

# Personal Survey

## Transportation and Technology Issues That Affect You

Each member of the household 15 years of age and older should fill out this section of the survey.

When filling in your response you may '✓', '■' or 'x' the box. For questions requiring a written response, please print responses as neatly as possible.

If you prefer to fill out this survey online, please go to [www.nwrg.com/psrc.htm](http://www.nwrg.com/psrc.htm).  
When prompted for a login, enter the ID# printed on the label below.

This Personal Survey is for:

# Part 1

## ABOUT YOUR PERSONAL FAMILIARITY WITH, AND USE OF, ELECTRONIC EQUIPMENT AND INFORMATION SERVICES:

⇒ Everyone, please answer the following questions.

1) Which of the following do you personally use *at least once a week*, on average?

	USE AT LEAST ONCE / WEEK	DON'T USE AT LEAST ONCE / WEEK
A computer (desk top or portable) at work/school, available to you most of the time	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A computer (desk top or portable) at home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
The Internet accessed at work/school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
The Internet accessed from home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
⇒ If accessed from home, what type of connection(s) do you use ( <i>Check all that apply</i> ):		
High-speed / broadband, such as DSL or cable modem	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A telephone line that is also used for voice calls	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A telephone line that is used primarily for the computer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Other ( <i>please specify</i> ) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

2) Which of the following do you carry with you at least ten times a month, on average? (*Check all that apply*)

	CARRY AT LEAST 10 TIMES / MO.	DON'T CARRY AT LEAST 10 TIMES / MO.
A portable cellular or wireless phone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
⇒ Is it web-enabled?      Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Don't Know <input type="checkbox"/> <sub>3</sub>		
A pager or beeper	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A personal digital assistant or palm-type computer with wireless communications	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
A portable computer with Internet access	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

⇒ If you do not access the Internet at home or at work/school, please skip to Question 6.

3) Do you subscribe to any **free** online information services, such as an eGroups newsletters, Wired News Daily, StockMarket.com, Seattle City Search newsletters, Bloomberg.com, or MSNBC news, sports and weather alerts?

Yes <sub>1</sub>      No <sub>2</sub>

4) Do you subscribe to any **fee-based** online subscriptions or services, such as the Wall Street Journal Online, ConsumerReports.org, or salon.com, whether paid by you personally or by your employer?

Yes <sub>1</sub>      No <sub>2</sub>

5) Have you used the Internet to purchase any products or services for yourself or as a gift within the last 3 months?

Yes, once	<input type="checkbox"/> <sub>1</sub>
Yes, 2 - 3 times	<input type="checkbox"/> <sub>2</sub>
Yes, 4 or more times	<input type="checkbox"/> <sub>3</sub>
No	<input type="checkbox"/> <sub>4</sub>

## TRAVEL TO OR FROM WORK/SCHOOL BY BUS, FERRY, OR TRAIN:

⇒ Please answer question 6 if any part of your usual trip to or from work (or school/college) involves traveling by bus, ferry, or train. Otherwise, skip to question 7a.

- 6) For each of the following statements, please circle a number between 0 and 10 to indicate how well that statement applies to the part of your trip to or from work/school that is by bus, train, or ferry. A "10" means that you **agree** completely with the statement, while a "0" means that you **disagree** completely. A "5" implies that you neither agree nor disagree.

	Disagree Completely			Neutral				Agree Completely			
	0	1	2	3	4	5	6	7	8	9	10
There's no way I can find out beforehand whether my bus, ferry, or train is running on schedule.	0	1	2	3	4	5	6	7	8	9	10
I sometimes miss my connection because a bus, ferry, or train is late.	0	1	2	3	4	5	6	7	8	9	10
When I'm waiting for a bus, ferry, or train, I'm happier if I know when it will arrive.	0	1	2	3	4	5	6	7	8	9	10
As soon as I can, I'd like to switch to driving to and from work/school.	0	1	2	3	4	5	6	7	8	9	10
Bus, train, or ferry riders deserve to be provided with up-to-the-minute information about the status of their bus, train, or ferry.	0	1	2	3	4	5	6	7	8	9	10

## ABOUT TRAFFIC, TRANSIT, & FERRY INFORMATION SERVICES:

⇒ Everyone, please answer the following questions.

