TREC Datasets and Databases

Transportation Research and Education Center (TREC)

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Data from: "Developing Strategies to Enhance Mobility and Accessibility for Community-Dwelling Older Adults"

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Date	

Transportation

1. How many times do you usually travel **each week** using the following modes of transportation? * Please leave it empty if not applicable. (If you drive twice a day for five days a week, your total would be 10 times a week.)

      1-1. Drive (_15_ times a week)
      1-2. Have others drive you (_2_ times a week)
      1-3. Walk (_0_ times a week)
      1-4. Bike (_0_ times a week)
      1-5. Public transportation (_0_ times a week)
      1-6. Taxi or cab (_0_ times a week)
      1-7. Ridesharing services including Uber/Lyft (_0_ times a week)
      1-8. Special transportation services, such as one for older adults or persons with disabilities (_0_ times a week)
      1-9. Others (_0_ times a week)

2. Please indicate your average time you spent for **each trip**.
      2-1. Drive (_40_ minutes per each trip)
      2-2. Have others drive you (_5_ minutes per each trip)
      2-3. Walk (_0_ minutes per each trip)
      2-4. Bike (_0_ minutes per each trip)
      2-5. Public transportation (_0_ minutes per each trip)
      2-6. Taxi or cab (_0_ minutes per each trip)
      2-7. Ridesharing services including Uber/Lyft (_0_ minutes per each trip)
      2-8. Special transportation services, such as one for older adults or persons with disabilities (_0_ minutes per each trip)
      2-9. Others (_0_ minutes per each trip)

3. Currently, do you have a car?
☑ Yes   ❑ No

4. If you currently don't have a car, did you previously have a car?
☑ Yes   ❑ No

      4-1. If you no longer drive, why not? * Please check all that apply.
      ❑4 Health reasons
      ❑3 Financial reasons
      ❑2 No necessity
      ❑1 Other (please explain): _____

4-2 If you no longer drive, how independent do you still feel in your daily life?
☐5 Extremely independent
☒4 Very independent
☐3 Somewhat independent
☐2 Not very independent
☐1 Not at all independent

5. How important are different transportation services for you to be able to live independently in your neighborhood as you age? * Please check "X" in one box for each service.

	Extremely important	Very important	Somewhat important	Not very important	Not at all important
Public transportation (e.g., bus, trains)					
Special transportation for older adults or persons with disabilities (e.g., Handitran, Dart Ride)					
Have others drive you		X			
Walk/bike					
Taxi or cab					
Ridesharing service (Uber/Lyft)					
Well-lit and safe streets & intersections for all users (i.e., pedestrians, bicyclists, drivers)					
Audio/visual aids for a signalized intersection or a 4 way stop					
Driver education/training/ driver refresher courses					

6. Which transportation services do you have or do you wish to have in your neighborhood?
* Please check "X" in one box for each service.

	Currently available	Not available but needed	Not available nor needed	I do not know
Public transportation (e.g., bus, trains)	X			
Special transportation for older adults or persons with disabilities				
Taxi or cab				

7. Please rank your preferred modes **in order** of transportation to get around for **activities for essentials (e.g., grocery shopping)**? ("1" indicates the most preferred mode and "7" indicates the least preferred mode.)

	Rank (1 – 7)
Drive yourself	✓
Public transportation (e.g., bus, trains)	
Special transportation for older adults or persons with disabilities	
Have others drive you	✓
Walk/bike	
Taxi or cab	
Ridesharing service (e.g., Uber/Lyft)	

8. What are your preferred modes **in order** of transportation to get around for **health care activities (e.g., visiting the doctor)**? ("1" indicates the most preferred mode and "7" indicates the least preferred mode.)

	Rank (1 – 7)
Drive yourself	✓
Public transportation (e.g., bus, trains)	
Special transportation for older adults or persons with disabilities	
Have others drive you	✓
Walk/bike	
Taxi or cab	
Ridesharing service (e.g., Uber/Lyft)	

9. What are your preferred modes **in order** of transportation to get around for **productive activities (e.g., working and volunteering)**? ("1" indicates the most preferred mode and "7" indicates the least preferred mode.)

