

Jurisdiction Name:

Jurisdiction Contact:

Do you want to use supplemental questions for the CTR survey and/or the program report for this survey cycle?

CTR survey Program report Neither

If “neither,” no further action is necessary. You will use the base survey and program report that are available in the tool. You do not need to fill out this form.

Instructions

By default, the CTR survey and program report use only the core questions. Your jurisdiction may add supplemental questions to either using the list below. We will create a jurisdiction-specific version of the survey and/or program report with your selections. They will appear in the tool as a survey/program report labeled based on your jurisdiction. You will not be able to manually add or delete questions when creating a survey or program report. This means that worksites in the same jurisdiction cannot use different supplemental questions.

Use the checkboxes below to select the supplemental questions you want to use. Please note that there are two sections – one for the survey and one for the program report. If you decide to use supplemental questions for the program report, the program report will be filled out differently than the default report with only the core questions. Please talk to WSDOT staff at tdm@wsdot.wa.gov for more information about the differences.

Send the completed form to help@rideamigos.com. Please allow at least one week to create your jurisdictional survey/program report.

You can still use the base versions (with only the core questions) of the survey and/or program report at any time.

CTR Survey Supplemental Questions

Click the checkbox for the individual questions you would like to use or click the checkbox next to the section title to indicate you want to include all the questions in that section. For example, select “Demographics” if you want all questions from L1 to L17. If you want only some demographic questions, select them individually.

Demographics

L1. What is your age?

- 15-24
- 25-34
- 35-44
- 45-54
- 55-64

- 65-74
- 75-84
- 85+
- Prefer not to answer

L2. What is your gender?

***allow multiple answers to be selected*

- Male
- Female
- Non-binary
- Transgender
- Prefer to self-describe
- Prefer not to answer

L3. What is your race/ethnicity?

***allow multiple answers to be selected*

- White
- Black or African American
- Hispanic or Latino
- Asian
- American Indian or Alaska native
- Native Hawaiian or other Pacific Islander
- Middle Eastern or North African
- Other/unknown
- Prefer not to answer

L4. Which of the following best describes your household income last year?

- Less than \$30,000
- \$30,000 - 59,999
- \$60,000 - 89,999
- \$90,000 - 119,999
- \$120,000 - 149,999
- \$150,000 or more
- Prefer not to answer

L5. What is the highest degree or level of education you have completed?

- Some high school
- High school
- Vocational/technical training
- Associate degree
- Bachelor's degree
- Graduate degree or postgraduate studies
- Other
- Prefer not to answer

L6. Do you identify as a person with a disability?

- Yes
- No
- Prefer not to answer

L7. Do you have difficulty with any of the following activities?

***allow multiple answers to be selected – possibly include “to the extent that they interfere with your choice of transportation” or “on a regular basis” or some other metric to qualify “difficulty”*

- Walking ¼ mile
- Climbing stairs
- Navigating steep inclines
- Lifting or carrying a package or bag
- Understanding written directions
- Understanding spoken directions
- Seeing
- Hearing
- None of the above
- I have a different accessibility need not listed here
- Prefer not to answer

L8. Do you use any of the following accessibility or mobility devices?

***allow multiple answers to be selected*

- Trained service animal
- Cane or walker
- Power wheelchair or scooter
- Manual wheelchair
- I use another device not listed here [text box to capture]
- None of the above

- Prefer not to answer

L9. What type of housing do you currently live in?

- Single-detached house
- Townhouse, duplex, triplex
- Apartment/condo
- No permanent housing
- Other
- Prefer not to answer

L10. Do you own or rent your current residence?

- Own
- Rent
- Other
- Prefer not to answer

L11. What is your marital status?

- Single
- Married or living with partner
- Widowed, divorced, or separated
- Prefer not to answer

L12. Do you have children under 18 or adults living in your household who need assistance for transportation?

- Yes
- No

L13. *(If yes selected)* How many children under 18 and/or adults living in your household need assistance for transportation?

***Could instead allow an answer of 0 and include all options from previous question, and then would only have to ask one instead of two.*

***Clarify if people should be counted if you do not provide them any assistance, but they still live with you.*

(scaled from 1-10 for children under 18 and separate slider for adults)

L14. Do you have regular access to any of the following vehicles?