*Information about traffic and road conditions:*

- 7a) Which of the following free email traveler alert services do you **currently** subscribe?

- 7b) If No (don't currently subscribe), have you **ever** subscribed to any of the following free email traveler alert services?

	7a) CURRENTLY SUBSCRIBE?		→	7b) IF NO, EVER SUBSCRIBED?	
	YES	NO		YES	NO
King County <i>Alert!</i> Bus alerts	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	→	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
King County <i>Alert!</i> Emergency road closures	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	→	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Washington State Ferry service disruption alert	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	→	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Kitsap Transit Rider Alert [ <a href="http://www.kitsaptransit.org/alert.html">www.kitsaptransit.org/alert.html</a> ]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	→	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
PT NewsFlash [ <a href="http://www.piercetransit.org/sub.htm">www.piercetransit.org/sub.htm</a> ]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	→	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Regional Public Information Network [ <a href="http://webapp.metrokc.gov/rpin/SubscribeEMail.asp">webapp.metrokc.gov/rpin/SubscribeEMail.asp</a> ]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	→	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Information about traffic, transit, and ferry services:

8) Please rate each of the following traffic, transit, and ferry information services using the following scale.

Traveler Information Services	Never Heard of it	Heard of it, but never used it	I only used it once or twice	I use it less than once per month	I use it 1 to 3 times per month	I use it 1 to 2 times per week	I use it 3 to 5 times per week	I use it 5+ times per week
Television traffic reports / updates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Radio traffic reports / updates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
TransitWatch® (bus status information on TV monitors at Northgate, Bellevue, and Boeing)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Traffic TV (UW TV, channel 76 or 69 on ATT cable in Seattle)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
WSDOT Traffic Telephone (206-368-HIWAY or 800-695-ROAD)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
511	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Cell Phone Links	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

Traveler Information Services Available on the Internet	Never Heard of it	Heard of it, but never used it	I only used it once or twice	I use it less than once per month	I use it 1 to 3 times per month	I use it 1 to 2 times per week	I use it 3 to 5 times per week	I use it 5+ times per week
Puget Sound Traffic Conditions web site ( <a href="http://www.wsdot.wa.gov/PugetSoundTraffic">www.wsdot.wa.gov/PugetSoundTraffic</a> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
King County Metro Online ( <a href="http://transit.metrokc.gov/bus">transit.metrokc.gov/bus</a> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Other transit system web site (please specify: _____)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Washington State Ferry web site ( <a href="http://www.wsdot.wa.gov/ferries">www.wsdot.wa.gov/ferries</a> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Vessel Watch ( <a href="http://www.wsdot.wa.gov/ferries/commuter_updates/vesselwatch">www.wsdot.wa.gov/ferries/commuter_updates/vesselwatch</a> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
BusView ( <a href="http://busview.its.washington.edu">busview.its.washington.edu</a> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
MyBus ( <a href="http://www.mybus.org">www.mybus.org</a> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Smart Trek ( <a href="http://www.smarttrek.org">www.smarttrek.org</a> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

Other Traveler Information Services	Never Heard of it	Heard of it, but never used it	I only used it once or twice	I use it less than once per month	I use it 1 to 3 times per month	I use it 1 to 2 times per week	I use it 3 to 5 times per week	I use it 5+ times per week
Other traveler information services (please specify: _____)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

- 9) For each of the following statements, please circle a number between 0 and 10 to indicate how much **you personally** agree or disagree with that statement. A "10" would mean that you **agree** completely, while a "0" would mean that you **disagree** completely. A "5" would imply that you neither agree nor disagree.

