

CMT Try & Ride ONE MONTH SURVEY

1. Over the course of the last month, how many days a week have you been using public transit for your work commute?

- 2
- 3
- 4
- 5
- Other (please specify)

***2. What type of public transit are you using (select all that apply)?**

- Bus
- MetroLink
- Combination

Other (please specify)

***3. Are you following the route we gave you? If not, please explain why and what you changed in the comment box.**

- Yes
- No
- Other (please specify)

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*4. How long is the walk to your transit boarding point?

- .25 miles
- .5 miles
- 1 mile
- 2 miles
- Park and Ride
- Other (please specify)

*5. How long is the walk to your final destination after de-boarding transit?

- .25 miles
- .5 miles
- 1 mile
- 2 miles
- Park and Ride
- Other (please specify)

*6. What are the biggest hurdles you have faced using public transit (select all that apply)?

- A longer commute
- Loss of maneuverability during the day
- Late Buses and/or Trains
- Safety concerns
- Too many connections
- Poor walkability to and from the transit stops
- Other (please specify)

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*7. What are the most significant benefits you have experienced (select all that apply)?

- Less stress from the commute
- More time to myself
- Increased activity levels
- Cost savings
- New friends
- Weight loss
- Other (please specify)

*8. What new things do you appreciate about the system, that you were unaware of before using it (select all that apply)?

- It's more convenient than I thought.
- There are more people on the system than I thought.
- It goes more places than I thought.
- I see more on my way to and from work.
- How much money I have saved.
- How relaxing it is to get to work.
- Other (please specify)

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***9. Will you be increasing the number of days you ride transit next month? If so, by how much? Why or Why Not?**

- Yes
- No
- Maybe

Please explain your answer

***10. Have you been using transit beyond the work day commute (i.e. to get to entertainment venues, games, doctor, etc.)?**

- Yes
- No

If yes, for what?

***11. What type of transit fare will you be using next month?**

- Individual Tickets
- Monthly Pass
- Cash Fare

***12. Do you need any form of assistance to continue participating in this program?**

***13. Tell us one of your most memorable experiences on the system!**

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14. Have you used your commuter journal?

- Yes
- No
- Other (please specify)

*15. Personal Information (Please use the same information you used to register for the Try & Ride program. This information will not be shared and will be compared to your Try & Ride profile to verify your participation).

Name:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Phone Number: