

**ANSWER ALL QUESTIONS COMPLETELY - PLEASE PRINT**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address or Closest Intersection \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Company Name \_\_\_\_\_

Worksite Address \_\_\_\_\_

1. For each day, please fill in the times you arrived at and left work (check AM or PM). Also, enter one code from the list below to indicate how you traveled to and from work each day. Note: this survey is for anyone who traveled between 4:00 p.m. to 6:00 p.m. at least one time during your survey week.

CODE	Commute Modes	CODE	Commute Modes
A =	Zero Emission Vehicle	P =	8 persons in vehicle
B =	Bus	Q =	9 persons in vehicle
C =	Rail/Plane	R =	10 persons in vehicle
D =	Walk	S =	11 persons in vehicle
E =	Bicycle	T =	12 persons in vehicle
F =	Telecommute	U =	13 persons in vehicle
G =	Noncommuting	V =	14 persons in vehicle
H =	Drive Alone	W =	15 persons in vehicle
I =	Motorcycle	X =	Compressed work week days off – 3/36
J =	2 persons in vehicle	Y =	Compressed work week days off – 4/40
K =	3 persons in vehicle	Z =	Compressed work week days off – 9/80
L =	4 persons in vehicle	AA =	Vacation
M =	5 persons in vehicle	BB =	Sick
N =	6 persons in vehicle	CC =	Regular day off (Jury duty, LOA, etc.)
O =	7 persons in vehicle		

	Date	Arrival Time	Code	Leave Time	Code
<b>EXAMPLE:</b>	<u>9/26/22</u>	<u>8:30</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	<u>H</u>	<u>5:00</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	<u>H</u>
<b>Monday:</b>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____
<b>Tuesday:</b>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____
<b>Wednesday:</b>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____
<b>Thursday:</b>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____
<b>Friday:</b>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	_____

Signature of person completing form: \_\_\_\_\_

Date completed: \_\_\_\_\_