***allow multiple answers to be selected*

- Car or truck
- Electric/hybrid vehicle or truck
- Motorcycle or moped
- Non-electric personal mobility device such as bicycle or scooter
- Electric personal mobility device such as e-bike, e-scooter, hoverboard or one-wheel
- Other vehicle types not listed
- None of the above

L15. *(If 'car or truck' or 'electric/hybrid vehicle or truck' selected)*

How many vehicles of the following types do you have regularly available?

*** Could instead allow an answer of 0 and include all options from previous question, and then would only have to ask one instead of two*

(scaled from 1-10 for each option that was selected in previous question)

L16. Do you have access to a smartphone or similar handheld internet-capable device?

- Yes
- No
- Unsure

L17. How do you use your smartphone or similar handheld internet-capable device for commuting?
(select all that apply)

- Mobile payment or booking for transportation
- Routing/navigation/wayfinding
- Transportation service information/schedule
- Work-related activities (e.g., writing emails)
- Entertainment/sports/news (e.g., listening to music, reading)
- Socializing or social media
- Other (specify)

Commute types

L18. Was last week a typical week for commuting?

- Yes
- No

L19. Please estimate your average commute time in minutes (*fill-in box allowing whole numbers only*)

L20. Please estimate your average commute time in minutes for each mode you selected (*modes are pre-populated based on survey answers, with a fill-in box next to each allowing whole numbers only*)

L21. (*If drive alone selected*) What are the main reasons you drive alone to work? Select as many as three reasons:

- I like the convenience of having my car
- It is less expensive to drive
- Family care or other obligations (e.g., ability to run other errands, drop off household members at school or work)
- Being able to make additional stops before/after work (e.g., grabbing coffee, picking up groceries)
- It makes my commute significantly shorter than other commute types
- Public transit and other commute options not available
- I have access to free/subsidized parking
- I am concerned about safety when choosing another travel option
- I am concerned about spreading or catching an illness when choosing another travel option
- I am concerned about safety when walking or bicycling without access to dedicated bike lanes and sidewalks

- My job requires me to use a car
- There isn't any secure or covered bicycle parking at my worksite
- I need more information on alternative modes/I'm not sure how else to get to work
- Other (specify)

L22. (If drive alone not selected) What are the main reasons you do not drive alone to work? Select as many as three reasons:

- I do not own a car
- It is expensive to drive and/or park ***or "to save money on fuel and/or parking costs" or (to mirror previous question) "It is less expensive than driving"*
- It is stressful to drive
- I use other options to avoid traffic
- I want to reduce my contribution to air pollution and carbon emissions, or other environmental benefits
- I make use of my commute time when using other travel options
- I reduce my commute time by using the HOV lane
- I have access to preferred or reserved parking for my commute type (carpool/vanpool parking)
- I have access to bicycle parking/I can bring my bicycle into the building
- I have free or subsidized transit pass (including bus, train, and/or vanpool)
- I earn incentives for using other options
- I am concerned about safety on our roads
- I use other modes to increase my physical activity and/or personal health or well-being
- There is no parking/not enough parking at my workplace
- I have the option of teleworking
- Other (specify)

L23. (If public transit selected) How long in minutes do you usually ... ***scaled in increments of 5, highest option more than 30*

- Walk or bike to or from your origin location to the nearest transit stop or station?
- Walk or bike to or from your worksite location to the nearest transit stop or station?
- Drive to or from your origin location to the nearest transit stop or station/park and ride?
- Drive to or from your worksite location to the nearest transit stop or station/park and ride?
- Wait at the transit stop or station/park and ride?

L24. (If public transit selected) How many transfers do you make when using transit to travel to/from work? (0-10, integer or slider response)

L25. Generally, what are the main considerations that affect your travel decisions? Select as many as three reasons:

- Time/duration
- Cost/affordability
- Flexibility/convenience
- Comfort
- Availability and/or cost of parking
- Environmental impact (e.g., reduce my contribution to CO2 emissions)
- Value of travel time (i.e., I make use of my travel time for other activities)
- Subsidies (i.e., my commute mode/option is subsidized or financially incentivized)
- Safety (i.e., I feel safe from crimes using this mode)
- Protection from illness (e.g., flu, COVID-19)
- Health/fitness
- Facilities (e.g., bike parking, showers, lockers)
- Habit (i.e., I developed a habit of using certain modes)
- Weather (e.g., climate, seasonal differences)
- Other (specify)

L26. What is the main mode you most frequently use for the following trips?

