

Senior Transportation Needs Survey

Full Name

Age

Email

Location/Neighborhood

How often do you require transportation?

☐ Daily ☐ Weekly ☐ Occasionally

What types of transportation do you currently use?

☐ Personal vehicle ☐ Family/friends ☐ Public transit ☐ Taxi/ride-share ☐ Other

What destinations do you most often need transportation to?

☐ Medical appointments ☐ Grocery/shopping ☐ Social/recreation ☐ Religious services
☐ Other

What challenges do you face with transportation?

Suggestions for improving transportation options:

Additional comments