



Co-funded by  
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## Commercial Mobility Services User Survey - Helsinki Metropolitan Area

 Mandatory questions are marked with an asterisk (\*)

**Objective:** The purpose of this survey is to identify the needs and challenges of different resident groups, especially at transport hubs and within travel chains. The survey aims to find solutions that improve the accessibility and usability of services for everyone.

**Mobility services** refer to various services and modes of transport that can be used to move from one place to another, such as public transport, taxis, car-sharing, ride-hailing, carpooling, electric scooters, and bicycle services.

Completing the survey takes approximately 10-15 minutes. All responses will be treated confidentially and anonymously. After completing the survey, you can participate in the draw for a 50-euro S Group gift card.

### 1. Modes of Transport and Mobility Environment

How do you usually get around in your daily life? (Choose up to 3 options) \*

- Walking
- Cycling
- Public transport (bus, metro, train, tram)
- Taxi / accessible taxi
- Own car
- Electric scooter
- Ride-hailing or carpooling
- Other, what? \_\_\_\_\_

For what purposes do you use mobility services? \*

(Mobility services refer to various services and modes of transport that can be used to move from one place to another, such as public transport, taxis, car-sharing, ride-hailing, carpooling, electric scooters, and bicycle services.)

- Work / study

- Shopping
- Doctor's appointments
- Hobbies
- Meeting family or friends
- Other, what? \_\_\_\_\_

**How often do you use mobility services? \***

- Daily
- Several times a week
- A few times a month
- Less often
- I don't use them

## **2. Travel Chains and Hubs**

**How often do you visit transport hubs (e.g., interchange stations and stops, terminals, or shopping centres)? \***

- Often
- Occasionally
- Rarely or never

**How do you experience mobility at transport hubs? \***

- Easy and smooth
- Fairly smooth, but some obstacles
- Challenging or difficult
- I cannot say

**What factors make it difficult for you to move around at transport hubs? \***

- Lack of lifts or escalators
- Unclear signage
- Long walking distances
- Feeling of insecurity

- Complex transfers
- Physical obstacles (e.g., thresholds, uneven surfaces)
- Lack of services (e.g., seating, toilets, customer services)
- Social pressure or unpleasantness of stations
- Other, what? \_\_\_\_\_
- I do not experience difficulties moving around at hubs

### 3. Accessibility and Usability

Does the season (e.g., winter slipperiness, snow ploughing) affect your mobility? \*

- Yes
- No

Have you experienced challenges related to accessibility or usability when moving from one place to another in the Helsinki metropolitan area? \*

- Yes
- No

Please describe in more detail where and what kind of accessibility or usability challenges you have experienced:

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Have you experienced challenges related to safety when moving from one place to another in the Helsinki metropolitan area? \*

- Yes
- No

Please describe in more detail where and what kind of safety challenges you have experienced:

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How do you rate the overall accessibility of mobility services? \*

- Very good
- Fairly good
- Poor
- Very poor
- I cannot say

What kind of services would make your daily mobility easier?

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#### 4. Future Hopes and Feedback

What kind of information, support, or services would you like to have related to your mobility?

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Would you like to share anything else about your experiences with mobility services, their accessibility, or safety?

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## 5. Background Information

### Gender \*

- Woman
- Man
- Other
- Prefer not to say

### Age: \*

- Under 18
- 18-29
- 30-44
- 45-64
- 65+

### Residential area \*

- Helsinki
- Espoo
- Other, what? \_\_\_\_\_

### Select which of the following describes you (you can select multiple): \*

- Mobility impaired
- Visually or hearing impaired
- Parent of a family with children
- Immigrant / multilingual background
- Neurodivergent
- Other special needs, what? \_\_\_\_\_
- None of the above

### Is your primary language of communication Finnish, Swedish, Sami, or English? \*

- Yes

No

**Do you use mobility aids or need assistance from another person to use mobility services? \***

Yes

No

**What mobility aids do you use or what kind of assistance do you need from another person to use mobility services?**

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