	Rank (1 – 7)
Drive yourself	✓
Public transportation (e.g., bus, trains)	
Special transportation for older adults or persons with disabilities	
Have others drive you	
Walk/bike	
Taxi or cab	
Ridesharing service (Uber/Lyft)	

10. What are your preferred modes **in order** of transportation to get around **for social activities (e.g., visiting friends or going to a senior center)**? ("1" indicates the most preferred mode and "7" indicates the least preferred mode.)

	Rank (1 – 7)
Drive yourself	✓
Public transportation (e.g., bus, trains)	
Special transportation for older adults or persons with disabilities	
Have others drive you	✓
Walk/bike	
Taxi or cab	✓
Ridesharing service (e.g., Uber/Lyft)	✓

11. How many times did you miss each activity **over the past month** due to insufficient transportation options? * Please indicate "0" if you did not miss any activity.

11-1. Essentials (e.g., grocery shopping) ___0___ times missing this trip

11-2. Doctor appointment ___0___ times missing this trip

11-3. Social participation/events (e.g., community centers, libraries, and religious organizations) ___0___ times missing this trip

11-4. Job and/or volunteer work ___0___ times missing this trip

11-5. Health/recreational activity (e.g., gym) ___0___ times missing this trip

11-6. Others (Please specify: ___0___) ___0___ times missing this trip

12. How satisfied are you with transportation services that you have used? * Please check "X" in one box for each service.

	Extremely satisfied	Very satisfied	Somewhat Satisfied	Not very satisfied	Not applicable
Public transportation (e.g., bus, trains)	X				
Special transportation for older adults or persons with disabilities					
Walk/bike					
Taxi or cab		X			
Ridesharing service (e.g., Uber/Lyft)		X			

12-1. If you are *not* satisfied with **public transportation**, why? * Please skip this question if you are satisfied with public transportation. * Please check all that apply.

- ❑6 I am satisfied with the service
- ❑5 Safety concerns
- ❑4 Cost (affordability)
- ❑3 Inadequate schedule or frequency or not available in my neighborhood
- ❑2 Don't know how to use it.
- ☒1 Other please specify):_____

12-2. If you are *not* satisfied with **special transportation** (e.g., Handitran, Dart Ride), why? * Please skip this question if you are satisfied with special transportation. * Please check all that apply.

- ❑6 I am satisfied with the service
- ☑5 Safety concerns
- ☑4 Cost (affordability)
- ❑3 Inadequate schedule or frequency or not available in my neighborhood
- ❑2 Don't know how to use it.
- ❑1 Other please specify):_____

12-3. If you are *not* satisfied with **rideshare services**, why? * Please skip this question if you are satisfied with rideshare services. * Please check all that apply.

- ❑6 I am satisfied with the service
- ❑5 Safety concerns
- ❑4 Cost (affordability)
- ❑3 Inadequate schedule or frequency or not available in my neighborhood
- ❑2 Don't know how to use it.
- ☒1 Other please specify):_____

12-4. If you are *not* satisfied with **taxi/cab services**, why? * Please skip this question if you are satisfied with taxi/cab services. * Please check all that apply.

- ❑6 I am satisfied with the service
- ❑5 Safety concerns
- ❑4 Cost (affordability)
- ❑3 Inadequate schedule or frequency or not available in my neighborhood
- ❑2 Don't know how to use it.
- ☒1 Other please specify):_____

12-5. If you are *not* satisfied with **walk/bike service/environment**, why? * Please skip this question if you are satisfied with taxi/cab services. * Please check all that apply.

- ❑6 I am satisfied with the service
- ❑5 Safety concerns (I do not feel safe for neighborhoods that I walk.)
- ❑4 No facilities (No sidewalks or bike lanes)
- ❑2 I cannot walk or bike to my destination because it is too far.
- ☒1 Other please specify):_____

13. To enhance your mobility, what are your greatest needs? Please indicate the rank **in order** ("1" indicates the most need and "6" indicates the least need.)

	Rank (1 – 6)
Public transportation service (bus, trains)	
City/community public transportation service for older adults (e.g., van-pool)	
Financial assistance for existing ride-sharing service (Uber and Lyft) or taxi/cab	✎
Assistance with technology (e.g., install an app, open a credit card)	
Assistance with trip scheduling	
Provide travel partners (someone accompanied with you for travel) for ride-sharing (Uber/Lyft) or taxi/cab	

14. How familiar are you with information about different transportation services in your community, such as community van-pool or special transportation for older adults?

