



<NAME>'s Information Sheet

Instructions for filling out Information Sheet

- We will need this information sheet filled out for each household member assigned a GPS device.
- Please complete the questions on the front and back of this sheet.
- The front is about your use of the GPS device.
- The back is about your work and/or school locations.
- You can complete this form online by logging on to:
<http://survey.oki.org> and entering your password.

Your password is: <PASSWORD>

If you have any questions, please call or email:
1-877-284-7879
survey@oki.org

About My Use of the GPS Device

- Complete Question 1 below by checking the category that best describes what happened each day.
- Complete Question 2 below about any possible battery problems you had with your GPS unit, and, if you had a problem, the approximate time of day the battery ran out.

| | Day 1 «Travel Date 1» | Day 2 «Travel Date 2» | Day 3 «Travel Date 3» |
|--|---|---|---|
| QUESTION 1 | | | |
| Yes! I took my device with me all day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oops! I forgot to take my device with me today | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I took the device with me for some of the day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I didn't go out at all today | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you did not go out today, please check the reason why below. | | | |
| What was the reason why you did not go out today? | <input type="checkbox"/> Sick <input type="checkbox"/> Holiday/Vacation <input type="checkbox"/> Work from Home <input type="checkbox"/> Other | <input type="checkbox"/> Sick <input type="checkbox"/> Holiday/Vacation <input type="checkbox"/> Work from Home <input type="checkbox"/> Other | <input type="checkbox"/> Sick <input type="checkbox"/> Holiday/Vacation <input type="checkbox"/> Work from Home <input type="checkbox"/> Other |
| QUESTION 2 | Day 1 «Travel Date 1» | Day 2 «Travel Date 2» | Day 3 «Travel Date 3» |
| Did the battery run out today? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| The battery ran out today at approximately... | □□:□□ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | □□:□□ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | □□:□□ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |

Work Information Section

If you work full-time or work part-time or volunteer, please complete this Work Information Section. Otherwise, please skip to the School Information Section.

1. Where do you work/volunteer?

- Usually at one location At home Many places, no base address

IF YOU ANSWERED USUALLY ONE LOCATION, ENTER THAT ADDRESS BELOW, OTHERWISE SKIP TO QUESTION 4.

2. Enter address in the box below.

Name of Employer/Place _____
Street Address _____
Or Street and Nearest Cross Street _____
City _____ State _____ Zip Code _____

3. In regard to parking at your workplace:

- My parking is free My employer pays for parking I pay for my own parking

4. Do you have more than one paid job? Yes No

IF YOU HAVE MORE THAN ONE JOB, CONTINUE TO QUESTION 5, OTHERWISE SKIP TO QUESTION 7.

5. Which of the following best describes your second job workplace?

- Usually at one location At home Many places, no base address

PLEASE ENTER SECOND JOB WORK ADDRESS BELOW. IF YOU DO NOT HAVE A WORK ADDRESS, SKIP TO QUESTION 7.

6. Enter second job work address in the box below.

Name of Employer/Place _____
Street Address _____
Or Street and Nearest Cross Street _____
City _____ State _____ Zip Code _____

7. What type of industry is your primary workplace?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Manufacturing - Durable goods | <input type="checkbox"/> Information | <input type="checkbox"/> Healthcare & Social Assist. |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Finance or Insurance | <input type="checkbox"/> Arts, entertainment & Rec. |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Retail trade | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Accomodations & food service |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation & Warehousing | <input type="checkbox"/> Management of Companies | <input type="checkbox"/> Other services (excluding public administration) |
| <input type="checkbox"/> Manufacturing - Non-durable goods | | <input type="checkbox"/> Admin & Support services | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Other (Specify): _____ | | <input type="checkbox"/> Educational services | |

School Information Section

If you attend school full-time or part-time, please complete this School Information Section.

