

Transportation & Health Survey

You are being asked to participate in research that seeks to understand transportation issues from the perspective of older adults. This study is being conducted by researchers at the University of Utah.

- *Principal Investigator: Andy Hong, Ph.D., Assistant Professor*
- *Department and Institution: Department of City and Metropolitan Planning, University of Utah*

By participating in this survey, you are giving your consent to participate in this research. The anticipated time to complete the survey is approximately 10-15 minutes. Please read the attached cover letter for more information about the study before you proceed. Thank you for your participation!

Survey Eligibility

Q1. Do you live in Utah?

₁
Yes

₂
No → **GO TO the end of the survey**

Q2. Are you age 50 or older?

₁
Yes

₂
No → **GO TO the end of the survey**

Background

Q3. What is your ZIP code?

Q4. What is the nearest street intersection from your house?
(e.g., 1300 South & 300 West)

Q5. What is your age category?

₁
50-59
years old

₂
60-69
years old

₃
70-79
years old

₄
80-89
years old

₅
90 years old
or older

Q6. What is your sex?

₁
Male

₂
Female

₃
Other

Travel

Q7. What is your primary mode of transportation [SELECT ONE]?

₁
Walk

₂
Ride a bike

₃
Use public
transportation

₄
Drive
yourself

₅
Have
others
drive you

₆
Take a taxi

₇
Use a ride-
share
service like
Uber

₈
Use a special
transportation
like
paratransit,
Dial-a-Ride

₉
Use other
mode(s) of
travel,

₀
I do not get
out of the
house
→ GO TO
Q10

Q8. How often do you use this mode of transportation?

₈
Several
times a day

₇
Once a day

₆
Several
times a week

₅
Once a week

₄
Several
times a
month

₃
Once a
month

₂
More seldom

₁
Never

₀
I do not
know

Q9. If you use public transportation, what modes do you usually use? [CHECK ALL THAT APPLY]

₁
Bus

₂
Light rail
(e.g., TRAX)

₃
Commuter rail
(e.g.,
frontrunner)

₄
Heavy rail
(e.g., Amtrak)

₅
Microtransit
(e.g., UTA On
Demand Service
with Via)

₆
Ride-share
service like
Uber

₇
Other (please
specify)

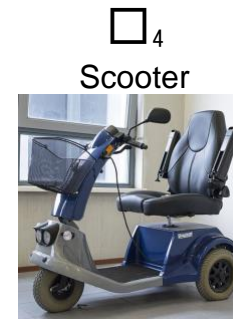
₈
I do not use
public
transportation

Q10. Do you use any type of mobility aid to get around? (e.g., canes, walkers, wheelchairs, scooters)

₁
Yes

₂
No → GO TO Q12

Q11. Which types of mobility aids do you use? [CHECK ALL THAT APPLY]



₅
Other, please specify

Desired Activities

Q12. Please rank all the following activities in order of preference (1 = most preferred activity, 12 = least preferred activity).



Go grocery / clothes shopping



Go to hospitals / pharmacies / clinics



Access educational and training opportunities



Access employment opportunities (job, volunteering)



Eat at a restaurant



Have a drink at a cafe or a bar



Meet up with family / friends



Go to a movie, a theater, a concert, a museum, or an art gallery



Do drawing, singing, knitting, pottery, or other hobbies



Go to a park or a gym, play golf, do swimming, dance, yoga, or other exercises















Go to church / temple



Do political activities

First Most Preferred Activity

Q12a. What was your FIRST most preferred activity? [SELECT ONE]

<input type="checkbox"/> ₁  Go grocery / clothes shopping	<input type="checkbox"/> ₂  Go to hospitals / pharmacies / clinics	<input type="checkbox"/> ₃  Access educational and training opportunities	<input type="checkbox"/> ₄  Access employment opportunities (job, volunteering)	<input type="checkbox"/> ₅  Eat at a restaurant	<input type="checkbox"/> ₆  Have a drink at a cafe or a bar
<input type="checkbox"/> ₇  Meet up with family / friends	<input type="checkbox"/> ₈  Go to a movie, a theater, a concert, a museum, or an art gallery	<input type="checkbox"/> ₉  Do drawing, singing, knitting, pottery, or other hobbies	<input type="checkbox"/> ₁₀  Go to a park or a gym, play golf, do swimming, dance, yoga, or other exercises	<input type="checkbox"/> ₁₁  Go to church / temple	<input type="checkbox"/> ₁₂  Do political activities

Q13. How many times do you do this activity?

