

CATS
1990
Household Travel
Survey

Questionnaire
Materials

Questionnaire Materials

This document contains an example of the materials mailed to households selected to participate in the CATS 1990 Household Travel Survey. The materials presented in this example are from the city of Chicago component of the survey.

The households selected to participate in the survey were sent 3 mailings. The first contact consisted of 2 introduction letters. The introduction letters were followed 2 weeks later with the contents of the survey package. Five days past the designated "travel day" a reminder letter was sent to nonresponding households.

The first letter was written by a local official, usually the county board chairman. It explained the importance of cooperation and introduced CATS. The second letter was from CATS' Executive Director and focused on the mechanics of the survey. Two weeks after the introduction letters were mailed, the survey packet was sent. It contained a letter, instructions and the survey forms which solicited information at the household level, person level and on each of the trips the respondents made. A trip form for only one individual is shown. In the actual packet there were enough forms for 4 trip makers. There were also 3 supplemental forms. Included in the packet but not shown was a 9" by 11" self-addressed stamped envelope. Following the survey packet is a sample reminder letter. For a more detailed explanation of the survey materials refer to CATS 1990 Household Travel Survey: A Methodological Overview, Chicago Area Transportation Study, Working Paper 94-05, April 1994.



City of Chicago
Richard M. Daley, Mayor

Department of Public Works

John N. LaPlante
Acting Commissioner

Richard G. Hankett
Deputy Commissioner

Bureau of Transportation
Planning and Programming
Room 411
320 North Clark Street
Chicago, Illinois 60610
(312) 744-7767
FAX (312) 744-3958

September 19, 1991

Dear Chicago Resident:

The Chicago Area Transportation Study (CATS) will soon begin a comprehensive study to update existing data on the travel patterns and characteristics of Chicago residents. Yours, along with 17,000 other households, has been randomly selected to participate in this citywide travel survey.

We have all become increasingly aware of the important role that transportation plays in our daily lives. Over the past several years, travel patterns and characteristics have changed significantly. Given these changes, there is no up-to-date information on how we get to and from work, shopping, school or to our parks and recreation areas. The results of the travel survey will provide valuable insight as to how travel patterns have changed in the city of Chicago.

In the next few weeks you will be receiving a survey package and a set of instructions in the mail. The package will contain a questionnaire that will ask how you and your family travel on a typical weekday. I want to stress that your name, address and the information you provide will be kept strictly confidential and will be used for statistical purposes only.

I would encourage you to take the few minutes necessary to read and respond to the questionnaire. Your participation is very important and will be most appreciated.

If you have any questions, please contact Mr. Ed Christopher of CATS at (312) 793-3467. For your convenience CATS has also established a toll free number 1-800-637-9125. Thank you for your cooperation.

Very truly yours,

John N. LaPlante
Acting Commissioner



September 19, 1991

Dear Chicago Resident:

As Mr. LaPlante explained, we are embarking on a most important travel survey. This survey is especially important since it provides some of the data needed to develop transportation facilities to serve your needs.

During the initial planning of the travel survey, many people have asked who is doing this work. What is the Chicago Area Transportation Study (CATS)? In short, CATS is a public agency with transportation planning responsibilities for northeastern Illinois.

CATS was organized late in 1955 by the city of Chicago, Cook County and the State of Illinois, in cooperation with the Bureau of Public Roads. CATS' mission was to develop a transportation plan for the ever-growing metropolitan area. Once the original transportation plan was published in 1962, CATS took on the role of updating the region's transportation plan at ten year intervals.

In addition to CATS, many entities plan for different parts of the transportation system in the region. Each county, municipality, and the Illinois Department of Transportation do transportation related planning. The planning efforts of these agencies are coordinated by the Chicago Area Transportation Study. Without CATS providing this coordinating function, many federally funded transportation projects could not be planned or implemented.

I urge you to follow Mr. LaPlante's encouragement and participate in the travel survey, the importance of which has been discussed in the attached letter. We will be contacting you shortly with forms and instructions. In the meantime, if you have any questions, please do not hesitate to contact Mr. Ed Christopher of our office at 1-800-637-9125 (it's toll free).