8. Enter school address in the box below.

Name of School/University, etc. _____
Street Address (if known) _____
Or Street and Nearest Cross Streets _____
City _____ State _____ Zip Code _____



Household Information Sheet

Instructions for filling out Household Information Sheet

- Only one Household Information Sheet should be filled out.
- Please complete the questions on the front and back of this sheet.
- The front asks for store information and asks you to record the odometer readings for each of your vehicles before your **FIRST** travel day.
- The back asks you to record the odometer readings after your **LAST** travel day.
- You can complete this form online by logging on to:
<http://survey.oki.org> and entering your password.

Your password is: <INSERT PASSWORD>

If you have any questions, please call or email:
1-877-284-7879
survey@oki.org

Shopping Information Section

1. Please tell us the two stores where your household does most of its shopping.

| | | |
|---------|---|---------|
| STORE 1 | Name of the 1st Store _____ | STORE 1 |
| | Street and Nearest Cross Street _____ | |
| | Or Street Address Or Shopping Center (if known) _____ | |
| | City _____ State _____ Zip Code _____ | |
| STORE 2 | Name of the 2nd Store _____ | STORE 2 |
| | Street and Nearest Cross Street _____ | |
| | Or Street Address Or Shopping Center (if known) _____ | |
| | City _____ State _____ Zip Code _____ | |

Vehicle Information Section - First Reading

- For each vehicle listed below, fill in the vehicle model, year, primary driver of the vehicle and current odometer reading of the vehicle before leaving your house on your FIRST travel day.
- Please make sure you record the Odometer reading and NOT the Trip Meter reading. The Odometer shows the total number of miles that the car has traveled since new.

| | | | |
|-----------|---|--|-----------|
| VEHICLE 1 | Model _____ Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Primary Driver _____ | VEHICLE 1 |
| | Odometer Reading: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles | Date of Reading: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |

Vehicle Information Section - First Reading Continued

| | | | |
|-----------|---|--|-----------|
| VEHICLE 2 | Model _____ Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Primary Driver _____ | VEHICLE 2 |
| | Odometer Reading: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles | Date of Reading: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |
| VEHICLE 3 | Model _____ Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Primary Driver _____ | VEHICLE 3 |
| | Odometer Reading: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles | Date of Reading: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |

Vehicle Information Section - Second Reading

- For each vehicle listed below, fill in the vehicle model, year, and current odometer reading of the vehicle after your LAST travel day.
- Please make sure you record the Odometer reading and NOT the Trip Meter reading.

| | | | |
|-----------|---|--|-----------|
| VEHICLE 1 | Model _____ Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date of Reading: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | VEHICLE 1 |
| | Odometer Reading: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles | | |
| VEHICLE 2 | Model _____ Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date of Reading: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | VEHICLE 2 |
| | Odometer Reading: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles | | |
| VEHICLE 3 | Model _____ Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date of Reading: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | VEHICLE 3 |
| | Odometer Reading: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles | | |

Thank you for your participation!

If you have any questions, please call or email:
 1-877-284-7879
survey@oki.org

The Greater Cincinnati Area Household Travel Survey

GPS Instruction Sheet


Thank you for taking part in the Greater Cincinnati Area Household Travel Survey. This page tells you how to use the GPS devices. On the back of this page are some other things you may want to know like how to turn the volume down.

If you have any questions about the survey, please call the Travel Survey team at **1-877-284-7879** (toll free call).

PLEASE TAKE THE GPS DEVICE WITH YOU WHEREVER YOU GO - IN OR OUT OF YOUR CAR!

We suggest that you put the GPS device with your keys or cell phone, or put it in your bag or pocket so that you don't forget it each day.



Quick Guide to Using Your GPS Device



TURN ON DEVICE: Press and hold the “Power On”  button until you hear a voice say “*Finding Position*” and the device light flashes **Green**. If the device does not flash, you will need to charge the device.

