

Did you give someone a ride today? We'd like to hear from you!
Please fill out **this** survey and return to the collection box.

1. Your gender: Male Female 2. Your age: _____
3. Are you here today to give someone over 65 a ride? Yes No
4. Please circle your relationship to the person you gave a ride:
a. spouse b. family member c. friend/neighbor d. living facility staff
e. volunteer from transportation agency f. volunteer from religious group
g. Hired by patient h. Other _____
5. How often do you provide rides to health care appointments for this person?
1= almost daily 2= about once a week 3= about once or twice a month
4=only a few times a year 5 = almost never 6=unsure
6. How many miles did you travel **one-way** to get here today? _____
7. Please circle how easy or difficult it was for you to provide transportation today.
a. Very Easy b. Easy c. Not easy or difficult d. Difficult e. Very Difficult