



Resident General Survey

Montgomery County Commuter Services is conducting this survey to find ways to improve County transportation. Every adult member of your household, age 18 and older, should complete this survey. Completing this survey enters you into a prize drawings for gift cards and a Grand Prize. **Complete the survey to enter prize drawings for gift cards and a Grand Prize.**

Note: If you already completed a survey from your employer, do not complete this residential survey.

* 1. Please type your street address in the text box:

2. Please type your main apartment complex or condo in the box provided.

* 3. Which of the following best describes your employment status?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Not employed



Resident General Survey

4. How many days per week do you work?

- ☐ 1 Day
- ☐ 2 Days
- ☐ 3 Days
- ☐ 4 Days
- ☐ 5 Days
- ☐ 6 Days
- ☐ 7 Days

5. What is your one-way commuting distance to work in miles? Please enter a whole number only.

6. What is your one-way commuting time to work in minutes? Please enter a whole number only.



Resident General Survey

* 7. In a typical week, do you regularly travel to school/attend class and/or take someone to school on weekdays during daytime hours? Please do not count classes you travel to on weekends or during the evenings.

- ☐ Yes, I regularly go to school or take someone to school during the day on weekdays
- ☐ No, I regularly go to school or take someone to school, but ONLY on weekends and evenings
- ☐ No, I don't regularly go to school or take someone to school in a typical week

8. If you travel to work or school, what is the ZIP Code for that work or school destination. If you go to various locations on different days, provide the ZIP Code for the location you go to most frequently. If you don't know the zip code, please provide the street address if possible.

Work ZIP Code

School ZIP Code

Most frequent trips ZIP Code

Address

9. What time do you typically arrive at work/school and what time do you leave?

Arrival Time

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/> <input type="button" value="▲"/>

Departure Time

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/> <input type="button" value="▲"/>

10. For each day of a typical week, please check the box that best indicates your work location.

	Work at my regular employment location	Regular day off	Telework (e.g. full workday at home or a location)	Work at client site or business travel a full work day
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please indicate the most typical mode of travel to your primary activity for each day of the week. On days you do not regularly work or go to school, please leave the column blank. The primary mode should be your longest mode of travel for your commute.

	Drive alone	Drive carpool or vanpool	Ride carpool or vanpool	Ride-On bus	Metrobus or commuter bus (e.g., Eyre, Dillon)	Metrorail	MARC, VRE, or AMTRAK commuter train	Walk	Bike or e-scooter	Other (Please specify and separate the different modes with a semi-colon ";")
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

12. For each mode of travel, indicate how many days per month you use it as your primary mode of travel. This should be your longest mode of travel for your commute. Please enter numbers only.

Drive Alone	<input type="text"/>
Drive Carpool or vanpool	<input type="text"/>
Ride carpool or vanpool	<input type="text"/>
Ride-On bus	<input type="text"/>
Metrobus or commuter bus	<input type="text"/>
Metrorail	<input type="text"/>
MARC, VRE, or AMTRAK commuter train	<input type="text"/>
Walk	<input type="text"/>
Bike or e-scooter	<input type="text"/>
Other	<input type="text"/>

13. If carpooling or vanpooling, how many passengers are in the vehicle? Include yourself in the count and only enter in numbers.

14. On days you take the bus or train to work or school, how do you get to the bus station/train stop? Check all that apply.

- ☐ Drive Alone
- ☐ Drive a carpool or vanpool
- ☐ Ride in a carpool or vanpool, including getting dropped off
- ☐ Walk
- ☐ Bike or e-scooter
- ☐ Other (Specify)

15. For each of the modes you said you used in Question 12, how many days per month on average do you use the mode to get to the bus stop or train station?

Drive Alone

Drive a carpool or vanpool

Ride in a carpool or vanpool, including getting dropped off

Walk

Bike or e-scooter

Other

* 16. Thinking only about LAST week, how many weekdays did you make a trip from your home between **6:30 am and 9:30 am** for a purpose OTHER THAN to go to work or school. These could include trips for errands, recreation/fitness, personal appointments, to drop a child or someone else off, or pick someone up.

	Made a non-work/non-school trip	Did not make any non-work/non-school trips
Monday	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>

* 17. On the days you made non-work /non-school trips last week between **6:30 am and 9:30 am**, what type of transportation did you use for these trips?

	Drove alone	Drove myself and others (carpool or vanpool driver)	Rode with others (carpool or vanpool passenger)	Rode a bus or train (Metrorail, MARC, VRE, Amtrak)	Walked the entire trip	Bicycled the entire trip	Other (Specify Below)	No non-work/non-school trips between 6:30 – 9:30 am
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 18. Thinking only about LAST week, how many weekdays did you make a trip from your home between **7:00 am and 9:00 am** for a purpose OTHER THAN to go to work or school. These could include trips for errands, recreation/fitness, personal appointments, to drop a child or someone else off, or pick someone up.

	Made a non-work/non-school trip	Did not make any non-work/non-school trips
Monday	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>

* 19. On the days you made non-work /non-school trips last week between **7:00 am and 9:00 am**, what type of transportation did you use for these trips?

	Drove alone	Drove myself and others (carpool or vanpool driver)	Rode with others (carpool or vanpool passenger)	Rode a bus or train (Metrorail, MARC, VRE, Amtrak)	Walked the entire trip	Bicycled the entire trip	Other (Specify Below)	No non-work/non-school trips between 7:00 – 9:00 am
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

20. Please provide any response you would like to share about transportation in Montgomery County or around the Washington metropolitan region.

These could include comments about issues addressed in the survey as well as suggestions for actions the County and others could take to improve commuting in the area.



Resident General Survey

To be entered into the weekly prize drawings for:

Multiple **\$25 gift cards**

A Grand Prize of a **\$250 gift card** from Montgomery County Commuter Services

Please fill out the remaining contact information.

21. Name

22. Phone Number

23. Email

24. (Optional) Please send me the following information/schedules on these modes of transportation.

- ☐ Transit Options
- ☐ Guaranteed Ride Home
- ☐ Bicycling
- ☐ Bikeshare or e-scooters
- ☐ Other (please specify)