



Personal One-Day Travel Diary for:

Begin Here:

In general, would you say that this is a typical day for you?

Yes No

Why or why not? _____

If you are employed: Did you go to work today?

Yes No

Why not: _____

If you are a student: Did you go to school today?

Yes No

Why not: _____

See the Instructions & Example inside! →

Thank You for Your Participation!

**If you need help filling out your Travel Diary,
please call the
toll-free Survey Hotline:**

1-888-222-7734

**For more information about the survey,
please call:**

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1-800-447-8287, ext. 2236
llanini@nustats.com

or

Michael Gillett, ODOT
503-986-4115
Michael.H.Gillett@odot.state.or.us

or

visit the project web page at
www.nustats.com/otas

**Survey conducted by NuStats/PTV DataSource
on behalf of:**



**Oregon Modeling
Steering Committee**

Federal Highway Administration
OR Department of Administrative Services
OR Department of Environmental Quality
OR Department of Land Conservation & Development
OR Department of Transportation
Bend Metro Planning Org
Corvallis Area Metro Planning Org

Lane Council of Governments
Mid-Willamette Valley Council of Governments
Portland METRO
Rogue Valley Council of Governments
Port of Portland
Oregon Transportation Research & Education Consortium
Oregon Department of Energy

Diary Instructions

Use this diary to record information about **ALL** the **PLACES** you visit on your assigned travel day. Record one **PLACE** per page. Specifically, tell us the:

✓ **PLACES you visit.**

The place name, exact address and/or cross-streets, city, state, and zip are critical for assessing areas with traffic congestion.

What is a PLACE?

A **PLACE** is any location you travel to, whether it's for just a few minutes (such as a gas station, drive-thru window, dropping your child off at school, etc.) or for many hours (work, attending a sporting event, etc.)

If you ride the bus/train or carpool/vanpool: please record EACH bus stop, train station, or carpool/vanpool meeting place where you get on or off as a separate place.

✓ **TIMES you arrive and leave** each place to the closest minute.

✓ **How you TRAVELED to each place.** Identify the code on **LIST 1** (codes are on the flap of this diary) and write it under question D1. For question D2, tell us if this was your only option for traveling.

✓ **Other travel information.** Questions E1 and E2 ask, how many people total were in your travel party, and of those, how many were members of your household. Questions F1-F3 ask additional details depending on how you traveled.

✓ **ACTIVITIES or what you did at each place.** Identify the code on **LIST 2** (codes are on the flap of this diary). First, write the code for the main activity you did and then write codes for any other activities.

Keep your completed Travel Diaries by the phone. We'll call you to collect the information, or you can call us toll-free at 1-888-222-7734.

For anyone who is unable to complete a diary, we ask that a parent or other adult complete the diary for them. **Thank you!**

Confidentiality:

This survey is conducted in accordance with strict privacy provisions. All information, whether related to personal identity or travel and activities, will remain completely confidential. The information will not be published, sold, distributed, or otherwise made available to any third party.

Questions? Call the toll-free Survey Hotline: 1-888-222-7734

EXAMPLE PLACE

- A What is this PLACE?** My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ Transit Stop: Happy Kids Day Care
 Street Address OR: 901 Main St.
 Nearest Cross-streets: Anytown, OR 99999
 City/State/Zip:

C What TIME did you ARRIVE? 7:32 am/pm

D1 HOW did you TRAVEL there?

(Write code from LIST 1 on flap)
 Code: 3

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: 5 Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) 1

E2 Of those, how many were household members? 1

F1 If traveled by Auto/Truck/Van:

Which household vehicle did you use?
 Make/Model: Toyota Camry
 Did not use a household vehicle

Did you get out of your vehicle?
 Yes No (drive-thru, drop off/pick up)

If yes, where did you park?
 Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking?
 Yes No

What are the nearest cross-streets to this parking location?
Main St & E. Broadway

How much did you pay to park?
 \$ _____ per _____ Did not pay

F2 If traveled by Public Transit:

Which type of transit did you take?
 Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?
 Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?
 \$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:

What would you have had to pay for parking if you had driven to this place?
 \$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): 8 Other Activity (code): _____

H What TIME did you LEAVE?

(Please be as exact as possible) 7:46 am/pm → **Next PLACE**

Did not leave → **DONE**



DID YOU REMEMBER TO . . .

- ✓ Record each place you went, even short walks, quick stops, and places you went in the evening?
- ✓ Record the activities that you did at each place?
- ✓ Record exact place names and complete addresses?
- ✓ Record accurate arrival and departure times?

WHAT DO I DO WITH MY COMPLETED DIARIES?



Keep your completed diaries by the phone –

We will call you to collect the information. Or, you can call our toll-free survey hotline (1-888-222-7734) to provide your information.



Mail – Or, return your completed diaries in the postage-paid envelope provided in your packet.

We may have to call you to clarify or to collect any missing information.

**For assistance, call
NuStats/PTV DataSource
toll-free at 1-888-222-7734**



LISTS 1 & 2 are inside flap

LIST 1 CODES: How did you get there?

