

Survey Week: _____

MO/DAY/YR THRU MO/DAY/YR

Average Vehicle Ridership (AVR) Survey Form

Employee Information

Name: _____

Employee I.D.#: _____

Dept./Section: _____

Phone Ext.: _____

Home Zip Code: _____

Miles to Worksite (one way): _____

Signature: _____

Date: _____

	Mon		Tue		Wed		Th		Fri	
Time you Began Work										
Circle a.m. or p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Mode of Transportation										
A. Zero Emission Vehicle										
B. Bus										
C. Rail/plane										
D. Walk										
E. Bicycle										
F. Telecommute										
G. Noncommuting										
H. Drive Alone										
I. Motorcycle										
J. 2 persons in vehicle										
K. 3 persons in vehicle										
L. 4 persons in vehicle										
M. 5 persons in vehicle										
N. 6 persons in vehicle										
O. 7 persons in vehicle										
P. 8 persons in vehicle										
Q. 9 persons in vehicle										
R. 10 persons in vehicle										
S. 11 persons in vehicle										
T. 12 persons in vehicle										
U. 13 persons in vehicle										
V. 14 persons in vehicle										
W. 15 persons in vehicle										
Compressed Work Week Day(s) Off (Please indicate your typical start time on the day(s) you are on a Compressed Work Week day(s) off.)										
X. 3/36 work week days off (2 days)										
Y. 4/40 work week day off (1 day)										
Z. 9/80 work week day off (1 day)										
Other Days Off (Please indicate your typical start time on the day(s) you are off.)										
AA. Vacation										
BB. Sick										
CC. Regular Day Off, Jury Duty, LOA, etc.										

You should only have five (5) check marks, one for each day of the survey week.

Refer to Instructions to determine appropriate responses