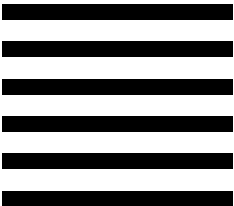


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NECESSARY
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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1113 CHICAGO, IL

POSTAGE WILL BE PAID BY ADDRESSEE

SOUND TRANSIT SURVEY PROCESSING
C/O TAB SERVICE COMPANY
310 S RACINE AVE, STE 6S
CHICAGO IL 60607-9923



-----fold here if mailing-----

**Sound Transit and Metro need your help to understand how people are using transit.
Please help by taking this survey.**



If you can't take the survey now, you can return it by mail.

Passcode: BE123456



INSTRUCTIONS

Please answer only about this particular **ONE-WAY TRIP**. Examples of a **ONE-WAY TRIP** are:

	<u>START (Question 1)</u>		<u>END (Question 4)</u>
Example 1:	Home	to	Work
Example 2:	Shopping	to	Home
Example 3:	Work	to	Appointment

NOTE: your **ONE-WAY TRIP** may be different from these examples.

START of this ONE-WAY TRIP

- 1. Where did you first START your ONE-WAY TRIP? Are you coming from:** *(Check only one)*
- | | | |
|---------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Work | <input type="checkbox"/> Home | <input type="checkbox"/> Airport <i>(for travel/passenger pick-up, not work)</i> |
| <input type="checkbox"/> School/College <i>(as a student)</i> | <input type="checkbox"/> Shopping | <input type="checkbox"/> Other: _____ |

- 2. What is the address of your STARTING location from Question 1?**
(Address OR Cross Streets, ex: 123 Main St NE OR 5th Ave & Pine St)
- Street Address **OR** Cross Streets: _____
- City: _____ ZIP Code: _____
- Landmark/Business Name (if applicable): _____

- 3A. How did you get from your STARTING location to the very FIRST transit vehicle on this ONE-WAY TRIP?**
- ☐ Walked/wheelchair (# of blocks: _____)
- ☐ Dropped off by friend or family member
- ☐ Dropped off by Uber/Lyft/Taxi
- ☐ Drove alone (Parking location: ☐ Transit parking lot/Garage ☐ On Street ☐ Other: _____)
- ☐ Carpool/Vanpool and parked (Location: ☐ Transit parking lot/Garage ☐ On Street ☐ Other: _____)
- ☐ Bicycled (# of miles: _____)
- ☐ Other: _____

- 3B. If you parked a car, how much did you/will you pay for parking? \$ _____._____ ☐ Per day **OR** ☐ Per month**

CONTINUE ON BACK



END of this ONE-WAY TRIP

4. Where will you finally END this ONE-WAY TRIP? This should NOT be the same place as your trip START.

Are you going to: (Check one)

☐ Work

☐ Home

☐ Airport (for travel/passenger pick-up, not work)

☐ School/College (as a student)

☐ Shopping

☐ Other: _____

5. What is the address of your ENDING location in Question 4? (Address OR Cross Streets, ex: 123 Main St NE OR 5th Ave & Pine St)

Street Address OR Cross Streets: _____

City: _____ ZIP Code: _____

Landmark/Business Name (if applicable): _____

6A. How will you get from your very LAST transit vehicle to your ENDING location for this ONE-WAY TRIP?

☐ Walk/wheelchair (# of blocks): _____

☐ Get picked up by friend or family member

☐ Get picked up Uber/Lyft/Taxi

☐ Drive alone (Parking location: ☐ Transit parking lot/Garage ☐ On Street ☐ Other: _____)

☐ Carpool/Vanpool from parked vehicle (Location: ☐ Transit parking lot/Garage ☐ On Street ☐ Other: _____)

☐ Bicycle (# of miles: _____)

☐ Other: _____

6B. If you parked a car, how much will you pay for parking? \$ _____. _____ ☐ Per day OR ☐ Per month

ROUTES AND FARES

7. For this bus, what stop did you get ON?
(Cross streets OR station OR landmark) _____

8. For this bus, what stop will you/did you get OFF?
(Cross streets OR station OR landmark) _____

9. List all transit vehicles in the exact order that you will use (or are using them) to make this ONE-WAY TRIP, including this bus.