Non-Motorized:

- 1 Walk
- 2 Bicycle

Auto/Van/Truck:

- 3 Driver
- 4 Passenger

Other Modes:

- 5 Public Transit
- 6 Dial-A-Ride/Paratransit
- 7 Taxi
- 8 School bus
- 97 Other: *(write code 97 and specify)*

LIST 2 CODES: What did you do there?

At My Home:

- 1 Working at home *(for pay)*
- 2 All other activities at home

At My Primary Work/Volunteer Location:

- 3 Work/Job *(for pay or volunteer)*
- 4 All other activities at work

At My School:

- 5 Attending class
- 6 All other activities at school

While Traveling:

- 7 Change type of transportation/transfer *(from car to bus, walk to bus, etc.)*
- 8 Dropped off passenger from car
- 9 Picked up passenger from car
- 10 Other *(write code 10 and specify activity)*

At Other Places:

- 11 Work/Business-related *(meeting, sales call, delivery, etc.)*
- 12 Service private vehicle *(gas, oil, lube, etc.)*
- 13 Routine shopping *(groceries, clothing, convenience store, household maintenance)*
- 14 Shopping for major purchases or specialty items *(appliances, electronics, new vehicle, major household repairs, etc.)*
- 15 Household errands *(bank, dry cleaning, etc.)*
- 16 Personal business *(visit government office, attorney, accountant, etc.)*
- 17 Eat meal outside of home
- 18 Health care *(doctor, dentist)*
- 19 Civic/Religious activities
- 20 Outdoor Recreation/Entertainment
- 21 Indoor Recreation/Entertainment
- 22 Visit friends/relatives
- 97 Other *(write code 97 and specify activity)*

PLACE**1****BEGIN HERE**

For this diary, the day begins at 3 a.m.

Most people are home asleep at 3 a.m. If this is the case with you, check **“My Home,”** then record all the activities you did before leaving and the exact time you leave for the first time.

IF YOU RIDE THE BUS/TRAIN OR CARPOOL/VANPOOL:

Please record each bus stop, train station, or carpool/vanpool meeting place where you got on or off as a separate **PLACE**.

A WHERE were you at 3 a.m.?

- My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place (if any) or nearest landmark (e.g. building name)

Street Address OR Nearest Cross-streets

City State Zip

C What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

D What TIME did you LEAVE? (Please be as exact as possible)

_____ : _____ am / pm → **Next PLACE**

Did not leave → **CONTINUE BELOW**

E What is the MAIN reason you didn't leave this place today?

- I was sick I am home-bound, elderly, or disabled
 Child was sick Worked at home (for pay)
 Other household member was sick Worked around home (not for pay)
 Other: _____

IF YOU DIDN'T LEAVE THIS PLACE TODAY: You are done.

PLACE**2**

- A What is this PLACE?** My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
 Transit Stop: _____

Street Address OR _____
 Nearest Cross-streets: _____

City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm

D1 HOW did you TRAVEL there?

(Write code from LIST 1 on flap)

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____

E2 Of those, how many were household members? _____

F1 If traveled by Auto/Truck/Van:

Which household vehicle did you use?

Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street

Parking garage Other: _____

If yes, is this employer-provided parking?

Yes No

What are the nearest cross-streets to this parking location?

How much did you pay to park?

\$ _____ per _____ Did not pay

F2 If traveled by Public Transit:

Which type of transit did you take?

Local Bus

Light Rail

Bus Rapid Transit (BRT/EmX)

Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:

What would you have had to pay for parking if you had driven to this place?

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE? (Please be as exact as possible)

_____ : _____ am / pm → **Next PLACE**

Did not leave → **DONE**

PLACE**3****A What is this PLACE?**

- My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
 Transit Stop: _____

Street Address OR _____
 Nearest Cross-streets: _____
 City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm**D1 HOW did you TRAVEL there?***(Write code from LIST 1 on flap)*

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____**E2 Of those, how many were household members?** _____**F1 If traveled by Auto/Truck/Van:****Which household vehicle did you use?**

Make/Model: _____

 Did not use a household vehicle**Did you get out of your vehicle?** Yes No *(drive-thru, drop off/pick up)***If yes, where did you park?**

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking? Yes No**What are the nearest cross-streets to this parking location?****How much did you pay to park?**\$ _____ per _____ Did not pay**F2 If traveled by Public Transit:****Which type of transit did you take?**

- Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?Cash: \$ _____ Pass**If you used a pass, what type?**

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:**What would you have had to pay for parking if you had driven to this place?**

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?*(Please be as exact as possible)*_____ : _____ am / pm → **Next PLACE** Did not leave → **DONE****PLACE****4****A What is this PLACE?**

- My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
 Transit Stop: _____

Street Address OR _____
 Nearest Cross-streets: _____
 City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm**D1 HOW did you TRAVEL there?***(Write code from LIST 1 on flap)*

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____**E2 Of those, how many were household members?** _____**F1 If traveled by Auto/Truck/Van:****Which household vehicle did you use?**

Make/Model: _____

 Did not use a household vehicle**Did you get out of your vehicle?** Yes No *(drive-thru, drop off/pick up)***If yes, where did you park?**

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking? Yes No**What are the nearest cross-streets to this parking location?****How much did you pay to park?**\$ _____ per _____ Did not pay**F2 If traveled by Public Transit:****Which type of transit did you take?**

- Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?Cash: \$ _____ Pass**If you used a pass, what type?**

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:**What would you have had to pay for parking if you had driven to this place?**

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?*(Please be as exact as possible)*_____ : _____ am / pm → **Next PLACE** Did not leave → **DONE**

PLACE 5

- A What is this PLACE?** My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
Transit Stop: _____

Street Address OR _____

Nearest Cross-streets: _____

City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm

D1 HOW did you TRAVEL there?

