2020 Vanpool Drivers Survey Overview of Method

Method

- 3rd repeated survey, but last conducted in 2008
- Internet method email invitation with self-administered Internet survey
- Invitation sent by Commuter Connections to vanpool drivers
- Regional vanpool program coordinators will be asked to alert drivers to the coming survey to encourage participation
- CC will send reminder emails to participants who do not respond to the initial email
- Drawing will be offered for three \$100 Amazon gift cards
- Survey will be open for 3+ weeks
- Results will be used to examine current vanpool characteristics

Sample

- Sample to include drivers of all vanpools that travel to, from, within the metro region AND who
 can be identified with email address will not cover all VP in the region
- 4 primary databases: Commuter Connections, GWRC, PRTC, Enterprise
- Sample databases will need to be "deduped," since some VPs will be in more than one database

Questionnaire topics (see attached)

- Vanpool duration
- Van characteristics ownership, type, year, capacity, insurance
- Origin/destination and pick-up/drop-off stops
- Major roads used and use of HOV/Express Lanes
- Commute benefits/services received by vanpool/vanpool driver
- Van/vanpool issues of concern to drivers

Schedule

- Preparation Sept–Dec 2019
- Survey period Jan 14–Feb 7, 2020 (3+ weeks)
- Data cleaning/analysis—Feb-Apr 2020
- Draft report End of Apr 2020

2020 MWCOG Vanpool Driver Survey Draft Questionnaire – 9-27-19

Van Ownership and Operation

1.	How long has	s this vanpool	been in operation	Please enter	EITHER months (OR years.
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Number of months	
Number of years	
888 Not sure	O

999 Left blank

2. How long have YOU been the vanpool driver? Please enter EITHER months OR years.

Number of months	
Number of years	
888 Not sure	O

999 Left blank

- 3. Who owns the van? Please select only one option.
 - 1 Myself or a family member
 - 2 Leasing agency
 - 3 Employer
 - 4 Private party outside my family
 - 5 Other (please specify)
- 4. Please provide the following information about your van (if known).

1 Van make/model	999 Left blank
2 Van model year	999 Left blank

4a.	What is the passenger	capacity (including the	driver), if every	seat is filled?
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- 5. Which of the following best describes the type of insurance covering your van?
 - 1 Personal
 - 2 Commercial
 - 3 AdVANtage self-insurance pool (Virginia)
 - 4 Other (please specify)

999 Left blank

- 5a. Who pays for the insurance?
 - 1 Myself
 - 2 Van owner
 - 3 Other (please specify) _____

999 Left blank

5b. What is the annual cost of the insurance?

Cost per year	\$
888 Not sure	•

999 Left blank

Vanpool Use

6. How many people, including the driver, usually ride in the vanpool?

Usual number of riders	
88 Not sure	O

99 Left blank

7. How many people, including the driver, rode in the vanpool last Wednesday?

Number of riders last Wednesday	
88 Not sure	O

99 Left blank

IF Q7 = 0, ASK Q7a, OTHERWISE SKIP TO Q8

e no riders in the vanpool last Wednesday?

8. In what home area does your vanpool originate (i.e., where is your van parked overnight)? Please specify town, city, or community.

- 9. How many stops does your van make in the morning to pick up passengers?
 - 1 One stop (all riders meet at a single central meeting place)
 - 2 2 stops
 - 3 3 stops
 - 4 4 or more stops
 - 99 Left blank

IF Q9 = 2, 3, 4, OR 99, INSERT "of both the first and last pick-up locations" IN Q10.

10. Where does the van <u>pick up</u> riders in the morning? Please note the street address, nearest cross streets, or park & ride location [of both the first and last pick-up locations]. Also indicate the town or city.

IF Q9 = 1, SHOW ONLY THE "FIRST PICK-UP LOCATION" ROW IF Q9 = 2, 3, 4, OR 99, SHOW BOTH THE "FIRST PICK-UP LOCATION" AND "LAST PICK-UP LOCATION" ROWS

PICK UP	Street address/cross-streets or Park & Ride lot	Town/City
First pick-up location		
Last pick-up location		

11. Where is the van parked during the day? Please note the street address or nearest cross streets. Also indicate the town or city.

PARK AT WORK	Street address or cross-streets	Town/City
Parking location		

- 11a. Does the van drop-off passengers in the morning at another location <u>BEFORE</u> this parking location or is the parking location the only drop-off?
 - 1 Parking location is the only morning drop-off for passengers
 - 2 Some passengers are dropped off at <u>another</u> location before the van reaches the parking location
 - 99 Left blank

IF Q11a = 1, SKIP TO INSTRUCTIONS BEFORE Q11c
IF Q11a = 2 OR 99 (more than 1 drop-off location), ASK Q11b

11b. Where does the van <u>first</u> drop-off riders in the morning? Please note the street address or nearest cross streets. Also indicate the town or city.

