

F - Education/Training/Library

Travel Reduction Program Employee Survey v8

To be completed by Employee only Please do not staple, fold or photocopy. Please print characters using capital letters as shown below. Use black or blue ink only 890 |A|B|C|D|E|F|G|H| OPQR Enter the ONE letter that BEST describes your assigned work schedule at THIS worksite. A - Full Time: 5 days/40 or more hrs/week D - Full Time: 3 days/36 hrs/week G - Part Time: 5 days or more per week B - Full Time: 4 days/40 hrs/week E - Full Time: 3 days (36 hrs)/4 days (48 hrs) H - Part Time: 4 or 3 days per week C - Full Time: 9 days/80 hrs in 2 weeks F - Full Time: 6 days/over 40 hrs/week Enter your typical start time and end time. (If times vary, enter your average start time/end time) Minutes Hour Minutes OAM OPM OAM OPM Start Time End Time -3 On average, how many days do you use each of these modes to get to this employer's worksite? Do not include trip home. **Drive Alone** days per week days per week Light Rail days per week **Bicycle** *Telecommute Carpool days per week Vanpool days per week days per week Bus days per week Walk / Run days per week *Telecommute means working a scheduled FULL DAY at home for this employer instead of driving to a worksite. 4 Answer this question ONLY if the vehicle you typically use to drive to this worksite uses one of the Alternative Fuel types listed below. A - Electric B - Hybrid C - CNG / LPG If you ride in a carpool or vanpool, how many other people (age 16 or older) travel with you? Carpool Vanpool How many miles (one-way) is it from your home to this worksite? Miles nce it takes with your usual mode of travel. No decimals. No fractions. Please round up.) How many minutes (one-way) does it usually take you to travel from home to this worksite? **Minutes** (Enter the time it takes with your usual mode of travel. No decimals. No fractions. Please round up.) 8 If you are willing to make a change to your daily commute, which options interest you the most? (select all that apply) Alternative Fuel O Compressed Work Week Transit (Bus/Light Rail) Telecommute O Electric Vehicle Charging Station O Walk / Run O Bicycle O Carpool Vanpool 9 Which incentives would motivate you to use an alternative mode? (select all that apply) O Commuter event O Prize drawing O Commute subsidy O Carpool parking O High Pollution Advisory award 10 Which transportation improvements would make it possible for you to reduce your drive-alone work commute? (select all that apply) O Closer transit service (Bus/Light Rail) O More frequent transit service (Bus/Light Rail) O Opportunity to vanpool O More bike facilities or sidewalks O Already use alternative mode(s) 11 Are you: O Male O Female 12 What is your age? 55 years or older 16 to 24 years 25 to 34 years 35 to 44 years 45 to 54 years 13 In what city do you live? 14 What is your home zip code? STREET 15 What are the two (2) major cross streets closest to your home? Example: Direction (N. S. E or W) Major Cross Street/Avenue Names 16 Enter the ONE letter that BEST describes your primary work activity on a regular basis. G - Design/Entertainment/Communications/Media M - Office and Administrative Support A - Management B - Business/Finance/Insurance H - Healthcare Practitioners and Support N - Farming/Fishing/Forestry C - Computer/Engineering/Science I - Public Safety/Security O - Construction/Mining/Extraction D - Community/Social Service J - Food and Service Industry P - Installation/Maintenance/Repair E - Legal K - Building and Grounds Maintenance Q - Manufacturing/Production

L - Retail/Sales

R - Transportation/Materials Moving