☑₅ Extremely familiar
☐₄ Very familiar
☐₃ Somewhat familiar
☐₂ Not very familiar
☐₁ Not at all familiar

15. If you needed information about transportation options/services, how likely is it that you would use the following resources? * Please check "X" in one box for each service.

	Extremely likely	Very likely	Somewhat likely	Not very likely	Not at all likely
Local aging organizations (e.g., senior centers, area agencies on aging, etc.)	✔				
Transportation providers (e.g., DART, Uber/Lyft, etc,)	✔				
Faith-based organizations (e.g., churches or synagogues)					
Internet					
Your doctor or other health care professional					
AARP					
Phone book	✔				
Family members	✔				
Friends/Neighbors					

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16. In general, how often do you go online to access the Internet for activities/information related to transportation? For instance: securing a shared ride (Uber, Lyft, etc), obtaining information related to DART bus services, or arranging for ride share programs. This includes access from home, work, a mobile device (such as a smartphone), or someplace else.

- ☐ 7 Several times a day
- ☐ 6 About once a day
- ☐ 5 3-6 times a week
- ☐ 4 1-2 times a week
- ☐ 3 Once every few weeks
- ☐ 2 Once a month or less
- ☐ 1 Never go online

16-1. Is there anything that may be improved to provide better accommodations for your transportation usage?

NONE

16-2. If you use online services to secure transportation, how did you learn of these services?

None

16-3. If you do *not* use online services to secure transportation, why not? Is there anything that prevents you from going online to secure transportation? (for example: no internet, no credit card, difficulty speaking/reading English, unable to use smartphone, fear of driving with a stranger, lack of handicap accessible options?)

NONE

Health and Well-being

17. Thinking about your mobility – ability to walk, which one describes you the best?
- ☐ 3 I am able to walk more than ¼ mile.
- ☐ 2 I have some difficulty with mobility. I can only walk less than ¼ miles at once.
- ☐ 1 I have a lot of difficulty with mobility. I need someone to help me

18. In general, when compared with most people your age, how would you rate your health?
- ☐ 5 Excellent
- ☐ 4 Very good
- ☒ 3 Good
- ☐ 2 Fair
- ☐ 1 Poor

19. How often do you feel socially isolated?

☐5 Not at all
☐4 Rarely
☐3 Sometimes
☐2 Often
☑1 Always

About You

1. Are you male or female?

☐1 Male
☑2 Female

2. How old are you? _65_

3. What is your current marital status?

☐1 Married or living with a partner
☑2 Separated or divorced
☐3 Widowed
☐4 Single, never married

4. Besides yourself, do you have any of the following people living in your household?

		Yes	No
a.	Child/children under 18	☑1	☐2
b.	Child/children 18 or older	☐1	☐2
c.	Parents	☐1	☐2
d.	Other adult relative or friend 18 or older	☐1	☐2

5. Are you of Hispanic, Spanish, Latino origin or descent?
☐ Yes   ☑ No

6. What is your race and/or ethnicity? * Please check all that apply.

☐1 White or Caucasian
☑2 Black or African American
☐3 American Indian or Alaska Native
☐4 Asian
☐5 Native Hawaiian or other Pacific Islander
☐6 Other, please specify:_____

7. Is there a language other than English spoken in your home?
☐ Yes   ☑ No
(If yes, please indicate: _____)

8. What is the highest level of education you have completed?
   - ☑1 K-12th grade (no diploma)
   - ☐2 High school graduate, GED or equivalent
   - ☐3 Post-high school education/training (no degree)
   - ☐4 2 year college degree
   - ☐5 4 year colleage degree
   - ☐6 Post-graduate study / Graduate or professional degrees

9. What was your annual household income before taxes <u>in the most recent tax year</u>?
   - ☑1 Less than $10,000
   - ☐2 $10,000 to $19,999
   - ☐3 $20,000 to $29,999
   - ☐4 $30,000 to $49,999
   - ☐5 $50,000 to $74,999
   - ☐5 $50,000 to $74,999
   - ☐6 $75,000 to $99,999
   - ☐7 $100,000 to $149,999
   - ☐8 $150,000 or more

10. How do you describe your employment status? * Please check all that apply.
   - ☐1 Full-time employed
   - ☐2 Part-time employed
   - ☐3 Out or work and looking for work
   - ☐4 Out of work but not currently looking for work
   - ☐5 A homemaker
   - ☑6 Retired
   - ☐7 Prefer not to answer