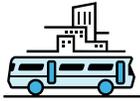


COMMUNITY TRANSPORTATION SURVEY

January 2007



LaSalle County has no county wide transportation system. It is currently served by various agencies operating without coordination of services. These services often are underutilized, due to differing requirements of funding entities. You can help us improve this system, and the quality of life for our citizens by responding to this survey.

LaSalle County

Please take a moment to help us improve public transportation in our community. When you are done, please return to the collection box at [\[Link\]](#). **General Information**

<p>Are you:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>Age:</p> <p><input type="checkbox"/> Under 20</p> <p><input type="checkbox"/> 21 – 30</p> <p><input type="checkbox"/> 31 – 40</p> <p><input type="checkbox"/> 41 – 50</p> <p><input type="checkbox"/> 51 – 60</p> <p><input type="checkbox"/> 61 – 70</p> <p><input type="checkbox"/> 71 – 80</p> <p><input type="checkbox"/> 81 or older</p> <p>What is your zip code? _____</p> <p>Where do you live?</p> <p><input type="checkbox"/> Single family home</p> <p><input type="checkbox"/> Duplex or apartment</p> <p><input type="checkbox"/> Townhouse</p> <p><input type="checkbox"/> Residence hall</p> <p><input type="checkbox"/> Mobile home</p> <p><input type="checkbox"/> Group facility</p> <p><input type="checkbox"/> With friends or family</p> <p><input type="checkbox"/> Other, please specify: _____</p> <p>How many people live in your household? _____</p>	<p>1. Does household have access to (and can afford to drive) a car or other vehicle that is running, licensed, and insured?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>2. Are there trips household members would like to make, but lack transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what kind of trips? (Check all that apply)</p> <p><input type="checkbox"/> Work</p> <p><input type="checkbox"/> Medical appointments</p> <p><input type="checkbox"/> Visiting friends or family</p> <p><input type="checkbox"/> Shopping</p> <p><input type="checkbox"/> Social/entertainment opportunities</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Kids' activities (pool, park, golf, skating rink)</p> <p><input type="checkbox"/> Senior nutrition or day center</p> <p><input type="checkbox"/> Social service agency appointments</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other, please specify: _____</p> <hr/> <p>3. How does household travel now? (Check all that apply)</p> <p><input type="checkbox"/> Drive or ride in household member's vehicle</p> <p><input type="checkbox"/> Drive or ride someone else's vehicle</p> <p><input type="checkbox"/> Walk or bike</p> <p><input type="checkbox"/> Church or social service agency vehicle</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Other, please specify: _____</p> <hr/> <p>4. If household uses public transportation:</p> <p>What is used? (Check all that apply)</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Van</p> <p><input type="checkbox"/> Other, please specify: _____</p> <p>How often? (Check all that apply)</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p>
<p>Do any household members have a disability (physical, mental, etc.) limiting their ability to drive?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, number of people: _____</p> <p>Do any household members need transportation to medical appointments outside the county?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: right;">Please answer the questions on the back.</p>

Transportation Needs

<p>5. In the last six months, have any household members missed any of the following due to a lack of transportation: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work <input type="checkbox"/> Medical appointments <input type="checkbox"/> Visiting friends or family <input type="checkbox"/> Shopping <input type="checkbox"/> Social/entertainment opportunities <input type="checkbox"/> School <input type="checkbox"/> Kids' activities (pool, park, golf, skating rink) <input type="checkbox"/> Senior nutrition or day center <input type="checkbox"/> Social service agency appointments <input type="checkbox"/> Religious <input type="checkbox"/> Other, please specify: _____ 	<p>6. If available, would your household use public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What would they use? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Van <input type="checkbox"/> Other, please specify: _____ <p>How would they get a ride? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Catch bus at bus stop <input type="checkbox"/> Call ahead for ride (Curb-to-curb demand response) service <input type="checkbox"/> Call ahead for ride (Door-to-door demand response service for elderly or people with disabilities) <input type="checkbox"/> Other, please specify: _____
<p>7. Where would your household go using public transportation? (Please rank top three)</p> <ul style="list-style-type: none"> <input type="checkbox"/> LaSalle <input type="checkbox"/> Peru <input type="checkbox"/> Ottawa <input type="checkbox"/> Streator <input type="checkbox"/> Mendota <input type="checkbox"/> Marseilles <input type="checkbox"/> Other, please specify _____ 	<p>8. How often would your household go to these communities using public transportation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, please specify: _____
<p>9. When does your household need public transportation? (Check all that apply).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weekdays, 7:00 AM to 5:00 PM <input type="checkbox"/> Weekdays, 5:00 PM to 10:00 PM <input type="checkbox"/> Saturday, 7:00 AM to 5:00 PM <input type="checkbox"/> Saturday, 5:00 PM to 10:00 PM <input type="checkbox"/> Friday/Saturday, after 10:00 PM <input type="checkbox"/> Sunday, 7:00 AM to 5:00 PM <input type="checkbox"/> Sunday, 5:00 PM to 10:00 PM <input type="checkbox"/> Other, please specify: _____ 	<p>10. How much would you pay for a one-way trip within LaSalle County</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than \$1.00 <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$3.00 <input type="checkbox"/> \$4.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$6.00 <input type="checkbox"/> Other, please specify: _____
<p>What would you like to change about your household's experience with public transportation? Why?</p>	

Optional

<p>If you would like to be contacted about upcoming public transportation meetings, please provide:</p>	<p>Name:</p>
	<p>E-mail:</p>
	<p>Phone:</p>

THANK YOU FOR YOUR PARTICIPATION