**SURVEY TEMPLATE**

**(RECOMMEND CONDUCTING VIA A SURVEY TOOL)**

**NOTE: This baseline survey is to help you collect basic data on your employee population to determine what employees are currently doing as well as what mobility solutions they may be interested in participating in as you develop your programs. You have the choice to make these anonymous (sometime desirable) or request identifying information.**

**[OPTIONAL IDENTIFYING SECTION]**

Name:

Home address:

City, State Home ZIP:

Physical work address (+ building/mailstop):

City Work ZIP:

**[START OF SURVEY IF ANONYMOUS]**

1. What floor number [and wing] do you work on? TEXT NUMERIC
2. What is your Building Number? TEXT NUMERIC
3. What group/division/department do you work in [DROP DOWN BOX OF CHOICES}
4. What type of space do you sit in the majority of the time when at the office? Check one:
 Individual Cube Shared Cube Hotel/Unassigned workspace Full time offsite Other Please Specify OPEN TEXT
5. When working in your normal work location, approximately how many hours per week do you spend carrying out the following activities? (Please enter a numerical value; enter 0 if not applicable)

Informal meetings/discussions: TEXT NUMERIC \_

Formal meetings: TEXT NUMERIC

Quiet work (designing, writing, reading, thinking, reviewing) at my desk: TEXT NUMERIC

Collaboration/interactions at my desk: TEXT NUMERIC

Other: TEXT NUMERIC
PLEASE SPECIFY OTHER: OPEN TEXT FIELD

1. How many days per week do you currently work away from your assigned office space due to meetings, travel or working in another office, site, building, campus?
 0 <1 1 2-3 4-5
2. What is your zip code where you live? TEXT NUMERIC
3. How many miles do you travel to work one way? TEXT NUMERIC
4. On average how many minutes does it take you to drive to work? TEXT NUMERIC
5. On average how many minutes does it take you to drive home? TEXT NUMERIC
6. What time do you typically arrive at work (specify time and a.m./p.m.)?
7. What time do you typically leave work (specify time and a.m./p.m.)?
8. If you had flexibility from your manager in arrival time, what time could you arrive at work (specify time and a.m./p.m.)?
9. If you had flexibility from your manager in departure time, what time could you leave work (specify time and a.m./p.m.)?
10. How many days per week do you arrive and depart at the same time?
	1. 1
	2. 2
	3. 3
	4. 4
	5. 5
11. Do you have to drop off children/others on your way to work? YES NO
12. Do you have to pick up children/others on your way home from work? YES NO
13. Do you work
	1. Full-time
	2. Part-time
14. Do you work a compressed work week? YES NO

If yes, do you work

* 4, 10 hours per day
* 4, 9-hour days + 1, 4-hour day
* Other (Please specify) OPEN TEXT
1. Currently, how do you commute to work? Check all that apply.

**Drive own vehicle alone**  Always (4-5 days/week)  Often (3 days/week)  Sometimes (1-2 days/week)  Rarely (1-2 days/month)  Never

**Carpool with at least one other person**  Always (4-5 days/week)  Often (3 days/week)  Sometimes (1-2 days/week)  Rarely (1-2 days/month)  Never

**Take public transportation**  Always (4-5 days/week)  Often (3 days/week)  Sometimes (1-2 days/week)  Rarely (1-2 days/month)  Never

**Drive/ride in a vanpool** (5+ people)  Always (4-5 days/week)  Often (3 days/week)  Sometimes (1-2 days/week)  Rarely (1-2 days/month)  Never

**Cycle or Walk**  Always (4-5 days/week)  Often (3 days/week)  Sometimes (1-2 days/week)  Rarely (1-2 days/month)  Never

**Telework**  Always (4-5 days/week)  Often (3 days/week)  Sometimes (1-2 days/week)  Rarely (1-2 days/month)  Never

1. Moving forward, which alternative commute options are you most interested in utilizing more, and how often? (skip if none)

**Carpooling** Always (4-5 days/week) Often (3 days/week) Sometimes (1-2 days/week) Rarely (1-2 days/month) Never

**Taking public transportation**  Always (4-5 days/week) Often (3 days/week) Sometimes (1-2 days/week) Rarely (1-2 days/month) Never

**Riding in a vanpool (5+ people)** Always (4-5 days/week) Often (3 days/week) Sometimes (1-2 days/week) Rarely (1-2 days/month) Never

**Teleworking** Always (4-5 days/week) Often (3 days/week) Sometimes (1-2 days/week) Rarely (1-2 days/month) Never

**Cycling or Walking** Always (4-5 days/week) Often (3 days/week) Sometimes (1-2 days/week) Rarely (1-2 days/month) Never

1. **What are your top 3 reasons for driving alone to work?**

|  |  |
| --- | --- |
| * Need my car at work for company business
 | * Cannot get home in an emergency
 |
| * Need my car at work for personal business
 | * Live close to work
 |
| * Parking is free or inexpensive
 | * Don’t have anyone to ride with
 |
| * Need to run errands before or after work
 | * Don’t like to depend on others
 |
| * Prefer to drive my own car
 | * Irregular work schedule
 |
| * Need to transport my children
 | * Anything else takes too much time
 |
| * No reasonable transit option
 | * Poor bicycle and pedestrian access
 |
| * Need a specially equipped vehicle
* Safety concerns
 | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

1. **What would encourage you to share a ride to work in a carpool?** (Check all that apply)

|  |  |
| --- | --- |
| * Lower parking rates for carpools
 | * Prizes, drawings, contests, etc. for carpoolers
 |
| * Higher parking rates for those driving alone
 | * More flexible work hours
 |
| * Reserved parking close to the building
 | * More fixed work hours
 |
| * Free parking for carpools
 | * Use of company car during work day
 |
| * Company subsidy for carpoolers
 | * Child care facilities at or near the work site
 |
| * Help finding people with whom to carpool
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Change of work shift
 | * I do not want to carpool to work at this time
 |
| * Guaranteed Ride Home in the event of an emergency
 |  |