[DROP OFF	Street address/cross-streets or Park & Ride lot	Town/City
F	irst drop off location		

12. At what times do the following morning vanpool activities occur? (usual/scheduled clock time)

IF Q11a = 1, SHOW ONLY ROWS 1, 2, AND 4

IF Q11a = 2 OR 99 (more than 1-drop-off location), SHOW ALL ROWS 1-4

IF Q9 = 2, 3, 4, OR 99 (more than 1 pick-up location), INSERT "last" in activity 2

MORNING VANPOOL ACTIVITY	Usual / Scheduled Clock Time
1 Driver leaves home at:	
2 Van leaves [last] pick-up location at:	
3 Van arrives at first drop-off location at:	
4 Van is parked for work at:	

13. What is the approximate distance of the following components of your vanpool trip to work?

SHOW RESPONSE ROWS IN Q13 BASED ON THE FOLLOWING RESPONSES TO Q9 AND Q11a:

IF Q9 = 1 (only 1 pick-up) AND Q11a = 1 (only 1 drop-off), SHOW ONLY ROWS 1 AND 2

IF Q9 = 2, 3, 4, OR 99 (more than 1 pick-up) AND Q11a = 1 (only 1 drop-off), SHOW ONLY ROWS 1 AND 3

IF Q9 = 1 (only 1 pick-up) AND Q11a = 2 OR 99 (more than 1 drop-off), SHOW ONLY ROWS 1 AND 4

IF Q9 = 2, 3, 4, OR 99 (more than 1 pick-up) AND Q11a = 2 OR 99 (more than 1 drop-off), SHOW ONLY ROWS 1 AND 5

VANPOOL TRAVEL DISTANCE	Distance (miles)
1 Miles from driver's house to worksite/parking location	
2 Miles from pick-up location to worksite/parking location	
3 Miles from <u>last</u> pick-up location to worksite/parking location	
4 Miles from pick-up location to <u>first</u> drop-off stop	
5 Miles from <u>last</u> pick-up location to <u>first</u> drop-off stop	

14. What <u>major</u> roadways does the van take for the trip to work? Please select all that apply.
<u>Interstates</u>
1 Capital Beltway (I-495) (MD)
2 Capital Beltway (I-495) (VA)

4 I-66 INSIDE the Beltway (VA)5 I-95 (MD)

6 I-95 (VA)

7 I-270 (MD)

8 I-295 (DC / MD)

9 I-395 (VA)

10 I-695 (DC - Southeast-Southwest Freeway, Southwest Expressway)

11 I-695 (MD - Baltimore Beltway)

3 I-66 OUTSIDE the Beltway (VA)

Major State / US Routes

- 12 BW Parkway (US 295, Baltimore-Washington Parkway MD)
- 13 Dulles Toll Road (Dulles Greenway, Route 267)
- 14 GW Parkway (George Washington Parkway)
- 15 ICC (Inter-County Connector, Route 200)
- 16 US Route 1 (MD)
- 17 US Route 1 (VA Richmond Highway, Jefferson Davis Highway)
- 18 US Route 29 (MD Colesville Road, Columbia Pike)
- 19 US Route 29 (VA Lee Highway)
- 20 US Route 50 (MD John Hanson Highway)
- 21 US Route 50 (VA Lee Jackson Highway, Arlington Blvd, Fairfax Blvd)
- 22 US Route 301 (MD)
- 23 Other _____
- 98 Van does not use any of these Interstate or U.S. or state routes 999 Left blank
- 15. Does the vanpool use an HOV lane or Express Lane for any portion of the trip to work?
 - 1 Yes
 - 2 No