	Disagree Completely			Neutral				Agree Completely			
	0	1	2	3	4	5	6	7	8	9	10
The Internet is the first place I look when seeking information	0	1	2	3	4	5	6	7	8	9	10
I don't like to have to plan ahead.	0	1	2	3	4	5	6	7	8	9	10
It's important that other people are able to contact me pretty much all the time.	0	1	2	3	4	5	6	7	8	9	10
I prefer to find my own way rather than ask for directions.	0	1	2	3	4	5	6	7	8	9	10
I worry a lot about being late.	0	1	2	3	4	5	6	7	8	9	10
I don't like to take risks with new products and services.	0	1	2	3	4	5	6	7	8	9	10
When I need information, I like to be able to ask someone rather than rely on a computer.	0	1	2	3	4	5	6	7	8	9	10

- 10) The following are possible improvements to the information that is currently available to you about traffic conditions. Please choose the three improvements that would be most important to you personally, and enter the appropriate letters in rank order into the boxes below.

Most Important       2<sup>nd</sup> Most Important       3<sup>rd</sup> Most Important

- A Traffic information covering *all* the roads on my usual and alternate routes, not just the busiest roads.
- B A traffic report that's tailored just to the roads I'm interested in taking.
- C Traffic information that is completely up-to-date.
- D Traffic information that I'm able to access quickly, for example by pressing one button.
- E Information on my travel alternatives, such as bus routes and schedules, not just traffic information.
- F Traffic forecasts that predict what traffic conditions will be like for the next hour.
- G Traffic information that gives estimated travel times between major destinations given current traffic conditions.

- 11) When you seek information about traffic conditions, what is the primary benefit you wish to obtain from this information? (*Please check one.*)

- Reduced travel time <sub>1</sub>
- More predictable travel times <sub>2</sub>
- Safer travel conditions <sub>3</sub>
- Less stressful travel conditions <sub>4</sub>
- I don't seek information about traffic conditions <sub>5</sub>
- Other (*please specify*) \_\_\_\_\_ <sub>6</sub>

## ABOUT YOUR WORK OR SCHOOL COMMUTE:

⇒ Please answer question 12 if you are Employed or Self-employed.  
Otherwise, skip to Part 2.

12) Do you go to a workplace outside your home, or to attend a school or college, on a regular basis, at least three days in the average week?

Yes, I go to work/school at least three days a week <sub>1</sub> **Please answer the following questions before going on to Part 2.**

No, I do not go to work/school at least three days a week <sub>2</sub> **Please skip to Part 2.**

13) Which of these statements **best** describes your working hours (or the times you have to be at school or college)? *(Check only one)*

I have no flexibility in the times I have to be at work or school/college. <sub>1</sub>

I can vary my starting and finishing times a bit, but not by more than 30 minutes. <sub>2</sub>

I'm pretty much free to adjust my starting and finishing times as I like. <sub>3</sub>

14) For each of the following statements, please circle a number between 0 and 10 to indicate how well that statement applies to your commute. A "10" means that you **agree** completely with the statement, while a "0" means that you **disagree** completely. A "5" implies that you neither agree nor disagree.

	Disagree Completely			Neutral				Agree Completely			
	0	1	2	3	4	5	6	7	8	9	10
At least twice a week, there's an <b>unexpected</b> delay on my route.	0	1	2	3	4	5	6	7	8	9	10
Within the past three years, I have seriously considered changing where I <b>work</b> to reduce the amount of time I spend commuting.	0	1	2	3	4	5	6	7	8	9	10
Within the past three years, I have seriously considered changing where I <b>live</b> to reduce the amount of time I spend commuting.	0	1	2	3	4	5	6	7	8	9	10
I am satisfied with my commute.	0	1	2	3	4	5	6	7	8	9	10
I'm able to travel my regular route to or from work/school more quickly now than I could twelve months ago.	0	1	2	3	4	5	6	7	8	9	10
I usually have to go to or from work/school during peak traffic periods.	0	1	2	3	4	5	6	7	8	9	10
If there's trouble on my normal route to or from work/school, I really don't have many good alternatives.	0	1	2	3	4	5	6	7	8	9	10
If I could get accurate, real-time transit and/or traffic information, I could reduce the amount of time I spend commuting.	0	1	2	3	4	5	6	7	8	9	10
I'd be prepared to pay \$10 a month to get accurate, up-to-the-minute reports for my specific routes.	0	1	2	3	4	5	6	7	8	9	10
I know how to get route and schedule information for public transportation if I need it.	0	1	2	3	4	5	6	7	8	9	10
I don't mind the delays so much if I can forecast accurately when I'm going to get there.	0	1	2	3	4	5	6	7	8	9	10
I don't know where to find Puget Sound area transit information on the Web.	0	1	2	3	4	5	6	7	8	9	10

