



Community Mobility Questionnaire

1. Do you currently drive? Yes or No
2. If no, how long since you last drove, and why did you stop driving? _____
3. Do you currently own a vehicle? Yes or No
4. What is the make, model and year of your vehicle? _____
5. Is this the vehicle you would like to use for future community mobility? Yes or No
6. If you don't have a vehicle do you have a certain vehicle in mind for future mobility?

7. Do you have a Driver's License? Yes or No If yes, is it valid? Yes or No
8. Driver's License # _____ State _____ Exp Date _____ Restrictions _____
Endorsements _____
9. Do you have any other forms of motorized transportation such as a motorcycle, RV or boat? Yes or No if yes, what? _____
10. Do you tow anything with your vehicle? _____
11. Do you currently have any type of adaptive equipment in your vehicle such as hand controls, or a use of a wheelchair ramp or lift? Yes or No
What? _____
12. Has your Driver's license been Suspended or revoked? Yes or No
13. When were, you last an active driver? In what type of environment did you drive?

Choose all that are applicable:
_____ Residential (up to 25mph)
_____ Moderate traffic and Speed (2-4 lanes up to 50mph)
_____ Heavy traffic and Speed (4-6 lanes, 50-55mph)
_____ Interstate (55mph and above)
_____ Rural Roads (up to 55mph, 2 lanes Only)
14. Are you required to drive for your job? Yes or No
15. If yes, what type of vehicle? _____
16. Have you had any traffic accidents or traffic violations within the last 5 yrs.? Yes or No
17. Please list all and include any accidents that may have occurred and not been reported such as within a parking lot or garage. Also, indicate if you were charged at fault. _____

18. Have you ever received any communication from the Department of Public Safety regarding the status of your license or requesting information from your physician regarding your ability to drive? Yes or No

If yes, what information did you provide?
