



## VETERANS & MILITARY FAMILIES TRANSPORTATION/MOBILITY SURVEY

### CUSTOMER SURVEY

*FACT, in collaboration with 2-1-1 San Diego and SANDAG, is conducting a study on mobility and access to transportation for Veterans and their families. The purpose of this survey is to better understand needs to improve access to information and transportation options for Veterans and their families, as well as the public at-large.*

*If preferred, an electronic version of this survey is available at: [\(surveymonkey link\)](#)*

**1. Which of these describes you? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> I am active duty military personnel                                       | <input type="checkbox"/> I am visually impaired                               |
| <input type="checkbox"/> I am a military veteran*  | <input type="checkbox"/> I am hearing impaired                                |
| <input type="checkbox"/> An immediate family member is on active duty or a veteran of the military | <input type="checkbox"/> I have a mental disorder or developmental disability |
| <input type="checkbox"/> I am a senior (60 years of age or older)                                  | <input type="checkbox"/> I use a wheelchair/walker/scooter                    |
| <input type="checkbox"/> I have a physical disability  | <input type="checkbox"/> None of these  |

\* For the purposes of this survey, a veteran is anyone who has served on active duty, in any job capacity, while a member of the Navy, Army, Air Force, Marines or Coast Guard active components or of the National Guard or Reserves, regardless of discharge status. The U.S. Code (38 USC, Section 101) defines a veteran as "a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable."

**2. If you or an immediate family member served in the military, in what branch of the military do/did you or they serve?**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Army      | <input type="checkbox"/> Marines        | <input type="checkbox"/> Reserves                      |
| <input type="checkbox"/> Navy      | <input type="checkbox"/> Coast Guard    | <input type="checkbox"/> Other (please describe) _____ |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> National Guard | <input type="checkbox"/> Not Applicable                |

**3. What is your age group?**

- |  |   |
|--|---|
| <input type="checkbox"/> Under 25 years of age | <input type="checkbox"/> 50-59 years of age   |
| <input type="checkbox"/> 25-34 years of age    | <input type="checkbox"/> 60-75 years of age   |
| <input type="checkbox"/> 35-49 years of age    | <input type="checkbox"/> Over 75 years of age |



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**4. Where do you live?**

- Zip Code: \_\_\_\_\_
  - Personal House or apartment
  - Temporary shelter
  - Nursing home or assisted living
- Currently homeless

**5. Where do you work?**

- Zip Code: \_\_\_\_\_
- Currently do not work

**6. What is your primary means of transportation?**

- Personal Vehicle
- Disabled American Veterans (DAV) van
- Bike / Walk
- VA Transportation Network
- Ride from family/friend
- Shuttle or Volunteer Driver Program
- Bus / Train / Trolley
- Taxi
- ADA Paratransit service (e.g. Access, LIFT)

**7. About how often do you make the following trips? (check one per category)**

	Daily	Weekly	Monthly	Yearly	Rarely/Never
Employment-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical (Non-VA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA or Other Military/ Veterans Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Do you currently receive or utilize any VA benefits or services?**

- Yes  No



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**9. Which VA medical facilities or community clinics do you currently use or have used in the past? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> VA Medical Center – La Jolla/UTC/UCSD | <input type="checkbox"/> VA Clinic – Mission Valley                         |
| <input type="checkbox"/> VA Clinic – Chula Vista               | <input type="checkbox"/> VA Clinic - Oceanside                              |
| <input type="checkbox"/> VA Clinic – Escondido                 | <input type="checkbox"/> Not Applicable                                     |
| <input type="checkbox"/> VA Clinic – Imperial Valley           | <input type="checkbox"/> Other Facility/Center (please list, include city): |
| <input type="checkbox"/> VA Clinic – Mission Gorge Annex       | _____   |

**10. Do you have readily available access to the internet?**

- No internet access
- Limited internet access
- Regular internet access through a personal computer/tablet/smartphone

**11. How would you prefer receiving information about transportation options? (check all that apply)**

- Visit an information kiosk
- Calling an information help line
- Visit a transit store
- Printed materials (flyers, brochures, Rider’s Guide, etc.)
- Visit a website
- Email
- App on a mobile device
- Other (please describe) \_\_\_\_\_

**12. Estimate how far you have to travel to receive services:**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Less than 1 mile          | <input type="checkbox"/> 5-10 miles  | <input type="checkbox"/> 15-20 miles   |
| <input type="checkbox"/> 1-5 miles                 | <input type="checkbox"/> 10-15 miles | <input type="checkbox"/> Over 20 miles |
| <input type="checkbox"/> Not Applicable/Don’t know |                                      |  |

**13. What is your biggest concern with transit (local bus, train, trolley)?**

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Safety      | <input type="checkbox"/> No concerns              |
| <input type="checkbox"/> Convenience   | <input type="checkbox"/> Information | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Reliability   | _____                                |   |



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**14. What is your biggest challenge with transportation overall?**

- Fuel       Safety       No challenge/s  
 Insurance       Traffic       Other (*please describe*):
- 

**15. On a scale of 1 to 5, with 1 being not good and 5 being excellent, how would you rate your access to transportation services?**

- 1      2      3      4      5



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*The following questions are optional, but will help us better design and promote services for you:*

**1. Which of these best describes your Ethnicity?**

- Native American
- Caucasian / White
- Asian-American
- African-American / Black
- Pacific Islander
- Hispanic / Latino / Spanish
- Other (*please specify*): \_\_\_\_\_

**2. Which level best describes your annual household income?**

- \$24,999 or less
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 or more

**3. Including yourself, how many people live in your household? \_\_\_\_\_**

**4. Would you be interested in receiving updates related to this survey?  YES  NO**

*If you responded YES, please provide your email address: \_\_\_\_\_*

**5. Any other comments? Please provide them in the space below:**

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**Thank you for taking the survey! Please send this completed survey:**

**By Mail:** FACT  
Attn: Survey  
600 Mission Avenue  
Oceanside, CA 92054

**or Fax:** (760) 757-3226