**Please Continue To Part 2.**

# Personal Survey

## Part 2

### ABOUT YOU

⇒ Everyone, please answer the following questions.

15) Do you currently have a valid driver's license?

Yes <sub>1</sub>          No <sub>2</sub>

16) How many times in a typical week do you ride the bus, train, or ferry? *Please count a round-trip as two rides. Enter 0 for None*

\_\_\_\_\_ Record number of one-way rides.

⇒ If you ride a bus, train, or ferry one or more times a week, answer question 17. Otherwise, skip to question 18.

17) How much do you personally pay for your fare?

*(Record either the cost per day or cost per month. If your employer or school pays for any portion of your transportation costs, please enter just the amount you pay. If None, enter 0.)*

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Day          or          \$ \_\_\_\_\_ . \_\_\_\_\_ Per Month

18) What is the highest level of education you have had the opportunity to complete?

High school or less <sub>1</sub>

High school graduate <sub>2</sub>

Some college / technical or vocational school / AA degree (2-year degree) <sub>3</sub>

4-year college degree <sub>4</sub>

Some post-graduate work or attended graduate school <sub>5</sub>

Post-graduate degree <sub>6</sub>

19) Which of the following **best** describes your current employment status? *(Please check one.)*

- |                                                          |                                       |                       |
|----------------------------------------------------------|---------------------------------------|-----------------------|
| Employed full-time (that is 30 or more hours per week)   | <input type="checkbox"/> <sub>1</sub> | Continue              |
| Employed part-time (that is less than 30 hours per week) | <input type="checkbox"/> <sub>2</sub> | Continue              |
| Self-employed or a business owner                        | <input type="checkbox"/> <sub>3</sub> | Continue              |
| A student and working either part or full-time           | <input type="checkbox"/> <sub>4</sub> | Continue              |
| A full-time student and not working                      | <input type="checkbox"/> <sub>5</sub> | Skip To Question 31   |
| Retired                                                  | <input type="checkbox"/> <sub>6</sub> | THANK YOU.            |
| Not employed outside the home                            | <input type="checkbox"/> <sub>7</sub> | This concludes your   |
| Currently unemployed                                     | <input type="checkbox"/> <sub>8</sub> | survey. Please return |
| Other <i>(please specify)</i> _____                      | <input type="checkbox"/> <sub>9</sub> | this with your Diary. |

### ABOUT YOUR WORK:

⇒ Please answer questions 20-25 if you are Employed, Self-employed, or a Student Working Part or Full-Time. Otherwise, skip to question 31 or stop as indicated above.

20) Are you paid hourly or are you salaried?

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| Hourly                              | <input type="checkbox"/> <sub>1</sub> |
| Salaried                            | <input type="checkbox"/> <sub>2</sub> |
| Other <i>(please specify)</i> _____ | <input type="checkbox"/> <sub>3</sub> |

21) What is your occupation, that is, what type of work do you do? *(Please write in below.)*

\_\_\_\_\_

22) What is your work address? *(If work at home or don't work at a fixed location, please check appropriate box below.)*

- |                         |                                                    |
|-------------------------|----------------------------------------------------|
| Name : _____            | <input type="checkbox"/> Work at Home              |
| Address: _____          | <input type="checkbox"/> Varies / No fixed address |
| Or Cross-streets: _____ |                                                    |
| City: _____             |                                                    |
| Zip Code: _____         |                                                    |

23) Which of the following statements best describes the work you do from home for your primary job? Do you...?

