2026 Transportation Access Survey for Grays Harbor County

The Cowlitz-Wahkiakum Council of Governments is updating the regional Human Services Transportation Plan. Your responses to this survey will provide valuable insight and help us direct federal, state, and local money to where it can help the most.

A digital version of this survey can be accessed at https://www.surveymonkey.com/r/CWCOG26Access

1. Where do you live? (Select Only One)

☐ Aberdeen ☐ Central Park ☐ Cosmopolis ☐ Elma ☐ Hoquiam ☐ McCleary

☐ Montesano ☐ Oakville ☐ Ocean Shores ☐ Taholah ☐ Westport ☐ Amanda Park

☐ Grayland ☐ Rural Grays Harbor County ☐ Other: _____

2. I currently use the following means of transportation: (Select all that apply)

☐ Personal Vehicle ☐ Bicycle ☐ Fixed Route Bus Service (city bus)

☐ Paratransit/Dial-a-Ride ☐ Walking/Wheeling ☐ Medical Transportation Service

☐ Carpooling/Vanpooling ☐ Taxi Service ☐ Rideshare (Uber/Lyft)

☐ Family, Friends, or Volunteers ☐ Other: _____

3. What public transportation challenges do you have? (Select all that apply)

☐ No transportation service available in area ☐ Cannot travel to the bus/van stop ☐ I don't know what transportation service options are available

☐ Service schedule is not convenient ☐ Cost of public transportation service is too high ☐ I have no problems with transportation services

☐ I do not feel comfortable on public transit ☐ Limited options due to Safety concerns ☐ Other: _____

4. I need transportation assistance because: (Select all that apply)

☐ I am an elder or senior citizen ☐ I am a person with a disability ☐ I am not old enough to have a driver's license

☐ I don't have a driver's license ☐ I don't own a car ☐ I cannot afford the cost of transportation

☐ I am experiencing homelessness ☐ I don't have auto insurance ☐ I do not need transportation assistance

☐ I am too ill to drive ☐ Other: _____

5. Please select which transportation services you are aware of, and which you use: (For any purpose, whether it be for shopping, work, or school.) (Select all that apply)

Aware Of	Use		Aware Of	Use		Aware Of	Use	
☐	☐	Grays Harbor Transit Authority	☐	☐	Coastal CAP	☐	☐	Community Resources (church bus
☐	☐	Paratransit Services	☐	☐	Coastal Transport of Washington (CTW)	☐	☐	Vanpool Program
☐	☐	Catholic Community Services	☐	☐	Other: _____			

6. Have you ever missed a trip/appointment/work day or lost a job because of a lack of transportation services?

☐ Yes ☐ No

7. If you answered yes to question 6, where were you going and what was the transportation service needed? (Select all that apply)

Destination	Type of Transportation Service					
	Fixed Route Bus	Taxi	Rideshare	Community Resource	Medical Trans-portation	Paratransit/ Dial-a-Ride
Work	☐	☐	☐	☐	☐	☐
Shopping	☐	☐	☐	☐	☐	☐
Medical	☐	☐	☐	☐	☐	☐
School	☐	☐	☐	☐	☐	☐
Social/Entertainment	☐	☐	☐	☐	☐	☐
Banking	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

If you selected other, please explain: _____

8. How often do you typically make intercity trips from your city/town to other cities/towns? (Select only one)

☐ Daily ☐ 3-4 times a week ☐ 1-2 times a week ☐ Less than once a week

9. Where do you usually travel, and why do you travel there? (Select all that apply)

Destination	Work	Shopping	Medical	School	Social/ Enter-tainment	Banking	Other
Aberdeen/Hoquiam	☐	☐	☐	☐	☐	☐	☐
Elma	☐	☐	☐	☐	☐	☐	☐
Ocean Shores	☐	☐	☐	☐	☐	☐	☐
Montesano	☐	☐	☐	☐	☐	☐	☐
Taholah	☐	☐	☐	☐	☐	☐	☐
Westport	☐	☐	☐	☐	☐	☐	☐
Olympia Area	☐	☐	☐	☐	☐	☐	☐
Chehalis/Centralia Area	☐	☐	☐	☐	☐	☐	☐
Seattle/Tacoma Area	☐	☐	☐	☐	☐	☐	☐
Stay in my own town	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐

If you selected other, please explain: _____

10. What is your level of comfort with carpooling? (Select only one)

☐ Comfortable

☐ Somewhat comfortable and would need time to get to know the individuals

☐ Do not feel comfortable

11. How far are you willing to walk/wheel to a bus stop?

☐ Less than a couple of city blocks (less than 400 feet)
☐ 4 to 6 city blocks (about ¼ mile)
☐ I have limited mobility
☐ 2 to 3 city blocks (about 400 to 1,000 feet)
☐ 8 to 13 city blocks (about ½ mile)

