

This survey seeks to identify and collect information from the community of people with disabilities who live and work in Suffolk County on their transportation needs and which possible improvements they would like to see at the County level.

Please help Suffolk County improve our transportation services by completing this survey.

(Please note: This survey is intended for information-gathering to inform the Suffolk County Department of Economic Development and Planning, the Suffolk County Transportation Department, and other County partners of transportation needs among people with disabilities.)

All personal identifiable information will be kept strictly confidential. Aggregated results and general responses may be shared with County, municipal, State and Federal entities for planning purposes only.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

**GENERAL INFORMATION**

Please answer the following questions to help us understand the concerns throughout the County.

**1. Where in Suffolk County do you live?**

*(please mark one)*

- |  |  |
|--|--|
| <input type="checkbox"/> Suffolk County (unincorporated) | <input type="checkbox"/> Village of Northport          |
| <input type="checkbox"/> Village of Amityville           | <input type="checkbox"/> Village of Ocean Beach        |
| <input type="checkbox"/> Village of Asharoken            | <input type="checkbox"/> Village of Old Field          |
| <input type="checkbox"/> Town of Babylon                 | <input type="checkbox"/> Village of Patchogue          |
| <input type="checkbox"/> Village of Babylon              | <input type="checkbox"/> Village of Poquott            |
| <input type="checkbox"/> Village of Belle Terre          | <input type="checkbox"/> Village of Port Jefferson     |
| <input type="checkbox"/> Village of Bellport             | <input type="checkbox"/> Village of Quogue             |
| <input type="checkbox"/> Village of Brightwaters         | <input type="checkbox"/> Town of Riverhead             |
| <input type="checkbox"/> Town of Brookhaven              | <input type="checkbox"/> Village of Sag Harbor         |
| <input type="checkbox"/> Village of Dering Harbor        | <input type="checkbox"/> Village of Sagaponack         |
| <input type="checkbox"/> Town of East Hampton            | <input type="checkbox"/> Village of Saltaire           |
| <input type="checkbox"/> Village of East Hampton         | <input type="checkbox"/> Town of Shelter Island        |
| <input type="checkbox"/> Village of Greenport            | <input type="checkbox"/> Shinnecock Indian Nation      |
| <input type="checkbox"/> Village of Head of the Harbor   | <input type="checkbox"/> Village of Shoreham           |
| <input type="checkbox"/> Village of Huntington Bay       | <input type="checkbox"/> Town of Smithtown             |
| <input type="checkbox"/> Town of Huntington              | <input type="checkbox"/> Town of Southampton           |
| <input type="checkbox"/> Village of Islandia             | <input type="checkbox"/> Village of Southampton        |
| <input type="checkbox"/> Town of Islip                   | <input type="checkbox"/> Town of Southold              |
| <input type="checkbox"/> Village of Lake Grove           | <input type="checkbox"/> Village of The Branch         |
| <input type="checkbox"/> Village of Lindenhurst          | <input type="checkbox"/> Unkechaug Indian Nation       |
| <input type="checkbox"/> Village of Lloyd Harbor         | <input type="checkbox"/> Village of West Hampton Dunes |

- Village of Nissequogue
- Village of North Haven

- Village of Westhampton Beach

**2. How long have you lived there?**

- Less than 1 year
- 1 to 5 years
- 6 to 9 years
- 10 to 19 years
- 20 years or more

**3. How old are you?**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

**4. Do you have a nurse, home health aide, or caretaker?**

- Yes
- No

**5. Do you currently use a wheelchair or other walking instrument?**

- Yes
- No

**6. Are you aware of Suffolk County Accessible Transportation (SCAT) services?**

- Yes
- No

**7. How did you learn about Suffolk County Accessible Transportation (SCAT)?**

Survey continued on the next page:

**What is the Suffolk County Accessible Transportation (SCAT) Program?**

Suffolk County Accessible Transportation (SCAT) program provides shared ride, curb-to-curb reservation transportation service to Suffolk residents who are unable to use the fixed route public bus service for some or all of their trips. SCAT was designed to increase mobility for people who cannot use our fleet of transit buses, which are wheelchair-lift equipped to accommodate a wide range of disabilities.

Eligibility for SCAT is determined using USDOT guidelines established for the Americans With Disabilities Act of 1990 (ADA). To use the service you must be registered as an "ADA Eligible Rider."

**8. Do you currently use Suffolk County Accessible Transportation (SCAT) services?**

- Yes
- No

**9. If you used to use Suffolk County Accessible Transportation (SCAT) service but do not any longer, why did you stop?**

**10. If you use Suffolk County Accessible Transportation (SCAT) services, how far is your average trip?**

- Less than one mile
- One to five miles
- Five to ten miles
- Over ten miles
- N/A

**11. How long have you used Suffolk County Accessible Transportation (SCAT) services?**

- Less than one year
- One (1) to three (3) years
- Three (3) to five (5) years
- Five (5) or more years
- N/A

**12. Have you ever had a challenge with the Suffolk County Accessible Transportation (SCAT) program's reservation system?**

- Yes
- No
- Other (please explain): \_\_\_\_\_

**13. How often do you use these forms of transportation?**

*Please check all that apply*

	Do not / seldom	Once a month	Once a week	At least three times a week	Everyday
Suffolk County Transportation (County Bus System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffolk County Accessible Transportation (SCAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal use vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Island Rail Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxicabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uber/Lyft or other ride-sharing apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. How often do you use transportation for these services?**

*Please check all that apply*

	Do not / seldom	Once a month	Once a week	At least three times a week	Daily
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting a doctor or medical provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For programs and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To reach other transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. How often do you travel outside of Suffolk County?**

- Frequently
- Infrequently

**16. Which problems have you experienced in transportation and how often?**

*Please check all that apply*

	Never a problem	Infrequent problem	Problem	Frequent problem	Constant problem
Drivers being unable to assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long trips and delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to use or bring a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to reserve in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to find transportation at destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. If Suffolk County was able to provide wheelchair accessible vehicles in addition to the SCAT bus program, which would be similar to Uber, Lyft or other ride-sharing apps, would you consider using it?**

- Yes
- No

**18. Would you use a wheelchair accessible taxi if the driver does not possess training on how to support people with disabilities?**

- Yes
- No

**19. Would you use a wheelchair accessible taxi if the driver possesses training on how to support people with disabilities?**

- Yes
- No

**20. Would you use the SCAT bus or other transportation services less if wheelchair accessible taxis were available?**

- Yes
- No