

# TREASURE COAST

Regional Household Travel urvey

TC-HTS

## Household Log

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Household ID: \_\_\_\_\_

### Instructions:

1. This survey should be filled out by a family member who is 18 years or older living at this address. Please provide requested information for **all** family members in your household. Your information will be used to ensure that we have a representative sample in your neighborhood and all information will be kept strictly confidential.
2. We would also like to ask each member of your household to record their travel information for a 24-hour period on a weekday from Monday to Thursday. You can record your travel information using our **Travel Log**. After your travel day, please mail your completed diary using the enclosed postage-paid envelope. If you prefer, you can also record your travel using our smartphone APP **MyTripDiary**, or enter you travel information online or by phone.
  - Online:** go to [www.TreasureCoastSurvey.com](http://www.TreasureCoastSurvey.com).
  - By Phone:** call 1-888-201-5226 to speak with one of our support staff.
  - By Mail:** simply return the completed diary to us using the postage paid envelope.

### Questions?



[www.TreasureCoastSurvey.com](http://www.TreasureCoastSurvey.com)



1-888-201-5226



[help@TreasureCoastSurvey.com](mailto:help@TreasureCoastSurvey.com)



# Treasure Coast Household Travel Survey Household Log

1. To start, we would like to know your thoughts on the area's transportation system. Next, we would like to get some background information regarding your household.

How would you rate each of the following transportation options?

**Overall transportation options in your community:**

Excellent       Very Good       Good       Fair       Poor       Don't know

**Bus Service:**

Excellent       Very Good       Good       Fair       Poor       Don't know

**Bicycle lanes and biking paths:**

Excellent       Very Good       Good       Fair       Poor       Don't know

**Sidewalks and walking paths:**

Excellent       Very Good       Good       Fair       Poor       Don't know

**Roads and highways that serve your community:**

Excellent       Very Good       Good       Fair       Poor       Don't know

2. How many vehicles are available for regular use by the people who currently reside in your household? (Please be sure to include leased or company owned cars, vans, pickup trucks, sport-utility vehicles, motorcycles, and mopeds. Do not include RVs.)

Number of Vehicles Available to your Household:

None       1       2       3       4       5       6 or more

3. How people travel is often dependent on the characteristics of their household. To understand your traveling needs, we would like you to describe your household by answering a few questions.

How many people are living or staying at this address?

1       2       3       4       5       6       7       8 or more

4. Which of the following best describes your residency status?

I am a permanent resident that lives in the current address year round

I am a seasonal resident that lives in the current address only a few months a year.

5. What type of place is your current residence?

Single-family detached house

Single-family attached house

Building with 2 or more apartments or condos

Mobile home/trailer

Dorm or institutional housing

Other (boat, RV, VAN, etc.)

6. Do you own or rent your current residence?

Rent

Own/Buying (paying mortgage)

Provided by job or military

Other

Prefer not to say

7. In 2016, what was your household's total annual gross income (from all sources) before taxes and other deductions? This information is only used to ensure a representative sample of households participate in this survey.

Less than \$24,999

\$25,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

\$100,000 or \$149,999

\$150,000 or more

Don't Know

Prefer Not to Say

8. What is your home address? \_\_\_\_\_

9. We would like to send you a friendly reminder later to record your travel activities on a weekday. You will be contacted for this purpose only and your personal information will never be shared. What is the best way to contact you?

By Email: \_\_\_\_\_ (email address)

By Phone: \_\_\_\_\_ (phone number)

By Text Message: \_\_\_\_\_ (Cell phone number)

For the next few questions, please provide information for the family members aged 5 or above in your household. If there are more than six (6) members living in your household, please call our toll-free number 1-888-201-5226 for assistance.