12. Based on your answer to the previous question, is there a bus stop within walking distance from your home?

☐ Yes ☐ No ☐ I don't know

13. If you answered yes to the previous question, does the stop have: (Select all that apply)

☐ Covered shelter ☐ Bench ☐ Lighting ☐ Sidewalks ☐ Bus Stop Signage, Route Info, etc. ☐ None of these features

14. If the bus stop closest to your home has sidewalks leading to it, select all that apply:

☐ Sidewalks are wide enough for a mobility aid (walker, wheelchair, etc.)
☐ Sidewalks are smooth
☐ Curb Ramps are available

15. What days and times do you need public transportation and/or carpooling? (Select all that apply)

Days	Early Morning (Before 6 AM)	Morning (6 to 9 AM)	Late Morning (After 9 to 11 AM)	Midday (After 11 AM to 2 PM)	Afternoon (After 2 to 4 PM)	Evening (After 4 to 6 PM)	Late Evening (After 6 to 11 PM)	After 11 PM
Monday through Friday	☐	☐	☐	☐	☐	☐	☐	☐
Saturday	☐	☐	☐	☐	☐	☐	☐	☐
Sunday	☐	☐	☐	☐	☐	☐	☐	☐

16. If you wanted to find out more about public transportation services, what would you do? (Select all that apply)

☐ Call the local transit provider
☐ Schedule an appointment with a mobility trainer
☐ Look up public transportation services on the internet
☐ Consult friends/family/coworkers
☐ Rely on printed maps and schedules
☐ Don't know
Other: _____

17. Have you had travel training, used a trip planner app, or mobility resource guide to learn about transportation options?

☐ Yes ☐ No ☐ No, but I could benefit from using these resources to help with trip planning

18. If you answered yes to the previous question, please indicate all of the resources you have used? (Select all that apply)

☐ Travel Training ☐ Community in Motion Trip Resource Ctr App ☐ CWCOG Mobility Management website ☐ RideSource NW App ☐ Washington 2-1-1 ☐ I have not used these services
☐ Other: _____

19. Do you use any of the following mobility aids? (Select all that apply)

☐ Cane
☐ Walker
☐ Wheelchair
☐ Power Scooter
☐ Service Animal
☐ Personal Care Attendant
☐ I do not use any mobility aids
☐ Other: _____

20. Please indicate your current military service status.

- ☐ Active Duty, Reserves, or National Guard
- ☐ Veteran or Retiree
- ☐ Veteran or Retiree with a service connected disability
- ☐ Civilian: No military service record
- ☐ No Response

21. What age range do you fall within?

- ☐ Under 15
- ☐ 15 to 19
- ☐ 20 to 24
- ☐ 25 to 29
- ☐ 30 to 34
- ☐ 35 to 39
- ☐ 40 to 44
- ☐ 45 to 49
- ☐ 50 to 54
- ☐ 55 to 59
- ☐ 60 to 64
- ☐ 65 to 69
- ☐ 70 to 74
- ☐ 75 to 79
- ☐ 80 to 84
- ☐ 85 and Older

22. Are you a member of one of the following tribal nations?

- ☐ Chinook Nation
- ☐ Confederated Tribes of the Chehalis Reservation
- ☐ Cowlitz Indian Tribe
- ☐ Shoalwater Bay Tribe
- ☐ Quinault Indian Nation
- ☐ Not a member of the listed tribal nations

23. How did you find out about this survey?

- ☐ Transit Agency
- ☐ Public agency
- ☐ Community Service agency
- ☐ Newspaper
- ☐ Family/Friend/Coworker
- ☐ CWCOG website
- ☐ Community Event
- ☐ Social Media
- ☐ Other: _____

24. If you have any other concerns or additional input on accessible transportation, please describe them here:

_____

_____

_____

_____

_____

25. The Coordinated Public Transit - Human Services Transportation Plan (HSTP) will be completed in Fall 2026. Please provide your email or mailing address if you want to be updated on HSTP progress:

Name: _____

Mailing address: _____

Email address: _____

We appreciate your participation in shaping the future of public transportation in our region. Please mail this survey to: Cowlitz-Wahkiakum Council of Governments, PO Box 128, Kelso, WA 98626.

Call (360) 577-3041 or email cwcog@cwcog.org for a survey in other languages.

Llame al (360) 577-3041 o envíe un correo electrónico a cwcog@cwcog.org para obtener una encuesta en otros idiomas.