

ANNUAL REGIONAL RIDESHARING SURVEY

Time survey is filled out: _____ AM

Part 1. Starting Location and Final Destination Information	<u>1</u>	What is the CITY and ZIP CODE of your STARTING LOCATION/HOME?			
	<u>2</u>	What is the DISTANCE between your STARTING LOCATION/HOME and FINAL DESTINATION?	Miles = _____	_____ (one-way)	
	<u>3</u>	What is the address of your FINAL DESTINATION?	Street address:		
			City:		
			Zip code:		
Work			<input type="checkbox"/>		
<u>3</u>	What is the PURPOSE of your trip?	Shopping/Errands	<input type="checkbox"/>		
		Social/Recreation	<input type="checkbox"/>		
		Other	<input type="checkbox"/>		
<i>Note: "Alternate mode(s) of Commute" are forms of transportation other than Single Occupancy Vehicles .</i>					
Part 2. Starting Location/Home to Initial Mass Transit/Carpool pickup site Information	<u>4</u>	When using ALTERNATE mode of COMMUTE , how do you get to your initial MASS TRANSIT/CARPOOL pickup site?	<input type="checkbox"/> Car <input type="checkbox"/> Carpool of 2 or more <input type="checkbox"/> Walk/Bike	<input type="checkbox"/> Transit Service (Please specify): <input type="checkbox"/> Other (Please specify):	
	<u>5</u>	What is the DISTANCE between your STARTING LOCATION/HOME and your initial MASS TRANSIT/CARPOOL pickup site?	Miles = _____	_____ (one-way)	
Part 3. Alternate Commute Mode(s) Information	<u>6</u>	Which ALTERNATE mode of COMMUTE, do you use most frequently?	<input type="checkbox"/> Vanpool <input type="checkbox"/> Car pool: number of people <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Transit Service (Please specify): <input type="checkbox"/> Bus/Shuttle (please specify):	
	<u>7</u>	WHEN do you use ALTERNATE COMMUTE Modes?	<input type="checkbox"/> Both mornings and afternoons (round trip) <input type="checkbox"/> Morning only	<input type="checkbox"/> Afternoon only	
	<u>8</u>	PRIOR to using an ALTERNATE mode of COMMUTE, how did you get from your STARTING LOCATION/HOME to your FINAL DESTINATION?	<input type="checkbox"/> Car <input type="checkbox"/> Carpool of 2 or more <input type="checkbox"/> Walk/Bike	<input type="checkbox"/> Other Transit Service (Please specify): <input type="checkbox"/> Other (Please specify):	
	<u>9</u>	PRIOR to using ALTERNATE mode of COMMUTE, how many days per week did you DRIVE to get from your STARTING LOCATION/HOME to FINAL DESTINATION?	<input type="checkbox"/> 5 or more days/ week <input type="checkbox"/> 5 days/ week <input type="checkbox"/> 4 days/ week	<input type="checkbox"/> 3 days/ week <input type="checkbox"/> 2 days/ week <input type="checkbox"/> None	
	<u>10</u>	Which mode of transportation would you use, if <u>Regional Ridesharing service was NOT available</u> ?	<input type="checkbox"/> Vanpool <input type="checkbox"/> Car pool: number of people <input type="checkbox"/> Car	<input type="checkbox"/> Transit Service (Please specify): <input type="checkbox"/> Bus/Shuttle (please specify): <input type="checkbox"/> Other (please specify):	
Part 4. Additional Information	<u>11</u>	How did you discover or learn about Regional Ridesharing service?	<input type="checkbox"/> 511. Org.	<input type="checkbox"/> Student Association Bulletin Board	
			<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employer	
			<input type="checkbox"/> Public Transit Bulletin	<input type="checkbox"/> Website (Please specify):	
			<input type="checkbox"/> Friend	<input type="checkbox"/> Other (Please specify):	
	<u>12</u>	Please rate Regional Ridesharing service (1-poor; 4-excellent):	Overall Quality	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
			Option Availability	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
General Comfort			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
On-Time Performance/Connectivity			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
		Reliability of Service	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

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Part 4. Additional Information (Continued)	13	Are you aware of "Spare the Air " days announced by the Bay Area Air Quality Management District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	14	If YES, Do you use alternate commute modes more on "Spare the Air" days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	15	COMMENTS/SUGGESTIONS:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

	BAY AREA AIR QUALITY MANAGEMENT DISTRICT	<p>PLEASE RETURN THIS COMPLETED SURVEY TO STAFF MEMBERS OF REGIONAL RIDESHARE SERVICE PROVIDER</p> <p>Funding for Regional Ridesharing services were funded in part by YOUR NAME HERE and by the Bay Area Air Quality Management District</p> <p>THANK YOU FOR YOUR COOPERATION AND PATRONAGE</p>
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