

TheHandi-Van

City and County of Honolulu

Rider Satisfaction Survey















TheHandi-Van ID Number: _____

Last Name: _____

*Thank you for riding TheHandi-Van. The Department of Transportation Services would like your feedback. How do you rate the following aspects of the service you received for your trip taken on:
(Please mark one for each)*





Trip Date: _____

Trip Time: _____

	N/A	 Strongly Agree	 Agree	 Disagree	 Strongly Disagree
1. TheHandi-Van Reservations					
a. I was able to speak with a Reservationist promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The Reservationist was courteous and had a good attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The Reservationist was helpful and responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am satisfied with my experience in making a trip reservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TheHandi-Van Service					
	N/A	 Yes	 No	 I Don't Know	
a. If you asked to be dropped off by an appointment time, did you arrive within 45 minutes before your appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		 Yes	 No	 I Don't Know	
b. Did TheHandi-Van arrive within the 30-minute pickup window?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	 Strongly Agree	 Agree	 Disagree	 Strongly Disagree	
c. The length of my trip was reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. I am satisfied with my experience for this trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





3. **TheHandi-Van** Vehicle

- a. The vehicle was clean
- b. I felt safe / secure inside the vehicle
- c. I am satisfied with the vehicle

 Strongly Agree	 Agree	 Disagree	 Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **TheHandi-Van** Driver

- a. The driver was courteous and had a good attitude
- b. The driver was helpful and knowledgeable
- c. The driver drove safely
- d. I am satisfied with the driver

 Strongly Agree	 Agree	 Disagree	 Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Demographics Questions

1. Do you currently participate in any of the following programs? (check all that apply)

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) or Temporary Assistance for Other Needy Families (TAONF)
- Aid to the Aged, Blind, and Disabled (AABD)
- Supplemental Security Income (SSI)
- None
- I Don't Know / Prefer Not to Answer

2. Based on the table below and your household size, is your household income below the income limit in 2022? Yes No I Don't Know / Prefer Not to Answer

Income limits for households with:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons
\$27,450	\$31,400	\$35,300	\$39,200	\$42,350	\$45,500	\$48,650

If you prefer to provide us your feedback over-the-phone or if you prefer a copy of the form in Chuukese, Ilokano, Japanese (日本語), Simplified Chinese (中文) or Tagalog, please call (808) 768-8300. For suggestions, comments, compliments, complaints or questions about your ride, please call TheHandi-Van Customer Service at (808) 456-5555, Extension 3. Thank You for participating in the Survey!