

**Bartow County Transit**  
140 Douglas Street  
Cartersville, Georgia 30120 – 770-387-5165  
**Transportation Needs Assessment**

1. What is your **primary** source of transportation?

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Drive own automobile         | <input type="checkbox"/> Bus  | <input type="checkbox"/> Taxi        |
| <input type="checkbox"/> Ride with friends and family | <input type="checkbox"/> Van (Care-A-Van, church, hospital, community services) | <input type="checkbox"/> Other _____ |

1B. What is your **secondary** source of transportation?

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Drive own automobile         | <input type="checkbox"/> Bus  | <input type="checkbox"/> Taxi        |
| <input type="checkbox"/> Ride with friends and family | <input type="checkbox"/> Van (Care-A-Van, church, hospital, community services) | <input type="checkbox"/> Other _____ |

2. Do you feel there are locations/places where additional transportation is needed?  Yes  No

2B. If yes, where?

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2C. During what times? (example: weekday at 10 p.m.; weekends at 7 p.m.)

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3. What reason do you use transportation now? (check as many as apply)

- |                                   |                                   |                                      |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Work     | <input type="checkbox"/> Visiting | <input type="checkbox"/> Medical     |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Pleasure | <input type="checkbox"/> Other _____ |

3B. What reason would you like additional transportation? (check as many as apply)

- |                                   |                                   |                                      |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Work     | <input type="checkbox"/> Visiting | <input type="checkbox"/> Medical     |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Pleasure | <input type="checkbox"/> Other _____ |

4. How often do you travel on Bartow County Transit?

- |   |  |
|---|--|
| <input type="checkbox"/> Almost every day   | <input type="checkbox"/> Once a week           |
| <input type="checkbox"/> 2-3 times per week | <input type="checkbox"/> Less than once a week |

5. How much would you be willing to pay round trip for additional service?

- |                                 |                                 |                                  |
|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> \$2.00 | <input type="checkbox"/> \$5.00 | <input type="checkbox"/> \$10.00 |
| <input type="checkbox"/> \$4.00 | <input type="checkbox"/> \$7.50 |                                  |

6. Do you use any of the following aids?

- |   |  |
|---|--|
| <input type="checkbox"/> Wheelchair             | <input type="checkbox"/> Alphabet Board                              |
| <input type="checkbox"/> Powered Scooter Yes No | <input type="checkbox"/> Oxygen Tank                                 |
| <input type="checkbox"/> Walker                 | <input type="checkbox"/> Does your house have a ramp?                |
| <input type="checkbox"/> Cane                   | <input type="checkbox"/> Other Assistive Mobility Devices (describe) |
| <input type="checkbox"/> Service Animal         | _____  |

7. Do you require someone to assist you when you travel?  Yes  No

8. Do you require a lift-equipped vehicle?  Yes  No

9. Do you ever carpool or rideshare?  Yes  No

