

MWCOG 2019 Employer Outreach Satisfaction Survey
Internet Version – v3
12-12-18

INTRODUCTION

Commuter Connections is conducting this online survey to find out about your satisfaction with the products and services provided by Commuter Connections and local member organizations that are part of the Commuter Connections network, to help employers implement employee transportation programs. Your response to this survey is very important to us and all information you provide will be confidential. Thank you!

Commuter Connections is offering a drawing for two \$50 Amazon gift cards for commuters who complete the survey. If you would like to be entered into the drawing for one of the gift cards, please provide your name and email address at the end of the survey.

INFORMATION ABOUT YOUR ORGANIZATION

- 1 Which of the following best describes your organization type?
 - 1 State or local government agency
 - 2 Federal government agency
 - 3 Non-profit organization or association
 - 4 Private company
 - 9 Other (please describe) _____

- 2 Which of the following best describes the kind of work conducted by your organization.
 - 1 Government / public administration
 - 2 Non-profit advocacy, trade association
 - 3 Computer hardware/software
 - 4 Construction
 - 5 Business or personnel services, professional consulting
 - 6 Legal, accounting, architecture, engineering
 - 7 Medical / health services
 - 8 Hospitality, restaurant, or hotel
 - 9 Education
 - 10 Manufacturing
 - 11 Wholesale trade, warehousing
 - 12 Retail trade
 - 13 Banking, finance, insurance, or real estate
 - 14 Research and development
 - 15 Public utilities, telecommunications, water, electricity
 - 16 Transportation / delivery
 - 19 Other (please describe) _____

- 2a How many worksites does your organization have in the Washington metropolitan region?

- 2b Do you manage or administer commuter services only for the worksite where your office is located or for multiple worksites in the Washington metropolitan region?

- 1 Only for the worksite where my office is located
- 2 For multiple worksites in the Washington region (please specify the number of worksites)

- 3 Approximately how many people are employed at the worksite or worksites for which you administer or manage commuter services? _____
- 4 Which of the following best describes your role or function in your organization?
 - 1 Human resources
 - 2 Facilities management
 - 3 General management, office management
 - 4 Financial management, accounting
 - 5 Information technology (IT)
 - 6 Senior management (e.g., managing partner, owner, CEO)
 - 9 Other (please describe) _____

COMMUTE ASSISTANCE SERVICES AVAILABLE TO YOUR EMPLOYEES

- 5 Following is a list of transportation information services or benefits that you or another organization might make available to employees at your worksite to help with their travel to work. In the first column, check all the services or benefits that are available to your employees. For those that are not available now, check the second, third, or fourth column to indicate if you might consider offering it, would not consider offering it, or don't know if you would consider offering it.

NOTE – Table is now divided into 3 sections, with services grouped

Commute Information and Support Service or Benefit	Available now	Not available, <u>might</u> consider	Not available, <u>would not</u> consider	Not available, don't know if would consider
1 Transit schedules				
2 Information on types of transportation employees could use to reach your worksite				
3 Guaranteed Ride Home for employees who don't drive alone to work and have a personal emergency during the work day				
4 Reserved or preferential parking for carpools or vanpools				
5 Assistance finding carpool/vanpool partners (ridematching)				
6 Information distribution on Air Quality Action Days				
7 Promotion/organization or provision of carsharing				
8 Promotion/organization or provision of bikesharing				
Financial Incentives Services or Benefits	Available now	Might consider	Would not consider	Don't know if would consider
9 Free parking for all or some employees				

10 Smartbenefits or other financial benefit for employees who ride trains, buses, or vanpools to work				
11 Cash incentive (eg. 'Pool Rewards, Flextime Rewards, IncenTrip) or other financial benefit for employees who carpool or vanpool to work				
12 Pre-tax account employees can use to pay transportation costs ("Commuter Choice")				
13 SmarTrip cards for easy electronic payment on Metrorail, Metrobus or Metro parking.				
14 Financial incentives for employees who bicycle or walk to and from work				
On-site Facilities and Work Schedules	Available now	Might consider	Would not consider	Don't know if would consider
15 Bicycle lockers or racks				
16 On-site shower and/or locker facilities				
17 Employee shuttle service to/from bus stops or train stations				
18 Company-owned or leased vehicles for vanpooling				
19 Work schedules that permit employees to choose their work arrival and departure times (flex-time, flex schedule)				
20 Compressed workweek, in which employees work a full-time schedule in fewer than five days per week				
21 Allowing some or all employees to work at home at least occasionally (telework)				

5a Do you offer any other commute assistance services not listed above?