999 Left blank

IF Q15 = 1 OR 99, ASK Q15a IF Q15 = 2, SKIP TO Q16

	1	NA – Do not show on screen
	2	Capital Beltway (I-495) (VA)
	3	I-66 OUTSIDE the Beltway (VA)
		I-66 INSIDE the Beltway (VA)
		I-95 (MD)
		I-95 (VA)
		I-270 (MD)
		NA – Do not show on screen
		I-395 (VA)
		NA – Do not show on screen NA – Do not show on screen
		NA – Do not show on screen
		Dulles Toll Road (Route 267)
		NA – Do not show on screen
		ICC (Inter-County Connector, Route 200)
		NA – Do not show on screen
	17	NA – Do not show on screen
	18	NA – Do not show on screen
	19	NA – Do not show on screen
	<mark>20</mark>	US Route 50 (MD – John Hanson Highway)
	21	NA – Do not show on screen
		NA – Do not show on screen
	<mark>23</mark>	Other HOV or Express Lane
<u>Vanp</u>		Left blank sistance and Services
16.		ming your vanpool, did you receive assistance from your employer or from an organization that helps vanpool formation, organization, or ridership?
	1	No
	2	Ver from analysis
		Yes, from employer
	3	Yes, from employer Yes, from another organization (specify)
17.	999 Do yo	Yes, from another organization (specify)
17.	999 Do yo comn	Yes, from another organization (specify) Left blank ou or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits
17.	Do yo comm	Yes, from another organization (specify) Left blank ou or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work
17.	Do yo comm	Yes, from another organization (specify) Left blank u or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work Van parking close to the building at work
17.	999 Do yo comm 1 2 3 4	Yes, from another organization (specify) Left blank u or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work Van parking close to the building at work Discounted or free van parking at work
17.	999 Do yo comm 1 2 3 4 5	Yes, from another organization (specify) Left blank ou or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work Van parking close to the building at work Discounted or free van parking at work Payment or subsidy from employer for any vanpool cost
17.	999 Do yo comm 1 2 3 4 5 6	Yes, from another organization (specify) Left blank ou or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work Van parking close to the building at work Discounted or free van parking at work Payment or subsidy from employer for any vanpool cost Vanpool start-up or other subsidy from any other organization
17.	999 Do yo comm 1 2 3 4 5 6 7	Yes, from another organization (specify) Left blank ou or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work Van parking close to the building at work Discounted or free van parking at work Payment or subsidy from employer for any vanpool cost Vanpool start-up or other subsidy from any other organization Flexible work hours (arrival and departure times)
17.	999 Do yo comm 1 2 3 4 5 6 7 8	Yes, from another organization (specify) Left blank ou or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work Van parking close to the building at work Discounted or free van parking at work Payment or subsidy from employer for any vanpool cost Vanpool start-up or other subsidy from any other organization Flexible work hours (arrival and departure times) Guaranteed Ride Home program
17.	999 Do yo comm 1 2 3 4 5 6 7 8 9	Yes, from another organization (specify) Left blank ou or does your vanpool receive any of the following services/benefits, from your employer, from a nute service organization, or from a local jurisdiction agency? Please select all that apply. No vanpool services or benefits Reserved van parking at work Van parking close to the building at work Discounted or free van parking at work Payment or subsidy from employer for any vanpool cost Vanpool start-up or other subsidy from any other organization Flexible work hours (arrival and departure times)

- 18. What is the monthly parking fee for your van at work? Please select only one option.
 - 1 No charge, parking is free for <u>ALL</u> employees
 - 2 No charge, parking is free for vanpools
 - 3 \$1 \$49 per month
 - 4 \$50 \$99 per month
 - 5 \$100 \$149 per month
 - 6 150 \$199 per month
 - 7 \$200 \$249 per month
 - 8 \$250 or more per month

999 Left blank

Other Issues

19. Following is a list of issues that might be of concern to vanpool drivers. Using a scale of 1 to 5, with "1" being "no concern" and "5" being "great concern," please rate <u>your</u> level of concern about each issue.

Type of transportation	1 No concern	2	3	4	5 Great concern	8 Not sure
1 Insurance cost too high	0	0	0	0	0	0
2 Cost of parking too high	0	•	•	•	0	0
3 HOV lane hours too short	O	O	0	O	O	0
4 Congestion in HOV/Express Lanes	O	0	0	O	0	0
5 Finding new riders	O	O	0	O	O	O
6 Risk of van rollover accidents	O	0	0	O	0	0
7 Finding back-up drivers	O	O	0	O	O	O
8 Vehicle height restrictions in parking garages	O	O	O	O	0	O
9 Availability of P&R lots/pick-up locations	O	O	0	O	O	O
10 Center aisle configuration unavailable from manufacturer	O	O	O	O	O	O
11 Availability of priority parking at work	O	O	0	O	O	O
12 Availability of convenient drop-off locations	O	O	O	C	O	O
13 Availability of van maintenance locations	O	O	0	O	O	O
14	O	O	O	O	0	O

Thank you very much for your time and cooperation!	

20. If you have other comments about vanpooling or vanpool services, please note them below.

20a. Commuter Connections is offering a drawing for three \$100 Amazon gift cards for vanpool drivers who respond to the survey. If you would like to participate in the drawing, please provide your name and email address.

Please be assured that we will not sell or use your information for anything other than sending you the gift card.

- 1 Yes, I would like to participate in the drawing (ASK Q21)
- 2 No, I do not want to participate in the drawing (SKIP TO END)
- 89 Left blank (SKIP TO END)

Last Name:
Email Address:

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

21.

First Name: