

Survey Week: _____

MO/DAY/YR THRU MO/DAY/YR

Average Vehicle Ridership 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		Sat		Sun	
Time you began work														
Circle a.m. or p.m. as applicable	a.m.	p.m.												
Mode of Transportation														
A. Drive Alone														
B. Motorcycle														
C. 2 persons in vehicle														
D. 3 persons in vehicle														
E. 4 persons in vehicle														
F. 5 persons in vehicle														
G. 6 persons in vehicle														
H. 7 persons in vehicle														
I. 8 persons in vehicle														
J. 9 persons in vehicle														
K. 10 persons in vehicle														
L. 11 persons in vehicle														
M. 12 persons in vehicle														
N. 13 persons in vehicle														
O. 14 persons in vehicle														
P. 15 persons in vehicle														
Q. Bus														
R. Rail/plane														
S. Walk														
T. Bicycle														
U. Zero Emission Vehicle														
V. Telecommute (reduction of more than 50% of trip)														
W. Noncommuting														
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 have only five (5) check marks, one for each day of the survey week.