<input type="checkbox"/> ₇ Several times a day	<input type="checkbox"/> ₆ Once a day	<input type="checkbox"/> ₅ Several times a week	<input type="checkbox"/> ₄ Once a week	<input type="checkbox"/> ₃ Several times a month	<input type="checkbox"/> ₂ Once a month	<input type="checkbox"/> ₁ More seldom	<input type="checkbox"/> ₀ Never
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Q14. Please explain why you answered "Never" in Q13.

Q15. Do you have any difficulties traveling to do this activity? If so, what are the barriers? [CHECK ALL THAT APPLY]

<input type="checkbox"/> ₀ No. I don't have any difficulties	<input type="checkbox"/> ₁ Personal disability and health concern	<input type="checkbox"/> ₂ Lack of transportation choices	<input type="checkbox"/> ₃ Cost of travel	<input type="checkbox"/> ₄ Safety	<input type="checkbox"/> ₅ Accessibility (e.g., sidewalks, steps, wheelchair access)	<input type="checkbox"/> ₆ Other, please specify <hr/>
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Q16. How do you usually travel to do your **1st** most preferred activity? **[SELECT ONE]**

₁
Walk

₂
Ride a bike

₃
Use public
transportation

₄
Drive yourself

₅
Have others
drive you

₆
Take a taxi

₇
Use a ride-
share service
like Uber

₈
Use a special
transportation
like paratransit,
Dial-a-Ride

₉
Use other
mode(s) of
travel,

Q17. IN **MINUTES**, how long does it usually take you to travel from home to do your **1st** most preferred activity?

Q18. IN **MILES**, how far do you usually travel from your home to do your **1st** most preferred activity?

Q19. How **satisfied** are you with this mode of travel to do your **1st** most preferred activity?

₁
Dissatisfied

₂
Somewhat
dissatisfied

₃
Neutral

₄
Somewhat
satisfied

₅
Satisfied

Q20. We would like to know whether the current travel mode you are using is your ideal way of traveling. If you can travel differently, how would you like to travel to do your **1st** most preferred activity?

₀
I am fully
satisfied with
how I travel

₁
Walk

₂
Ride a bike

₃
Use public
transportation

₄
Drive
yourself

₅
Have
others
drive you

₆
Take a taxi













₇
Use a ride-
share service
like Uber

₈
Use a special
transportation
like
paratransit,
Dial-a-Ride

₉
Use other
mode(s) of
travel,

Second Most Preferred Activity

Q12b. What was your SECOND most preferred activity? [SELECT ONE]

<input type="checkbox"/> ₁  Go grocery / clothes shopping	<input type="checkbox"/> ₂  Go to hospitals / pharmacies / clinics	<input type="checkbox"/> ₃  Access educational and training opportunities	<input type="checkbox"/> ₄  Access employment opportunities (job, volunteering)	<input type="checkbox"/> ₅  Eat at a restaurant	<input type="checkbox"/> ₆  Have a drink at a cafe or a bar
<input type="checkbox"/> ₇  Meet up with family / friends	<input type="checkbox"/> ₈  Go to a movie, a theater, a concert, a museum, or an art gallery	<input type="checkbox"/> ₉  Do drawing, singing, knitting, pottery, or other hobbies	<input type="checkbox"/> ₁₀  Go to a park or a gym, play golf, do swimming, dance, yoga, or other exercises	<input type="checkbox"/> ₁₁  Go to church / temple	<input type="checkbox"/> ₁₂  Do political activities

Q21. How many times do you do this activity?