	Member 1	Member 2	Member 3
10. Member's initial or nickname (write name in box)			
11. Member's Gender (check one)	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
12. Member's Age (write age in box)			
13. Relationship to you (select one and write in box) a. Spouse b. Child c. Sibling d. Parent e. Grandchild f. Other Relatives g. Visitor or Friend h. Prefer not Say	SELF		
14. Member's race (select all that apply and write in box) a. White b. Black or African American c. Hispanic or Latino Ancestry d. Native Hawaiian and Other Pacific Islander e. American Indian or Alaska Native f. Asian g. Some Other Race h. Prefer not Say			
15. Employment Status (select one and write in box) a. Full time (work at least 35 hours per week) b. Part-time c. Self-employed d. Not employed e. Prefer not Say			
16. Any type of volunteer work on a regular basis (select one and write in box) a. Yes b. No c. Prefer not Say			
17. Number of jobs (if employed) (check one)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
18. Regardless of whether the member telecommute, is telecommuting (working-from-home) offered at the main workplace? (select one and write in box) a. Yes b. No c. Not Applicable d. Prefer not Say			
19. Does the member have a flexible work schedule, e.g., can take Friday off every other week? (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
20. During the LAST WEEK, please indicate which of the weekdays the member DID NOT travel locally at all (e.g., he/she stayed at home, or was out of town for the entire day(s) (check all that apply)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
21. Member's current status (if not employed) (select one and write in box) a. Retired b. Homemaker c. Unemployed but looking for a job d. Unemployed but not looking for a job e. Other f. Prefer not Say			
22. Highest level of education completed (e.g., middle school, high school, associate degree, BA, MA, graduate degree, etc.) (Write response in box)			
23. Is the member a student? (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
24. If a student, what type of school does the member attend? (e.g., preschool, kindergarten, college, vocational, etc.) (write response in box)			
25. Have a valid drivers' license? (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
26. Have a smartphone? (select one and write in box) a. iPhone b. Android Phone c. Windows Phone d. Other smartphones f. No smartphone			
27. Use of local public transit systems such as Martin County's Public Transit Service, Treasure Coast Connector (TCC), or GoLineBus (select one and write in box) a. Nearly every day b. Once or twice a week c. Once or twice a month d. Occasionally f. Never g. Prefer not to Say			

Family member continues. If there are more than six (6) members living in your household, please call our toll-free number 1-888-201-5226 for assistance.

	Member 4	Member 5	Member 6
10. Member's initial or nickname (write name in box)			
11. Member's Gender (check one)	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
12. Member's Age (write age in box)			
13. Relationship to you (select one and write in box) a. Spouse b. Child c. Sibling d. Parent e. Grandchild f. Other Relatives g. Visitor or Friend h. Prefer not Say			
14. Member's race (select all that apply and write in box) a. White b. Black or African American c. Hispanic or Latino Ancestry d. Native Hawaiian and Other Pacific Islander e. American Indian or Alaska Native f. Asian g. Some Other Race h. Prefer not Say			
15. Employment Status (select one and write in box) a. Full time (work at least 35 hours per week) b. Part-time c. Self-employed d. Not employed e. Prefer not Say			
16. Any type of volunteer work on a regular basis (select one and write in box) a. Yes b. No c. Prefer not Say			
17. Number of jobs (if employed) (check one)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
18. Regardless of whether the member telecommute, is telecommuting (working-from-home) offered at the main workplace? (select one and write in box) a. Yes b. No c. Not Applicable d. Prefer not Say			
19. Does the member have a flexible work schedule, e.g., can take Friday off every other week? (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
20. During the LAST WEEK, please indicate which of the weekdays the member DID NOT travel locally at all (e.g., he/she stayed at home, or was out of town for the entire day(s) (check all that apply)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
21. Member's current status (if not employed) (select one and write in box) a. Retired b. Homemaker c. Unemployed but looking for a job d. Unemployed but not looking for a job e. Other f. Prefer not Say			
22. Highest level of education completed (e.g., middle school, high school, associate degree, BA, MA, graduate degree, etc.) (Write response in box)			
23. Is the member a student? (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
24. If a student, what type of school does the member attend? (e.g., preschool, kindergarten, college, vocational, etc.) (write response in box)			
25. Have a valid drivers' license? (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
26. Have a smartphone? (select one and write in box) a. iPhone b. Android Phone c. Windows Phone d. Other smartphones f. No smartphone			
27. Use of local public transit systems such as Martin County's Public Transit Service, Treasure Coast Connector (TCC), or GoLineBus (select one and write in box) a. Nearly everyday b. Once or twice a week c. Once or twice a month d. Occasionally f. Never g. Prefer not to Say			