1. What is your **primary** source of transportation?
   - ( ) Drive own automobile
   - ( ) Ride with friends and family
   - ( ) Van (Care-A-Van, church, hospital, community services)
   - ( ) Bus
   - ( ) Taxi
   - ( ) Other __________________________

1B. What is your **secondary** source of transportation?
   - ( ) Drive own automobile
   - ( ) Ride with friends and family
   - ( ) Van (Care-A-Van, church, hospital, community services)
   - ( ) Bus
   - ( ) Taxi
   - ( ) Other __________________________

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

   2B. If yes, where?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

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

3. What reason do you use transportation now? (check as many as apply)
   - ( ) Work
   - ( ) Shopping
   - ( ) Visiting
   - ( ) Pleasure
   - ( ) Medical
   - ( ) Other __________________________

3B. What reason would you like additional transportation? (check as many as apply)
   - ( ) Work
   - ( ) Shopping
   - ( ) Visiting
   - ( ) Pleasure
   - ( ) Medical
   - ( ) Other __________________________

4. How often do you travel on Bartow County Transit?
   - ( ) Almost every day
   - ( ) 2-3 times per week
   - ( ) Once a week
   - ( ) Less than once a week

5. How much would you be willing to pay round trip for additional service?
   - ( ) $2.00
   - ( ) $4.00
   - ( ) $5.00
   - ( ) $7.50
   - ( ) $10.00

6. Do you use any of the following aids?
   - ( ) Wheelchair
   - ( ) Powered Scooter
   - ( ) Walker
   - ( ) Cane
   - ( ) Service Animal
   - ( ) Alphabet Board
   - ( ) Oxygen Tank
   - ( ) Does your house have a ramp?
   - ( ) Other Assistive Mobility Devices (describe)

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
10. How far would you walk to a to/from a transit stop?
   ( ) no distance   ( ) ½ mile   ( ) 1 ½ mile
   ( ) ¼ mile   ( ) 1 mile   ( ) more than 1 ½ mile

11. Would you ride Public Transit to the Atlanta Area if available?  ( ) Yes  ( ) No

12. How much would you be willing to pay round trip for Atlanta Area service?
   ( ) less than $4.00   ( ) $4.00   ( ) $6.00
   ( ) $8.00   ( ) $6.00   ( ) $10.00
   ( ) $10.00   ( ) more than $10.00

13. How many times would you be willing to transfer buses when traveling to Downtown Atlanta?
   ( ) none   ( ) two   ( ) more than three
   ( ) one   ( ) three

14. Do you have additional transportation issues that have not been addressed in this survey?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Below are questions that will be used to help transportation planners in your area make accurate
determinations of what services need to be developed. None of the information you give will be used
to make a determination of your eligibility for services.

15. What is your zip code? __________________________

15B. Do you live within the city limits of:
   ( ) Adairsville    ( ) Emerson    ( ) Kingston   ( ) White
   ( ) Cartersville   ( ) Euharlee   ( ) Taylorsville

16. Do you receive assistance to pay for transportation?  ( ) Yes  ( ) No

17. What is your monthly income?
   ( ) less than $500   ( ) $501 to $1,000   ( ) $1,001 to $1,500
   ( ) $1,501 to $2,000   ( ) $2,001 to $3,000   ( ) $3,000 to $4,000
   ( ) $4,001 to $5,000   ( ) $5,001 to $7,500   ( ) Above $4,000

18. Are you employed?  ( ) Yes  ( ) No

18B. If no, please check as many as apply.
   ( ) Retired   ( ) Unemployed   ( ) Disabled

19. Do you currently receive the following government assistance?
   ( ) Food Stamps   ( ) Medicaid   ( ) SSI   ( ) Medicare

20. What is your age?
   ( ) under 18   ( ) 18-25   ( ) 26-35
   ( ) 36-45   ( ) 46-55   ( ) 56-65
   ( ) 66-75   ( ) 76-85   ( ) Over 85

Bartow County Transit in cooperation with Coosa Valley Regional Development Center, May 2008