[Chart for reason for trip vs type of transit – mark intersection of transit used for that trip]

- Reason for trip
 - Grocery shopping
 - School pickup or drop-off
 - Health or medical treatment
 - Leisure or social
 - Fitness or exercise
 - Other trips, N/A
- Transit:
 - Public transit
 - Ferry
 - Carpool
 - Taxi or rideshare
 - Drive alone
 - Motorcycle
 - Bike
 - Walk

L27. Are you aware of any incentives or subsidies that your employer offers?

(pull in specific options from program report like monthly or quarterly raffles, better parking for carpools, etc.) – want to capture if it's not that the worksite needs to add more incentives, just communicate about the ones that already exist

L28. Please rate the level of support your employer demonstrates for commute options.

(scaled 0-100 percent in 10-percentage-point increments) [possibly change to ask about how much they inform about or encourage reduction options]

L29. Do you usually pay for parking? (how much, how often) *Could ask 'Did you pay for parking at least one day in the last week? Mark "yes" if you paid that day, if you prepaid, if you are billed later, or if the cost of parking is deducted from your paycheck.*

L30. *(If 'yes' selected)* To what extent does the price of parking influence your decision to consider not driving alone to work?

L31. Which modes are you most interested in trying? Select as many as three reasons:

- Bus
- Train/light rail/streetcar
- Ferry
- Carpool (two or more people aged 16+)
- Vanpool
- Walk
- Bike
- Scooter
- Ride-hailing service (Lyft/Uber/taxi/other)
- Employer shuttle
- Motorcycle
- Drive alone
- Work from home
- Other

L32. *(If any modes selected)* What would encourage you to try those modes (e.g., for biking - do you want a "bike buddy", bike parking, information on routes, etc.)?

Work schedules

L33. Do you expect this schedule to be consistent for the next six months?

- Yes
- No
- Unsure

L34. Does your schedule stay consistent throughout the week/month/year? (seasonal work, changing hours every day, etc.)

- Yes
- No
- Unsure/other

L35. When do you typically depart from work? (*three-hour time blocks: 3-6 a.m., 6-9 a.m., and so on*)

L36. Please select one option that best describes the availability of and your ability to work remotely.

- I can regularly work remotely (3-5 days per week)
- I can frequently work remotely (1-2 days per week)
- I can occasionally work remotely (1-4 times per month)
- I have the option to work remotely, but I do not use it
- My employer does not offer remote work
- The nature of my work cannot be done remotely

L37. How many days do you typically telework?

- I don't telework
- Occasionally, on an as-needed basis
- 1-2 days/month
- 1 day/week
- 2 days/week
- 3 days/week
- 4 days/week
- 5 days/week

New question (as of version 3 / March 16)

L38. During a typical week, which of the following days do you work at a physical work location other than your home? (*Checkboxes for days of the week, N/A option for never work at office*)

Program Report Supplemental Questions

Below click the checkbox for the individual questions or click the checkbox next to the section title to indicate you want to include all the questions in that module. For example, select "Employee count" if you want all questions from L1 to L4. If you want only some employee count questions, select them individually.

Employee count

- L1. Total number of other types of employee groups who report to work at this worksite, including teleworkers:
 - a. Contract
 - b. Seasonal
 - c. Temporary
 - d. Describe the type of jobs held by these employees, range of schedules and seasonal fluctuations in schedules

- L2. As of today, what percentage of your employees work in the physical office space?

- L3. Does your organization plan to either maintain or implement a requirement to have employees spend some time in the office?
 - a. What percentage of staff do you expect to be onsite in the next year?

- L4. Does your worksite plan to move or consolidate locations in the next year?
 - a. No
 - b. Yes (please explain)

ETC contact information

- L5. Highest-ranking onsite official: name, email address, and phone number (optional or collect with employer commitment)

- L6. Co-ETC or alternate ETC contact information: name, email address, phone number, position title

- L7. What month/year did the ETC become designated?
 - a. Date selection

- L8. Has your ETC completed ETC orientation? When?
 - a. No
 - b. Yes (select date)

- L9. Have you held a CTR/rideshare event?
 - a. No
 - b. Yes (select date)
 - 1. If yes, what companies, agencies, or partners were present?

- L10. Please indicate which ETC networking events were attended

L11. Briefly explain how you marketed your CTR program during the past year

L12. Does your organization have a CTR committee?

