

## APPENDIX A Respondent Questionnaire

### NC STATE UNIVERSITY

Transportation Department  
Campus Box 7221  
Raleigh, NC 27695-7221

July 14, 2006

Dear Peer University Representative:

Thank you again for your willingness to participate in the NCSU Peer University Benchmarking Study (PUBS) of transit, parking, and transportation demand management (TDM). We sincerely appreciate your time and effort on this project.

Our long-form survey follows this letter. Because the survey uses Microsoft Word form fields, it must be opened and filled out using Word. **Please do NOT print out the form and write in the answers**, as some of the answer fields will not print correctly. If you are unable to fill out the form in Word, please notify me as soon as possible and I will arrange to have a paper survey mailed to you.

The survey has four parts: general information, transit, TDM, and parking. All four parts are included in this document. If you indicated contact persons other than yourself for any of the sections, I have e-mailed those sections to the person you named. The sections can be filled out and returned individually if you prefer, but please coordinate to ensure that all four sections are returned.

**Please return completed surveys to me by Friday, August 4, 2006.** You can either print and mail completed surveys to me at the address above or send them via e-mail. If you have any brochures, maps, or other supplemental materials that would help us better understand your transit, parking, and TDM services, please mail them to me at the address above.

I will periodically post project updates on our departmental website, <http://www.ncsu.edu/transportation>. I will also notify the peer group of the project's progress via e-mail.

If you have any questions about the survey or any part of the PUBS project, please do not hesitate to contact me.

Thank you again for your invaluable assistance with the PUBS project.

Sincerely,

Emily T. Yasukochi  
Transit Intern

## PART I: General Information

Information about person completing questionnaire (primary contact for study)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

University: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we contact you with follow-up questions regarding this questionnaire?  Yes  No

If yes, which method would you prefer?  Phone  E-mail

### Background information on the university, surrounding community, and transportation services

1. Name of community in which university is located: \_\_\_\_\_
2. What is the population of the community in which the university is located? \_\_\_\_\_
3. What is the enrollment of the university campus in the community listed above? (Do not include all campuses of multi-campus universities)  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Total: \_\_\_\_\_
4. How many students live on campus? \_\_\_\_\_
5. Does the university campus have an associated:  
 Research park  Hospital
6. How many faculty and staff are employed at the university? (Please use full-time equivalency [FTE] and do not include student employees.) Faculty: \_\_\_\_\_ Non-Hospital Staff: \_\_\_\_\_ Hospital Staff: \_\_\_\_\_
7. Name(s) of transit system(s) serving the university and surrounding community:
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
  - E. \_\_\_\_\_

8. What kinds of transit service are available to the campus community and who provides these services? Please indicate the transit provider(s) from Question 7 that provide each service (check all that apply).

Type of Service	Transit Provider(s) from Question 7
On-campus circulator/shuttle	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Shuttle from remote parking lots to campus	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Regular fixed-route service between off-campus housing and campus	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Regional, community-wide transit service	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Commuter routes from outlying areas to campus	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Charter services	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Accessible service for disabled riders. Please describe: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Other. Please describe: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

9. Are transit, parking, and transportation demand management (TDM) programs managed by the same department/division within the university?

Yes   No

If no, please list the department responsible for each:

Transit: \_\_\_\_\_   Parking: \_\_\_\_\_   TDM: \_\_\_\_\_

10. Is there a long-range transportation and/or parking plan in effect?   Yes   No

If yes, please identify the type and time horizon of such plan(s): \_\_\_\_\_

11. Does the university have plans to implement a people mover, bus rapid transit, or other rapid transit system on campus or has the university completed feasibility studies for such a system?

Yes   No

If yes, please describe: \_\_\_\_\_

Questions or comments regarding Part I: \_\_\_\_\_

## PART II: Transit Information

*Instructions:* This section applies **only** to the **main or primary provider of transit service to the university campus** (i.e., the transit provider that serves the greatest number of university affiliates in the area) and should be completed by a person who is familiar with this provider. Please answer all questions for the single transit provider named herein.

