



**TRANSPORTATION MANAGEMENT PLAN**  
**Annual Commuter Survey – Residential — Year \_\_\_\_\_**



**TMP Name** \_\_\_\_\_

**TMP/SUP #** \_\_\_\_\_

**Please complete one survey for each adult in the household.**

1. Do you commute to work?  
 Yes  No, Retired  No, Work at Home  No, do not Work

**\*\*If you have checked one of the three NO boxes, please skip to question 13\*\*.**

2. How do you usually (3-4 times a week) travel to work?

- Drive alone   
 Carpool / Vanpool – including yourself, how many people are in the carpool?   
 Metrorail   
 Bus: Metrobus  DASH  Fairfax Connector  Metrorail and bus   
 VRE  Walk  Bike  Other \_\_\_\_\_

If you drive alone, please provide the main reason for doing so.

- Unusual Work Hours   
 No Mass Transportation Available to Work   
 Other  \_\_\_\_\_

3. On a scale of 1 to 5 indicate whether you would use public transit if the following were offered to you. Please circle response: 1 = would not switch, 5 = would switch.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. 20% discount on transit fares	<input type="checkbox"/>				
b. 40% discount on transit fares	<input type="checkbox"/>				
c. 50% discount on transit fares	<input type="checkbox"/>				

Please answer yes or no to the following questions:

- |   | <b>Yes</b>   | <b>No</b>  |
|---|--|--|
| 4. Do you presently receive a transit discount or benefit?<br>If you answered yes, is the benefit pre-tax?  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 5. Would you car/vanpool or use transit if you were guaranteed a ride home in an emergency no matter what time you had to leave work?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 6. Would you car/vanpool if you were guaranteed a convenient parking space?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. If you drive to work, either alone or in a car/vanpool, do you pay for parking?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. If you personally pay for parking, how much do you pay per month? _____  |  |  |
| 9. If you do not pay for parking, why not?<br><br>There is no charge for parking where I work. <input type="checkbox"/><br>My employer pays for my parking or provides it free to employees. <input type="checkbox"/><br>Other – please explain _____ |  |  |

\_\_\_\_\_  
TMP Name

\_\_\_\_\_  
TMP/SUP #

10. What is your work schedule? Start time \_\_\_\_\_ End time \_\_\_\_\_

If you do not have a set schedule please check here

11. How long does it take you to get to work?

0-15 min  31-45 min  over an hour

16-30 min  46-60 min

12. Does your employer allow (check all that apply):

a. Flextime

b. Staggered hours

c. Compressed workweek or telecommuting?

d. Other - Please specify: \_\_\_\_\_

13. Please provide below any comments or concerns about transportation that you might have.

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

14. If you would like information on transit, car/vanpooling or any additional information on the Transportation Management Plan, please provide your name, address and telephone number and someone will contact you.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of information requested: \_\_\_\_\_  
\_\_\_\_\_