Thank you,



Aristide E. Biciunas
Executive Director

AEB:ls

October, 1991

Dear Chicago Resident:

Approximately two weeks ago you received a letter indicating that your household had been randomly selected to participate in a citywide travel survey. This effort is designed to generate information which will be used to plan transportation improvements throughout northeastern Illinois during the next several years. Similar studies have been conducted in DuPage, Kane, Kendall, Lake, McHenry, Will and suburban Cook counties.

The objective of the survey is to identify all trips made by all members of your household, and by many other residents the city of Chicago, on a single travel day. Our survey covers all types of transportation including auto, bus, rail, airplane and even walking. There are some questions concerning your household and the people in it. The information you provide will be used to determine the travel patterns of typical residents of Chicago. Because we will be surveying only a small percentage of the population, it is important that those who have been selected do, indeed, respond. Even if you made only a few or no trips on the travel day, please complete the questionnaire. It is also important to hear from senior citizens and those persons who rarely travel. Any information you provide will remain confidential and will be used for statistical purposes only.

We trust that you will agree with us that the information obtained from this survey is important for planning future transportation facilities in Chicago and the suburbs. Only by collecting reliable information on travel patterns can we plan for the efficient movement of traffic within this region. Thank you for your assistance.

Sincerely,



Aristide E. Biciunas
Executive Director

CITY OF CHICAGO TRAVEL SURVEY 1991

Conducted for: Illinois Department of Transportation
City of Chicago

Conducted by: Chicago Area Transportation Study
Survey Office (312)793-3467
Toll Free Number: 1-800-637-9125

WHAT TO DO NOW

When completing this survey, you should

1. Fill out **PARTS 1 & 2** of the **HOUSEHOLD FORM**.
2. Fill out a **TRIP FORM** for each person **14 YEARS OF AGE OR OLDER**.
3. Have each of these people **RECORD ALL THE TRIPS** made on the household's **TRAVEL DAY** on these forms.

If any person is unable to complete the form, another household member should provide assistance.

The next page tells you how to fill out the **TRIP FORMS**.

4. Return the completed **HOUSEHOLD FORMS** and all completed **TRIP FORMS** in the enclosed **POSTAGE PAID ENVELOPE**.
5. Please try to mail the forms on **THE DAY AFTER** your household's **TRAVEL DAY** and **DO NOT** return unused forms.

IMPORTANT! HOW TO FILL OUT THE TRIP FORMS

- o Please complete a **TRIP FORM** for every person in the household who is 14 years of age or older.
- o The **OLDEST PERSON** in the household should fill out **TRIP FORM NUMBER 1**, the **SECOND OLDEST** in the household should fill out **TRIP FORM NUMBER 2**, and so on.
- o Please fill in **ALL THE TRIPS** you make on this day.

YOUR HOUSEHOLD'S TRAVEL DAY IS:	
THIS COMING	THURSDAY
- o You should complete the trip form **ONLY** for your household's **TRAVEL DAY**.
- o If you make **NO TRIPS** on the travel day, please give the **REASON** at the top of the trip sheet.
- o A **TRIP** is defined as a **ONE-WAY** movement from one location to another. If you travel to a location and then return home, this is counted as **TWO** separate trips. If you travel to work and then a store and then return home, this is counted as **THREE** trips.
- o Be sure to report **ALL** trips, even those where **WALKING** is the only means of transportation.
- o Fill in **ALL YOUR TRIPS** starting at **4:00 AM** on the **TRAVEL DAY** through **3:59 AM** the next day.
- o Every time you **RETURN HOME** during the course of the **TRAVEL DAY** be sure to record it on the trip sheet.
- o If someone in your household makes **MORE THAN 7 TRIPS** on the **TRAVEL DAY**, the Supplemental Trip Forms can be used. Please fill in the person number in the space provided at the top of the form.
- o If more than 4 people in your household make trips on the **TRAVEL DAY**, then use the Supplemental Trip Forms. Write the person number in the blank space at the top of the form.

