

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.

Participation is voluntary and your information will be kept confidential. The information will be used to analyze travel behaviors of US. Public. Estimated reporting burden is 8 minutes including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. The OMB control number for this collection is 2125-0545. Comments or suggestions regarding any aspect of burden, collection of information may be sent to: Michael Howell, Information Collection Clearance Officer, Federal Highway Administration, 202 366-5707, Michael.howell@dot.gov, 1200 New Jersey Avenue, SE, Washington, DC 20590.

- ▶ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Vehicle (Car/Truck/SUV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi service or rideshare such as Uber/Lyft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train/Subway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paratransit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other device, please specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

<input type="text"/>	<input type="text"/>	Total number of motor vehicles available to your household
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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. →



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	You	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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="text"/> <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.

<input type="text"/>	<input type="text"/>
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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 participation helps us have an accurate picture of you and your community.

