

# Transportation Access Survey Form

Full Name

Age

Location / Address

## 1. What is your primary mode of transportation?

Car

Public Transit

Bicycle

Walking

Other

## 2. How far is your usual destination (e.g., work, school)?

## 3. How easy is it for you to access transportation?

## 4. What are the main challenges you face with transportation?

## 5. Any suggestions for improving transportation access in your area?