- |                                                                                              | YES                                   | NO                                    |
|----------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| Run an income producing business out of your home                                            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| Work from home one or more days a week instead of working from where your company is located | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| ⇒ How many days in a typical week do you work from home? _____                               |                                       |                                       |
| Bring work home or are on-call from your full-time job after business hours or on weekends   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| Never do work for my primary job from home                                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| Other <i>(please specify)</i> _____                                                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

24) Do you feel your primary job is of the type that you could work from home one or two days a week instead of working from where your company is located?

Yes <sub>1</sub>          No <sub>2</sub>          Don't Know <sub>3</sub>

25) Do you commute to a fixed work location outside your home one or more days a week?

Yes, I commute to a fixed work location one or more days a week <sub>1</sub>

No, I do not commute to a fixed work location one or more days a week <sub>2</sub>

Please answer the following questions.

**STUDENTS:** Please skip to question 31.  
**NON-STUDENTS:** This concludes your survey.  
Please return this with your Diary.

## ABOUT YOUR WORK TRAVEL IN AND AROUND THE PUGET SOUND REGION:

⇒ Please answer questions 26-30 if you commute to a fixed work location one or more days a week. Otherwise, skip to question 31 if you are a student or stop if you are not a student.

26a) Think about the means of travel you most often use when you go to your workplace. Check all the types of transportation you use as part of your **usual way** of getting there **on a typical day**.

- |                                       |                                        |
|---------------------------------------|----------------------------------------|
| Drive Alone (Car / Truck / Van / SUV) | <input type="checkbox"/> <sub>1</sub>  |
| Carpool (2 or more people in car)     | <input type="checkbox"/> <sub>2</sub>  |
| Organized vanpool                     | <input type="checkbox"/> <sub>3</sub>  |
| Bus                                   | <input type="checkbox"/> <sub>4</sub>  |
| Ferry                                 | <input type="checkbox"/> <sub>5</sub>  |
| Train                                 | <input type="checkbox"/> <sub>6</sub>  |
| Motorcycle                            | <input type="checkbox"/> <sub>7</sub>  |
| Bicycle                               | <input type="checkbox"/> <sub>8</sub>  |
| Walk (for at least 10 minutes)        | <input type="checkbox"/> <sub>9</sub>  |
| Other means (Please specify: _____)   | <input type="checkbox"/> <sub>10</sub> |

⇒ If you carpool (2 or more people in car), please answer question 26b.

26b) About your carpool of 2 or more people...

How many people are in your carpool? \_\_\_\_\_

How many people in your carpool are not members of your immediate household? \_\_\_\_\_

Which of the following statements best describes your carpool?

Formal carpool, formed by contacting one of the local transit agencies and/or by working with my employer to identify potential carpool partners. <sub>1</sub>

Informal carpool, consisting only of members of my immediate household. <sub>2</sub>

Informal carpool, consisting of members of my immediate household and/or people in my immediate neighborhood. <sub>3</sub>

Informal carpool, consisting of people who work at the same place I work. <sub>4</sub>

27) Please answer yes or no to the following questions.

	Yes	No
In the past 6 months, have you <i>regularly</i> taken the bus as part of your trip to or from work?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
In the past 6 months, have you <i>regularly</i> ridden to or from work with others or had others riding with you?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Does your job require that you have a car at work?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Do you need the car before or after work to drop off or pick up children?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
⇒ If yes, how many days a typical week? _____		

*About your employer's transportation benefits...*

28) Does your employer provide some or all of the following transportation benefits?

	FREE TO EMPLOYEES	EMPLOYER PAYS SOME	EMPLOYER PAYS NONE	DON'T KNOW
Parking at your workplace	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Transportation costs for employees who ride public transportation – for example pay for a bus pass?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

⇒ If employer does not offer public transportation program, would you be more likely use public transportation if your employer subsidized part of your fare?

