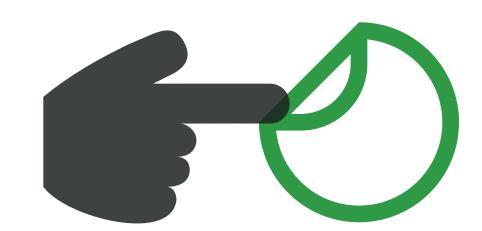
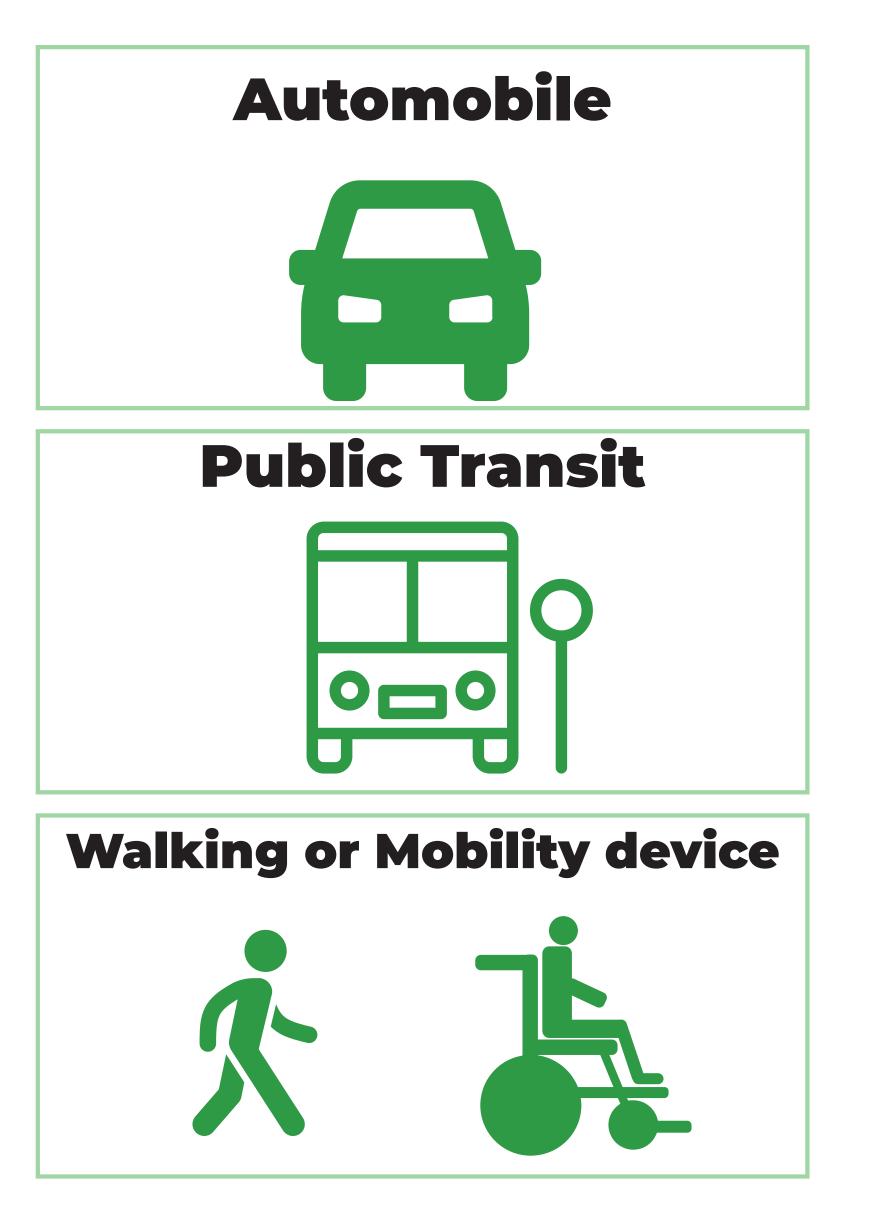
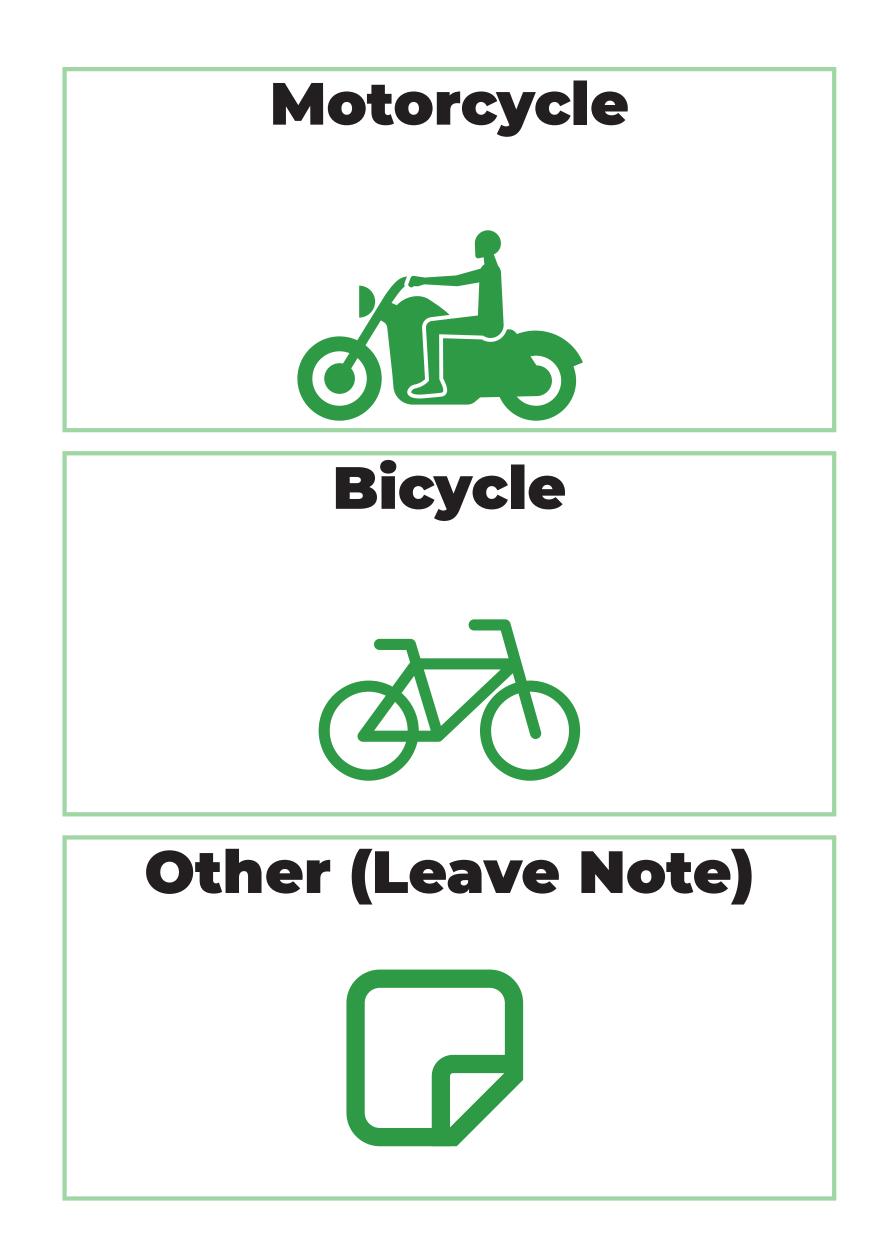
## Mobility Patterns