<input type="checkbox"/> ₇ Several times a day	<input type="checkbox"/> ₆ Once a day	<input type="checkbox"/> ₅ Several times a week	<input type="checkbox"/> ₄ Once a week	<input type="checkbox"/> ₃ Several times a month	<input type="checkbox"/> ₂ Once a month	<input type="checkbox"/> ₁ More seldom	<input type="checkbox"/> ₀ Never ↓
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Q22. Please explain why you answered "Never" in Q21.

Q23. Do you have any difficulties traveling to do this activity? If so, what are the barriers? [CHECK ALL THAT APPLY]

<input type="checkbox"/> ₀ No. I don't have any difficulties	<input type="checkbox"/> ₁ Personal disability and health concern	<input type="checkbox"/> ₂ Lack of transportation choices	<input type="checkbox"/> ₃ Cost of travel	<input type="checkbox"/> ₄ Safety	<input type="checkbox"/> ₅ Accessibility (e.g., sidewalks, steps, wheelchair access)	<input type="checkbox"/> ₆ Other, please specify _____
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Q24. How do you usually travel to do your **2nd** most preferred activity? **[SELECT ONE]**

₁
Walk

₂
Ride a bike

₃
Use public
transportation

₄
Drive yourself

₅
Have others
drive you

₆
Take a taxi

₇
Use a ride-
share service
like Uber

₈
Use a special
transportation
like paratransit,
Dial-a-Ride

₉
Use other
mode(s) of
travel,

Q25. IN **MINUTES**, how long does it usually take you to travel from home to do your **2nd** most preferred activity?

Q26. IN **MILES**, how far do you usually travel from your home to do your **2nd** most preferred activity?

Q27. How **satisfied** are you with this mode of travel to do your **2nd** most preferred activity?

₁
Dissatisfied

₂
Somewhat
dissatisfied

₃
Neutral

₄
Somewhat
satisfied

₅
Satisfied

Q28. We would like to know whether the current travel mode you are using is your ideal way of traveling. If you can travel differently, how would you like to travel to do your **2nd** most preferred activity?

₀
I am fully
satisfied with
how I travel

₁
Walk

₂
Ride a bike

₃
Use public
transportation

₄
Drive
yourself

₅
Have
others
drive you

₆
Take a taxi













₇
Use a ride-
share service
like Uber

₈
Use a special
transportation
like
paratransit,
Dial-a-Ride

₉
Use other
mode(s) of
travel,

Third Most Preferred Activity

Q12c. What was your THIRD most preferred activity? [SELECT ONE]

<input type="checkbox"/> ₁  Go grocery / clothes shopping	<input type="checkbox"/> ₂  Go to hospitals / pharmacies / clinics	<input type="checkbox"/> ₃  Access educational and training opportunities	<input type="checkbox"/> ₄  Access employment opportunities (job, volunteering)	<input type="checkbox"/> ₅  Eat at a restaurant	<input type="checkbox"/> ₆  Have a drink at a cafe or a bar
<input type="checkbox"/> ₇  Meet up with family / friends	<input type="checkbox"/> ₈  Go to a movie, a theater, a concert, a museum, or an art gallery	<input type="checkbox"/> ₉  Do drawing, singing, knitting, pottery, or other hobbies	<input type="checkbox"/> ₁₀  Go to a park or a gym, play golf, do swimming, dance, yoga, or other exercises	<input type="checkbox"/> ₁₁  Go to church / temple	<input type="checkbox"/> ₁₂  Do political activities

Q29. How many times do you do this activity?

<input type="checkbox"/> ₇ Several times a day	<input type="checkbox"/> ₆ Once a day	<input type="checkbox"/> ₅ Several times a week	<input type="checkbox"/> ₄ Once a week	<input type="checkbox"/> ₃ Several times a month	<input type="checkbox"/> ₂ Once a month	<input type="checkbox"/> ₁ More seldom	<input type="checkbox"/> ₀ Never
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Q30. Please explain why you answered "Never" in Q29.