If you have any promotional materials, brochures, maps, schedules, or other materials that would help us better understand the transit system discussed herein, please mail them to:

Emily Yasukochi  
NC State University  
Transportation Department  
Campus Box 7221  
Raleigh, NC 27695-7221

### Information about person completing transit questionnaire

Same as person who completed Part I. (If checked, please skip this section.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we contact you with follow-up questions regarding this questionnaire?  Yes  No

If yes, which method would you prefer?  Phone  E-mail

### Transit system information

Please provide information for the most recent completed fiscal year for which data are available for ALL QUESTIONS, unless otherwise noted.

12. Period reported: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

13. Name of transit system for which information is being provided: \_\_\_\_\_

14. Who operates the transit system?

University

Local government

Transit agency

Private contractor

Other; please explain: \_\_\_\_\_

15. Who owns the assets of the transit system?

- University
- Local government
- Transit agency
- Private contractor
- Other; please explain: \_\_\_\_\_

16. What kinds of transit service does the above-named transit system provide for the campus community? Check all that apply.

- On-campus circulator/shuttle
- Shuttle from remote parking lots to campus
- Regular fixed-route service between off-campus housing and campus
- Regional, community-wide transit service
- Commuter routes from outlying areas to campus
- Charter services
- Accessible service for disabled riders. Please describe: \_\_\_\_\_
- Other. Please describe: \_\_\_\_\_

17. Please list the following **annual** figures for the period reported in Question 12:

Annual passenger trips	
Total annual vehicle hours	
Total annual vehicle miles	
Total vehicles in fleet	
Peak vehicle requirement	
Number of accidents/incidents	
Average headway (minutes)	
Number of employees, full-time equivalency (FTE)	
Percent of missed trips	

a. Define "missed" trip: \_\_\_\_\_

18. Weekday hours of service: \_\_\_\_\_ : a.m. to \_\_\_\_\_ : a.m.

19. Does service vary according to the university's academic calendar?  Yes  No

20. What type of service is offered on weekends?

- Same as weekday academic year service
- Reduced service (number of routes, frequency)
- No service
- Other; please explain: \_\_\_\_\_

21. What type of service is offered during summer session(s)?
- Same as weekday academic year service
  - Reduced service (number of routes, frequency)
  - No service
  - Other; please explain: \_\_\_\_\_
22. What type of service is offered during semester breaks?
- Same as weekday academic year service
  - Reduced service (number of routes, frequency)
  - No service
  - Other; please explain: \_\_\_\_\_
23. What type of service is offered on holidays?
- Same as weekday academic year service
  - Reduced service (number of routes, frequency)
  - No service
  - Other; please explain: \_\_\_\_\_
24. What type of service is offered in the evenings/at night?
- Regular daytime service continues into night
  - Fixed-route, night-specific service
  - Dial-a-ride service
  - No service
  - Other; please explain: \_\_\_\_\_
25. How are students involved in the policymaking and operation of the transit system? Please check all that apply.
- They participate on advisory committees
  - They are employed as drivers
  - They are employed in administrative/management positions
  - They are employed as interns
  - We participate in students' class projects and/or research efforts
  - Other. Please explain: \_\_\_\_\_
26. Does the transit system provide customer information on a website?  Yes  No  
If yes, what is the web address (URL)?
27. Please describe any type of advanced technology that has been implemented or is planned for implementation in the next two years (for example, bus location on the internet, electronic message boards at bus stops).
- \_\_\_\_\_

28. How do users pay to ride the transit service? Please check all that apply.

- All passengers pay a fare
- All passengers ride free because service is prepaid
- Students and faculty/staff ride free, but others pay a fare
- Students and faculty/staff ride at reduced fares
- Other. Please describe: \_\_\_\_\_

29. If mandatory student fees support the transit system in whole or in part, what is the amount of this fee?

\$\_\_\_\_\_ per semester trimester

\$\_\_\_\_\_ per year

\$\_\_\_\_\_ per summer or special session

30. Does the transit system receive Federal Transit Administration (FTA) funding? Yes No

31. Please provide the following figures for the transit system:

Total operating expense	\$
Employee salaries, including benefits, as a percent of operating expense	%
Marketing budget	\$

