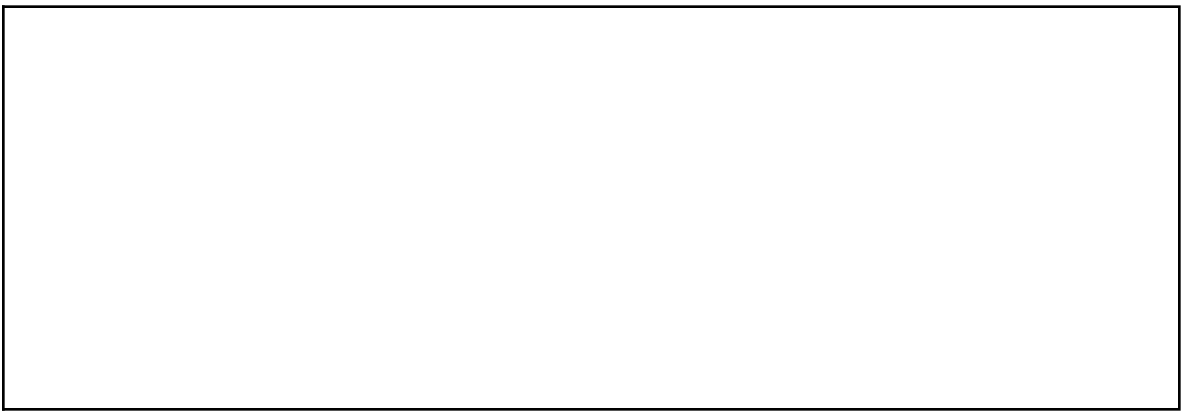
About you:

Age: _____ Gender: _____

8. What is the best time to contact you? (Choose all that apply.)

- Weekdays
- Weeknights
- Weekends
- Other (write in) _____

10. Is there anything else you would like to tell us or ask us?

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional information or ask questions.