Q31. Do you have any difficulties traveling to do this activity? If so, what are the barriers? [CHECK ALL THAT APPLY]

<input type="checkbox"/> ₀ No. I don't have any difficulties	<input type="checkbox"/> ₁ Personal disability and health concern	<input type="checkbox"/> ₂ Lack of transportation choices	<input type="checkbox"/> ₃ Cost of travel	<input type="checkbox"/> ₄ Safety	<input type="checkbox"/> ₅ Accessibility (e.g., sidewalks, steps, wheelchair access)	<input type="checkbox"/> ₆ Other, please specify
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Q32. How do you usually travel to do your **3rd** most preferred activity? **[SELECT ONE]**

 ₁

Walk

 ₂

Ride a bike

 ₃

Use public transportation

 ₄

Drive yourself

 ₅

Have others drive you

 ₆

Take a taxi

 ₇

Use a ride-share service like Uber

 ₈

Use a special transportation like paratransit, Dial-a-Ride

 ₉

Use other mode(s) of travel,

Q33. IN **MINUTES**, how long does it usually take you to travel from home to do your **3rd** most preferred activity?

Q34. IN **MILES**, how far do you usually travel from your home to do your **3rd** most preferred activity?

Q35. How **satisfied** are you with this mode of travel to do your **3rd** most preferred activity?

 ₁

Dissatisfied

 ₂

Somewhat dissatisfied

 ₃

Neutral

 ₄

Somewhat satisfied

 ₅

Satisfied

Q36. We would like to know whether the current travel mode you are using is your ideal way of traveling. If you can travel differently, how would you like to travel to do your **3rd** most preferred activity?

 ₀

I am fully satisfied with how I travel

 ₁

Walk

 ₂

Ride a bike

 ₃

Use public transportation

 ₄

Drive yourself

 ₅

Have others drive you

 ₆

Take a taxi

 ₇

Use a ride-share service like Uber

 ₈



Use a special transportation like paratransit, Dial-a-Ride

 ₉

Use other mode(s) of travel,

Fourth Most Preferred Activity

Q12d. What was your **FOURTH** most preferred activity? [SELECT ONE]

<input type="checkbox"/> ₁  Go grocery / clothes shopping	<input type="checkbox"/> ₂  Go to hospitals / pharmacies / clinics	<input type="checkbox"/> ₃  Access educational and training opportunities	<input type="checkbox"/> ₄  Access employment opportunities (job, volunteering)	<input type="checkbox"/> ₅  Eat at a restaurant	<input type="checkbox"/> ₆  Have a drink at a cafe or a bar
<input type="checkbox"/> ₇  Meet up with family / friends	<input type="checkbox"/> ₈  Go to a movie, a theater, a concert, a museum, or an art gallery	<input type="checkbox"/> ₉  Do drawing, singing, knitting, pottery, or other hobbies	<input type="checkbox"/> ₁₀  Go to a park or a gym, play golf, do swimming, dance, yoga, or other exercises	<input type="checkbox"/> ₁₁  Go to church / temple	<input type="checkbox"/> ₁₂  Do political activities

Q37. How many times do you do this activity?

<input type="checkbox"/> ₇ Several times a day	<input type="checkbox"/> ₆ Once a day	<input type="checkbox"/> ₅ Several times a week	<input type="checkbox"/> ₄ Once a week	<input type="checkbox"/> ₃ Several times a month	<input type="checkbox"/> ₂ Once a month	<input type="checkbox"/> ₁ More seldom	<input type="checkbox"/> ₀ Never ↓
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Q38. Please explain why you answered "Never" in Q37.

