

**Commuter Connections  
Employer Satisfaction Survey  
Method and Questionnaire (revised 1-9-09)**

**Overview and Objectives**

- Examine satisfaction of employers involved in CC programs
- Identify desired changes to CC services

**Survey Methodology Summary**

- Survey all employers in ACT! database
- Three step field process
  - Send email alert letter to employers with email address in DB – include link to survey
  - Send postal mail alert letter to employers with no email in DB – offer online survey, but also mail and fax-back options
  - Telephone follow-up to non-respondents to meet sample quota. If DB contact is no longer with the company, we will attempt to obtain the name of the person who has assumed responsibility for the commuter program and interview that person.
- Estimate 1,600 employers in DB
- Propose sample quota of 400 completes

**Survey Schedule**

Survey preparation

- |  |                             |
|--|-----------------------------|
| • Prepare survey methodology draft         | October 21                  |
| • Prepare draft questionnaire              | October 21                  |
| • Review / revision period                 | October 21st – End December |
| • Obtain employer list sample from COG     | January 16                  |
| • Prepared final questionnaire for pretest | January 30                  |

Conduct survey interviews

- |                             |                      |
|-----------------------------|----------------------|
| • Conducted survey pre-test | February 2 - 4       |
| • Conduct survey interviews | February 7 – March 7 |

Perform analysis and presentations

- |  |               |
|--|---------------|
| • Conduct preliminary survey analysis          | March – April |
| • Prepare draft technical report               | Mid April     |
| • Present draft report to TDM Evaluation Group | Mid April     |
| • Present draft report to CC Subcommittee      | Mid May       |
| • Establish comment period                     | Late May      |
| • Finalize report                              | June 2009     |

**Commuter Connections Employer Services  
Employer Satisfaction Survey**  
Draft – v2 – 1-9-08

This survey is being conducted 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!** All information you provide will be confidential.

Please return your completed survey and gift request form by July 28th, 2006 to the Metropolitan Washington Council of Governments, c/o Commuter Connections, or, fax your completed survey to **202-962-3218**. OR EMAIL

Company Background

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
- 5 Other (specify) \_\_\_\_\_

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, including telecommunications, water, electricity
- 16 Transportation / delivery
- 19 Other (please specify) \_\_\_\_\_

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Deleted: your worksite?

2a [How many worksites does your organization have in the Washington metropolitan region?](#)

[99999 Don't know](#)

[IF 2a = 1, SKIP TO Q3](#)

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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 \_\_\_\_\_)
- 99999 Don't know

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3 Approximately how many people are employed at the worksite or worksites for which you administer or manage commuter services?

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99999 Don't know

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)
- 7 Other (please specify) \_\_\_\_\_

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Worksite Commute Program and Commuter Connections Representative

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, indicate if you would consider or would not consider offering it.

(ROTATE 1 – 20)  
Service or Benefit

Available to employees now 1	Not available but would consider offering 2	Not available and would not consider offering 3	Not available, don't know if would consider offering 4
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- 1 Transit schedules
- 2 Information on types of transportation employees could use to reach your worksite
- 3 Bicycle lockers or racks
- 4 On-site Shower and/or locker facilities
- 5 Guaranteed Ride Home for employees who don't drive alone to work and have a personal emergency during the work day
- 6 Work schedules that permit employees to choose their work arrival and departure times (flex-time)
- 7 Compressed workweek, in which

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employees work a full-time schedule in fewer than five days per week

- | 8 Allowing some or all employees to work at home at least occasionally (teleworking) ← --- Formatted: Bullets and Numbering
- | 9 Reserved or preferential parking for employees who carpool or vanpool ← --- Formatted: Bullets and Numbering
- | 10 Free parking for all or some employees ← --- Formatted: Bullets and Numbering
- | 11 Smartbenefits, or other financial benefit for employees who ride trains or buses to work ← --- Formatted: Bullets and Numbering  
Deleted: Metrochek
- | 12 Cash or other financial benefit for employees who carpool or vanpool to work ← --- Formatted: Bullets and Numbering
- | 13 Assistance finding a partner for a carpool or vanpool (ridematching) ← --- Formatted: Bullets and Numbering
- | 14 Pre-tax account employees can use to pay transportation costs ("Commuter Choice") ← --- Formatted: Bullets and Numbering
- | 15 SmarTrip cards for easy electronic payment on Metrorail, Metrobus or Metro parking. ← --- Formatted: Bullets and Numbering
- | 16 Information distribution on Air Quality Action Days ← --- Formatted: Bullets and Numbering
- | 17 Promotion/Organization of Carsharing ← --- Formatted: Bullets and Numbering
- | 18 Employee shuttle service to and from bus stops or train stations ← --- Formatted: Bullets and Numbering
- | 19 Company-owned or leased vehicles for vanpooling ← --- Formatted: Bullets and Numbering
- | 20 Financial incentives for employees bicycling and/or walking to and from work ← --- Formatted: Bullets and Numbering

