



Part I

1. What is the name of the company or organization you work for and what is the address?

2. What were your work site arrival and departure times yesterday? (or what is your usual time)

Arrival time: _____ AM or _____ PM
 Departure time: _____ AM or _____ PM

3. How do you typically get TO work each day?

*For each day you worked at your regular work location, check the **box** in Section A, "How I traveled to work" for the type of transportation you used that day. If you used more than one type on any day, e.g., you walked to a bus stop then rode the bus, check **ONLY** the **box** for the type you used for the longest distance part of your trip. For each day you did not work or did not work at this location, check one **box** in Section B, "Why I was not at my regular work location." For any day you are not scheduled to work (e.g., Sunday), check "Regular day off."*

Section A How I travel TO work	Days regularly worked						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Drove Alone in car, truck, or SUV, uber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drove myself and others (car/vanpool/Slug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rode with others (car/vanpool/Slug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metrobus or other bus (transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metro rail, MARC, Amtrak, VRE train (transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walked or bicycle/escooter (entire trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B Why I was NOT at work	Days NOT at work						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Compressed schedule (e.g. 9/40 schedule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular day off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleworked, worked at home or telework co-working center all day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting out of office, sick, vacation, or holiday at day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Including yourself, how many persons were in the carpool/vanpool? _____

- Were you:
- driver
 - passenger
 - dropped off

5. How far do you live from your worksite (in miles)?

- 0-9 10-19 20-29
- 30-39 40-49 50 or more

6. What is your home zip code? _____

7. Listed below are services that could help you travel to

work by carpool, vanpool, public transit, or bicycle.

For each Commuting Service listed on the left, please check if the service would encourage you to use the type of transportation noted. For example, check "Yes," for "Monthly subsidy for transit," if that service would encourage you to use transit.

*If you already use the type of service noted, check the **box** "Use."*

Commuting Service	Yes	Maybe	No	Use
Assistance to form a car/vanpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free parking for car/vanpools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly subsidy for vanpools/carpools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly subsidy for transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Route schedule information for transit Ride in case of emergency for car/vanpool, transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure locker or other storage for bicycles, monthly subsidy for bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detach, fold, and mail to Commuter Connections

9. How much do you pay each **month** to park at your worksite?

10. How much do you pay for your transit, carpool, vanpool, bicycling, or walking commuting expenses each **month**?

- \$0 \$1-20 \$21-40
- \$41-60 \$61-80 \$81-100
- \$100+

Your comments regarding your commute to work:

Thank you for completing this survey.

Please give the completed form to your company's survey coordinator.

*Glossary of terms on **back**



Part II

This portion of the survey is optional.

Complete Part II only if you would like a free carpool or vanpool matchlist, transit schedules, or other information on alternatives to driving alone, or to register for the free Guaranteed Ride Home (GRH) Program.

No Membership Fees! No Commitments! Free and Easy Service!

To register, simply fill out and mail the following application, apply online at www.commuterconnections.org, or call **1-800-745-RIDE**.

Name _____

Home Address _____

City _____ State _____ ZIP _____

County of Residence _____

Home Phone Number _____

E-mail (optional) _____

Employer/Agency _____

Work Address _____

City _____ State _____ ZIP _____

County of Workplace _____

Work Phone Number _____

Information Required for Rideshare Matchlist:

I start work at _____ a.m. and stop work at _____ p.m.

If interested in a carpool, would you prefer to:
 Drive only Ride only Share driving

If interested in a vanpool, would you prefer to:
 Drive only Ride only Share driving

I can arrive _____ minutes before or _____ minutes after my normal work time.

I can leave _____ minutes before or _____ minutes after my normal work time.

Information required for Guaranteed Ride Home registration:

How many miles is it from home to work one way? _____

Which of the following do you use to get to work? (check all that apply).

- Drive Alone
- Carpool
- Vanpool
- Bicycle
- Walk
- BUS (specify bus system and route #—ex. Metrobus Route 9A) _____
- Metrorail (circle all that apply): Blue Green Orange Red Yellow
- MARC (circle train line): Brunswick Camden Penn
- VRE (circle train line): Manassas Fredericksburg
- Other (specify): _____

How many days per week do you use the above mode(s) to travel to work? _____

Supervisor's Name** _____

Supervisor's Phone Number** _____

**Necessary for verification of unscheduled overtime.

Information and Schedules — Please send me information about:

- Metrorail/Bus Information MTA Transit
- Metrocheck Commuter Rail (VRE/MARC)
- Local Bus Transit Bicycling
- Telework/Telecommute HOV Lanes