Q39. Do you have **any difficulties traveling** to do this activity? If so, what are the **barriers**? [CHECK ALL THAT APPLY]

<input type="checkbox"/> ₀ No. I don't have any difficulties	<input type="checkbox"/> ₁ Personal disability and health concern	<input type="checkbox"/> ₂ Lack of transportation choices	<input type="checkbox"/> ₃ Cost of travel	<input type="checkbox"/> ₄ Safety	<input type="checkbox"/> ₅ Accessibility (e.g., sidewalks, steps, wheelchair access)	<input type="checkbox"/> ₆ Other, please specify _____
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Q40. How do you usually travel to do your **4th** most preferred activity? **[SELECT ONE]**

₁
Walk

₂
Ride a bike

₃
Use public
transportation

₄
Drive yourself

₅
Have others
drive you

₆
Take a taxi

₇
Use a ride-
share service
like Uber

₈
Use a special
transportation
like paratransit,
Dial-a-Ride

₉
Use other
mode(s) of
travel,

Q41. IN **MINUTES**, how long does it usually take you to travel from home to do your **4th** most preferred activity?

Q42. IN **MILES**, how far do you usually travel from your home to do your **4th** most preferred activity?

Q43. How **satisfied** are you with this mode of travel to do your **4th** most preferred activity?

₁
Dissatisfied

₂
Somewhat
dissatisfied

₃
Neutral

₄
Somewhat
satisfied

₅
Satisfied

Q44. We would like to know whether the current travel mode you are using is your ideal way of traveling. If you can travel differently, how would you like to travel to do your **4th** most preferred activity?

₀
I am fully
satisfied with
how I travel

₁
Walk

₂
Ride a bike

₃
Use public
transportation

₄
Drive
yourself

₅
Have
others
drive you

₆
Take a
taxi

₇
Use a ride-
share service
like Uber

₈
Use a special
transportation
e.g. paratransit,
Dial-a-Ride

₉
Use other
mode(s) of
travel,

Physical Activity

Q45. Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?
_____ **days per week**

₁
1 day

₂
2 days

₃
3 days

₄
4 days

₅
5 days

₆
6 days

₇
7 days

₀
No walking
→ **GO TO Q47**

Q46. In **MINUTES**, how much time did you usually spend **walking** on one of those days?

Q47. This question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the **last 7 days**, how much time did you spend **sitting** on a **weekday** in **MINUTES**?

Depression

The next questions are about your mental health. Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several days

More than half the day

Nearly every day

Q48. Little interest or pleasure in doing things

₁

₂

₃

₄

Q49. Feeling down, depressed or hopeless

₁

₂

₃

₄

Loneliness

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

	Hardly Ever	Some of the Time	Often
Q50. How often do you feel that you lack companionship?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Q51. How often do you feel left out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Q52. How often do you feel isolated from others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Health Questionnaire

Q53. This question is about your **mobility**. Please select ONE that best describes your mobility condition TODAY.

No Problems				Lots of Problems
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
No problems in walking about	Slight problems in walking about	Moderate problems in walking about	Severe problems in walking about	Unable to walk about

Q54. This question is about your **self-care**. Please select ONE that best describes your self-care ability TODAY.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
No problems washing or dressing myself	Slight problems washing or dressing myself	Moderate problems washing or dressing myself	Severe problems washing or dressing myself	Unable to wash or dress myself

Q55. This question is about your **usual activities** (e.g. work, study, housework, family or leisure activities): Please select ONE that best describes your ability TODAY.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
No problems doing my usual activities	Slight problems doing my usual activities	Moderate problems doing my usual activities	Severe problems doing my usual activities	Unable to do my usual activities

Q56. This question is about your **pain or discomfort**. Please select ONE that best describes your condition TODAY.

<input type="checkbox"/> ₁ No pain or discomfort	<input type="checkbox"/> ₂ Slight pain or discomfort	<input type="checkbox"/> ₃ Moderate pain or discomfort	<input type="checkbox"/> ₄ Severe pain or discomfort	<input type="checkbox"/> ₅ Extreme pain or discomfort
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Q57. This question is about your **anxiety or depression**. Please select ONE that best describes your condition TODAY.

<input type="checkbox"/> ₁ Not anxious or depressed	<input type="checkbox"/> ₂ Slightly anxious or depressed	<input type="checkbox"/> ₃ Moderately anxious or depressed	<input type="checkbox"/> ₄ Severely anxious or depressed	<input type="checkbox"/> ₅ Extremely anxious or depressed
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General Health

Q58. In general, how would you rate your physical health?

