

2012 ANNUAL COMMUTER SURVEY



Montgomery County, with help from your employer, is conducting this survey to find ways to improve transportation services in the County. Your participation is valuable and your answers will be confidential. Please return the survey within 1 week to the person who gave it to you.

ENTER TO WIN A TERRIFIC PRIZE! Employees who complete the survey will be entered into a PRIZE DRAWING for a digital camera and other great prizes! To enter, include your name and contact information at the end of the survey.

THANK YOU – WE VALUE YOUR INPUT AND COMMENTS!

1.

Today's Date:	Employer/Organization Name:
Street Address of Regular Work Location:	Work Zipcode:

2. On the most recent day you worked at your regular work location, what time did you arrive at work and what time did you leave from work?

Arrive At Work _____ AM PM (*circle one*) Leave From Work _____ AM PM (*circle one*)

3. Last week, how did you 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., 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.

Section A How I traveled TO work	Days worked at regular work location last week						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Drove alone in a car, truck, or SUV							
Drove myself and others (carpool or vanpool driver)							
Rode with others (carpool or vanpool rider)							
Took Ride On							
Took Metrobus or commuter bus (e.g., Eyre, Dillon)							
Took Metrorail							
Took MARC or VRE commute train							
Walked or bicycled (entire trip from home to work)							
Other _____							

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 B Why I was NOT at my regular work location	Days NOT at regular work location last week						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Compressed schedule (e.g, 9/80 schedule) day off							
Regular day off							
Teleworked, worked at home or telework center <u>all day</u>							
Meeting out of office, sick, vacation, or holiday <u>all day</u>							

4. If you carpooled or vanpooled last week, how many people, including yourself, were usually in the vehicle?

I did not carpool or vanpool last week _____ total number of people in the vehicle

5. Thinking back to **one year ago**, how did you **USUALLY** get to work? (If you used more than one type of transportation then, check the one you used most often).

- | | | | | |
|--------------------------------------|--------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> drive alone | <input type="checkbox"/> carpool | <input type="checkbox"/> vanpool | <input type="checkbox"/> Ride On | <input type="checkbox"/> Metrobus or commute bus |
| <input type="checkbox"/> Metrorail | <input type="checkbox"/> MARC or VRE | <input type="checkbox"/> bicycle / walk | <input type="checkbox"/> Other _____ | |

Did you work at your **current work location** one year ago? yes no

6. What is your home zip code? _____



7. a. How many miles is it from your home to your regular work location? _____ miles
 b. How long does it **typically** take you to travel from home to this location? _____ minutes
 c. Last week, what was the **longest time** it took you to travel from home to work? _____ minutes

8. On days that you drive to work, even if you only drive occasionally, where do you park?

I never drive to work

- I park: in a lot/garage at my work location
 in a public lot/garage off-site
 on the street
 other _____

8a. How much do you pay to park at this location?

- No charge, I park for free
 \$ _____ per: day / month (**circle one**)

9. Does your employer offer to help pay the cost of commuting by transit or vanpool; if so, do you currently receive these benefits?

Pay for: (check one only)	Employer DOES NOT offer to pay cost	Employer offers to pay cost (check one only)	
		I DO NOT RECEIVE it	I DO RECEIVE it
Bus, Metrorail, or train			
Vanpool			

9a. How much do you receive each month?

- \$1-30 \$31-60 \$61-99 \$100+

10. Does your employer allow employees to pay the cost of commuting by transit or vanpool with **pre-tax dollars** through payroll deduction; if so, do you currently receive these benefits?

Pre-tax for: (check one only)	Employer DOES NOT allow a pre-tax deduction	Employer allows pre-tax deduction (check one only)	
		I DO NOT RECEIVE it	I DO RECEIVE it
Bus, Metrorail, or train			
Vanpool			

10a. How much do you receive each month?

- \$1-30 \$31-60 \$61-99 \$100+

11. Listed below are commuting services that could help you travel to work by carpool, vanpool, transit, or bicycle. For each service listed, please indicate if the service would encourage you to use the type of transportation noted. For example, check "Yes" for "Route/schedule information for transit," if that service would encourage you to use **transit**. If you already use the type of transportation noted, check the box "Use this type of transportation now."

Commuting Service	Would this service encourage you to carpool, vanpool, or use transit or bicycle to get to work?			
	Yes	Maybe	No	Use this type of transportation now
Assistance to form a carpool or vanpool				
Free parking for carpools and vanpools				
Monthly payment or reimbursement equal to your vanpool cost				
Monthly payment or reimbursement equal to your transit cost				
Pre-tax payroll deduction equal to your transit costs				
Pre-tax payroll deduction equal to your vanpool cost				
Guaranteed Ride Home in case of emergency for carpool, vanpool and transit users				
Route/schedule information for transit				
\$20 monthly subsidy for bicycling to work				
Secure locker or other storage for bicycle				



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THANK YOU FOR COMPLETING THE SURVEY!

If you would like to be entered into our prize drawing, please complete the information below. Prize drawing entry forms will be separated from the survey forms to maintain confidentiality.

Name _____ Employer Name _____ Phone Number _____ Ext. _____

Email (if you would like to receive the Commuter Services e-Newsletter, transit updates, etc.) _____

Please add your suggestions and comments on how Commuter Services can serve you better:

If you would like to receive free information on carpooling, vanpooling, transit, the Guaranteed Ride Home program (GRH) or other alternatives to driving alone, please complete this section.

Name _____

Home Address _____

Number/Street

Apt. #

City

State

Zip

County

Name of Employer/Agency _____

Work Address _____

Number/Street

Suite #

City

State

Zip

County

Work Phone Number _____ Fax Number _____

I start work at _____ a.m. I can arrive _____ minutes **before** and _____ minutes **after** my normal time.

I stop work at _____ p.m. I can leave _____ minutes **before** and _____ minutes **after** my normal time.

Please send me the following information / schedules (check all that interest you)

- Commuter Rail: MARC/VRE
- Metrorail
- Metrobus
- MD Transit
- Guaranteed Ride Program
- SmartBenefits
- Ride On
- Park & Ride lots
- Local/commuter bus
- Car sharing (Zipcar / Connect by Hertz)
- Other _____

Car / Vanpool Matchlist. I can / prefer to be a (check all that interest you)

- Carpool:** Driver Rider Alternate Driver Neither
- Vanpool:** Driver Rider Alternate Driver Neither

For a carpool/vanpool, please specify pickup location(s): _____

List the closest landmark to your home (i.e., mall, shopping center, school): _____

