



County of Hawai'i  
Mass Transit Agency  
HELE-ON KAKO'O PARATRANSIT  
25 Aupuni Street  
Hilo, HI 96720  
(808) 961-8408

September 21, 2020

To: Paratransit Clients  
From: Tiffany Kai, Program Manager  
Subject: Paratransit Client Satisfaction Survey

Aloha;

Enclosed for your review and completion is the Hele-On Kako'o Paratransit Client Satisfaction Survey. Mass Transit would like to gain your feedback on the paratransit services that is provided to you as we continue to monitor the program.

The survey is an important facet of the program to ensure services are delivered in a friendly, safe, and efficient manner. Also included in the survey are demographic informational questions. This will help us improve services and make any necessary changes to the program.

We ask that you take the time to complete the survey. Your name will not be tied to the survey you submit and individual responses will not be made public. Mass Transit will compile the results of the survey and share the information with you and the general public.

For your convenience, I have included a stamped envelope for you to mail your completed survey. You may also email, fax or drop off your survey (information provided on the survey). Please submit your survey by 10/15/2020. Should you have any questions, please contact me at 961-8744.

Mahalo.

Enclosures: Paratransit Client Satisfaction Survey  
Stamped Envelope

County of Hawaii  
Mass Transit Agency

Hele-On Kako'o Paratransit Client Satisfaction Survey

Please complete by answering each question in the space provided or circle your answer.

1. What is your zip code?

\_\_\_\_\_

2. Since becoming eligible, how often have you used the Hele-On Kako'o Paratransit service?

Daily or almost daily \_\_\_\_ 4 or more times per week \_\_\_\_ 1 - 3 times per week \_\_\_\_  
4 or more times per month \_\_\_\_ 1 - 3 times per month \_\_\_\_ once or twice during the last 3 months \_\_\_\_

3. What is your PRIMARY reason for using the Hele-On Kako'o Paratransit service?

Work \_\_\_\_ School \_\_\_\_ Medical \_\_\_\_ Leisure/recreation \_\_\_\_ Shopping \_\_\_\_

4. What is your age?

55 & above \_\_\_\_ 45 - 54 years old \_\_\_\_ 35 - 44 years old \_\_\_\_  
25 - 34 years old \_\_\_\_ 18 - 24 years old \_\_\_\_ Less than 18 years old \_\_\_\_

5. Race?

Asian \_\_\_\_ Pacific Islander/Hawaiian \_\_\_\_ Hispanic/Latino/Spanish \_\_\_\_  
White/Caucasian \_\_\_\_ African American/Black \_\_\_\_ American Indian/Alaska Native \_\_\_\_  
Two or more races \_\_\_\_

6. Gender?

Male \_\_\_\_ Female \_\_\_\_

7. Are you a person who does not speak English well?

Yes \_\_\_\_ No \_\_\_\_

8. What language do you speak?

English \_\_\_\_ Spanish \_\_\_\_ Ilocano/Tagalog \_\_\_\_ Pohnpei/Chuukese \_\_\_\_  
Japanese/Chinese/Korean \_\_\_\_ Other/Specify: \_\_\_\_\_

9. Including you, how many people live in your household?

1 - 2 person \_\_\_\_ 3 - 5 person \_\_\_\_ 6 or more \_\_\_\_

10. Approximately what is your total annual family income before taxes?

Less than \$10,000 \_\_\_\_ \$10,000 to less than \$20,000 \_\_\_\_ \$20,000 to less than \$30,000 \_\_\_\_  
\$30,000 to less than \$40,000 \_\_\_\_ \$40,000 or more \_\_\_\_ Rather not say \_\_\_\_

11. Do you use a mobility device (wheelchair, walkers, canes, etc.)?

Yes \_\_\_\_ No \_\_\_\_

12. Do you require a service animal?

Yes \_\_\_\_ No \_\_\_\_

**13. Do you require the use of a Personal Care Attendant?**

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

**14. Are you aware that the pick-up window for trips you schedule is between 15 minutes before and 15 minutes after the scheduled pick up time?**

Yes \_\_\_ No \_\_\_

**15. The paratransit vehicles pick me up within the scheduled pick up window?**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_  
Somewhat agree \_\_\_ Strongly agree \_\_\_

**16. Hele-On Kako'o paratransit can take me to the places I need to go.**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_  
Somewhat agree \_\_\_ Strongly agree \_\_\_

**17. I can schedule a trip for the time I need to travel.**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_  
Somewhat agree \_\_\_ Strongly agree \_\_\_

**18. Scheduling a trip is easy and convenient.**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_  
Somewhat agree \_\_\_ Strongly agree \_\_\_

**19. The call center or reservation agents are courteous.**

Extremely courteous \_\_\_ Somewhat courteous \_\_\_ Neither courteous or rude \_\_\_  
Somewhat rude \_\_\_ Extremely rude \_\_\_

**20. The reservationist takes the reservation(s) accurately.**

All the time \_\_\_ Most of the time \_\_\_ Sometimes \_\_\_ Almost never \_\_\_ Never \_\_\_

**21. I feel safe when boarding and riding the Paratransit vehicle.**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_  
Somewhat agree \_\_\_ Strongly agree \_\_\_

**22. Paratransit vehicles are clean and in operable condition, including its components.**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_  
Somewhat agree \_\_\_ Strongly agree \_\_\_

**23. The drivers are friendly and helpful.**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_  
Somewhat agree \_\_\_ Strongly agree \_\_\_

**24. If you use a mobility device, does the paratransit driver secure your mobility device?**

Yes \_\_\_ No \_\_\_

**25. Drivers operate the vehicles or drive safely.**

Strongly disagree \_\_\_ Somewhat disagree \_\_\_ Neither agree or disagree \_\_\_

Somewhat agree \_\_\_ Strongly agree \_\_\_

**26. Have you called the Mass Transit Agency in the last 6 months to file a complaint?**

Yes \_\_\_ No \_\_\_

**27. If yes, how was the service and was the issue resolved?**

Extremely satisfied \_\_\_ Somewhat satisfied \_\_\_ Neither satisfied nor dissatisfied \_\_\_

Somewhat dissatisfied \_\_\_ Extremely dissatisfied \_\_\_

**28. How satisfied are you with the overall performance of the Paratransit program?**

Extremely satisfied \_\_\_ Somewhat satisfied \_\_\_ Neither satisfied nor dissatisfied \_\_\_

Somewhat dissatisfied \_\_\_ Extremely dissatisfied \_\_\_

**29. Please let us know how our services can be improved**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**30. Is there anything else you would like to comment on or share with any of our paratransit team?**

Drivers: \_\_\_\_\_

Call Center: \_\_\_\_\_

Mass Transit Program Manager: \_\_\_\_\_

**31. What method works best for you in receiving information regarding updates and changes to the program?**

Website \_\_\_ Hard copies disbursed from Mo'oheau Bus Terminal \_\_\_ Mail (w/coupon order) \_\_\_

**32. Are you aware of other transportation providers/alternatives available to you?**

Yes \_\_\_ No \_\_\_

**33. Do you use any other services beside Hele-On Kako'o? If yes, please name.**

Yes \_\_\_ No \_\_\_ Provider(s): \_\_\_\_\_

Thank you for your time. Should you have any questions regarding this survey, please contact Tiffany Kai at 961-8744.

Please complete only one survey and return your survey by 10/15/2020 to:

Mail: Mass Transit Agency  
Program Manager  
25 Aupuni Street  
Hilo, HI 96720

Drop off: Mo'oheau Bus Terminal  
Email: tiffany.kai@hawaiicounty.gov  
Fax: (808) 961-8343