FINDING POSITION: When the device finds its position, you will hear a voice say “*Position Found*”. The device will flash **Green**, **Red**, and **Orange**. If you can, **please wait until the device has found a position before leaving**. During travel the device will continue to flash.

STANDBY: To save battery the device will turn off if it is not moved for 15 minutes. It will turn on again as soon as it is moved.

CHARGING: If the power is low you will hear a voice say “*Battery Low*” and the device will flash **Green** three times. Please recharge the device using the charger provided. The device will flash **Green** two times while the device is charging. Charging should take less than 4 hours. You cannot overcharge the device. The device will need to be turned on before you begin travel.




VOLUME DOWN OR OFF: To turn the volume down or off firmly press the “Volume Down”  button. The device will beep as the volume is turned down and will stop beeping once the volume is off. You will need to press the  button a few times until the sound is turned off.

VOLUME UP: To increase the volume firmly press the “Volume Up”  button. You will need to press the  button a few times to turn the volume all the way up. The device will beep louder as the volume increases.



OTHER THINGS TO KNOW

1: MY DEVICE IS TOO LOUD! CAN I TURN THE VOLUME DOWN OR OFF?

Yes, press the 'Volume down'  button. Pressing the  button **3** times will turn the sound off completely. If the sound is turned off you won't be able to hear any of the instructions from the device. To increase the volume, press the 'Volume up'  button.



2: MY DEVICE DOES NOT SEEM TO RECORD! WHY NOT?

When you start traveling, the GPS device must find its position. To do this it needs to receive a signal from four GPS satellites. These signals can be blocked by walls, buildings, overhangs and even trees! When the device starts to record data a **red light** and an **orange light** will start flashing. It can take up to **one minute** for the device to find the satellites, especially if it has been turned off for some time. To help make sure your device is recording data, stand **under open sky before starting your journey**. We know that this may not always be possible, so don't worry if you can't wait!



The device may lose signal when passing through a tunnel, or through a built up area. The **red** and **orange** lights will then stop flashing. It should pick up position again when it has passed through.

3: MY DEVICE HAS STOPPED FLASHING! WHY?




There are three reasons why the **green** light on your device may have stopped flashing.

- **The device may be 'asleep'**: The device will go to 'sleep' if it isn't moved for 15 minutes to save battery power. The device has a sensor to detect movement, so when it is moved again it will wake up and try to find its position again.
- **The device may be turned off**: If you move the device and the green light still does not come on, the device may be turned off. To turn it back on, hold the 'Power'  button down for 3 seconds.
- **The battery may have run out**: If the device still does not come on, the battery may have died, and you will need to charge the device. You may have to hold the 'Power'  button down for 3 seconds until you hear a beep to begin charging the device.

4: THERE ARE LIGHTS FLASHING ON MY DEVICE! WHAT DO THEY MEAN?

- The **green** light flashes beneath the 'Power'  button when the device is active. It gives a double flash when the device is charging and a triple flash when the battery is low. In this case you will need to charge it — see the front of this sheet for instructions on how to charge the GPS device.
- The **red** and **orange** lights flash beneath the 'Volume up'  button when the device is recording its position. Hopefully, these lights will flash when you are traveling, as this means the device is recording its position.

5: THERE ARE SOLID LIGHTS ON MY DEVICE. WHAT SHOULD I DO?

- If the **red** light beneath the 'Volume up'  button is permanently on, and isn't flashing, the device may have frozen. You will need to turn it off and back on again. To turn it off hold the 'Power'  button for three seconds. Repeat this to turn it back on.
- If the **blue** light beneath the 'Volume down'  button is permanently on, the device will still work properly but use up a bit more battery power than normal. If this is a problem for you, call 1-877-284-7879 (toll free call) for further instructions.

6: I HAVE LOST OR BROKEN MY DEVICE! IS THIS A PROBLEM?

The devices are valuable, and we hope that you will take good care of them. **The devices can be damaged by exposure to heat (> 140°F) or water.** But we do realize that accidents happen.