ADDITIONAL INSTRUCTIONS ON BACK

- o **ATTENTION CTA, Metra and Pace riders. TRANSIT USERS** instructions are on the back of this page.
- o **ATTENTION** truck, taxi, limo and bus drivers, persons who drive a company vehicle and persons who drive extensively on **COMPANY BUSINESS**. A simpler procedure is explained on the back of this page.
- o **ATTENTION** persons who make **LONG DISTANCE TRIPS** on the travel day. Instructions are on the back of this page.

CALL US IF YOU HAVE ANY QUESTIONS

- o If you have any problems or questions about this survey, please phone the Survey Office between 8:00 AM and 4:30 PM. Our telephone number is 312-793-3467 or you can call toll free at 1-800-637-9125. After 4:30 PM you can call our toll free number and leave a message on the answering machine. We will get back to you as soon as possible.

TRIP MAKING CHECK LIST

Sometimes it is difficult to remember all of the trips that we have made during the day. The check list shows some typical travel destinations. It can be useful in determining whether you have remembered all of the trips you made on your assigned travel day.

<input type="checkbox"/> AIRPORT	<input type="checkbox"/> DAY CARE	<input type="checkbox"/> MUSEUM
<input type="checkbox"/> ANTIQUE SHOP	<input type="checkbox"/> DENTIST	<input type="checkbox"/> NEWS STAND
<input type="checkbox"/> ART GALLERY	<input type="checkbox"/> DEPARTMENT STORE	<input type="checkbox"/> NIGHT CLUB
<input type="checkbox"/> BABY SITTER	<input type="checkbox"/> DOCTOR	<input type="checkbox"/> OUT OF TOWN
<input type="checkbox"/> BAKERY	<input type="checkbox"/> DRUGGIST	<input type="checkbox"/> PARK
<input type="checkbox"/> BANK	<input type="checkbox"/> DRY CLEANERS	<input type="checkbox"/> PICK UP CHILD
<input type="checkbox"/> BAR/TAVERN/CLUB	<input type="checkbox"/> FAST FOODS	<input type="checkbox"/> PLEASURE DRIVE
<input type="checkbox"/> BARBER SHOP	<input type="checkbox"/> FISHING	<input type="checkbox"/> POST OFFICE
<input type="checkbox"/> BEACH	<input type="checkbox"/> FUNERAL	<input type="checkbox"/> RECORD STORE
<input type="checkbox"/> BOATING	<input type="checkbox"/> FURNITURE STORE	<input type="checkbox"/> RESTAURANT
<input type="checkbox"/> BOOK STORE	<input type="checkbox"/> GAS STATION	<input type="checkbox"/> SAVINGS & LOAN
<input type="checkbox"/> BOWLING ALLEY	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> BUTCHER	<input type="checkbox"/> HAIRDRESSER	<input type="checkbox"/> SPORTING EVENT
<input type="checkbox"/> CAR DEALER	<input type="checkbox"/> HEALTH CLUB	<input type="checkbox"/> SUMMER COTTAGE
<input type="checkbox"/> CAR REPAIR	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> TEMPLE
<input type="checkbox"/> CASH STATION	<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> TRAIN STATION
<input type="checkbox"/> CEMETERY	<input type="checkbox"/> LAUNDROMAT	<input type="checkbox"/> TRAVEL AGENT
<input type="checkbox"/> CHURCH	<input type="checkbox"/> LAWYER	<input type="checkbox"/> THEATRE
<input type="checkbox"/> COLLEGE	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> VETERINARIAN
<input type="checkbox"/> CONCERT	<input type="checkbox"/> LIQUOR STORE	<input type="checkbox"/> VIDEO STORE
<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> MEDICAL CLINIC	<input type="checkbox"/> VISIT FAMILY
<input type="checkbox"/> COURT	<input type="checkbox"/> MOVIE THEATRE	<input type="checkbox"/> VISIT FRIEND

CITY OF CHICAGO TRAVEL SURVEY 1991

Conducted for: Illinois Department of Transportation
City of Chicago

Conducted by: Chicago Area Transportation Study
Survey Office: (312)793-3467
Toll Free Number: 1-800-637-9125

PLEASE READ THIS FIRST

- Please fill out **PART 1** of the **HOUSEHOLD FORM** first.
- Then fill out **PART 2** of the **HOUSEHOLD FORM** for every household member aged **14 YEARS OR OLDER**.
- Then for every household member aged **14 YEARS OR OLDER** fill out the **TRIP FORMS** for this coming **THURSDAY**.

