



May 7, 2008

Welcome:

This survey is being distributed by many organizations from across the District of Timiskaming providing health related services to clients.

As part of the Aging at Home Strategy, a **Transportation Study** is targeted to seniors who are dealing with age-related health conditions or disabilities; as well as service providers and supports which allow family friends and neighbours to continue caring for seniors at home in their community.

The attached survey is designed to gather information on the transportation needs of the clients, so that an appropriate service structure can be developed to ensure that needs are met. **We need to know from you what transportation services are required and how best to provide them.**

Please read the following questions and answer to the best of your abilities. There will be space at the end of the survey for any additional comments you would like to offer us. Your input is important. If you have something to say that isn't addressed in any of the questions, we encourage you to provide your feedback.

**Please return this survey to the agency, or person who has distributed it to you.
All completed surveys are required by Wednesday, May 21st, 2008.**

Alternatively, you may return to:

District of Timiskaming Social Services Administration Board
Attention: Transportation Study
29 Duncan Avenue North, P.O. Box 310
Kirkland Lake ON P2N 3H7

- or -

290 Armstrong Street, P.O. Box 6006
New Liskeard ON P0J 1P0

If you require assistance, or have any questions while completing this survey, please contact: Ian Rohead at (705) 568-0706, or alternately via email at ianr@ntl.sympatico.ca .

***Thank you for your assistance.
We value your opinion and will publish the results.***

User Survey - Transportation Study

Please try to answer the following questions in reference to the questions being asked. There will be an opportunity to write additional comments at the end of the survey.

- 1) How many vehicles are in your household?
 0
 1 PLEASE SPECIFY WHAT TYPE
 2
 3 OR MORE VEHICLES (ie: CAR, TRUCK, VAN) _____
- 2) If you own a vehicle, is it adequate for your transportation needs?
 YES
 NO
 I DON'T OWN A CAR
- 3) What other kinds of transportation do you regularly use?
 NEVER USE
 TAXI
 FAMILY MEMBER
 FRIEND OR NEIGHBOUR
 VOLUNTEER DRIVERS
 COMMUNITY RESOURCE (ie: C-Trip; Please Specify) _____
 OTHER (Please Specify) _____

- 4) How often do you use any of the above types of transportation?
 ONE ROUND TRIP PER MONTH OR LESS
 ONE ROUND TRIP PER WEEK OR LESS
 2 – 3 ROUND TRIPS PER WEEK
 4 OR MORE ROUND TRIPS PER WEEK
- 5) Which category best describes your primary transportation needs? (Please select one)
 PRIMARY HEALTH CARE (ie: doctor's appointment, hospital, etc.)
 COMMUNITY SUPPORT SERVICES (ie: mental health, counselling, etc.)
 OUT OF DISTRICT HEALTH CARE
 SHOPPING & PERSONAL BUSINESS (ie: banking)
 RECREATIONAL ACTIVITIES (ie: community events, visiting, etc.)
 VOLUNTEER OPPORTUNITIES & WORK
 OTHER (Please Specify) _____
- 6) Which category do you have the most difficulty finding transportation to and from?
(Please check all that apply)
 PRIMARY HEALTH CARE (ie: doctor's appointment, hospital, etc.)
 COMMUNITY SUPPORT SERVICES (ie: mental health, counselling, etc.)
 OUT OF DISTRICT HEALTH CARE
 SHOPPING & PERSONAL BUSINESS (ie: banking)
 RECREATIONAL ACTIVITIES (ie: community events, visiting, etc.)
 VOLUNTEER OPPORTUNITIES & WORK
 OTHER (Please Specify) _____

Timiskaming Health System CEO Roundtable

- 7) What types of accommodations, if any, do you require with your transportation needs?
 WHEELCHAIR ACCESSIBLE VAN OR BUS
 DOOR TO DOOR SERVICE
 OTHER (Please Specify) _____
- 8) What type of aid or assistance, if any, do you require for mobility purposes?
 WALKER / CANE
 WHEELCHAIR / SCOOTER
 OXYGEN SUPPLY
 TRAVELLING COMPANION OR SUPPORT PERSON
 MEDICAL ASSISTANCE
 OTHER (Please Specify) _____
- 9) Are you restricted by any impairment? (Please indicate any that apply)
 MOBILITY
 VISUAL
 HEARING
 DEVELOPMENTAL
 OTHER (Please Specify) _____
- 10) Is your restriction?
 PERMANENT
 TEMPORARY
- 11) Please specify your age group.
 UNDER 54
 55 – 64
 65 – 74
 75 – 84
 85 +
- 12) How much was your combined annual household income last year, before taxes?
 UNDER \$20,000
 \$20,000 - \$29,999
 \$30,000 - \$39,999
 \$40,000 - \$49,999
 OVER \$50,000
- 13) How many people live in your home, including yourself?
 1
 2
 3
 4 OR MORE
- 14) What is your Postal Code? _____

Thank you for your participation in this survey. We are working hard to ensure that the transportation services provided in your community are reflective of the needs of the residents. Please feel free to provide any additional comments below.
