

15. In order to understand how people get from place to place, it's important for us to know who currently lives in your household.

Including yourself, please write in the first name/nickname, age, and gender of each person currently living in your household, including children and newborn babies.

	First name, nickname, or initials	Does this person drive?	This person's age	This person's gender
Person 1	<input type="text" value="You"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 2	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 3	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 4	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 5	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 6	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 7	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 8	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 9	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person 10	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

16. If there are more than 10 people in your household, please write in the **total** number of people in your household.

Thank you!

Please return this questionnaire in the enclosed, pre-paid envelope. For more information about the survey, please visit www.NationalHouseholdTravelSurvey.com or call 1-855-350-NHTS (6487).

Households were selected from the postal service's list of residential addresses. By selecting households randomly, we will be able to create scientific estimates about the households in America. Your number will not be used for any purpose outside of this study. Although we will not be using autodialing features, we are still required by the Telephone Consumer Protection Act to obtain your consent if the system may be capable of autodialing. By providing your number you agree that we may call your household to complete the survey.



National Household Travel Survey

Understanding How People Get from Place to Place



The U.S. Department of Transportation collects information about your travel to understand how well the roads, highways, and bus and rail systems are working and to plan for the future. We are asking you to please help us by taking part in this survey. Your answers help us build a snapshot of how, when, and why people travel in their daily lives.

The information you provide will be used to understand the transportation needs of your community and the nation. Participating is voluntary and your responses will be kept confidential. This survey takes about 8 minutes to complete. If you have comments or suggestions about your participation or this survey, please contact Michael Howell, Information Collection Clearance Officer, Federal Highway Administration, 202-366-5707, Michael.Howell@dot.gov, 1200 New Jersey Avenue, SE, Washington, DC 20590. Please refer to OMB Control Number 2125-0545, expiration date October 31, 2018.

- ▶ This form should be completed by an adult household member.
- ▶ Please use a black or blue pen to complete this form.
- ▶ Mark to indicate your answer. If you want to change your answer, darken the box with the incorrect answer, and mark the correct answer with an .

Your Travel Experiences

1. How often do you use each of the following to get from place to place?

	Daily	A few times a week	A few times a month	A few times a year	Never
Walk	<input type="checkbox"/>				
Bike	<input type="checkbox"/>				
Personal Vehicle (Car/Truck/SUV)	<input type="checkbox"/>				
Taxi service or rideshare such as Uber/Lyft	<input type="checkbox"/>				
Bus	<input type="checkbox"/>				
Train/Subway	<input type="checkbox"/>				
Paratransit	<input type="checkbox"/>				

2. How much do you agree or disagree with each of the following?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The price of gas affects the number of places I go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting from place to place costs too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I walk to places to save money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I bike to places to save money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use public transportation to save money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technology You Use

3. How often do you use the following devices to access the Internet?

	Daily	A few times a week	A few times a month	A few times a year	Never
Desktop or laptop computer	<input type="checkbox"/>				
Smartphone	<input type="checkbox"/>				
Tablet	<input type="checkbox"/>				
Other device, please specify	<input type="checkbox"/>				

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Your Household and You

4. How many vehicles are owned, leased, or available for regular use by the people who currently live in your household? Be sure to include motorcycles, mopeds, and RVs.

Please fill in "0" if your household has no motor vehicles

Total number of motor vehicles available to your household

5. Do you own or rent your home?

- Own
- Rent
- Other, please specify

6. Are you of Hispanic or Latino origin?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

7. What is your race? Mark all that apply.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other, please specify

8. What is the highest grade or year of school you completed?

- Less than a high school graduate
- High school graduate or GED
- Some college or Associates degree
- Bachelor's degree
- Graduate degree or professional degree

Contact Information

9. Please print your first and last name below.

First Name

Last Name

10. Please provide your email address.

11. What is the best telephone number for us to reach you for the next part of the study?

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12. Is the number above a cell phone?

- Yes
- No

13. Do you have a landline telephone?

- Yes
- No

14. The second part of this survey can be done online or on the phone. Which do you prefer?

- Online
- Phone

Please continue to the back page. →

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