CONFIDENTIAL

The information obtained in this survey will be accorded confidential treatment, and will be used for statistical purposes only.

HOUSEHOLD FORM-PART 1

A household consists of **ALL** persons who live together and share the same mailing address.

How many persons (including yourself) live in this household? 5 Person(s)

Of these people, how many are less than 14 years old? 1 Person(s)

How many are 14 years or older? 4 Person(s)

HOW MANY of the following vehicles are owned or kept at home for use by members of this household?

(Please include all vehicles usually kept at your home overnight.)

2 AUTO(S) _____ MOTORCYCLE(S)

1 VAN(S) & PICKUP(S) _____ BICYCLE(S)
(1 Ton or Less)

_____ OTHER (specify) _____

We may need to call you to make sure that we understand all of your answers. What is your telephone number and the first name of the person we should contact? Also, when would be a convenient time to call?

Phone Number: 793-0000 First Name: David Time: 5:15 AM
PM

Now please answer the questions on **PART 2** of the **HOUSEHOLD FORM** for all persons aged **14 YEARS OR OLDER**.

TRIP FORM

Fill in for all trips on this coming

THURSDAY

for
Person
Number

1

If you did not make any trips on this day, please give reason

Where did your first trip on Thursday begin? (after 4:00 A.M.)

FROM HOME
ELSEWHERE

91ST & COMMERCIAL, CHICAGO

Please Specify Nearest Intersection

NOTE: If you go to and from a location, record this as two separate trips.

ON WHAT DATE DID YOU MAKE THESE TRIPS?
MONTH 10 DAY 10, 1991

At what TIME did you begin this trip?

WHERE was your DESTINATION?

Please give the street name or best description.

At what TIME did you ARRIVE at this destination?

WHY did you go to this DESTINATION?
(Check only one.)

HOW did you make this trip?
(Check only one.)

If you used BUS, RAPID TRANSIT or RAIL, how far did you walk TO the bus stop or train station?

If you used BUS, RAPID TRANSIT or RAIL, how far did you walk FROM the bus stop or train station?

If you traveled by AUTO, VAN or TRUCK (driver or passenger) how many persons INCLUDING YOURSELF were in the vehicle?

Did you go ANYWHERE ELSE after this trip?
(e.g. BACK HOME, on to another location, etc.)

FIRST TRIP
Starting after 4:00 A.M.

Time Started: 535 AM PM

DESTINATION LOCATION
Nearest Intersection: ADDISON & KIMBALL
Name of City, Town or Village: CHICAGO

Arrival Time: 630 AM PM

Destination Activity:
 WORK
 WORK RELATED
 SCHOOL
 SHOPPING
 EAT MEAL
 BANKING
 RECREATION
 PICK UP / DROP OFF PASSENGERS
 CHANGE TYPE OF TRANSPORTATION
 RETURN HOME
 OTHER (Specify)

Type of Transportation:
 WALK ONLY
 DRIVER OF AUTO, VAN OR TRUCK
 PASSENGER IN AUTO, VAN OR TRUCK
 SCHOOL BUS
 PACE BUS
 METRA RAIL
 CTA BUS
 CTA RAPID TRANSIT
 TAXI
 OTHER (Specify)

BLOCKS:

BLOCKS:

PERSONS: 1

NO YES

Next trip in next column

SECOND TRIP

Time Started: 1215 AM PM

DESTINATION LOCATION
Nearest Intersection: BELMONT & WESTERN
Name of City, Town or Village: CHICAGO

Arrival Time: 1228 AM PM

Destination Activity:
 WORK
 WORK RELATED
 SCHOOL
 SHOPPING
 EAT MEAL
 BANKING
 RECREATION
 PICK UP / DROP OFF PASSENGERS
 CHANGE TYPE OF TRANSPORTATION
 RETURN HOME
 OTHER (Specify)

