

Appendix C- Sample External Survey

Ext. Control No.: _____

FREMONT TRAFFIC SURVEY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please refer to the enclosed zone map for questions 2, 3, 4, & 5.

1. How many times, and *from* which direction, do you travel to the city of Fremont (per week)?

North _____ South _____ East _____ West _____

2. Do you work within one of the zones noted on the enclosed map? Yes No

A. If yes, which zone do you work in? 1 2 3 4 5 6 7 8 9

B. If no, do you drive *through* the city limits to get to your place of work *outside* the city limits?
 Yes No

C. How many days per week do you work? _____

3. Which zone do you travel to the most?

1 2 3 4 5 6 7 8 9

4. Which zone do you travel to the least?

1 2 3 4 5 6 7 8 9

5. When traveling *from* your residence by car, approximately *how many times per week* do you travel to each zone, and why?

Times *per week* you travel to each zone:

Why you travel to each zone:
 (You may check more than one per zone.)

- | | | | | | |
|---------------|---------------------------------|-----------------------------------|-------------------------------|-------------------------------------|--------------------------------|
| Zone 1: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 2: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 3: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 4: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 5: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 6: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 7: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 8: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |
| Zone 9: _____ | <input type="checkbox"/> School | <input type="checkbox"/> Shopping | <input type="checkbox"/> Work | <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |

(Please flip page to side 2)