

# MARIN ACCESS 2019 Rider Survey

Paratransit | Catch-A-Ride | Volunteer Drivers | Travel Navigators | Travel Training | Connect

## Help us understand your experience using Marin Access services:

If you do not use the service listed, check the boxes on the far right.

1. Please rate **Marin Access Paratransit** (operated by Whistlestop) on each of the following:

	Excellent	Good	Average	Poor	Very Poor	
On Time Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I do not use this service <input type="checkbox"/>
Cleanliness / Condition of Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driver Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ease of Trip Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Please rate **Catch-A-Ride** on each of the following:

	Excellent	Good	Average	Poor	Very Poor	
Cost of Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I do not use this service <input type="checkbox"/>
Availability of Taxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driver Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ease of Trip Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please rate **Connect** on each of the following:

	Excellent	Good	Average	Poor	Very Poor	
Ease of Trip Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I do not use this service <input type="checkbox"/>
Driver Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Please rate the **STAR / TRIP** Volunteer Driver programs on each of the following:

	Excellent	Good	Average	Poor	Very Poor	
Ease of Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I do not use this service <input type="checkbox"/>
Ease of Finding a Volunteer Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Please rate **Marin Access Travel Training** on each of the following:

	Excellent	Good	Average	Poor	Very Poor	
Explaining my Travel Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I do not use this service <input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Please rate the **Travel Navigators** on each of the following:

	Excellent	Good	Average	Poor	Very Poor	
Explaining My Travel Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>I do not use this service</i> <input type="checkbox"/>
Ease of Enrollment for Marin Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referrals to Other Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Help us better understand how our riders get around:

7. Do you ever ride the regular fixed route bus like Marin Transit or Golden Gate Transit?

- 3 or more days per week     1 or 2 days a week     1 to 4 times per month     Less than once a month     Never

8. If you never ride the bus, would any of these improvements make you more likely to ride the bus? *Check all that apply.*

- More accessible path to the bus stop     Safer / more comfortable ride on board the bus  
 More convenient schedules or destinations     Safer / more comfortable place to wait for the bus  
 Real time arrival information at the bus stop     Help understanding how the bus system works  
 I am unable to ride the bus under any conditions

9. What other transportation options do you use aside from Marin Access services?

- I drive myself     Transportation Offered by Residential Facility  
 A Friend or Family Member Drives Me     Transportation Program Offered by Non-Profit  
 Taxi, Uber, or Lyft     Other \_\_\_\_\_

10. How would you travel if Marin Access services were not available? *Select only one.*

- I Would Not Make the Trip     Taxi     Friend / Family Member  
 Walk     Uber / Lyft     Ambulance  
 Electric Wheelchair / Scooter     I Drive Myself     Transportation Offered by Residential Facility  
 Bus     SMART Train     Other \_\_\_\_\_

11. In the past three months, have you missed or delayed a medical appointment because of lack of transportation?

- Yes     No

12. Does anyone assist you in booking your trips or managing your reservations?

- Yes, I am assisted by a:     No
- Friend or Family Member
- Case Manager or Social Worker
- IHSS Worker
- Residential Facility Administrator or Concierge

## Help us better understand who our riders are:

12. What language do you speak at home? \_\_\_\_\_

13. Race / Ethnicity:

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> African American / Black         | <input type="checkbox"/> Latino/a or Hispanic                |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Middle Eastern / North African      |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other _____                         |

14. What category best describes your annual household income?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$75,000 to \$99,999   |
| <input type="checkbox"/> \$10,000 to \$24,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$200,000 and above    |
| <input type="checkbox"/> \$50,000 to \$74,999 |   |

15. What category best describes your housing situation?

	Single	Couple
Owner without Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Owner with Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Renter	<input type="checkbox"/>	<input type="checkbox"/>

16. Are you a registered Medi-Cal participant?

- Yes       No       I'm not sure

17. Do you own and use any of the following? *Check all that apply.*

- Cell Phone       Smart Phone       Tablet or Laptop / Desktop Computer       None

18. If you use a tablet or smart phone, are you familiar with how to use the apps below?

App	Yes	No	I'm not sure
Marin Transit Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Google or Apple Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyft or Uber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking the time to complete this survey.**

*By providing your information below, you will give us permission to contact you for a follow-up interview.*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

FIRST CLASS MAIL  
U.S. POSTAGE  
PAID  
COUNTY OF MARIN

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 171 SAN RAFAEL, CA

**MARIN TRANSIT**  
711 Grand Avenue, Suite 110  
San Rafael CA 94901-3511

..... FOLD HERE .....

Thank you for taking our survey!

Please fold and seal to mail back your completed survey. No postage is required.

To be eligible to win our Marin Access prize pack, return your completed survey to us by March 1, 2020.

To stay up to date on all Marin Access news, sign up for our email newsletter at [www.marinaccess.org](http://www.marinaccess.org).

Para obtener acceso o solicitar una copia de la encuesta de usuarios en español por favor visite al [www.marinaccess.org](http://www.marinaccess.org) o llame al 415-454-0902.

