

APPENDIX F

Park and Ride Survey



CENTRAL MINNESOTA COMMUTER TRANSPORTATION STUDY

COMMUTER SURVEY

Lot Code _____

Date _____ AM / PM

Please help us improve your commute!

And be entered in a drawing to win one of several prizes, including a **\$100 VISA Gift Card.**

Survey takes about 5 minutes to complete.

Mail before Oct. 17, 2011.

- Fill out this form and drop it in the mail
- OR
- Complete the easy on-line survey at www.parkandridesurvey.info

Information will be kept strictly confidential and will be used for planning purposes only as part of the Department of Transportation Central Minnesota Commuter Transportation Study.

1. **YOUR DESTINATION:** Where did you/will you travel today from this park-and-ride lot?
 - a. Work
 - b. School
 - c. Other _____
2. Where is your destination located?
 - a. Zip _____
 - b. City _____
3. How many days each week do you go to this destination?
 - a. 5 or more
 - b. 3-4
 - c. 1-2
 - d. Less than 1 day
4. **YOUR ORIGIN:** Where do you live?
 - a. Zip _____
 - b. City _____
5. Approximately how many miles did you travel from your home to this park-and-ride lot? _____
6. What time did you arrive at this park-and-ride lot? _____ : _____ AM / PM (Circle one)
7. What time did you / will you arrive back to this park-and-ride lot at the end of your day? _____ : _____ AM / PM (Circle one)

THIS PARK-AND-RIDE LOT

8. How did you/will you travel between this park-and-ride lot and your destination today?

- a. Drive alone
- b. Drive or ride with others/Carpool
- c. Vanpool
- d. Transit (bus or train)
- e. Walk
- f. Bicycle
- g. Other _____

9. How many days per week do you use this park-and-ride lot?

- a. 5 or more
- b. 3-4
- c. 1-2
- d. Less than 1 day

10. Why did you park at this park-and-ride lot? (Mark all that apply)

- a. To transfer to transit/shuttle
- b. To share a ride to my destination
- c. Easier than driving alone to work
- d. Saves me money
- e. Convenient to my home
- f. Convenient to my destination
- g. Charge for parking at my destination (How much? \$_____ per day/month) (Circle one)
- h. Other _____

11. When not using this park-and-ride lot, how else do you travel to your destination? (Mark all that apply)

- a. Drive alone
- b. Drive or ride with others/Carpool
- c. Vanpool
- d. Transit (bus or train)
- e. Walk
- f. Bicycle
- g. Other (i.e. telecommute) _____
- h. N/A - I always use this park-and-ride lot

12. How would you rate each characteristic of this park-and-ride lot? (1=Poor, 3=No Opinion, 5=Excellent)

	Poor ←————→ Excellent				
	1	2	3	4	5
a. Location	<input type="checkbox"/>				
b. Cleanliness	<input type="checkbox"/>				
c. Snow removal	<input type="checkbox"/>				
d. Safety/security	<input type="checkbox"/>				
e. Signage	<input type="checkbox"/>				
f. Amenities	<input type="checkbox"/>				
g. Ease of finding a parking space	<input type="checkbox"/>				

13. Which improvements to this lot would be most important to you? (Check no more than **three**)

- a. Lighting/better lighting
- b. Telephone
- c. Waiting area/shelter
- d. Bicycle parking
- e. Restrooms
- f. Regional transit service to/from here
- g. Additional parking spaces
- h. Carpool lane between here and destination
- i. Shops and services nearby
- j. Staff/on-site attendant
- k. Seasonal maintenance (snow, leaf removal)
- l. Other (please specify) _____

Please complete the other side >

COMMUTER SURVEY (CONTINUED FROM OTHER SIDE)

SERVICE ALTERNATIVES

14. If the following transportation services were available from this park-and-ride lot, please indicate how likely you would be to use them for work, school, or errands.

Very Unlikely Somewhat Unlikely Somewhat Likely Very Likely

a. Vanpool or carpool from this lot to my destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Weekday bus service from this lot to St. Cloud				
1. During peak hours: (6:00 am to 9:00 am and 4:00 pm to 7:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During midday hours (9:00 am to 4:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During evening hours (after 5:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Weekday bus service from this lot to Mpls/St. Paul				
1. During peak hours: (6:00 am to 9:00 am and 4:00 pm to 7:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During midday hours (9:00 am to 4:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During evening hours (after 5:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Weekday bus service from this lot to the Brainerd/Baxter Region				
1. During peak hours: (6:00 am to 9:00 am and 4:00 pm to 7:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During midday hours (9:00 am to 4:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During evening hours (after 5:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Regional weekend bus service from the park-and-ride to Mpls/St. Paul region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOLD

TELL US ABOUT YOURSELF

15. What is your age?
 a. 16-17 d. 45-54
 b. 18-34 e. 55-64
 c. 35-44 f. 65 or older
16. What is your annual household income (for all people in your house combined)
 a. Under \$25,000 d. \$75,000-\$99,999
 b. \$25,000-\$49,999 e. \$100,000 +
 c. \$50,000-\$74,999
17. Are you male or female?
 a. Male b. Female
18. What ethnicity do you classify yourself as?
 a. White d. Hispanic
 b. Black e. Native American
 c. Asian f. Other or Mixed

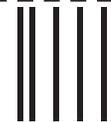
Optional: To enter the drawing for a **\$100 VISA gift card** or one of many other prizes, please enter your contact information below. This information is kept separately from your survey responses and is only used for the purposes of contacting you if you are selected as a winner. It is not necessary to complete the survey to enter to win, however only one entry is permitted, regardless of how entry is submitted (on line or by mail). Duplicate entries will be deleted. Winners will be notified by phone or email and prizes will be sent to address on file.

Name _____
 Email _____ Phone _____
 Mailing Address _____
 City _____ State _____ ZIP Code _____

- Mark this box only if you would like your name added to the regional commuter study database for information and updates on this study.
 Mark this box if interested in being contacted for a future focus group.

FOLD

Please fold along dashed lines and staple or affix sticker before mailing.
 If you prefer, complete the survey on-line at www.parkandridesurvey.info.
 Questions or comments about this survey? Contact Susan Siemers at MnDOT (320-223-6556).



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