If you happen to lose a device, or think it has been damaged, please call the Travel Survey team at **1-877-284-7879 (toll free call)** as soon as possible. The sooner we can act to fix things the better! You won't be liable for any damage or loss.

The Greater Cincinnati Area Household Travel Survey

AFTER your travel days...

After you have completed your three-day travel period, the Travel Survey team will call to remind you to return your GPS devices.

For your convenience, you can return the GPS devices and forms using the United States Postal Service (USPS), FedEx, or you can set-up a courier pick up at the location of your choice.

*****ALL RETURN SHIPMENT FEES HAVE BEEN PRE-PAID.*****

Drop Off the Priority Mail Box at Your Local Post Office or USPS Drop Box

- Place the GPS device(s) and forms in the pre-paid return Priority Mail box you received.
- Seal the box and drop it off at your local post office or USPS drop box.



Locating USPS Post Office or Drop Box By Internet:

- Go to <http://www.usps.com> to get directions to the nearest drop-off box or location.

Locating USPS Post Office or Drop Box By Telephone:

- Call **1-800-ASK-USPS** (1-800-275-8777) to get directions to the nearest drop-off box or location.

Drop Off the FedEx Package at Your Closest FedEx Office or Drop Box

- Place the GPS device(s) and forms in the pre-paid return FedEx package you received.
- Seal the package and drop it off at your local FedEx office or FedEx drop box.



Locating FedEx Office or Drop Box By Internet:

- Go to <http://www.fedex.com> to get directions to the nearest drop-off box or location.

Locating FedEx Office or Drop Box By Telephone:

- Call **1-800-GO-FEDEX** (1-800-463-3339) to get directions to the nearest drop-off box or location.

Courier Will Pick Up the GPS Device(s) and Completed Forms

If you cannot mail back your GPS device(s) and forms for any reason:

- Call the Travel Survey team at **1-877-284-7879**.
- We will arrange for pick up at the location of your choice.



Thank you for your participation!
If you have any questions or comments, please call or email:
1-877-284-7879



The Greater Cincinnati Area Household Travel Survey

Dear <INSERT LAST NAME> Household:

Thank you for agreeing to participate in the Greater Cincinnati Area Household Travel Survey. Your participation will help plan and evaluate transportation improvements within the Greater Cincinnati region.

Enclosed in this packet are the following items:

- Household Information Sheet (2-sided)
- Person Information Sheet for each household member 13 years or older
- GPS Device for each household member 13 years old or older
- One to two GPS Charger(s)
- GPS Instruction Sheet (2-sided)
- One-Day Travel Booklet for each household member 12 years or younger
- Return Instruction Sheet with a Return Shipping Pre-Paid Fed Ex Envelope

Before your first travel day begins, your household will need to fill out the vehicle odometer first reading(s) on your Household Information Sheet for each working vehicle in your household.

The following travel dates have been assigned to your household.

<INSERT TRAVEL DATES>

Please remember to turn on your GPS device(s) before traveling on the first day and keep the GPS device(s) with you at all times while traveling (by car, bike, bus, walk, etc.) until the end of the third day.

A select group of households will have the opportunity to participate in a follow-up web survey and will get a chance to win **1 out of 5 \$100 cash prizes**. Please look for your invitation to the follow-up travel survey via email or mail following your travel dates.

Again, your participation is very important and we appreciate your cooperation. <<INSERT IF RECEIVE INCENTIVE: As a token of our appreciation we will send your household a \$25 cash incentive after your household has completed this travel survey.>> If you have any questions about the Survey, please contact Abt SRBI toll-free at 1-877-284-7879. Information is also available at www.oki.org.

Sincerely,

A handwritten signature in blue ink that reads "Mark R. Policinski".

Mark R. Policinski
Executive Director
OKI Regional Council of Governments