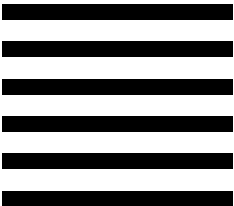


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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.



RIDE THE WAVE

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

Passcode: EXE600000



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 (# of blocks: _____) ☐ 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

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: _____

CONTINUE ON BACK



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 (# of blocks: _____)
- ☐ Wheelchair (# of blocks: _____)
- ☐ Get picked up by friend or family member
- ☐ Get picked up by 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) _____

Please also list the CITY where this stop is located: _____

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

Please also list the CITY where this stop is located: _____

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"/> 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. 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? _____

10D. Will you (or did you) make a round-trip using this same route? ☐ Yes ☐ No, use another route for one trip

☐ No, carpool for one trip ☐ No, not doing round trip today ☐ Don't Know

10E. If yes, what time of day will you (or did you) make the other part of your round trip on this route?

- ☐ Early Morning (before 6AM)
- ☐ AM Peak (6AM to 8:30AM)
- ☐ Midday (8:30AM to 3PM)
- ☐ PM Peak (3PM to 6:30PM)
- ☐ Evening (6:30PM to 9PM)
- ☐ Late Night (after 9PM)

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 -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

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

☐ Cantonese ☐ Mandarin ☐ Russian ☐ Somali ☐ Korean ☐ Tagalog ☐ Other: _____

17B. If you speak a language other than English, how well do you speak English?

☐ Very Well ☐ Well ☐ Less than well ☐ Not at all

18. Do you consider yourself to have a disability? ☐ No, I don't consider myself to have a disability (Skip to Question 19)

☐ Yes. If yes, which accessible features of transit do you use?

- ☐ Lift/ramp
- ☐ Automated stop announcements
- ☐ Wheelchair securement
- ☐ Priority seating
- ☐ Assistance from the operator to board
- ☐ Bus lowering/kneeling feature
- ☐ None
- ☐ Other _____

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

☐ One (I live alone) ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six or more

20. 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