

Transportation

Survey Tool

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| 1. What does this transportation service allow you to do? |  | Medical appointments |
|  | Dental appointments |
|  | Shopping |
|  | Social Visits |
|  | Salon visits |
|  | Other |
|  | Other |
|  | Other |

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| 2. If you didn't have this transportation service, would you be able to continue these activities? |  | YES NO |
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| 3. Has using this service made your life easier? |  | YES NO |
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| 4. If yes, in what ways has using this service made your life easier? (check all that apply) | | |
| I feel less stress |  |  |
| I can go where and when I want more easily |  |
| I feel I am less of a burden on others |  |
| I am better able to do the things I want to do |  |
| I feel safer and more secure |  |
| I feel less isolated |  |
| I am better able to make and keep health care appointments |  |
| Shopping is more convenient |  |

Marillac Mission Fund