

Are you 65 or older? We'd like to hear from you! Please fill out **this** survey.

1. Gender (please circle):                      Male                      Female
2. Age \_\_\_\_\_
3. Town of residence: \_\_\_\_\_
4. What service(s) are you here for today? Please circle all that apply
- a. Diabetes care              b. Cancer Care                      c. Occupational Therapy (OT)  
d. Dialysis                      e. Physical Therapy (PT)      f. Cardiac Rehabilitation  
g. Other (please specify) \_\_\_\_\_      h. Not here for my own healthcare
5. What type of insurance do you have?              Please circle all that apply
- Medicare              MaineCare (Medicaid)              Other insurance              No Insurance
6. How many miles did you travel to get here today **one-way**? \_\_\_\_\_
7. How did you get here today? Please circle one
- a. drove myself              b. ride with spouse              c. rode with family member              d. rode with friend/neighbor              e. taxi              f. volunteer driver              g. walk
- h. religious group              i. bus or van. (write in name of bus or van): \_\_\_\_\_              j. other (please write in) \_\_\_\_\_
8. What kinds of transportation are available to you? Circle all that apply
- a. drive myself              b. ride with spouse              c. ride with family member              d. ride with friend/neighbor              e. taxi              f. volunteer driver              g. walk
- h. religious group              i. bus or van (write in name of bus or van): \_\_\_\_\_              j. other (please write in) \_\_\_\_\_
9. How often do you need help with transportation to: Circle one choice per question
- |  |       |        |         |        |
|--|-------|--------|---------|--------|
| <b>Routine doctor visits?</b>  | daily | weekly | monthly | rarely |
| <b>Diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab?</b> | daily | weekly | monthly | rarely |
| <b>Emergency room visits?</b>  | daily | weekly | monthly | rarely |
| <b>Personal errands?</b> (like shopping, church, or visiting friends)  | daily | weekly | monthly | rarely |
| <b>Pick up medications?</b>  | daily | weekly | monthly | rarely |
| <b>Other? Please write in:</b> _____                                   | daily | weekly | monthly | rarely |
10. What time of day do you most often need transportation to diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab?
- Morning                      Afternoon                      Evening
11. What days of the week do you most often need transportation to diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab? Circle all that apply
- Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

12. Have you ever cancelled a medical visit in the past 6 months because you did not have transportation?                      YES                      NO

13. Do you feel your health has suffered because of problems with transportation to medical visits?                      YES                      NO

14. Do you know of any places in your community you can call if you need help with transportation to medical visits?                      YES                      NO

a. Please list places: \_\_\_\_\_

15. How difficult or easy is it to find transportation to:    Circle one choice per question

<b>Routine doctor visits?</b>	Don't need	Easy	Somewhat Easy	Neither	Somewhat Difficult	Difficult
<b>Diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab?</b>	Don't need	Easy	Somewhat Easy	Neither	Somewhat Difficult	Difficult
<b>Emergency room visits?</b>	Don't need	Easy	Somewhat Easy	Neither	Somewhat Difficult	Difficult
<b>Personal errands?</b> (like shopping, church, or visiting friends)	Don't need	Easy	Somewhat Easy	Neither	Somewhat Difficult	Difficult
<b>Pick up medications?</b>	Don't need	Easy	Somewhat Easy	Neither	Somewhat Difficult	Difficult
<b>Other?</b> please write in: _____	Don't need	Easy	Somewhat Easy	Neither	Somewhat Difficult	Difficult

16. Who helps you find transportation to medical visits? Please circle all that apply

- a. don't need help    b. spouse    c. adult child    d. other family member    e. transportation agency  
 f. doctor's office    g. living facility    h. hospital    i. religious group    j. other: \_\_\_\_\_

17. If you needed a ride and had to pay, how much would you be willing to pay for a **one-way** ride to medical visits?                      (Please circle only one)  
    \$1-\$2                      \$3-\$5                      \$6-10                      \$11 or more                      \$0

18. If needed, how **important** would these things be in a ride service to medical visits?

(Please circle very, somewhat, or not important for each item)

<b>Low Cost</b>	very	somewhat	not	<b>Curbside pick up</b>	very	somewhat	not
<b>Unpaid, volunteer driver</b>	very	somewhat	not	<b>Help getting into vehicle</b>	very	somewhat	not
<b>Driver background checks</b>	very	somewhat	not	<b>Help with packages</b>	very	somewhat	not
<b>Same day scheduling</b>	very	somewhat	not	<b>Driver safety training</b>	very	somewhat	not
<b>Wheelchair/disability access</b>	very	somewhat	not	<b>Door to door pickup</b>	very	somewhat	not
<b>Paid driver</b>	very	somewhat	not	<b>24 hour service</b>	very	somewhat	not

19. If a ride service to medical visits were available where you live, would you use it?  
**Why or why not?**

\_\_\_\_\_  
**Thank you for your time. Please put this survey in the collection box.**