

Can you provide more information on what an acceptable framework to evaluate the Complementary Adaptive Scooter program (Sec. E) might look like?

The following elements are the minimum requirements, which were recently provided to permittees for the current adaptive scooter pilot evaluations:

- Quantitative metrics:
 - Number of trips by month
 - Number of unique users by month
 - Number of available adaptive vehicles by month
 - Average cost to the operator per adaptive trip
 - Total miles traveled on adaptive devices by month
 - Average miles traveled on adaptive devices by month
- A report summary sheet (please see below for template). This will be the first page of your report. *Please note that the metrics included on the summary sheet are for the entire length of the program, while the metrics above should be provided by month.*
- Results from a user survey. We have a list of questions that all permittees will ask, which are included below. We also expect you to ask additional questions that are specific to your devices/programs.

2021 SFMTA Adaptive Scooter Program Evaluation Report Summary

Permittee Name:		Total Adaptive Scooter Trips:	
Evaluation Time Period:	January 15, 2020 – April 30, 2021	Average Monthly Adaptive Scooter Trips:	
Date Submitted:		Total Number of Unique Users:	
Service Model Summary: <i>Include all relevant service details and milestones. For example: pick up and delivery began on X date. The adaptive devices in the program were [description of device(s)]. Cost. Reservation process. Changes to pilot made on X date for X reason.</i>		Average Monthly Number of Unique Users:	
		Average Monthly Number of Adaptive Scooters Available:	
		Average Cost to the Operator Per Adaptive Trip:	
		Total Miles Traveled on Adaptive Devices:	
		Average Monthly Miles Traveled on Adaptive Devices:	

Summary of User Survey Feedback: *(250 words maximum)*

Required User Survey Questions

- Do you agree with the following? (Likert scale: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree, N/A)
 - At least one device in this program was useful to me
 - Information regarding this program was easy to find
 - I feel safe using the adaptive scooter
 - I was able to use the adaptive scooters where accessible transportation infrastructure was available
 - An adaptive scooter was available when and where I wanted to use it
 - This service was affordable to me

- Where did you learn about the scooter program?
 - A. Local organization
 - B. Newspaper/online news website

- C. Social media
- D. City's website
- E. Scooter company
- F. Word of mouth
- G. Other: _____

- What is your age?
 - A. 18 or under
 - B. 19 – 24
 - C. 25 – 34
 - D. 35 – 44
 - E. 45 – 54
 - F. 55 – 64
 - G. 65 – 74
 - H. 75 or over
- What race and/or ethnicity do you identify with? Select all that apply.
 - A. Asian
 - B. Black and/or African American
 - C. Hispanic and/or Latina, Latino, or Latinx
 - D. Middle Eastern and/or North African
 - E. Native American
 - F. Pacific Islander
 - G. White
 - H. Another race or ethnicity (specify): _____
- Which of the following disabilities currently affect your daily life? Select all that apply.
 - A. Blindness or vision impairment
 - B. Deaf or hearing impairment
 - C. Mobility disability (e.g. difficulty walking or climbing stairs)
 - D. Cognitive or mental disability
 - E. Another disability or disabling health condition (specify): _____
 - F. None
- What is your gender? (Check **one** that best describes your current gender identity)
 - A. Female
 - B. Trans Female
 - C. Male
 - D. Trans Male
 - E. Genderqueer / Gender Non-Binary
 - F. Not listed. Please specify: _____
- What would make you more likely to use an adaptive scooter/use an adaptive scooter more often? (Open ended)
- Please share any additional thoughts about adaptive scooter share in San Francisco. (Open ended)