

BENEFITS OF CONDUCTING A COMMUTER CONNECTIONS EMPLOYER COMMUTER SURVEY

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Overview

- Benefits of surveying employers from a regional perspective
- How the survey fits into the employer outreach effort
- How to use the survey
- The survey application process
- Survey results
- About research
- Why use the Commuter Connections survey?
- Conducting the survey
- Using the survey results



“This is interesting, 70% of the respondents to our survey said they don't respond to surveys.”



About Research

- Conduct a survey to collect information about behaviors needs and opinions
- Measure opinions about TDM strategies

Why use the Commuter Connections Survey

- Online and paper surveys available
- Proven, tested survey instrument
- Compare results with peer employers and geographic groups of employers
- Collect names, contacts of employees interested in commute options (valuable marketing tool)
- Track progress over time
- Awareness leads to change
- Can provide informed menu of TDM strategies to fit the surveyed site

Conducting the Survey

THE DO'S

- Provide incentive(s) for completed employer surveys
- Use a sampling method at very large employer sites
- Plan for employees without internet access
- Pre-promote the survey

THE DON'TS

- Don't allow more than one response per employee
- Don't conduct the survey without a follow-up plan
- Don't ignore privacy issues

Using the Survey Results

- Each Commuter Connections survey question collects information that can help form the TDM program; examples:
- Arrival and departure times, identify feasibility for vanpools
- Baseline and performance; Section B: plan for telework and CWW, factor into TDM strategies
- Question 8: feedback on individual TDM strategies

Survey Logistics

- The vehicle for the survey itself is SurveyMonkey.com
- Included with this presentation is the survey request form
- The PDF survey is also included

Request form



Employer Services Commuter Survey Processing Request/Cover Form

ALL INFORMATION ON THIS FORM MUST BE COMPLETED. SEE BACK FOR INSTRUCTIONS

Jurisdiction: _____

Name of Employer Services Rep.: _____

Address: _____

Telephone #: _____ email: _____

Name of Company to be surveyed: _____

Company Address: _____

Employer Survey Coordinator: _____

Telephone #: _____

Number of Employees: _____

Survey Date: _____ Expected
Delivery Date to COG: _____

Surveys Delivered to Employer: _____

Requested Data Format: _____ (e.g., Excel, PDF)

FOR COG USE ONLY DO NOT WRITE IN THIS SPACE

Request Received: _____

Approved

Not Approved Reason: _____

Request Returned: _____

COG Rep.: _____



Instructions for Requesting a Survey

INSTRUCTIONS FOR THE COMMUTER SURVEY PROCESSING REQUEST/COVER FORM

Step #1

Complete jurisdictional and employer information in its entirety.

Step #2

/Email form to COG. **COG should receive forms a minimum of three full business days prior to implementing surveys.**

Step #3

COG will "Approve" or "Not Approve" survey request and return this form to you.

Step #4 (if "Not Approved")

If you have any questions, call COG representative.

Step #4 (if "Approved")

Retrieve completed surveys from employer.

Step #5

Bundle all completed surveys, attach this form on top of bundle and send to COG at the address below. COG requires a 20 completed survey threshold for processing. Send surveys to:

Mark Hersey
MWCOG
777 N. Capitol St., NE, #300
Washington, DC 20002
(202) 962-3383
mhersey@mwcoog.org

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Commuter Survey



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
Drive Alone in car, truck, or SUV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive 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"/>
Metrolbus 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"/>
Metrorail, 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 bicycled (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. 9/80 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 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 all 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. What is the closest intersection to your home? (List street names e.g. Kings Park Dr. and Braddock Rd.)

8. 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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. Metabus 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



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