

Appendix B- Sample Internal Survey

Int. 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 in each direction do you travel outside of the Fremont city limits (per week)?

North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

2. Do you work within the Fremont city limits?  Yes  No

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

B. 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)**

6. Do you use M-82/Main Street as your primary east/west route when traveling through or in Fremont?  
 Yes       No

7. How do you view the level of traffic on M-82/Main Street?       Heavy       Moderate       Light

8. In your opinion, when are you most likely to experience a traffic delay?  
 Before 6 a.m.       6-8 a.m.       8-10 a.m.       10 a.m.-12 p.m.       12-2 p.m.  
 2-4 p.m.       4-6 p.m.       6-8 p.m.       after 8 p.m.       No Delay

9. Are there certain times of day you avoid driving on M-82/Main Street due to traffic volume?  
 Yes       No

A. If yes, which times are you most likely to avoid driving on M-82/Main Street?

**Weekdays**

Before 6 a.m.       6-8 a.m.       8-10 a.m.       10 a.m.-12 p.m.       12-2 p.m.  
 2-4 p.m.       4-6 p.m.       6-8 p.m.       after 8 p.m.

**Weekends**

Before 6 a.m.       6-8 a.m.       8-10 a.m.       10 a.m.-12 p.m.       12-2 p.m.  
 2-4 p.m.       4-6 p.m.       6-8 p.m.       after 8 p.m.

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking time to complete this important survey. Your input is valuable!

*Please return your completed survey to us  
in the enclosed self-addressed/stamped envelope  
by (insert date)*