



## 2002 Pre-Program Questionnaire

Please print this out and return the completed by the end of **Monday, August 12th** or as soon as possible. This form can be returned in the following ways:

**By mail to:**

Way to Go "One-Less-Car"  
c/o SDOT-PPMP  
Municipal Building, 4<sup>th</sup> Floor  
600 Fourth Avenue  
Seattle, WA 98104

**By Fax to:**

(206) 233-0085  
Attention: Way to Go  
"One-Less-Car"

**We estimate it takes around 15 minutes to complete this questionnaire.**

We are asking you the first question because we want to make sure each driving member of the household is willing to try to get around with one-less-car. We also want to make sure you are aware that this program is not just for commute trips, but for all trips including non-work related trips on the weekends.

**1. Is each driving member of the household aware they will be participating in this program and filling out the daily travel diaries?**

*(Please have each driving member of the household write their name and sign below that they agree to try to get by with "one less car" and provide send the City their travel diaries once a week.)*

Name *(print)*

Signature

1.

2.

3.

4.

**2. What is the business name and street address of where the driver(s) in your household work?** *(We are interested in this information so we can understand what your commute trip – from home to work and back – is like.)*

Business Name

Street Address with City

1.

2.

3.

### 3. How will you get around on the weekends?

Each driver should think of a typical weekend trip. List the trips that s/he makes and how they normally make these trips (car, bus, walk, bicycle, taxi, carpool, etc.). Then list how you anticipate making that same typical trip without access to the car. (We'll give you more information and ideas at the kick-off meeting, so just do your best).

Please think about the following considerations:

- Would not having a car affect the order in which you make these trips?
- What trips might you delete? What trips might you combine?
- How would you plan with other members of the household to accomplish all the day's tasks?

**List a typical weekend trip(s):** \_\_\_\_\_  
*example: to grocery store*

**List How You Normally Make Them:** \_\_\_\_\_  
*by car*

**List How You Will Make Them During Way to Go:** \_\_\_\_\_  
*take bus route #7, and time trip to catch it to go back home*

### 4. Where do you think you can reduce your car usage most?

### 5. On average how long does your household's car(s) remain parked until you use it next - not counting when it is typically parked overnight?

(Choose **one** unit of time that best fits your answer, and write in a number)

\_\_\_\_ Hour(s) or \_\_\_\_ Day(s) or \_\_\_\_ Week(s)

### 6. In general, when you or someone in your household needs to go somewhere, do you consciously think about what means to use to get there (car, bus, walking, etc.)?

- Yes  
 No

6b. If yes, please give an example, and indicate how you choose the mode to use.

### 7. Other than getting to work and back, does your household make regular trips during the week without using your car(s)?

- Yes  
 No

7b. If yes, please give an example of these regular trips not using your car(s), and *if possible* tell us the destination and approximate distance of the trip in your example.

8. When there is a need to go somewhere that is not part of the usual schedule, how often does your household use another means of getting there other than your car? (Check one)

- Hardly       Rarely       Sometimes       Often       Frequently

8b. Please give an example of these trips, and *if possible* tell us the destination and approximate distance of the trip in your example.

9. How many times in the past **MONTH** have members of your household used the following modes of transportation to make a trip: (Check one for each mode)

<b>Bus</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>
<b>Bike</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>
<b>Walk</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>
<b>Rode Together</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>
<b>Formal Car/Vanpool</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>
<b>Used FlexCar</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>
<b>Took a Taxi</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>
<b>Other (specify):</b>	<input type="checkbox"/> None	<input type="checkbox"/> Once a <b>Month</b>	<input type="checkbox"/> Twice a <b>Month</b>	<input type="checkbox"/> Once a <b>Week</b>	<input type="checkbox"/> More than Once a <b>Week</b>

10. Any general comments/or concerns? (Please use back of this page if needed.)