

GoTRIANGLE 2017 EMPLOYEE COMMUTING SURVEY

GoTriangle is conducting this survey to learn about your experience with your travel to work. The results will be used to identify commuters' travel needs and develop new services to make it easier to travel around the region.

Your answers will be confidential.

Please return the completed survey by **Monday, March 6, 2017 to your organization's Employee Transportation Coordinator:**

ETC Contact: _____

Thank you! We value your input and participation.

If you would like more information on transit and rideshare options in the Triangle Region,

Visit www.GoTriangle.org or call **919-485-RIDE (7433)**

gotriangle.org

Your name and email or phone
(Used only for gift card drawing):

Employee name:
Email or phone:

1 Which of the following best reflects your usual work schedule for this employer?

- Full-time, five or more days per week, 35 or more hours per week
- Nine days over 2 weeks, total of 80 hours (9/80 compressed schedule)
- Four 10-hour days per week, 40 hours (4/40 compressed schedule)
- Three 12-hour days per week (36 hours 3/36 compressed schedule)
- Part-time schedule, less than 35 hours per week
- Other schedule (describe) _____

2 **Part-time employees:** How many days per week are you typically assigned to work for this employer? If the number varies from week to week, indicate the number that is most typical.

Days per week

3 At what time do you normally arrive at work and what time do you typically leave work?

	Time	Circle either a.m. or p.m.	
Arrive at work		a.m.	p.m.
Leave work		a.m.	p.m.

4 In a typical work week, how do you get to work? Check one type of transportation for each day that you work. If your travel varies from week to week, report your travel for the MOST typical week. If you are not assigned to work on weekends, you may leave the Saturday and Sunday columns blank.

- If you use more than one type of transportation on a single day, check only the type you use for the longest distance part of your trip.
- For days you are not assigned to work, check either regular day off or compressed schedule (e.g. 4/40, 9/80) day off.

Type you use for the longest distance part of your trip	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Drive alone or with children under 16 years of age (in a car, van, SUV, truck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpool (two to six people, 16 years or older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanpool (seven or more people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride the bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk or run (entire trip to work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telework (work all day at home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed schedule day off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular day off (not compressed schedule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 If you typically carpool or vanpool to or from work, how many people, age 16 and over (including yourself), ride in the vehicle? (If the number of riders varies, please report the usual number of riders).

I do not typically carpool or vanpool Usual number of carpool / vanpool riders

6 How many miles do you travel from home to work, ONE-WAY? Miles

7 What is your zip code at home? _____ (5-digit zip code)

8 In the **past year**, have you made any of the following changes in how you **get to work**, even if only temporarily? Please check one box for each type of transportation.

Type of transportation used to get to work	No changes	Started using	Increased use	Tried a few times	Stopped / decreased use
Carpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked **started using or increased use** for any type of transportation, please **ANSWER QUESTION 9**, otherwise, **SKIP TO QUESTION 10**

9 **Before you made this change**, how did you typically get to work? Check one type of transportation for each day you worked. Please also report days you teleworked, had a compressed schedule day off, and had regular days off. If you were not assigned to work on weekends, you may leave Saturday and Sunday blank.

Type you used for the longest distance part of your trip	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Drove alone or with children under 16 years of age (in a car, van, SUV, or truck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpooled (two to six people, 16 years or older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanpooled (seven or more people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rode the bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rode a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walked or ran (entire trip to work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleworked (worked all day at home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed schedule day off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular day off (not compressed schedule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Please indicate how likely you would be to try each of the following types of transportation for part or all of your trip to work. Please check one box for each type of transportation. For types you currently use, please mark the "Do Now" box.

Type of transportation	How likely are you to try ...				Do now
	Unlikely	Somewhat likely	Very likely	Don't know	
Carpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoDurham bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoTriangle bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bull City Connector bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoRaleigh bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R-Line bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoCary bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapel Hill Transit bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk or run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telework/Telecommute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 11 How much would each of the following services and benefits influence you to use the type of transportation noted in bold? If you use the service now, please indicate how much the service influenced you to use that type of transportation.

Commute Service / Benefit	The service would influence me ...			
	Very little	Somewhat	A great deal	Don't know
Carpool / Vanpool				
Financial incentive (allowance/subsidy) to carpool/vanpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserved or preferential parking at work for carpools/vanpools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus				
Financial incentive (allowance/subsidy) to ride a bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More frequent bus service to my work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faster bus service to my work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus stop closer to my work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpool / Vanpool / Bus				
Park-and-ride lots near my home to meet carpool, vanpool, or bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customized information on carpool, vanpool, and bus from my home to my work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility in work hours to accommodate carpool, vanpool, or bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free ride home in case of emergencies for employees who carpool / vanpool / ride buses to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle / Walking				
Bike lanes or paths connecting my home and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks connecting my home and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure bike parking at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/locker room at work for employees who bike or walk to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 12 How interested would you be in using each of the following types of work arrangements?
Please check one box in each row. If you use any of these arrangements now, check "Use now."

Work Schedule or Arrangement	Interested in using ...				Use now
	Not interested	Somewhat	Very much	Don't know	
Regular telework (work at home <u>one or more days per week</u> instead of traveling to usual work location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional telework (work at home a few <u>days per month</u> instead of traveling to usual work location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed work schedule (work a full work week in <u>fewer than five days</u> per week, with <u>more hours per day</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 13 Following is a list of services or programs available to commuters in the Triangle area. For each, please indicate if you are aware of this service and if you have used the service. Please check one box for each service.

Service or Program	Aware and have used	Aware but have not used	Not Aware
Emergency Ride Home Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoTriangle Online Trip Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoTriangle.org website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ShareTheRideNC online ridematching (find carpool/vanpool partners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
919-485-RIDE (7433) telephone information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real-time transit arrival system (GoLive, TransLoc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Google Maps (Transit option)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoPass (employer-provided transit pass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GoPerks Incentive Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!