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>2</sub>
I already use public transportation	<input type="checkbox"/> <sub>3</sub>

29) How many days in a typical week or month do you park your car at work?

(Record either days per week or days per month. Enter 0 for None.)

\_\_\_\_\_ Days Per Week      or      \_\_\_\_\_ Days Per Month

⇒ If you park at work one or more days a month, please answer question 30.

30) How much do you personally pay for parking? (Record either the cost per day or cost per month. If your employer pays all for your parking, please enter 0.)

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Day      or      \$ \_\_\_\_\_ . \_\_\_\_\_ Per Month

⇒ STUDENTS: Please continue with survey.

⇒ NON-STUDENTS: This concludes your survey. THANK YOU for your assistance. Please return this survey with your Diary.

## ABOUT YOUR SCHOOL AND SCHOOL TRAVEL IN AND AROUND THE PUGET SOUND REGION:

⇒ Please answer questions 31-35 only if you are a Student (either working or not working). Otherwise this concludes your survey, please return this survey with your diary.

31) What is the name of the school you currently attend?

And in what city or town is it located?

Name of School: \_\_\_\_\_

City / Town: \_\_\_\_\_

32a) Think about the means of travel you most often use when you go **to** your school or college. Check **all** the types of transportation you use as part of your **usual way** of getting there **on a typical day**.

- |                                             |                                        |
|---------------------------------------------|----------------------------------------|
| Not Applicable – I live on campus           | <input type="checkbox"/> <sub>1</sub>  |
| Drive Alone (Car / Truck / Van / SUV)       | <input type="checkbox"/> <sub>2</sub>  |
| Carpool (2 or more people in car)           | <input type="checkbox"/> <sub>3</sub>  |
| Organized vanpool                           | <input type="checkbox"/> <sub>4</sub>  |
| School Bus                                  | <input type="checkbox"/> <sub>5</sub>  |
| Bus                                         | <input type="checkbox"/> <sub>6</sub>  |
| Ferry                                       | <input type="checkbox"/> <sub>7</sub>  |
| Train                                       | <input type="checkbox"/> <sub>8</sub>  |
| Motorcycle                                  | <input type="checkbox"/> <sub>9</sub>  |
| Bicycle                                     | <input type="checkbox"/> <sub>10</sub> |
| Walk (for at least 10 minutes)              | <input type="checkbox"/> <sub>11</sub> |
| Other means ( <i>Please specify:</i> _____) | <input type="checkbox"/> <sub>12</sub> |

⇒ If you carpool (2 or more people in car), please answer question 32b.

32b) About your carpool of 2 or more people...

How many people are in your carpool? \_\_\_\_\_

How many people in your carpool are not members of your immediate household? \_\_\_\_\_

Which of the following statements best describes your carpool?

Formal carpool, formed by contacting one of the local transit agencies and/or by working with my school to identify potential carpool partners. <sub>1</sub>

Informal carpool, consisting only of members of my immediate household. <sub>2</sub>

Informal carpool, consisting of members of my immediate household and people in my immediate neighborhood. <sub>3</sub>

Informal carpool, consisting of people who go to the same school I do. <sub>4</sub>

About your school's transportation benefits...

33) Does your school provide any of the following transportation benefits?

	YES	NO	DON'T KNOW
Free Parking at school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Transportation costs for students who ride public transportation – for example pay for a bus pass?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

34) How many days in a typical month do you park your car at school?  
(Record either days per week or days per month. Enter 0 for None.)

\_\_\_\_\_ Days Per Week      or      \_\_\_\_\_ Days Per Month

⇒ If you park at school one or more days a month, please answer question 35. Otherwise, this concludes your survey, please return this survey with your diary.

35) How much do you personally pay for parking? (Record either the cost per day, per month, per quarter, per semester, or per year. If your school provides free parking, please enter 0.)

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Day      or

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Month      or

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Quarter      or

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Semester      or

\$ \_\_\_\_\_ . \_\_\_\_\_ Per Year

**THANK YOU for assisting us in this very important study.  
Please return this survey with your Diary.**