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

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

2. Please indicate your average time you spent for each trip.

2-1. Drive ( ______ minutes per each trip)
2-2. Have others drive you ( ______ minutes per each trip)
2-3. Walk ( ______ minutes per each trip)
2-4. Bike ( ______ minutes per each trip)
2-5. Public transportation ( ______ minutes per each trip)
2-6. Taxi or cab ( ______ minutes per each trip)
2-7. Ridesharing services including Uber/Lyft ( ______ minutes per each trip)
2-8. Special transportation services, such as one for older adults or persons with disabilities ( ______ minutes per each trip)
2-9. Others ( ______ 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.
☑ 1. Health reasons
☑ 2. Financial reasons
☐ 3. No necessity
☐ 4. Other (please explain):
4-2 If you no longer drive, how independent do you still feel in your daily life?

- Extremely independent
- Very independent
- Somewhat independent
- Not very independent
- 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.

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

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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Currently available</th>
<th>Not available but needed</th>
<th>Not available nor needed</th>
<th>I do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transportation (e.g., bus, trains)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special transportation for older adults or persons with disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxi or cab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Mode</th>
<th>Rank (1 - 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive yourself</td>
<td>✓</td>
</tr>
<tr>
<td>Public transportation (e.g., bus, trains)</td>
<td></td>
</tr>
<tr>
<td>Special transportation for older adults or persons with disabilities</td>
<td></td>
</tr>
<tr>
<td>Have others drive you</td>
<td></td>
</tr>
<tr>
<td>Walk/bike</td>
<td></td>
</tr>
<tr>
<td>Taxi or cab</td>
<td></td>
</tr>
<tr>
<td>Ridesharing service (e.g., Uber/Lyft)</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Mode</th>
<th>Rank (1 - 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive yourself</td>
<td>✓</td>
</tr>
<tr>
<td>Public transportation (e.g., bus, trains)</td>
<td></td>
</tr>
<tr>
<td>Special transportation for older adults or persons with disabilities</td>
<td></td>
</tr>
<tr>
<td>Have others drive you</td>
<td></td>
</tr>
<tr>
<td>Walk/bike</td>
<td></td>
</tr>
<tr>
<td>Taxi or cab</td>
<td></td>
</tr>
<tr>
<td>Ridesharing service (e.g., Uber/Lyft)</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Mode</th>
<th>Rank (1 - 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive yourself</td>
<td></td>
</tr>
<tr>
<td>Public transportation (e.g., bus, trains)</td>
<td></td>
</tr>
<tr>
<td>Special transportation for older adults or persons with disabilities</td>
<td></td>
</tr>
<tr>
<td>Have others drive you</td>
<td></td>
</tr>
<tr>
<td>Walk/bike</td>
<td></td>
</tr>
<tr>
<td>Taxi or cab</td>
<td></td>
</tr>
<tr>
<td>Ridesharing service (Uber/Lyft)</td>
<td></td>
</tr>
</tbody>
</table>
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.)

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

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) ______ times missing this trip
11-2. Doctor appointment ______ times missing this trip
11-3. Social participation/events (e.g., community centers, libraries, and religious organizations) ______ times missing this trip
11-4. Job and/or volunteer work ______ times missing this trip
11-5. Health/recreational activity (e.g., gym) ______ times missing this trip
11-6. Others (Please specify: ___________) ______ 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.

<table>
<thead>
<tr>
<th></th>
<th>Extremely satisfied</th>
<th>Very satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not very satisfied</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transportation (e.g., bus, trains)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special transportation for older adults or persons with disabilities</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk/bike</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxi or cab</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ridesharing service (e.g., Uber/Lyft)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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., Handitrans, 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)
☐ 3 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.)

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

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?

- [ ] Extremely familiar
- [ ] Very familiar
- [ ] Somewhat familiar
- [ ] Not very familiar
- [ ] 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.

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

☐ 1: 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?
   □ 1 Not at all
   □ 2 Rarely
   □ 3 Sometimes
   □ 4 Often
   □ Always

About You

1. Are you male or female?
   □ 1 Male
   □ 2 Female

2. How old are you? 16.5

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?
   a. Child/children under 18
   □ Yes □ No
   b. Child/children 18 or older
   □ Yes □ No
   c. Parents
   □ Yes □ No
   d. Other adult relative or friend 18 or older
   □ Yes □ No

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 college degree
☐ 6 Post-graduate study / Graduate or professional degrees

9. What was your annual household income before taxes in the most recent tax year?

☐ 1 Less than $10,000  ☐ 5 $50,000 to $74,999
☐ 2 $10,000 to $19,999  ☐ 6 $75,000 to $99,999
☐ 3 $20,000 to $29,999  ☐ 7 $100,000 to $149,999
☐ 4 $30,000 to $49,999  ☐ 8 $150,000 or more
☐ 5 $50,000 to $74,999

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