

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: _____

Time you Began Work	Mon	Tue	Wed	Th	Fri	Sat	Sun
Mode (circle am or pm as applicable)	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
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 (No Hybrids)							
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 5 (five) check marks, one for each day of the survey week.