

Pace Dial-A-Ride Survey

Paratransit Survey

Transport Provider: _____

Date: _____

To and From: _____

Time: _____

Dial-A-Ride Drivers and Services: Please rate your level of satisfaction with the following:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Overall, dial-a-ride provides high quality service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hours of operation are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dispatch staff are courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dial-a-ride management is responsive to complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Information is provided in a way that makes it easy to understand the Dial-a-ride system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If you are in a wheelchair, you are secured properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Drivers are helpful and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CONTINUE SURVEY ON NEXT PAGE.

Pace Dial-A-Ride Survey

Transport (Vehicles, Equipment and Drivers): Please circle the number that best reflects your level of satisfaction in the following areas.

	Excellent	Above Average	Below Average	Poor
1. Working Condition of the vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Condition of the lift and tie-downs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Driver Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Driver Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Driver knowledge of safety procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Information:

1. What do you think that PACE can do to improve the quality of service or make the experience better for you?

2. Were there any other problems that you experienced that would affect your desire to use PACE door-to-door service in the future?
