

Student Commute Survey

Week of: _____ **Through:** _____
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

The purpose of this survey is to gather information about your commute to school so we can offer you better transportation options. Please take a moment to let us know how you commuted *from home to school* each day of the above week.

A. Daily Commute. If you used more than one mode of transportation to get to school each day, check the *one* mode by which you traveled for the longest distance.

Commute Mode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total# Home-to-Work Trips
Drive Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carpool (2-6 commuters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vanpool (7+ commuters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telecommute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flextime Day Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Off Campus**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Includes motorcycle or other. **Includes time "off campus" due to vacation, illness or other reasons.

B. Student Information. Check all that apply to your situation:

- Full-time commuting student, living off-campus.
- Begin *and* complete classes between 6 a.m. and 8 p.m.
- Use personal vehicle for class assignments or after-school work fewer than five times per month.

C. Commute Information. Please provide the following information about your commute to work:

1. Why have you chosen your commute mode?

2. Which other commute options are of interest to you?

Carpooling Vanpooling Bicycling Public Transit Walking Other: _____
Specify

3. What improvements in public transit would encourage you to commute more frequently by public transit (e.g. availability of a nearby station or stop, on-site purchase of passes, improved schedules, improved pick-up or drop-off locations)?

4. What can this facility do to encourage you to take alternative forms of transportation (e.g. carpool, vanpool, bicycle, walk, etc.)?

5. Optional: What city or town do you commute from? _____
City/Town (And State, if Not MA)

Student Name: _____ **Telephone:** _____ **Date:** _____

Thank you for taking the time to complete this survey!