- 1 No other services (**SKIP TO Q6**)
- 9 Other (please describe) _____

6 How long has your organization offered information or other services to help employees get to work?

- 1 Less than 1 year
- 2 More than 1 year, but less than 2 years
- 3 to 3 years
- 4 More than 3 years
- 9 Don't know

- 6a How long have you been involved with or responsible for managing or delivering these services at your worksite?
- 1 Less than 1 year
 - 2 More than 1 year, but less than 2 years
 - 3 to 3 years
 - 4 More than 3 years
 - 9 Don't know

YOUR COMMUTER CONNECTIONS REPRESENTATIVE AND SERVICES

- 7 When did your organization first have contact with a representative from Commuter Connections or from a local member organization of the Commuter Connections network or begin to participate in Commuter Connections programs?
- 1 Within the past year
 - 2 More than 1 year ago, but less than 2 years ago
 - 3 to 3 years ago
 - 4 More than 3 years ago
 - 9 Don't know
- 8 What is the name of your Commuter Connections representative or your Commuter Connections network representative?
-
- 9 In the past year, how often did you communicate with, hear from, or contact this representative?
- 1 Not at all (**SKIP TO Q10**)
 - 2 No communication with my representative since service started (**SKIP TO Q10**)
 - 3 Every week, most weeks
 - 4 A few times per month
 - 5 A few times during the year
 - 6 Once during the year
- 9a How many times did the representative contact you in person?
-
- 10 How would you rate the level of contact you've received in the past year?
- 1 Much more than I want
 - 2 Somewhat more than I want
 - 3 About right
 - 4 Somewhat less than I want
 - 5 Much less than I want

11 What form of communication would you most prefer for communication with your Commuter Connections network representative? (Please check only one answer)

- 1 Postal mail
- 2 Email
- 3 Personal phone calls
- 4 Personal visits
- 5 Social media (Twitter, Facebook, Instagram, LinkedIn, etc)
- 9 Other (please describe) _____

12 Please rate this representative on each of the following service characteristics. Please use a scale of 1 to 5 for your answer, where “1” means “poor” and “5” means “excellent.”

Representative Service Characteristic	Poor 1	2	3	4	Excellent 5	Don't know
1 Knowledge of Commuter Connections and or local ridesharing and transit products/services	1	2	3	4	5	9
2 Knowledge of local transportation and air quality issues	1	2	3	4	5	9
3 Ability to provide information that is helpful your organization or your employees	1	2	3	4	5	9
4 Willingness to help	1	2	3	4	5	9
5 Professionalism	1	2	3	4	5	9
6 Responsiveness to your requests/questions	1	2	3	4	5	9
7 Timeliness of service	1	2	3	4	5	9
8 Enthusiasm about Commuter Connections or local commuter/rideshare products, services, and programs	1	2	3	4	5	9

13 How satisfied have you been overall with the services you have received from Commuter Connections? Please use a scale of 1 to 5, where “1” means “not at all satisfied” and “5” means “very satisfied.”

- 1 1 – Not at all satisfied
- 2 2
- 3 3
- 4 4
- 5 5 – Very satisfied

13a For what reasons do you give Commuter Connections’ services this rating?

14 How useful have Commuter Connections’ services been to your organization in developing and/or implementing commuter programs or services for your employees? Please use a scale of 1 to 5, where “1” means not at all useful and “5” means “very useful.”

- 1 1 – Not at all useful (**SKIP TO Q15**)
- 2 2
- 3 3
- 4 4
- 5 5 – Very useful
- 8 Have not used any Commuter Connections services (**SKIP TO Q15**)

14a In what ways have the services been useful to your organization?

