

**1. Which best describes your home?**

- 1 One-family house, detached from any other house
- 2 One-family house, attached to one or more houses (*duplex, rowhouse, townhouse*)
- 3 Mobile home
- 4 Building with 2 or more apartments (*condo, apartment, etc.*)
- 97 Other (*specify*): \_\_\_\_\_

**2. Is this home . . . ?**

- 1 Owned by you/someone in household
- 2 Rented for cash rent
- 3 Occupied without payment of cash rent
- 97 Other: \_\_\_\_\_

**3. What is the best phone number to reach you? ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_** 1 Cell 2 Landline

**4. What is the best day(s) and time to reach you at this number? (Circle all the days that apply)**

Day: Mon Tues Wed Thu Fri Sat Sun Time: \_\_\_\_\_ am / pm

**5. Do you have an email account that you check daily, where we can contact you?**

- 1 Yes: \_\_\_\_\_ @ \_\_\_\_\_
- 2 No

**6. What types of telephone service does your household have? (Check all that apply)**

- 1 Standard land-based telephone service
- 2 Wireless cellular or satellite service
- 97 Other: (*specify*) \_\_\_\_\_
- 98 Don't Know

**7. How many people, including yourself, live in your home?**

(DO NOT INCLUDE college students living away from home, household members on active duty, or anyone who lives somewhere else most of the time.)

Total #:

**8. Please complete the following information for each person who lives in your household (this should match the number you recorded in Question 7). Answer the questions about yourself in the first row and for the next person in row 2, etc. Note: if you have more than 8 household members, please record the information on a separate piece of paper.**

Person #	First Name or Initials	Gender	Age	Race/Ethnicity (Check all that apply)	Person's Relationship to You	Employment	Number of Places Went on Most Recent Weekday
<b>1</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 0 Self	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home
<b>2</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Parent <input type="checkbox"/> 4 Grandparent <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Other relative <input type="checkbox"/> 7 Not related	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home
<b>3</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Parent <input type="checkbox"/> 4 Grandparent <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Other relative <input type="checkbox"/> 7 Not related	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home
<b>4</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Parent <input type="checkbox"/> 4 Grandparent <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Other relative <input type="checkbox"/> 7 Not related	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home
<b>5</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Parent <input type="checkbox"/> 4 Grandparent <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Other relative <input type="checkbox"/> 7 Not related	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home
<b>6</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Parent <input type="checkbox"/> 4 Grandparent <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Other relative <input type="checkbox"/> 7 Not related	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home
<b>7</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Parent <input type="checkbox"/> 4 Grandparent <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Other relative <input type="checkbox"/> 7 Not related	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home
<b>8</b>		<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<input type="checkbox"/> 1 African American/Black <input type="checkbox"/> 2 American Indian/Alaska native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Hispanic (of any race) <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> 6 White <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Spouse/Partner <input type="checkbox"/> 2 Child <input type="checkbox"/> 3 Parent <input type="checkbox"/> 4 Grandparent <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Other relative <input type="checkbox"/> 7 Not related	Is this person employed? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Number of jobs this person has: #: _____	Total #: _____ <input type="checkbox"/> 2 Did not leave home

Continue

**9. How many motor vehicles are owned, leased, or available for regular use by the people who currently live in your household?**  
(Include motorcycles, mopeds, and RVs but exclude any vehicles in non-working condition)

Total #:

**10. Please tell us the make & model, year, type of fuel used, and the vehicle type for each vehicle.**  
Note: if you have more than 8 vehicles in your household, please record the information on a separate piece of paper.

Vehicle #	Make & Model (e.g. Toyota Camry, etc.)	Year	Fuel Type	Vehicle Type
1			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____
2			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____
3			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____
4			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____
5			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____
6			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____
7			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____
8			<input type="checkbox"/> 1 Gas <input type="checkbox"/> 2 Diesel <input type="checkbox"/> 3 Electric/Hybrid <input type="checkbox"/> 97 Other: _____	<input type="checkbox"/> 1 Car/Station wagon <input type="checkbox"/> 2 Van (mini, cargo, passenger) <input type="checkbox"/> 3 Sport utility vehicle (SUV) <input type="checkbox"/> 4 Pick-up truck <input type="checkbox"/> 5 Other truck <input type="checkbox"/> 6 Recreational vehicle (RV) <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 97 Other: _____

## Household Questionnaire

*Thank you for your participation,  
you can help make a difference  
in the future of transportation  
in the Greater Baltimore  
Metropolitan area!*

This questionnaire begins the Household Travel Survey process by asking about your household in general and capturing a phone number where we can best reach you to complete the interview and schedule your travel day. After you complete the questionnaire, please mail it back in the postage-paid envelope.

### Confidentiality:

*This survey is conducted in accordance with strict privacy provisions. All information, whether related to personal identity or travel and activities, will remain completely confidential. The information will not be published, sold, distributed, or otherwise made available to any third party.*



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