

## PARKMERCED RESIDENT TRANSPORTATION SURVEY

As we continue long-range planning to improve Parkmerced for the future, we are looking closely at traffic and parking – issues we know are of critical importance to our neighbors and tenants. Your input will help us evaluate ways to address transportation conditions in and around Parkmerced. We hope you will take a few minutes to respond to the questions below and **attend our October 2 meeting** to learn more about our plans. You may drop off the survey at our October meeting, submit it by fax (415-584-8096) or email ([info@parkmerced.com](mailto:info@parkmerced.com)), or return it in the postage-paid enclosed envelope **by October 10, 2007**.

1. Where do you live?

\_\_\_\_\_ Address or cross streets  
 \_\_\_\_\_ Zip code

Please answer Questions 2-7 for each household member that currently is employed (up to three respondents):

2. Where do you work (Respondent A)?

\_\_\_\_\_ Address or cross streets  
 \_\_\_\_\_ City or Zip Code

Where do you work (Respondent B)?

\_\_\_\_\_ Address or cross streets  
 \_\_\_\_\_ City or Zip Code

Where do you work (Respondent C)?

\_\_\_\_\_ Address or cross streets  
 \_\_\_\_\_ City or Zip Code

3. How do you typically travel **to work**?

(A) (B) (C)  
 \_\_\_ \_\_\_ \_\_\_ Drive alone  
 \_\_\_ \_\_\_ \_\_\_ Carpool (with \_\_\_ other people)  
 \_\_\_ \_\_\_ \_\_\_ Get dropped off in a car  
 \_\_\_ \_\_\_ \_\_\_ Transit  
 \_\_\_ \_\_\_ \_\_\_ Walk  
 \_\_\_ \_\_\_ \_\_\_ Bicycle  
 \_\_\_ \_\_\_ \_\_\_ Other \_\_\_\_\_

4. How do you typically travel home **from work**?

\_\_\_ \_\_\_ \_\_\_ Drive alone  
 \_\_\_ \_\_\_ \_\_\_ Carpool (with \_\_\_ other people)  
 \_\_\_ \_\_\_ \_\_\_ Get picked up in a car  
 \_\_\_ \_\_\_ \_\_\_ Transit  
 \_\_\_ \_\_\_ \_\_\_ Bicycle  
 \_\_\_ \_\_\_ \_\_\_ Walk  
 \_\_\_ \_\_\_ \_\_\_ Other \_\_\_\_\_

5. **If you take transit** to work, how do you typically get to your transit line?

\_\_\_ \_\_\_ \_\_\_ Drive and park  
 \_\_\_ \_\_\_ \_\_\_ Get dropped off  
 \_\_\_ \_\_\_ \_\_\_ Bicycle  
 \_\_\_ \_\_\_ \_\_\_ Walk  
 \_\_\_ \_\_\_ \_\_\_ Other \_\_\_\_\_

6. **If you take transit** to or from work, which lines do you usually take?

\_\_\_ \_\_\_ \_\_\_ Muni bus (list lines) \_\_\_\_\_  
 \_\_\_ \_\_\_ \_\_\_ Muni light rail (list lines) \_\_\_\_\_  
 \_\_\_ \_\_\_ \_\_\_ BART  
 \_\_\_ \_\_\_ \_\_\_ SamTrans (list lines) \_\_\_\_\_  
 \_\_\_ \_\_\_ \_\_\_ Caltrain (list lines) \_\_\_\_\_

7. **If you drive** to work, why don't you take transit (check the top three reasons)?

\_\_\_ \_\_\_ \_\_\_ Too expensive  
 \_\_\_ \_\_\_ \_\_\_ Too infrequent  
 \_\_\_ \_\_\_ \_\_\_ Travel time is too long  
 \_\_\_ \_\_\_ \_\_\_ Inconvenient transfers between lines  
 \_\_\_ \_\_\_ \_\_\_ Place of work is not transit accessible  
 \_\_\_ \_\_\_ \_\_\_ Need a car for work  
 \_\_\_ \_\_\_ \_\_\_ Need a car for other trips before or after work  
 \_\_\_ \_\_\_ \_\_\_ Have free parking at place of work  
 \_\_\_ \_\_\_ \_\_\_ Other \_\_\_\_\_

8. How many **non-work trips** from your home does your household make on a typically weekday?

	By car	By transit	By walk/bike
0-1 trips	___	___	___
2-3 trips	___	___	___
4-5 trips	___	___	___
5+ trips	___	___	___

9. Of these **non-work trips**, how many are typically for the following purposes?

- School
- Entertainment/recreation (movie, theater, gym, etc.)
- Shopping for food or household items
- Retail shopping (clothes, electronics, etc.)
- Other \_\_\_\_\_

10. Please indicate your major **concerns with transit access** in your neighborhood (check your top 3 choices):

- Service is unreliable
- Buses/trains are too infrequent
- Travel times are too long
- Lack of direct connection to BART or Caltrain
- Other \_\_\_\_\_

11. Please indicate your major **concerns with pedestrian and bicycle access** in your neighborhood (check your top 3 choices):

- Dangerous vehicle speeds
- Difficult crossings of major streets
- Inadequate sidewalks, bicycle lanes, etc.
- High traffic volumes
- Other \_\_\_\_\_

12. Please indicate your **major concerns with vehicular access** in your neighborhood (check your top 3 choices):

- Congestion on major streets
- Delays due to transit
- Delays due to pedestrians at intersections
- Lack of coordinated traffic signals
- Other \_\_\_\_\_

13. Please **highlight locations in the attached map** where you typically experience traffic congestion, conflicts with pedestrians/bicyclists, transit service, or other issues and discuss below.

Traffic congestion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bicycle or pedestrian conflicts: \_\_\_\_\_  
\_\_\_\_\_

Transit: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_



Thank you for taking the time to complete this survey. Over the next month we will gather and review your input. At our November 13<sup>th</sup> meeting, we will share results and discuss how we will use this information in our long-range planning efforts.