

RAP Is Conducting a Poll!

If you live in the Boston area and have multiple chemical sensitivity (MCS) or another medical condition that causes you to be extremely sensitive to chemicals, we hope you will fill out the questionnaire provided here.

The purpose of this poll is to find out whether there is the need for a door-to-door vehicle dedicated to serving people who, because of their extreme sensitivity to chemicals, are not able to use THE RIDE or other public transportation. RAP is exploring the possibility of making a case for a service of this kind. Among other special standards, the dedicated vehicle would be cleaned with fragrance-free products only, use no air-fresheners or pesticides, and employ drivers who don't use perfume, cologne, or other scented products. People with MCS or other extreme sensitivity to chemicals could sign up for the vehicle to get out and about both for enjoyment and to take care of necessities. Passengers traveling at similar times from neighboring locations would be driven together.

While we can't make any promises for a service of this kind, to make a case for it, we need to hear from people like you!

Filling out this questionnaire is voluntary, and doing so will not affect your disability benefits. The questions will take about 10 minutes to answer. We will not share your answers or your personal information with anyone without your okay.

You can give us your answers in one of two ways:

◆ [fill out the form online and submit it to us directly through this website](#)

OR

◆ [print the form as a PDF file, fill it out by hand, and either fax or mail it to us.](#)

If you have questions about the form or about RAP, please call 617.277.0080 and leave a message. Or e-mail us at rap@rideadvocacy.org.

RIDE Advocacy Project (RAP) Questionnaire

1. **Would you use** a transportation service with a vehicle dedicated solely to serving people who have either multiple chemical sensitivity (MCS) or another medical condition that causes them to be extremely sensitive to chemicals if such a service were available?

- Yes
 Maybe
 No → SKIP TO QUESTION 4

- 1a. **How often** do you think you would use it?

- Every day (about 30 times/month)
 Two times a week (about 8 times/month)
 Once a week (about 4 times/month)
 Once a month
 Other _____

- 1b. THE RIDE currently costs at least \$1.50 per one-way trip. We don't yet know how much it would cost to operate the service we are proposing. **What is the most you could pay** for a one-way trip, up to seven miles in length, without it preventing you from using this service as often as you liked?

- \$1.50 or less
 between \$1.51 and \$3.00
 between \$3.01 and \$4.50
 more than \$4.50
 Other _____

[GO TO THE NEXT PAGE FOR QUESTION 2]

2. The service would have at a minimum the characteristics listed below. **Please review these characteristics** and let us know if there is anything else the service would have to have — or not have — to meet your needs.

The vehicle would

- be at least one year old;
- be cleaned with fragrance-free products only; no air-fresheners or pesticides would be used;
- use an air purifier that is safe for the chemically sensitive;
- be driven with its windows closed;
- have its engine turned off when stopping to pick up and drop off passengers, except when its wheelchair lift is in use;
- be garaged with its windows closed at a site relatively free from toxic chemicals.

Drivers, other personnel, and passengers would

- be nonsmokers;
- not use perfume, cologne, essential oils, or aftershave in their daily lives;
- use fragrance-free products only (including fragrance-free shampoo, hair conditioner, soap, deodorant, detergent, fabric softener, cosmetics, and sanitary products);
- not wear clothes that had been dry cleaned or exposed to smoke, petrochemicals, or mothballs.

What else would the service have to have — or not have — for it to **meet your needs**? (Please continue your answer on another sheet if necessary.)

[GO TO THE NEXT PAGE FOR QUESTION 3]

3. If this service were available to you, how would it **change the quality of your life**? (Please continue your answer on another sheet if necessary.)

4. Is there **anything else** you want to tell us? (Please continue your answer on another sheet if necessary.)

5. Are you currently a RIDE user? Yes No

6. What town or city do you live in? _____

If we may contact you further about your opinions on this service, please fill in your name and contact information below.

Contact info (optional):

Your name: _____

Your phone #: _____

Your e-mail: _____

Your medical condition(s): _____

Thank you for answering our questions! We very much appreciate your help. Please fax your completed form to RAP at 617.427.6919, or mail it to us c/o Boston Self Help Center, 1534 Tremont Street, Roxbury Crossing, MA 02120. You can also send it to us electronically by filling it out on our website at www.rideadvocacy.org.

Please tell others about this questionnaire. **But remember**, at this point we are only exploring the possibility of making a case for the service we've described. **While we hope it may come to pass, we can't make any promises.**