Type of Transportation:
 WALK ONLY
 DRIVER OF AUTO, VAN OR TRUCK
 PASSENGER IN AUTO, VAN OR TRUCK
 SCHOOL BUS
 PACE BUS
 METRA RAIL
 CTA BUS
 CTA RAPID TRANSIT
 TAXI
 OTHER (Specify)

BLOCKS:

BLOCKS:

PERSONS: 4

NO YES

Next trip in next column

THIRD TRIP

Time Started: 1246 AM PM

DESTINATION LOCATION
Nearest Intersection: ADDISON & KIMBALL
Name of City, Town or Village: CHICAGO

Arrival Time: 1259 AM PM

Destination Activity:
 WORK
 WORK RELATED
 SCHOOL
 SHOPPING
 EAT MEAL
 BANKING
 RECREATION
 PICK UP / DROP OFF PASSENGERS
 CHANGE TYPE OF TRANSPORTATION
 RETURN HOME
 OTHER (Specify)

Type of Transportation:
 WALK ONLY
 DRIVER OF AUTO, VAN OR TRUCK
 PASSENGER IN AUTO, VAN OR TRUCK
 SCHOOL BUS
 PACE BUS
 METRA RAIL
 CTA BUS
 CTA RAPID TRANSIT
 TAXI
 OTHER (Specify)

BLOCKS:

BLOCKS:

PERSONS: 4

NO YES

Next trip on back of page

TRIP FORM

Fill in for all trips on this coming

THURSDAY

for
Person
Number

1

NOTE: IF YOU ARE REPORTING ON MORE THAN SEVEN TRIPS, PLEASE USE SUPPLEMENTAL TRIP FORMS.

NOTE: If you go to and from a location, record this as two separate trips.