Use your stickers to vote which best fits you!

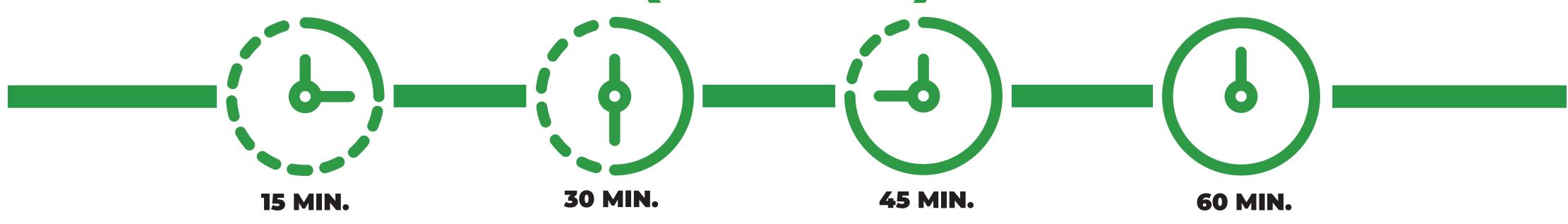
## What is your primary mode of transportation?







How much time do you spend commuting each day? (AM & PM)



## What is your deciding factor on getting around?









**Time** 









Safety Environmental Impact

Physical Other
Activity (Leave Note)

