Maricopa County
Air Quality Department

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(602) 506-6094

EMPLOYEE SURVEY - TRIP REDUCTION PROGRAM

TO BE COMPLETED BY EMPLOYEE ONLY

1. Click the correct button that best describes your assigned work schedule at THIS worksite:

- ○ FULL TIME: 5 days/40 or more hours per wk
- ○ FULL TIME: 4 days/40 or more hours per wk
- ○ FULL TIME: 9 days/80 hours in 2 wks
- ○ FULL TIME: 3 days/36 hours per wk
- ○ FULL TIME: 3 days/4 days per wk*
- ○ FULL TIME: 6 days/over 40 hours per wk
- ○ PART TIME: 7 days per wk
- ○ PART TIME: 6 days per wk
- ○ PART TIME: 5 days per wk
- ○ PART TIME: 4 days per wk
- ○ PART TIME: 3 days per wk

* 36 hrs one week; 48 hrs the next week

2. Enter the start time and end time of your scheduled work hours at this worksite.
(Do not include overtime. If times vary, enter your average start time/end time)

START TIME [ ] : [ ] ○ AM ○ PM

END TIME [ ] : [ ] ○ AM ○ PM

Instructions for Question 3: IF YOU DO NOT USE ANY OF THE MODES LISTED BELOW - PLEASE SKIP TO QUESTION #5. For any mode listed, use either "days per week" or "days per month" do not use both. (Use "days per month" only if mode is used less than 4 days per month.) DO NOT ENTER ZEROS.

3. On the average, how often do you use each of these alternative modes to get to this employer's worksite? (Do not include trip home. If you do not use an alternative mode - skip to question #5).

Carpool	[ ] days per week OR	[ ] days per month
Bus	[ ] days per week OR	[ ] days per month
Bicycle	[ ] days per week OR	[ ] days per month
Walk/Run/Skate	[ ] days per week OR	[ ] days per month
*Telecommute	[ ] days per week OR	[ ] days per month
Electric or CNG Vehicle	[ ] days per week OR	[ ] days per month
**Valley Metro/Employer's Vanpool	[ ] days per week	

* Telecommute means working ALL DAY at home for this employer (on a scheduled work day) INSTEAD of driving to the worksite.

** Select Valley Metro/Employer's Vanpool only if you ride to work EVERY DAY in a Valley Metro van that is subsidized or provided by your employer.

4. If you ride in a carpool or a Valley Metro/Employer's vanpool, how many **other people** (age 16 or older) travel with you?

[ ] Others in Carpool [ ] Others in Vanpool

5. How many miles (ONE WAY) is it from your home to this worksite? **(No decimals. No fractions. Please round up).** [25]

6. How many minutes (ONE WAY) does it usually take you to travel from home to this worksite? **(No decimals. No fractions. Please round up).** [60]

7. Which alternative mode would you like to learn more about? **(Check all that apply)**

- ☐ Carpooling
- ☐ Walking
- ☐ Bus/Bus Schedules
- ☐ Telecommute
- ☐ Vanpools
- ☐ Alternative Fuels
- ☐ Biking/Bike Routes
- ☐ Compressed Work Weeks

8. On the days you drive alone, do you?

Use your car for business related trips?	○ Yes	○ No
Take children to day-care/school?	○ Yes	○ No
Travel to a second job or attend school?	○ Yes	○ No
Run errands or leave for lunch?	○ Yes	○ No
Work overtime?	○ Yes	○ No
Work varied hours day to day?	○ Yes	○ No

9. Which of the following do you feel can be improved by using an alternative mode of travel:

- ☐ Air Quality/Health
- ☐ Traffic Congestion
- ☐ Don't Know
- ☐ None

Your responses to the following optional questions are important for transportation planning and research purposes. Thank you for your assistance.

10. Are you? ○ Male ○ Female

11. What is your age? (Check one)

- ○ 16 to 24 years
- ○ 25 to 34 years
- ○ 35 to 44 years
- ○ 45 to 54 years
- ○ 55 years or older

12. What are the two (2) MAJOR cross streets closest to your home?

Direction (N, S, E or W) Major Street/Avenue Name
E [ ]
AND
N [ ]

13. In what city do you live?

[ ]

14. What is your home zip code? [8]

15. What is your home address? (Optional)

Numbers only [ ] Direction (N, S, E or W) E Your Street/Avenue Name [ ]

Submit Reset