32. Please provide the following revenue figures for the transit system:

Total operating revenue	\$
Revenue figures by source:	
Federal assistance	\$
State assistance	\$
Local assistance	\$
Student fee	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$

Questions or comments regarding Part II: \_\_\_\_\_

### PART III: Transportation Demand Management (TDM) Information

*Instructions:* Please provide the following information about the university's TDM program. If the university does not have a formal TDM program, please answer as many questions as apply.

If you have any promotional materials, TDM brochures, or other materials that would help us better understand the TDM program discussed herein, please mail them to:

Emily Yasukochi  
NC State University  
Transportation Department  
Campus Box 7221  
Raleigh, NC 27695-7221

#### Information about person completing TDM questionnaire

Same as person who completed Part I. (If checked, please skip this section.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we contact you with follow-up questions regarding this questionnaire?  Yes  No

If yes, which method would you prefer?  Phone  E-mail

#### Information about TDM program

Please provide information for the most recent completed fiscal year for which data are available for ALL QUESTIONS, unless otherwise noted.

33. Period reported: from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

34. Is your university an EPA-designated Best Workplace for Commuters (BWC)?  Yes  No

35. Which of the following transportation demand management (TDM) elements are available to university employees and/or students? Please check all that apply.

	<b>TDM Element</b>	<b>Available to Employees</b>	<b>Available to Students</b>	<b>Comments/Additional Information</b>
A	Park and ride lots with transit/shuttle service to campus	<input type="checkbox"/>	<input type="checkbox"/>	
	A1. With free parking—permit required	<input type="checkbox"/>	<input type="checkbox"/>	Number of spaces:
	A2. With free parking—no permit required	<input type="checkbox"/>	<input type="checkbox"/>	Number of spaces:
	A3. With reduced price parking	<input type="checkbox"/>	<input type="checkbox"/>	Number of spaces:
B	Reserved vanpool parking	<input type="checkbox"/>	<input type="checkbox"/>	
C	Preferential vanpool parking	<input type="checkbox"/>	<input type="checkbox"/>	
D	Reserved carpool parking	<input type="checkbox"/>	<input type="checkbox"/>	
E	Preferential carpool parking	<input type="checkbox"/>	<input type="checkbox"/>	
F	Vanpool/carpool matching service	<input type="checkbox"/>	<input type="checkbox"/>	
G	Transit route planning service	<input type="checkbox"/>	<input type="checkbox"/>	
H	Transit pass or discounted transit fare for University affiliates. If yes, please answer question 36.	<input type="checkbox"/>	<input type="checkbox"/>	
I	Flextime	<input type="checkbox"/>	N/A	
J	Telecommuting	<input type="checkbox"/>	N/A	
K	Guaranteed/emergency ride home service	<input type="checkbox"/>	<input type="checkbox"/>	
L	TDM Incentives/benefits for walkers	<input type="checkbox"/>	<input type="checkbox"/>	
M	TDM Incentives/benefits for cyclists	<input type="checkbox"/>	<input type="checkbox"/>	
N	Covered bicycle parking	<input type="checkbox"/>	<input type="checkbox"/>	
O	Air compressors for bicycles	<input type="checkbox"/>	<input type="checkbox"/>	
P	Bicycle repair facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Q	Bicycle paths or lanes (on or off road)	<input type="checkbox"/>	<input type="checkbox"/>	
R	Bicycle lockers	<input type="checkbox"/>	<input type="checkbox"/>	
S	Storage lockers for use by cyclists (for gear/clothing)	<input type="checkbox"/>	<input type="checkbox"/>	
T	Bicycle registration	<input type="checkbox"/>	<input type="checkbox"/>	
	T1. If yes, is registration mandatory?	<input type="checkbox"/>	<input type="checkbox"/>	
U	Website advertising TDM program. Please list URL:	<input type="checkbox"/>	<input type="checkbox"/>	
V	Other promotional materials/programs. If yes, please answer question 37.	<input type="checkbox"/>	<input type="checkbox"/>	
W	Other—please list (attach additional sheets if necessary):	<input type="checkbox"/>	<input type="checkbox"/>	
X	Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Y	Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Z	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

36. **If you checked a box for question 35-H:** Please describe the transit pass or discounted transit fare system used by your university. Please include information on eligibility, fare paid (if any), funding, and management of the transit pass program.

