April 2016

The purpose of this survey is to collect information regarding barriers to transportation for patients coming in for primary care office visits.

Your participation is extremely valuable, but also optional. We are collecting **NO** personally identifiable information.

1. What city/town and county do you live in?

2. Does lack of transportation limit your ability to visit your primary care doctor?
   
   _______ Yes _______ No

3. Do you have access to a car in your household?
   
   _______ Yes _______ No

4. Are the costs of transportation to the doctor’s office too expensive?
   
   _______ Yes _______ No

5. Do you have a disability that limits how often you travel to visit your primary care doctor?
   
   _______ Yes _______ No

6. Is public transportation easily available to you?
   
   _______ Yes _______ No _______ I don’t know