- a. No
- b. Yes

1. If yes, please describe (e.g., when it was formed, how often you meet, how many members you have, did you have any accomplishments in the past year)

L13. Briefly list any trainings the ETC attended to remain informed on possible CTR options.

Information distribution

L14. How do you provide commute options program information to new hires? Select all that apply:

- a. New employee orientation (virtual or in-person)
- b. Hiring packet
- c. New-hire online modules or training
- d. ETC meets with, calls, or emails each new hire
- e. Commute options program information is not provided to new hires
- f. Other (please describe)

L15. In what ways is commute information distributed to your employees? Select all that apply:

- a. Worksite's intranet
- b. Information board or kiosk (digital or physical display)
- c. Employee newsletter or email
- d. Other (please specify)

L16. Employers are required to periodically distribute information on commuter programs to all employees. When did you last do so?

L17. What CTR promotions/campaigns/challenges does the worksite participate in?

- a. None
- b. Bicycle Commuter Contest
- c. Other (please specify)

L18. Has the worksite hosted a CTR-related event (e.g., "here to there" fair, "lunch-and-learn", wellness fair) within the last 12 months?

- a. No
- b. Yes (select date)

L19. Is the worksite considering hosting such a CTR related event this year?

- a. No
- b. Yes (select date if confirmed)

Site amenities

L20. Have any changes been made to site amenities that affect the support of alternate commute modes within the past year? Select amenities that have been affected:

- a. Uncovered bicycle parking
- b. Secure, covered bicycle parking
- c. Charging locations for e-bike, e-scooter, or other micromobility device charging
- d. Permission for employees to store their bikes inside the building (spare cubicles/offices, under stairwells, etc.)
- e. Bicycle maintenance or repair stations
- f. Lockers (for clothes and personal belongings)
- g. Showers
- h. Cafeteria or vending options with lunch choices
- i. Childcare
- j. Other (please describe)

L21. For sites with bicycle parking, what percentage of these parking options require the employee to lift or hang the bicycle?

L22. For sites that use guaranteed/emergency ride home, how often are these programs utilized, and at what cost to the employer? What is cost to the employee?

Parking

L23. If the site has any charging stations, what is the total number of electric vehicles that can be charged at one time (or how many parking spaces allow electric vehicles to be charged)?

L24. Do you offer a parking cash-out for people who do not park at the worksite (regardless of mode used)?

- a. No
- b. Yes

L25. Which of the following are provided to employees who drive alone? Select all that apply:

- a. Free parking
- b. Parking subsidy or reimbursement
- c. General transportation subsidy or stipend
- d. Other (please specify)

L26. How many employees receive employer-sponsored parking stalls? If none, enter 0.

L27. If you lease your parking, how much does your organization pay per space to your parking provider?

L28. How much do you charge your employees for offsite parking? If you do not charge, enter \$0.

- a. Drive-alone: Rate per hour/day/week/month
- b. Carpool: Rate per hour/day/week/month

c. Vanpool: Rate per day/week/month

L29. If employees pay for parking, what is the term for which they pay or are awarded parking privileges?

- a. Daily basis
- b. Weekly, biweekly, or other basis less than monthly
- c. Monthly basis
- d. Quarterly basis
- e. Semi-annual basis
- f. Annual basis
- g. Non-expiring parking pass paid for only once

L30. If you provide a stipend that can be used for any commute mode (including driving alone, ride-hailing, etc.), what is that amount?

L31. Briefly describe how your parking program is administered (e.g., how are parking fees collected and how often, how are carpool/vanpool spaces monitored, how often do you evaluate if there is an adequate number of carpool/vanpool spaces).

Subsidies

L32. How many total employees use the vanpool and vanshare benefit?

L33. How many employees participate in a regular carpool?

L34. Please provide the per-month amount (fixed amount or percentage) of your non-drive-alone subsidy for each of the following modes:

Mode	Offered? Y/N	# or % of employees receiving incentive	Amount per employee (\$ or %)
Transit			
Vanpool			
Carpool			
Walk			
Bike			
Other (specify)			

L35. Please fill in details for any of the active transportation subsidies you offer (e.g., "Reimbursement - \$20 per month").

- a. Reimbursement: amount (dollar or percentage)/frequency
- b. Subsidy: amount (dollar or percentage)/frequency
- c. Discount on gear: amount (dollar or percentage)/frequency
- d. Maintenance: amount (dollar or percentage)/frequency
- e. Other (please specify): amount (dollar or percentage)/frequency
- f. None of the above

L36. Which King County Metro Business ORCA programs does your workplace offer your employees?