37. **If you checked a box for question 35-V:** Please describe materials and programs used to promote your TDM program.

38. Please provide the following figures for your TDM program:

Total operating expense	\$
Employee salaries, including benefits, as a percent of operating expense	%
Marketing budget	\$

39. Please provide the following revenue figures for your TDM program (attach additional sheets if necessary):

Total operating revenue	\$
Revenue figures by source:	
Federal assistance	\$
State assistance	\$
Local assistance	\$
Student fee	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$

40. Is your TDM program managed internally? Yes No N/A

If yes, how many employees (full time equivalency) are required to manage/maintain it? \_\_\_\_\_

41. Do participants in your TDM program have to register in order to receive some or all of its benefits?

Yes No N/A

If yes, how many people are registered? \_\_\_\_\_

42. Please list any additional information about your TDM program that has not been addressed (or fully addressed) in this questionnaire. \_\_\_\_\_

Questions or comments regarding Part III: \_\_\_\_\_

## PART IV: Parking Information

*Instructions:* Please provide the requested information about the university's parking services. If you have any promotional materials, parking permit fee schedules, parking maps, or other materials that would help us better understand the parking services offered at the university, please mail them to:

Emily Yasukochi  
NC State University  
Transportation Department  
Campus Box 7221  
Raleigh, NC 27695-7221

### Information about person completing parking questionnaire

Same as person who completed Part I. (If checked, please skip this section.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we contact you with follow-up questions regarding this questionnaire?  Yes  No

If yes, which method would you prefer?  Phone  E-mail

### Information about university parking

Please provide information for the most recent completed fiscal year for which data are available for ALL QUESTIONS, unless otherwise noted.

43. Period reported: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

44. Please state the number of each type of parking space and number of permits sold. Indicate in the 'Comments' section if any of the space types overlap, and if so, with which other types (e.g., there are 1,652 faculty/staff spaces, 40 of which are reserved). Attach additional sheets if necessary.

Space/Permit Type	Total number of spaces	Number of permitted spaces	Number of permits sold	Comments
Total				
Faculty/Staff				
Student – commuter				
Student – on-campus				
Visitor				
Reserved				
Pay lot				
Metered				
Park-and-ride				
Other (please specify):				
Other:				
Other:				
Other:				

45. What types of reserved spaces does your university have (e.g. handicapped, service vehicle, etc.)? Please list the type and number of reserved spaces below:

Reserved Space Type	Number of Spaces



54. Please provide the following parking revenue figures (attach additional sheets if necessary):

Total operating revenue	\$
Revenue figures by source:	
Parking fees (e.g., permits, meters)	\$
Parking violation fines	\$
University general funds	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$

55. Is parking information available on a website?  Yes       No

If yes, what is the web address (URL)?

56. Please describe any type of advanced technology that you have implemented or are planning to implement in the next two years (for example, electronic "Lot Full" message boards).

\_\_\_\_\_

57. How do students and employees apply for parking permits?

- Web-based application submitted on-line
- Mail- or fax-in form available on a website
- Paper application or face-to-face interaction in a parking office
- Other. Please describe: \_\_\_\_\_

58. How are parking permits allocated to students?

- Seniority
- Lottery
- First come, first served
- Other. Please describe: \_\_\_\_\_

59. Please list the following full-time equivalency (FTE) employment figures for university parking services:

Employee Type	Number of employees (FTE)
Total enforcement employees	
Student enforcement employees	
Total maintenance employees	
Student maintenance employees	

Questions or comments regarding Part IV: \_\_\_\_\_