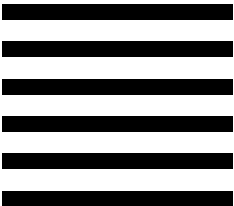


NO POSTAGE  
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**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1113 CHICAGO, IL

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 needs 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: TLE1000



INSTRUCTIONS

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

	START (Question 1)		END (Question 4)
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)*

- ☐ Work
- ☐ Home
- ☐ Airport *(for travel/passenger pick-up, not work)*
- ☐ School/College *(as a student)*
- ☐ Shopping
- ☐ 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 & 8. What station did you get ON this train, and what station will you get OFF this train?

	I got ON Link at	I got/will get OFF Link at
Tacoma Dome Station	<input type="checkbox"/>	<input type="checkbox"/>
S. 25 <sup>th</sup> Station	<input type="checkbox"/>	<input type="checkbox"/>
Union Station/ S. 19 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Convention Ctr Station/ S. 15 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Commerce St Station/ S. 11 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Theater District Station/ S. 9 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>

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 train

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"/> Tacoma Link	<input type="checkbox"/> Tacoma Link	<input type="checkbox"/> Tacoma Link
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

10A. If you have an ORCA card, was it provided by your employer? ☐ Yes ☐ No ☐ Don't have ORCA

10B. Have you already taken this survey on Tacoma Link? ☐ Yes ☐ No

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 rider 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:

☐ Tacoma Link: \_\_\_\_\_ ☐ 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 2018? (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