

# 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?**