

Exit Intercept Survey: As persons EXIT, intercept as they leave a specific entrance.

Interviewer Name: _____ Building: _____ Location: _____ Date: _____ Start Time: _____: _____ am pm Page _____ of _____

“Hello! Do you have a minute to take a brief smart-growth transportation survey?” (This survey is for a research project led by UC Davis for Caltrans. Feel free to decline to answer any questions you are not comfortable with.)

Time of Trip	THE TRIP YOU ARE TAKING NOW...	THE TRIP YOU TOOK TO GET HERE...		THE TRIP YOU ARE TAKING NOW...	THE TRIP YOU TOOK TO GET HERE...	Other Info (Ask all.)	Refusal?
	How are you getting there? (Check all that apply.)	Was it betw 7-10 am or 4-7 pm?	If yes, how did you get here? (Check all that apply.)	Where are you going? (Check one only.)	Where did you come? (Check one only.)		
_____: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Walk: Will you walk all the way ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Auto: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger How many other people are travelling with you? _____ <input type="checkbox"/> Bus: Catch on-site? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Train: Catch on-site? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Bicycle <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Walk: Walked all the way ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Auto: Did you park? <input type="checkbox"/> Y -On-site <input type="checkbox"/> Y - Off-site <input type="checkbox"/> N Did you pay for parking? <input type="checkbox"/> Y <input type="checkbox"/> N Were you the driver? <input type="checkbox"/> Y <input type="checkbox"/> N How many other people travelled with you? ____ <input type="checkbox"/> Bus: Did you get off at a stop on-site? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Train: Did you get off at a stop on-site? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Bicycle <input type="checkbox"/> Other _____	<input type="checkbox"/> On-Site: Name of Business/Building _____ <input type="checkbox"/> Off-Site: Address/Nearest Intersection _____ & City (if other) _____	<input type="checkbox"/> On-Site: Name of Business/Building _____ <input type="checkbox"/> Off-Site: Address/Nearest Intersection _____ City (if other) _____	Home Zip Code: _____ Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	~Age? _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F

Did you take any other trips today to or from this building between 7-10 am or 4-7 pm? Y N **If yes, use more row(s) as needed:**

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