

# Commuter Survey



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## 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	<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 <i>(car/vanpool/Slug)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rode with others <i>(car/vanpool/Slug)</i>	<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 <i>(transit)</i>	<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 <i>(transit)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walked or bicycled <i>(entire trip)</i>	<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 <i>(e.g. 9/80 schedule)</i>	<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*

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## 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](http://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



# About this survey

Thank you for completing this survey. Your employer is working with a local representative of Commuter Connections to assess commuting habits and preferences. Your input on this survey is very important. Your answers will be kept confidential. This survey should be completed during your regular work week. Please give completed forms to your company's survey coordinator.

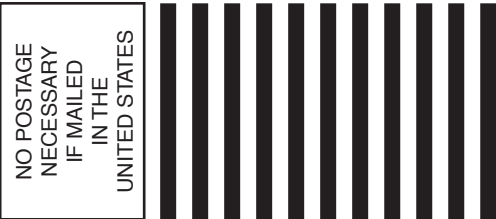
Part II of this survey is optional. Complete Part II if you would like a free carpool/vanpool matchlist, transit schedules, information on alternatives to driving alone, or to register for Commuter Connections' Guaranteed Ride Home (GRH) program. Part II can be detached and mailed to Commuter Connections or given to your company's survey coordinator.



# Employer Services Group

- Alexandria Rideshare
- Arlington County Commuter Services
- Bethesda Transportation Solutions
- District of Columbia Department of Transportation
- Dulles Area Transportation Association
- Fairfax County RideSources — Employer Services
- Loudoun County Commuter Services
- Maryland Transit Administration Commuter Assistance Office
- Metropolitan Washington Council of Governments
- Montgomery County Commuter Services
- North Bethesda Transportation Center
- Prince George's County Office of Transportation
- PRTC OmniRide
- TransIT Services of Frederick County
- Tri-County Council for Southern Maryland

1-800-745-RIDE  
www.commuterconnections.org



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 10532 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

COMMUTER CONNECTIONS  
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS  
777 NORTH CAPITOL ST NE STE 300  
WASHINGTON DC 20077-0637



# Glossary of Terms >>>>>>>>>

- Drive Alone**  
You drive alone if you travel from your home to work by driving your car, motorcycle, or moped without a passenger.
- Carpool**  
You carpool if you arrive at your worksite by automobile with 2 to 6 occupants and your carpool has a regular arrangement between the occupants. May also include occupants that are being dropped off at other worksites or companies.
- Casual Carpool/Slug**  
You are considered a casual carpooler or slug if you do not have a pre-arranged carpool and you get a ride with someone with whom you do not have a regular carpool arrangement.
- Vanpool**  
7 or more occupants commuting to and from work by automobile or van. May also include occupants that are being dropped off at other worksites or companies.
- Transit**  
You are a transit commuter if you ride a local or commuter bus, (Metrobus, The Bus, Ride-On, Fairfax Connector, OmniRide, OmniLink, DASH or any other public or private bus), June 2008 commuter rail (MARC, Virginia Railway Express), Amtrak, Metrorail, to get to work.
- Bicycle**  
You bicycle to work if you ride a bicycle the entire way from your home to your office. For this survey, if you bicycle to a transit station and take the train to work, you do not bicycle to work.
- Compressed Work Week**  
A regular work schedule where an employee is scheduled to work one of the following work schedules:  
3/36 = work 3 days/12 hours each day, 2 days off  
4/40 = work 4 days,/10 hours each day, 1 day off
- Telework**  
You telework or telecommute if during your entire work day, you work at your home, telework center, or a satellite office rather than traveling to your regular worksite.



# Commuter Survey



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