**Mark Center Transportation Survey**

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Decline to Respond \_\_\_\_\_\_\_\_\_\_\_\_\_

1. What mode of transportation do you take to/from the Mark Center each day **this** **week**?

*(Check one mode per column)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mode of Transportation** (for longest leg of each trip) | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | |
| **To** | **From** | **To** | **From** | **To** | **From** | **To** | **From** | **To** | **From** |
| **Drive Alone**  Make:\_\_\_\_\_\_\_\_\_\_\_  Model: \_\_\_\_\_\_\_\_\_\_\_  Year: \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |
| **Bus** |  |  |  |  |  |  |  |  |  |  |
| **Commuter Bus** |  |  |  |  |  |  |  |  |  |  |
| **Metro** |  |  |  |  |  |  |  |  |  |  |
| **Bicycle** |  |  |  |  |  |  |  |  |  |  |
| **Walk** |  |  |  |  |  |  |  |  |  |  |
| **Carpool/Vanpool**  Enter # of people in vehicle each day |  |  |  |  |  |  |  |  |  |  |
| **Trip avoided due to:** |  | | | | | | | | | |
| **Telecommuting** |  | |  | |  | |  | |  | |
| **Compressed Workweek** |  | |  | |  | |  | |  | |
| **Other Absence** |  | |  | |  | |  | |  | |

1. Is your commuting schedule the same **next week**?

**Yes:** Thank you for completing the survey!

**No:** Please enter next week’s commuting schedule on the back.

1. What mode of transportation do you take to/from the Mark Center each day **next week**?

*(Check one mode per column)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mode of Transportation** (for longest leg of each trip) | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | |
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| **Drive Alone** |  |  |  |  |  |  |  |  |  |  |
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| **Other Absence** |  | |  | |  | |  | |  | |