

Assessing Your Needs

| Location | | | | | | |
|-------------------|-------|-------------|-------------|---------|------|--------|
| Customer Type | | | | | | |
| Hour of Operation | Child | Young Adult | Middle Aged | Elderly | Male | Female |
| 5:00 AM | | | | | | |
| 6:00 AM | | | | | | |
| 7:00 AM | | | | | | |
| 8:00 AM | | | | | | |
| 9:00 AM | | | | | | |
| 10:00 AM | | | | | | |
| 11:00 AM | | | | | | |
| 12:00 PM | | | | | | |
| 1:00 PM | | | | | | |
| 2:00 PM | | | | | | |
| 3:00 PM | | | | | | |
| 4:00 PM | | | | | | |
| 5:00 PM | | | | | | |
| 6:00 PM | | | | | | |
| 7:00 PM | | | | | | |
| 8:00 PM | | | | | | |
| 9:00 PM | | | | | | |
| 10:00 PM | | | | | | |
| 11:00 PM | | | | | | |

Assessing Your Needs

| Mode of Transportation | | | | |
|------------------------|---------|---------|-----|------------------|
| Location | Walking | Bicycle | Car | Public Transport |
| Location A: | | | | |
| Location B: | | | | |
| Location C: | | | | |
| Location D: | | | | |