Sample Resident Commute Survey

All adult residents of	_[development name] are requested to complete			
this survey by [date]. Surve	y responses are anonymous. Please submit only			
one response per person. Your particip	pation will allow the site's management to better			
understand resident transportation and parking needs. (Optional: describe any raffle				
prizes) (The survey may be created online, a	nd the link distributed by the property manager/HOA)			

1. How did you travel to work/school last week? Select your PRIMARY method of travel. (Select your usual commute mode if you were away from home, sick, or unable to attend last week.)

Commute Mode (select one each day)	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Scheduled day off or do not work/go to school							
Worked or attended school remotely							
Drove alone							
Biked/rode scooter							
Walked/jogged							
Drove a carpool with a child(ren)							
Drove a carpool with an adult commuter							
Rode in a carpool (passenger)							
Rode public transit							
Rode a private shuttle sponsored by my employer or school							
Participated in a vanpool (5+ people)							
Rode a motorcycle							
Used Uber/Lyft or other ride-hailing service							
Used multiple modes without driving (e.g. bike & train, bus & train)							
Used multiple modes including driving (e.g. drove to/from train)							
Other (specify below):							

2. If you use	e transit for	commuting to	work/school,	which tr	ransit resour	ce do y	ou use?
(Select a	ll that apply	<i>')</i>					

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- o VTA bus
- VTA light rail
- o ACE train
- o Capitol Corridor/Amtrak
- Other (please specify)

3.	How far do you typically commute to work/school (in one	direction)?
	o one-way miles (fill in the blank)	

o I typically work from home or don't work/go to school

At a minimum, the above questions are suggested to measure the commute mode share and vehicle miles traveled by residents, which are key measures used to gauge the effectiveness of the site's Transportation Demand Management Program.

interest in alter measures prov	stions may be included to obtain feedback about residents' commute experiences, rnatives to driving alone, possible changes to Transportation Demand Management ided to residents, and vehicle ownership. Consider including one or more of the following eveloping additional questions specific to your location.
Optional Ques	tions:
4. Would you b	e willing to take public transit to work/school if offered a free transit pass?
0 0	I already take public transit. Yes No
5. Would you b provided?	e willing to carpool with other site residents if on-site ridematching assistance were
0 0	I already have a carpool partner Yes No
6. What would	encourage you to bike or ride a scooter to work/school? (Select all that apply)
	I already ride bike/scooter to work/school If I could take my bike on public transit If I got a bike If I got a helmet If I knew where the trails, bike lanes, or bike routes are to/from my work/school If I could find a route trip planner If I felt safer /comfortable biking Other (Please Specify)
•	re of the free VTA guaranteed ride home (GRH) program? Guaranteed Ride Home is free e without driving alone to work or school in Santa Clara County and are 18 or older.
0 0	Yes No No, but please send me GRH information
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8. Do you own/lease a vehicle and park on site?

0	Yes
0	No