1. **What would encourage you to ride a vanpool to work?** (Check all that apply)

|  |  |
| --- | --- |
| * Lower parking rates for vanpools
 | * Prizes, drawings, contests, etc. for vanpoolers
 |
| * Higher parking rates for those driving alone
 | * More flexible work hours
 |
| * Reserved parking close to the building
 | * More fixed work hours
 |
| * Free parking for vanpoolers
 | * Use of van when needed during work day
 |
| * Company subsidy for vanpoolers
 | * Child care facilities at or near the work site
 |
| * Help finding people with whom to vanpool
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Change of work shift
 | * I do not want to vanpool to work at this time
 |
| * Guaranteed Ride Home in the event of an emergency
 |  |

1. **What would encourage you to ride rail/bus to work?** (Check all that apply)

|  |  |
| --- | --- |
| * Bus stop located close to work site
 | * More flexible work hours
 |
| * Sale of bus passes at work
 | * More fixed work hours
 |
| * Company subsidy for bus riders
 | * Bus route and scheduling information
 |
| * Change of work shift
 | * Child care facilities at or near the work site
 |
| * Guaranteed Ride Home in the event of an emergency
 | * Use of company car during work day
 |
| * Prizes, drawings, contests, etc. for bus riders
* I do not want to ride a bus to work at this time
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  |

1. **What would encourage you to ride a bicycle to work?** (Check all that apply)

|  |  |
| --- | --- |
| * Secure, convenient bicycle parking racks
 | * Guaranteed Ride Home in the event of an emergency
 |
| * Bicycle lockers
 | * Prizes, drawings, contests, etc. for bus riders
 |
| * Showers and clothing lockers
 | * Bicycle route maps
 |
| * Company subsidy for bicycle riders
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Seminars on riding safely in traffic
 | * I do not want to ride a bicycle to work at this time
 |

1. **When you do not drive alone to work or you work from home, what motivated you to do so?** Check all that apply.

|  |  |
| --- | --- |
| * Cost savings
 | * Save wear and tear on personal vehicle
 |
| * Stress reduction
 | * Parking cash out
 |
| * Guaranteed Ride Home program
 | * Preferential parking spaces
 |
| * Time savings
 | * Flextime program
 |
| * Convenience
 | * Showers and clothing lockers
 |
| * Prize drawings
 | * Other cash incentives
 |
| * Improve air quality
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

1. If you normally drive alone, would you consider using a Commute Solution on an occasional basis?

 Yes  No

If yes, what modes?

* Carpool driver/rider
* Vanpool driver/rider
* Transit (Bus)
* Transit (Rail)
* Walk
* Bicycle
* Telework
* Other Please Specify OPEN TEXT

If yes, how often?

* 1 day per week
* 2-3 days per week
* 4-5 days per week
* A couple times per month
1. Please indicate which if any of the following office equipment you currently have in your home.

 (Please choose all that apply)

* Computer Laptop
* Computer Desktop
* Monitor
* Printer B/W
* Printer Color
* Copy Machine
* Fax Machine
* High Speed Internet
* Unlimited Domestic Long Distance
* Cell Phone
* Microsoft Office or comparable software
* None of the above
1. How many days per week do you currently work from home?
 0 <1 1 2-3 4-5
2. How many days per week do you think you would work from home if you had your manager’s approval to do so?
 0 <1 1 2-3 4-5
3. Do you support offering a formal work from home program to employees and contractors that meet certain criteria? Check one.
 Yes No I do not care either way.
4. Whether you currently work from home or not, what concern(s) do you have in performing your current job outside of the current office environment? (Check all that apply)

 I would be ‘out of the loop’ if I am not in the office.
 I would be passed over or at a disadvantage for raises and promotions.
 I do not have the necessary technology or equipment at home to conduct my work.
 I do not believe my job can be completed from home.
 I believe my manager would not support working from home.
 I do not have any concerns.
Other (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does the idea of teleworking make you feel uneasy or uncomfortable about getting your work duties finished on time?

|  |  |  |
| --- | --- | --- |
| [ ]  Not at all | [ ]  A little | [ ]  A lot |

1. Are you concerned about how, or if, the relationship might change between you and your supervisor after you begin teleworking?

|  |  |  |
| --- | --- | --- |
| [ ]  Not at all | [ ]  A little | [ ]  A lot |

1. Do you think teleworking will help you spend more focused time working on tasks and objectives?

|  |  |  |
| --- | --- | --- |
| [ ]  Not at all | [ ]  A little | [ ]  A lot |

1. How much do you think teleworking will favorably affect the quality of your work?

|  |  |  |
| --- | --- | --- |
| [ ]  Not at all | [ ]  A little | [ ]  A lot |

1. How much do you think teleworking will favorably affect your productivity?

|  |  |  |
| --- | --- | --- |
| [ ]  Not at all | [ ]  A little | [ ]  A lot |

1. Do you think teleworking will help you better manage the time you spend on your work?

|  |  |  |
| --- | --- | --- |
| [ ]  Not at all | [ ]  A little | [ ]  A lot |

1. What do you think are the current barriers to telework at your organization?
* Managerial concerns about maintaining performance and productivity
* Funding for equipment and services
* Cost of telework centers
* Fair and equal treatment for those who telework and those who work on site
* Concerns about the security of classified or sensitive documents
* Employee concerns about feeling isolated from colleagues
* Electronic connectivity to the office
* OTHER PLEASE SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_