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

- 1 No other services
- 2 Other \_\_\_\_\_

| 6 How long has your organization offered information or other services to employees to help them get to work? Deleted: 9 Don't know¶

- 1 Less than one year
- 2 More than 1 year, but less than 2 years
- 4 2 to 3 years
- 5 More than 3 years

| 6a How long have you been involved with or responsible for managing or delivering these services at your worksite? Deleted: 9 Don't know¶

- 1 Less than one year
- 2 More than 1 year, but less than 2 years

- 4 2 to 3 years
- 5 More than 3 years

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?

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- 1 Within the past year
- 2 More than 1 year ago, but less than 2 years ago
- 4 2 to 3 years ago
- 5 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?

\_\_\_\_\_ Enter name

9 Don't know

9 In the past year, how often did you communicate with, hear from, or contact this representative?

- 1 Every week, most weeks
- 2 A few times per month
- 3 A few times during the year
- 4 Once during the year
- 5 Not at all
- 6 Have not had any communication with my representative since service was started

IF Q9 = 5, OR 6, AUTOCODE Q9a = 0, THEN SKIP TO Q10

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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?

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- 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)

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- 1 Postal mail
- 2 Email
- 3 Personal phone calls
- 4 Personal visits
- 5 Other: (please specify) \_\_\_\_\_

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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."

(ROTATE)

	Poor 1	2	3	4	Excellent 5	Don't know 9
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 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?

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¶  
IF Q13 = 3, 4, 5, OR 9, SKIP TO Q14¶  
IF Q13 = 1 OR 2, ASK Q13a¶  
Deleted: have you not been satisfied with

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
- 2 2
- 3 3
- 4 4
- 5 5 – Very useful
- 8 Have not used any Commuter Connections services.

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9 Don't know¶  
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IF Q14 = 1, 2 OR 8, SKIP TO Q15  
IF Q14 = 3, 4, OR 5, ASK Q14a

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

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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."

(ROTATE)

	Not at all useful 1	2	3	4	Very useful 5	Have not used 8	Don't know 9
1 Information brochures <a href="#">for programs such as Guaranteed Ride Home, Bicycling, and Teleworking</a>	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 <a href="#">such as Live Near Your Work or Bicycling</a>	1	2	3	4	5	8	9

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6 Personal assistance from representative

7 <a href="#">Special Events such as Bike to Work Day, Car Free Day or Employer Recognition Awards</a>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>8</u>	<u>9</u>
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16 Have you used the Commuter Connections employee Commute Survey or another commute survey during the past year?

- 1 yes
- 2 no
- 9 Don't know

IF Q16 = 2 OR 9, SKIP TO Q17

16a Did your representative give you a copy of the statistical summary of your employee Commute Survey?

- 1 yes
- 2 no
- 3 Was not a Commuter Connections survey

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16b Did your representative use your statistics to create an employee commute program or to promote ridesharing in general? (please circle one response)

- 1 yes
- 2 no
- 3 Was not a Commuter Connections survey

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

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17 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

18 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."

Deleted: Don't know!

(ROTATE)

	Not at all interested	2	3	4	Very interested	D
	1				5	o
						't
						k
						n
						o
						w
						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 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 <a href="#">Air Quality Action Days</a>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>9</u>
12 <a href="#">Live Near Your Work</a>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>9</u>
13 Other _____	1	2	3	4	5	9

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19 Do you have any suggestions for improving Commuter Connections' effectiveness in promoting commuter programs and in assisting organizations such as yours in developing commuter programs?

\_\_\_\_\_

20 What is the zip code of your worksite? \_\_\_\_\_



**OPTIONAL— Gift Request Form**

We would like to thank you for participating in this survey. Please complete the items below and return with your completed survey and we will send you a **free GIFT**.

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Again, thank you for taking the time to complete this survey. Please **FAX** to MWCOG, Commuter Connections at **202-962-3218** by \_\_\_\_\_

or mail:

MWCOG

Commuter Connections

ATTN: Satisfaction Survey Coordinator

777 North Capitol Street, NE, Suite 300

Washington, DC 20002

Employer