**Mark Center Transportation Survey**

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

1. On a typical day, how do you get to and from this building? Include the number of miles for each method of transportation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mode of Transportation** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Walk |  |  |  |  |  |
| Bike or e-scooter |  |  |  |  |  |
| Telecommute or compressed schedule |  |  |  |  |  |
| Motorcycle or scooter |  |  |  |  |  |
| Rapid transit (e.g., Metro) |  |  |  |  |  |
| Carpool (2+ people) |  |  |  |  |  |
| Car: Alternative fuel (e.g., electric or plug-in hybrid) |  |  |  |  |  |
| Light rail |  |  |  |  |  |
| Bus |  |  |  |  |  |
| Car solo |  |  |  |  |  |

Additional Notes:

**Mark Center Human Experience Survey**

1. How satisfied are you with the environment in this building? (Check One)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Extremely Unsatisfied** | **Very Unsatisfied** | | **Unsatisfied** | **Neither** | **Satisfied** | **Very Satisfied** | | **Extremely Satisfied** |
|  |  | |  |  |  |  | |  |
| **Why? Please select the options below that significantly reduce your satisfaction. (Circle all that apply)** | | | |  | **Why? Please select the options below that significantly enhance your satisfaction. (Circle all that apply)** | | | |
| Dirty  Cold  Drafty  Smelly  Dark  Bright  Stuffy | | Glare  Views to Outdoors  Acoustics  Privacy  Sound  Hot  Humid | |  | Thermal comfort  Sound  Air quality  Cleanliness | | Light  Privacy  Views of Outdoors  Daylight | |

1. Additional Comments (optional):
2. Location (e.g., room number, floor, tower): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_