

### **SAMPLE FORM**

The following questionnaire is a sample form which can be posted on a website. Respondents will be able to fill in their responses while not changing the format. Text responses may be entered in the gray shaded boxes while checkboxes can be selected by placing the cursor on top of the box and left clicking. Click the arrow next to drop down fields and highlight the desired selection. Follow the directions on the July 2004 Newsletter to create your own form.

#### **Personal Information**

Name	
Address	
City, State, Zip	
Phone/Fax	
Email	

#### **Company Information**

Business Name	
Address	
City, State, Zip	
Work Phone / Fax	
Work Email	

Please answer the following questions:

1. How long have you worked at this company?                      years    months    (circle)
2. What is your current title?
3. Do you drive a vehicle to work? Yes
4. Do you take public transportation to work? Yes
5. If you do not take public transportation, please check the reason why you do not.  
(You may check more than one response)
  - ☐ Not available where I live
  - ☐ Too costly
  - ☐ Inconvenient
  - ☐ Job responsibilities require use of a vehicle
  - ☐ Other, explain:

Thank you for participating!