First I used:	Second, (transfer) I used:	Third, (transfer) I used:
<input type="checkbox"/> Bus Rt # _____	<input type="checkbox"/> Bus Rt # _____	<input type="checkbox"/> Bus Rt# _____
<input type="checkbox"/> Link light rail	<input type="checkbox"/> Link light rail	<input type="checkbox"/> Link light rail
<input type="checkbox"/> Sounder	<input type="checkbox"/> Sounder	<input type="checkbox"/> Sounder
<input type="checkbox"/> Paratransit/Access	<input type="checkbox"/> Paratransit/Access	<input type="checkbox"/> Paratransit/Access
<input type="checkbox"/> Ferry (WSF)	<input type="checkbox"/> Ferry (WSF)	<input type="checkbox"/> Ferry (WSF)
<input type="checkbox"/> First Hill Streetcar	<input type="checkbox"/> First Hill Streetcar	<input type="checkbox"/> First Hill Streetcar
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

10A. For your current bus, how did you pay your fare? (Check all that apply)

Fare used for Current Bus:	
<input type="checkbox"/> ORCA, as pass	<input type="checkbox"/> ORCA Day Pass
<input type="checkbox"/> ORCA, as e-purse	<input type="checkbox"/> Police/Peace Officer
<input type="checkbox"/> U-PASS (ORCA)	<input type="checkbox"/> Free
<input type="checkbox"/> Cash	<input type="checkbox"/> Transfer Slip
<input type="checkbox"/> Other _____	

10B. If you selected ORCA, was it provided by your employer? ☐ Yes ☐ No ☐ Didn't Use ORCA

10C. If you selected ORCA Day Pass, how many trips will be/were taken using the pass? _____

ABOUT YOU

11A. Are you traveling with any children who are not filling out the survey?
(If several people are traveling together please only one person per group answer this question.)

☐ No (Skip to Question 12)

☐ Yes, Continue →→→

11B. Number of children in your group ages 0 to 5: _____

11C. Number of children in your group ages 6 to 13: _____

12. What is your fare category? ☐ Adult (Age 19-64) ☐ Youth (Age 6-18) ☐ Senior (Over 65) ☐ Disabled ☐ ORCA LIFT

13. During the last 30 days, how many ONE-WAY TRIPS did you make on:

☐ This bus route: _____

☐ Any transit route in the region: _____

☐ First time riding transit in this region

14. Do you have a current driver's license? ☐ Yes ☐ No

15. How many working motorized vehicles are there in your household? _____

16. Do you identify yourself as a member of any of the following ethnic groups? (Check all that apply)

☐ Caucasian/White

☐ Black or African American

☐ Middle Eastern or North African

☐ Hispanic or Latino/a

☐ Asian Indian

☐ Asian/Asian American

☐ Native Hawaiian or Pacific Islander

☐ American Indian or Alaskan Native

☐ Other: _____

☐ None

17. What languages are regularly spoken in your home? ☐ English ☐ Spanish ☐ Vietnamese

☐ Cantonese

☐ Mandarin

☐ Russian

☐ Somali

☐ Korean

☐ Tagalog

☐ Other: _____

18. How many people live in your household, including yourself?

☐ One (I live alone)

☐ Two

☐ Three

☐ Four

☐ Five

☐ Six or more

19. What was your total annual household income before taxes in 2017? (Please check only one)

☐ Under \$12,000

☐ \$12,000-15,999

☐ \$16,000-19,999

☐ \$20,000-23,999

☐ \$24,000-32,999

☐ \$33,000-41,999

☐ \$42,000-49,999

☐ \$50,000-57,999

☐ \$58,000-65,999

☐ \$66,000-74,999

☐ \$75,000-99,999

☐ \$100,000 or more

☐ I prefer not to say