- a. Business Choice
- b. Business Passport

L37. What percentage does your employer pay towards each individual's ORCA Business Passport?

- a. Unknown
- b. Percentage

L38. Approximately how many employees use your ORCA Business Passport program?

L39. What is your employee ORCA Passport copay, if applicable?

L40. What dollar amount does your employer pay towards each individual's ORCA Business choice per month?

- a. Unknown
- b. Dollar amount

L41. Approximately how many employees use your ORCA Business Choice Program?

L42. What is the total cost of your annual ORCA contract at this workplace?

- a. Not applicable
- b. Unknown
- c. Cost

L43. Do you offer employees a general transportation subsidy (i.e., a dollar amount that can be applied to any transportation cost)?

- a. No
- b. Yes

1. If yes, enter the dollar amount per month

L44. Do you offer vanpool and/or vanshare? If yes, is vanpool offered through ORCA?

- a. Yes
- b. No

Pre-tax transportation benefit and tax credits

L45. Do you allow employees to use pre-tax income to pay for parking costs?

- a. Yes
- b. No

L46. Are you aware of the pre-tax [Commuter Benefits Ordinance](#) and its requirements? (Went into effect [January 1, 2020](#); [Office of Labor Standards Rules](#))

Alternative schedules/teleworking

L47. Who makes decisions about telework at your worksite (e.g., executive director, human resources director)?

L48. Does your agency have the technology needed to facilitate telework for applicable employees?

- a. Yes
- b. No
 - 1. If no, please explain

L49. If their job duties allow, how often are employees at your worksite allowed to telework?

- a. Never
- b. A few days per month
- c. 1-2 days per week
- d. 3-4 days per week
- e. Full time

L50. If compressed workweek schedules are permitted at your worksite, how many employees are offered compressed schedules? How many employees work compressed schedules?

Alternate L50. Please indicate whether the following schedules are offered and/or utilized: (If exact numbers are not known, please use a close estimate)

Schedule	Offered? Y/N	# or % of employees offered schedule	# or % of employees working schedule
5/8s			
4/10s			
3/12s			
9/80			
Part-time			
Other (specify)			

Additional program information

L51. What was the estimated direct cost to your organization over the past 12 months to implement the transportation program?

- a. Please record a yearly monetary cost estimate for each of the categories below:
 - 1. Meeting CTR program requirements and promoting your program to employees including ETC/staff time, overhead, materials, other costs integral to administration of the program
 - 2. Financial incentives and subsidies paid to employees (all program costs, including ORCA, parking, etc.)
 - 3. Facilities such as bike racks, bus shelters, lockers, etc.
 - 4. Any other costs not covered above

5. Please explain “other costs”

- L52. Does your organization have a budget for the CTR program (i.e., not money used for subsidies)?
- a. No
 - b. Yes
 - i. If yes, specify amount
 - ii. If yes, please explain how the money is used (prize drawings, food/candy, donations to the CTR office, etc.)

- L53. Does your business fall into any of the following categories? Select all that apply:
- a. Disability-owned
 - b. LGBTQ+-owned
 - c. Asian-owned
 - d. Black/African American-owned
 - e. Hispanic/Latino-owned
 - f. Native-owned
 - g. Veteran-owned
 - h. Woman-owned
 - i. Unknown

- L54. How does the worksite plan to collaborate with other CTR worksites? Select all that apply:
- a. Attend ETC networking sessions and trainings
 - b. Hold a joint, CTR-related event (e.g., “here to there” fair, “lunch-and-learn”, wellness fair)
 - c. Establish a way to coordinate with ETCs at nearby CTR worksites
 - d. Coordinate on facility strategies (parking, bike racks, site amenities, etc.)
 - e. Jointly identify nearby land-use information (bus routes, sidewalks, restaurants, etc.)

- L55. What changes to your CTR program, if any, are anticipated in the next 12 months?

- L56. Is there anything about your commute options program you would like us to know about that is not covered in the previous questions?

New questions (as of version 3 / March 16)

- L57. Do you have restrictions on telework based on the distance an employee may live from their designated work location? Do you allow out-of-state telework?

- L58. Please indicate the quarters in which you either nominated a champion commuter or business leader or submitted a quarterly accomplishments form.