

NH Green Commute Week, May 11-15, 2009

1. Your name and contact info, please! (Must be 18+ to qualify.)

* 1. Please enter your contact information. This info will be used only for this program and to contact you if you are a winner in our raffle.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

2. Mode usage -- click the column for your usage this week.

* 2. How many days this week did you use the listed modes for transportation?

	1	2	3	4	5
Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vanpool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What associations might you have?

3. Are you associated with one or more of the following employers or organizations?

- | | | |
|--|---|--|
| <input type="radio"/> BWA-NH | <input type="radio"/> NH DOIT | <input type="radio"/> SABR |
| <input type="radio"/> City of Concord | <input type="radio"/> NH DOT | <input type="radio"/> Stonyfield Farms |
| <input type="radio"/> City of Keene | <input type="radio"/> NH DES | <input type="radio"/> TPAC |
| <input type="radio"/> City of Manchester | <input type="radio"/> NH DHHS | <input type="radio"/> UVRS |
| <input type="radio"/> Delta Dental | <input type="radio"/> Other NH State Agencies | <input type="radio"/> Other |
| <input type="radio"/> GSW | <input type="radio"/> PATH | <input type="radio"/> None |

4. What were your primary starting and ending locations?

* 4. What were your starting and ending locations? (Town/city and facility)

From:

To:

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* 5. How many miles did you travel by each mode for the week? (Enter numbers only.)

Bike	<input type="text"/>
Walk	<input type="text"/>
Carpool	<input type="text"/>
Vanpool	<input type="text"/>
Bus	<input type="text"/>
Train	<input type="text"/>
Other	<input type="text"/>

5. Any problems? Likes? Dislikes?

* 6. Did you encounter any problems along the way?

Yes

No

7. If "Yes", please explain.

8. What was the most significant single problem encountered?

9. What did you like the BEST about your experience?

6. Summary questions -- last page of survey.

* 10. Are you planning to continue biking or walking to work?

Yes, several times a week in good weather.

Yes, once a week.

Yes, occasionally.

No, the distance was too far but I liked the event.

No, never again!

Did not do either.

11. If you bicycled, did you wear a helmet?

Yes

No

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* 12. Are you planning on continuing to carpool or use public transit?

Yes, several times a week.

Yes, once a week.

Yes, occasionally.

No, too many hassles.

No, too much time required.

No, I will drive my car alone.

Maybe.

Did not use any.