

Appendix E.

Sample Survey

IMPORTANT: Do not reproduce this copy for official use. Photocopies cannot be optically scanned. Official survey forms are available through your local government CTR representative.



471037

State of Washington
Commuter Trip Reduction Program
 Employee Questionnaire

MARKING DIRECTIONS

- Use a No. 2 pencil
- Fill in the circle completely.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.

CORRECT MARK

INCORRECT MARKS

Please use a No. 2 pencil to complete this questionnaire. Fill in circles completely to indicate your answers. ALL QUESTIONS REFER TO WORK FOR THIS EMPLOYER ONLY.

- Do you usually work 35 or more hours per week for this employer in a position intended to last 12 months or more?
 Yes No
- Are you scheduled to begin work at your work location between 6 and 9 a.m.? Yes No
- Last week, which days were you scheduled to begin work between 6 and 9 a.m.? (Mark all that apply.)
 Monday Wednesday Friday Sunday
 Tuesday Thursday Saturday None

- 4a. Last week, what type of transportation did you use each day to commute TO your usual work location?
- Fill in **ONLY ONE** type of transportation per day.
 - If you used more than one type, fill in the type used for the **LONGEST DISTANCE**.
 - Fill in "Carpool" only if at least one other person age 16 or older was in the vehicle.
 - Fill in "Telecommuted" if you eliminated a commute trip by working at home, at a Telework Center or at a Satellite Office less than one-half as far from home as your usual work location.
 - If you used a ferry for the longest distance, fill in the type of transportation you took onto the ferry.
 - If you were on an overnight business trip for this employer, mark "Other."

M	T	W	Th	F	Sa	Su	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drove alone
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Carpool (2 or more people)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vanpool
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Motorcycle/Moped
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bus/Transit
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bicycled
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Walked
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Telecommuted
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Did not work (day off, sick, etc.)

- 4b. If you are in a carpool or vanpool, or if you ride a motorcycle, how many people (age 16 or older) are usually in the vehicle, including yourself?
- One person Five people
 Two people Six people
 Three people Seven or more people
 Four people

- 4c. Was last week a typical week for commuting? Yes No
5. What is your normal work schedule?
 5 days a week 3 days a week 9 days in 2 weeks
 7 days in 2 weeks 4 days a week Other: _____
- 6a. On average, do you telecommute at least one day in two weeks? Mark "yes" if you work at home or at a Telework Center or Satellite Office less than one-half as far from home as your usual work location.
 No (go to question 7 on the other side)
 Yes → 6b. How many days did you telecommute in the last two weeks?
 1 day 2 days 3 days 4 days 5 days
 6 days 7 days 8 days 9 days 10 days

Continued on Reverse

7. ONE WAY, how many miles do you commute from home TO your usual work location?

- DO NOT use roundtrip or weekly distance.
- Include miles for errands or stops made daily on the way to work.
- Round off the distance travelled to the nearest mile.
- Write numbers in the boxes and fill in the corresponding circles.
- The example is for an employee who lives 8 miles from work.

Example

0	8			
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

100 or more miles one way

8. What type of job do you do for this employer?

(Fill in the one response that fits best.)

- Administrative support
- Craft / Production / Labor
- Management
- Sales / Marketing
- Customer Service
- Professional / Technical
- Other: _____

9. What is your home zip code? (Write numbers in the boxes and fill in corresponding circles.)

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

10. Which of the following would most encourage you to try an alternative to driving alone? Mark the three most important to you.

- a. An employer-provided car for work purposes during work hours
- b. Transportation during lunch or breaks for personal errands
- c. An immediate ride home in case of an emergency (guaranteed ride home)
- d. A more flexible work schedule to meet carpools, vanpools, the bus, etc.
- e. A financial incentive (allowance/subsidy) for using non-drive alone modes
- f. Your employer providing a monthly payment in exchange for giving up a parking space
- g. Priority, reserved, or discounted parking for carpools and vanpools
- h. Personalized help forming a carpool or vanpool
- i. Secured, covered parking for your bicycle
- j. Lockers and showers for walkers and bicyclists
- k. On-site childcare, banking, dry cleaning or other services
- l. On-site food service or kitchen facility
- m. Personalized help finding bus times and routes
- n. More frequent bus service at the worksite
- o. More information about commute alternatives
- p. Other: _____

11. How likely would you be to try each of the following alternatives to driving alone to work?

	do now	likely	not likely	not an option
carpool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vanpool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
telecommute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a compressed work week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer question 12 only if you rode the bus at least once in the last week.

12. Last week, how many one-way bus rides did you take on each bus service listed below?

If you transferred between buses on the same bus service, count only one (1) ride on that service. If you transferred to another service, count a ride on each service. If your trip included ferry or train rides, only count the bus rides. Write numbers in the boxes and fill in the corresponding circles.

a) Commuting to or from Work

	Pierce Transit	Intercity Transit	King County Metro	Other Bus Service
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

b) For Any Reason Other than Commuting to or from Work

	Pierce Transit	Intercity Transit	King County Metro	Other Bus Service
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9