

# Wheels on the Go Questionnaire

Where did you go (Name and address of the establishment)?

When did you go (Day of week and time of day)?

Was there adequate parking for the disabled and was it wheelchair friendly?

Yes  No

Was there a ramp?

Yes  No

Was it wide enough?

Yes  No

Was the entrance wheelchair friendly (was the doorway wide enough, was there an automatic door opener for the disabled)?

Yes  No

Were you received well by the staff?

Yes  No

Was the facility accommodating (restrooms, countertops, buffet counters, drink stations, etc.)?

Yes  No

Would you recommend the establishment to other PVACF members?

Yes  No