15 Please indicate how useful each of the following Commuter Connections services has been to your organization. Please use a scale of 1 to 5 for your answer, where “1” means “not at all useful” and “5” means “very useful.” For any services that you have not used, please check “have not used.”

Commuter Connections Services	Not at all useful 1	2	3	4	Very useful 5	Have not used 8	Don't know 9
1 Information brochures for programs such as Guaranteed Ride Home, Bicycling, and Telework	1	2	3	4	5	8	9
2 Plotted carpool/vanpool matching maps	1	2	3	4	5	8	9
3 Posters	1	2	3	4	5	8	9
4 Website	1	2	3	4	5	8	9
5 Workshops or seminars such as Live Near Your Work or Bicycling	1	2	3	4	5	8	9
6 Personal assistance from representative	1	2	3	4	5	8	9
7 Special events such as Bike to Work Day, Car Free Day or Employer Recognition Awards	1	2	3	4	5	8	9
8 Promotional information on incentive programs (e.g., Pool Rewards, Flextime Rewards, IncenTrip)	1	2	3	4	5	8	9

16 Have you used the Commuter Connections employee Commute Survey or another commute survey during the past year?

- 1 Yes, Commuter Connections employee Commute Survey
- 2 Yes, another commute survey (**SKIP TO Q17**)
- 3 No (**SKIP TO Q17**)
- 9 Don't know (**SKIP TO Q17**)

16a Did your representative give you a copy of the statistical summary of your survey?

- 1 Yes
- 2 No
- 3 Was not a Commuter Connections survey

16b Did your representative use your survey statistics to create an employee commute program or to promote ridesharing in general?

- 1 Yes
- 2 No
- 3 Was not a Commuter Connections survey

16c Please write in any additional comments you have about the survey or the statistics.

17 How interested would you be in attending any of the following free training programs or workshops? Please use a scale of 1 to 5, where “1” means “not at all interested” and “5” means “very interested.”

Training / Workshop Topics	Not at all interested 1	2	3	4	Very interested 5	Don't know 9
1 General information on employee transportation benefits, commute program management	1	2	3	4	5	9
2 Information on Commuter Connections services	1	2	3	4	5	9
3 Guaranteed Ride Home	1	2	3	4	5	9
4 Legislative / tax issues related to travel/commute	1	2	3	4	5	9
5 Transit/ridesharing/flextime financial incentives	1	2	3	4	5	9
6 Vanpool formation	1	2	3	4	5	9
7 Marketing	1	2	3	4	5	9
8 Monitoring and evaluation	1	2	3	4	5	9
9 Parking management	1	2	3	4	5	9
10 Telework/telecommuting	1	2	3	4	5	9
11 Air Quality Action Days	1	2	3	4	5	9
12 Live Near Your Work	1	2	3	4	5	9
13 Carsharing	1	2	3	4	5	9
14 Bicycling/bikesharing/dockless bikes/e-scooters	1	2	3	4	5	9
15 Other _____	1	2	3	4	5	9

18 How likely are you to recommend Commuter Connections’ services to other organizations?

- 1 Very unlikely
- 2 Somewhat unlikely
- 3 Neither unlikely nor likely
- 4 somewhat likely
- 5 Very likely

19 Do you have any suggestions for improving Commuter Connections’ commuter programs or assisting organizations such as yours in developing commuter programs? Please provide them below.

20 What is the zip code of your worksite? _____

21 Commuter Connections is offering a drawing for five \$50 Amazon gift cards. If you would like to be entered into the drawing for one of these gift cards, please provide your name and email address. Please be assured that we will not sell or use your information for anything other than entering you in the drawing. Would you like to participate in the drawing?

- 1 Yes, I would like to be entered in the drawing **(ASK Q22)**
- 2 No, I do not want to be entered in the drawing **(SKIP TO END)**
- 89 Left blank **(SKIP TO END)**

22 Please provide your name and email address so we can contact you if you are one of the winners.

First Name:

Last Name:

Email Address:

END

Thank you for taking the time to fill out our survey. Your input is very important to us!
Please click on "SUBMIT" to submit your responses.

AFTER SUBMIT, REDIRECT TO COMMUTER CONNECTIONS HOME PAGE.