FOURTH TRIP	FIFTH TRIP	SIXTH TRIP	SEVENTH TRIP
Time Started 257 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Time Started 408 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Time Started 711 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Time Started 900 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
DESTINATION LOCATION Nearest Intersection ELSTON & NORTH	DESTINATION LOCATION Nearest Intersection P1ST & COMMERCIAL	DESTINATION LOCATION Nearest Intersection RIVER OAKS S.C.	DESTINATION LOCATION Nearest Intersection P1ST & COMMERCIAL
Name of City, Town or Village CHICAGO	Name of City, Town or Village CHICAGO	Name of City, Town or Village CALUMET CITY	Name of City, Town or Village CHICAGO
Arrival Time 321 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Arrival Time 500 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Arrival Time 742 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Arrival Time 929 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Destination Activity <input type="checkbox"/> WORK <input checked="" type="checkbox"/> WORK RELATED <input type="checkbox"/> SCHOOL <input type="checkbox"/> SHOPPING <input type="checkbox"/> EAT MEAL <input type="checkbox"/> BANKING <input type="checkbox"/> RECREATION <input type="checkbox"/> PICK UP / DROP OFF PASSENGERS <input type="checkbox"/> CHANGE TYPE OF TRANSPORTATION <input type="checkbox"/> RETURN HOME <input type="checkbox"/> OTHER (Specify)	Destination Activity <input type="checkbox"/> WORK <input type="checkbox"/> WORK RELATED <input type="checkbox"/> SCHOOL <input type="checkbox"/> SHOPPING <input type="checkbox"/> EAT MEAL <input type="checkbox"/> BANKING <input type="checkbox"/> RECREATION <input type="checkbox"/> PICK UP / DROP OFF PASSENGERS <input type="checkbox"/> CHANGE TYPE OF TRANSPORTATION <input checked="" type="checkbox"/> RETURN HOME <input type="checkbox"/> OTHER (Specify)	Destination Activity <input type="checkbox"/> WORK <input type="checkbox"/> WORK RELATED <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SHOPPING <input type="checkbox"/> EAT MEAL <input type="checkbox"/> BANKING <input type="checkbox"/> RECREATION <input type="checkbox"/> PICK UP / DROP OFF PASSENGERS <input type="checkbox"/> CHANGE TYPE OF TRANSPORTATION <input type="checkbox"/> RETURN HOME <input type="checkbox"/> OTHER (Specify)	Destination Activity <input type="checkbox"/> WORK <input type="checkbox"/> WORK RELATED <input type="checkbox"/> SCHOOL <input type="checkbox"/> SHOPPING <input type="checkbox"/> EAT MEAL <input type="checkbox"/> BANKING <input type="checkbox"/> RECREATION <input type="checkbox"/> PICK UP / DROP OFF PASSENGERS <input type="checkbox"/> CHANGE TYPE OF TRANSPORTATION <input checked="" type="checkbox"/> RETURN HOME <input type="checkbox"/> OTHER (Specify)
Type of Transportation <input type="checkbox"/> WALK ONLY <input checked="" type="checkbox"/> DRIVER OF AUTO, VAN OR TRUCK <input type="checkbox"/> PASSENGER IN AUTO, VAN OR TRUCK <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> PACE BUS <input type="checkbox"/> METRA RAIL <input type="checkbox"/> CTA BUS <input type="checkbox"/> CTA RAPID TRANSIT <input type="checkbox"/> TAXI <input type="checkbox"/> OTHER (Specify)	Type of Transportation <input type="checkbox"/> WALK ONLY <input checked="" type="checkbox"/> DRIVER OF AUTO, VAN OR TRUCK <input type="checkbox"/> PASSENGER IN AUTO, VAN OR TRUCK <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> PACE BUS <input type="checkbox"/> METRA RAIL <input type="checkbox"/> CTA BUS <input type="checkbox"/> CTA RAPID TRANSIT <input type="checkbox"/> TAXI <input type="checkbox"/> OTHER (Specify)	Type of Transportation <input type="checkbox"/> WALK ONLY <input type="checkbox"/> DRIVER OF AUTO, VAN OR TRUCK <input checked="" type="checkbox"/> PASSENGER IN AUTO, VAN OR TRUCK <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> PACE BUS <input type="checkbox"/> METRA RAIL <input type="checkbox"/> CTA BUS <input type="checkbox"/> CTA RAPID TRANSIT <input type="checkbox"/> TAXI <input type="checkbox"/> OTHER (Specify)	Type of Transportation <input type="checkbox"/> WALK ONLY <input type="checkbox"/> DRIVER OF AUTO, VAN OR TRUCK <input checked="" type="checkbox"/> PASSENGER IN AUTO, VAN OR TRUCK <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> PACE BUS <input type="checkbox"/> METRA RAIL <input type="checkbox"/> CTA BUS <input type="checkbox"/> CTA RAPID TRANSIT <input type="checkbox"/> TAXI <input type="checkbox"/> OTHER (Specify)
BLOCKS <input type="checkbox"/>	BLOCKS <input type="checkbox"/>	BLOCKS <input type="checkbox"/>	BLOCKS <input type="checkbox"/>
BLOCKS <input type="checkbox"/>	BLOCKS <input type="checkbox"/>	BLOCKS <input type="checkbox"/>	BLOCKS <input type="checkbox"/>
PERSONS <input type="checkbox"/> 1	PERSONS <input type="checkbox"/> 1	PERSONS <input type="checkbox"/> 2	PERSONS <input type="checkbox"/> 2
NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
Next trip in next column	Next trip in next column	Next trip in next column	List additional trips on supplemental trip forms.

October, 1991

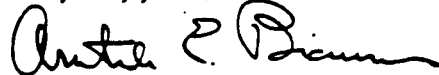
Dear Chicago Resident:

Late last month the Chicago Area Transportation Study sent you a letter stating that your household had been randomly selected to participate in a major travel survey of persons who live in the city of Chicago. By October 5, 1991 you should have received your survey materials. The survey asked for information about how you traveled on Thursday, October 10, 1991. To date, we have not received your completed questionnaire.

If you still have the survey, please fill it out using Thursday, October 17, 1991 or Thursday, October 24, 1991 as your reference travel day. If you no longer have the materials, but would like to participate, please call us and we will send you a new questionnaire.

Data from this challenging survey will provide valuable insight as to how travel patterns have changed in the city of Chicago. If you have any questions, or if you would like us to send you another questionnaire, please call Mr. Ed Christopher at 1-800-637-9125 (toll free) or 312-793-3467. If you have already mailed back your survey, please disregard this letter.

Very truly yours,



Aristide E. Biciunas
Executive Director