<input type="checkbox"/> ₁ Poor	<input type="checkbox"/> ₂ Fair	<input type="checkbox"/> ₃ Good	<input type="checkbox"/> ₄ Very Good	<input type="checkbox"/> ₅ Excellent
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Existing Health Condition

Q59. Please check what diseases or conditions you have or ever had. [**CHECK ALL THAT APPLY**]

<input type="checkbox"/> ₁ Hypertension	<input type="checkbox"/> ₂ Diabetes type 1	<input type="checkbox"/> ₃ Diabetes type 2	<input type="checkbox"/> ₄ Heart disease	<input type="checkbox"/> ₅ Respiratory disease
<input type="checkbox"/> ₆ Dementia	<input type="checkbox"/> ₇ Arthritis	<input type="checkbox"/> ₈ Kidney disease	<input type="checkbox"/> ₉ Other _____	<input type="checkbox"/> ₀ I don't have any

Demographic

Q60. Are you of Hispanic, Latino, or Spanish origin?

₁
Yes

₂
None of these

Q61. Choose one or more races that you consider yourself to be:

₁
White

₂
Black or African American

₃
American Indian or Alaska Native

₄
Asian

₅
Native Hawaiian or Pacific Islander

₆
Other

Q62. What is the highest level of school you have completed or the highest degree you have received?

₁
Less than high school degree

₂
High school diploma or GED

₃
Some college but no degree

₄
Associate degree in college (2-year)

₅
Bachelor's degree in college (4-year)

₆
Master's degree

₇
Doctoral degree

₈
Professional degree (JD, MD)

Q63. What was your annual household income before taxes in the previous year?

₁
Less than \$10,000

₂
\$10,000 to \$19,999

₃
\$20,000 to \$29,999

₄
\$30,000 to \$39,999

₅
\$40,000 to \$49,999

₆
\$50,000 to \$59,999

₇
\$60,000 to \$69,999

₈
\$70,000 to \$79,999

₉
\$80,000 to \$89,999

₁₀
\$90,000 to \$99,999

₁₁
\$100,000 to \$149,999

₁₂
\$150,000 or more

Q64. What kind of place are you currently living in?

₁
Private residence

₂
A group home, board and care, or supervised housing

₃
Assisted living facility or continuing care retirement community (CCRC)

₄
Nursing home

₅
Other, please specify

Q65. How long have lived in your current home?

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> ₁
Less than 5 years | <input type="checkbox"/> ₂
5-14 years | <input type="checkbox"/> ₃
15-24 years | <input type="checkbox"/> ₄
25-34 years | <input type="checkbox"/> ₅
35 years or more |
|--|---|--|--|---|

Q66. What were your reasons for moving to your current home? [**CHECK ALL THAT APPLY**]

- | | | | | | | | | | |
|--|--|---|---|---|--|---|---|---|---|
| <input type="checkbox"/> ₁
To be near or with children | <input type="checkbox"/> ₂
To be near or with other relatives or friends | <input type="checkbox"/> ₃
Health problem or services | <input type="checkbox"/> ₄
Climate or weather | <input type="checkbox"/> ₅
Leisure activities | <input type="checkbox"/> ₆
To move to a smaller or less expensive home | <input type="checkbox"/> ₇
To move to a larger home | <input type="checkbox"/> ₈
Work or retirement related | <input type="checkbox"/> ₉
Change in marital status | <input type="checkbox"/> ₁₀
Other

_____ |
|--|--|---|---|---|--|---|---|---|---|

Thank you very much for your participation in this survey!

We would like to invite you to a **focus group** to hear more about your needs and experiences with getting around in Utah. You will receive a \$30 gift card for your participation in the **focus group**. Please leave **your name** and **contact information** below if you are interested in participating in the focus group later.

Name: _____

Email: _____

Phone: _____