(Write code from LIST 1 on flap)

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____

E2 Of those, how many were household members? _____

F1 If traveled by Auto/Truck/Van:

Which household vehicle did you use?

Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking?

Yes No

What are the nearest cross-streets to this parking location?

How much did you pay to park?

\$ _____ per _____ Did not pay

F2 If traveled by Public Transit:

Which type of transit did you take?

Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:

What would you have had to pay for parking if you had driven to this place?

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?

(Please be as exact as possible) _____ : _____ am / pm → **Next PLACE**

Did not leave → **DONE**

PLACE 6

- A What is this PLACE?** My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
Transit Stop: _____

Street Address OR _____

Nearest Cross-streets: _____

City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm

D1 HOW did you TRAVEL there?

(Write code from LIST 1 on flap)

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____

E2 Of those, how many were household members? _____

F1 If traveled by Auto/Truck/Van:

Which household vehicle did you use?

Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking?

Yes No

What are the nearest cross-streets to this parking location?

How much did you pay to park?

\$ _____ per _____ Did not pay

F2 If traveled by Public Transit:

Which type of transit did you take?

Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:

What would you have had to pay for parking if you had driven to this place?

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?

(Please be as exact as possible) _____ : _____ am / pm → **Next PLACE**

Did not leave → **DONE**

PLACE 7

- A What is this PLACE?** My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
Transit Stop: _____

Street Address OR _____

Nearest Cross-streets: _____

City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm

D1 HOW did you TRAVEL there?

(Write code from LIST 1 on flap)

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____

E2 Of those, how many were household members? _____

F1 If traveled by Auto/Truck/Van:

Which household vehicle did you use?

Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking?

Yes No

What are the nearest cross-streets to this parking location?

How much did you pay to park?

\$ _____ per _____ Did not pay

F2 If traveled by Public Transit:

Which type of transit did you take?

Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:

What would you have had to pay for parking if you had driven to this place?

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?

(Please be as exact as possible) _____ : _____ am / pm → **Next PLACE**

Did not leave → **DONE**

PLACE 8

- A What is this PLACE?** My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
Transit Stop: _____

Street Address OR _____

Nearest Cross-streets: _____

City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm

D1 HOW did you TRAVEL there?

(Write code from LIST 1 on flap)

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____

E2 Of those, how many were household members? _____

F1 If traveled by Auto/Truck/Van:

Which household vehicle did you use?

Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking?

Yes No

What are the nearest cross-streets to this parking location?

How much did you pay to park?

\$ _____ per _____ Did not pay

F2 If traveled by Public Transit:

Which type of transit did you take?

Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:

What would you have had to pay for parking if you had driven to this place?

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?

(Please be as exact as possible) _____ : _____ am / pm → **Next PLACE**

Did not leave → **DONE**

PLACE**9****A What is this PLACE?**

- My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
 Transit Stop: _____

Street Address OR _____
 Nearest Cross-streets: _____
 City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm**D1 HOW did you TRAVEL there?***(Write code from LIST 1 on flap)*

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____**E2 Of those, how many were household members?** _____**F1 If traveled by Auto/Truck/Van:****Which household vehicle did you use?**

Make/Model: _____

 Did not use a household vehicle**Did you get out of your vehicle?** Yes No *(drive-thru, drop off/pick up)***If yes, where did you park?**

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking? Yes No**What are the nearest cross-streets to this parking location?****How much did you pay to park?**\$ _____ per _____ Did not pay**F2 If traveled by Public Transit:****Which type of transit did you take?**

- Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?Cash: \$ _____ Pass**If you used a pass, what type?**

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:**What would you have had to pay for parking if you had driven to this place?**

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?*(Please be as exact as possible)*_____ : _____ am / pm → **Next PLACE** Did not leave → **DONE****PLACE****10****A What is this PLACE?**

- My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
 Transit Stop: _____

Street Address OR _____
 Nearest Cross-streets: _____
 City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm**D1 HOW did you TRAVEL there?***(Write code from LIST 1 on flap)*

Code: _____

D2 Could you have traveled any other way? (Write code from LIST 1)

Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? (DON'T include yourself) _____**E2 Of those, how many were household members?** _____**F1 If traveled by Auto/Truck/Van:****Which household vehicle did you use?**

Make/Model: _____

 Did not use a household vehicle**Did you get out of your vehicle?** Yes No *(drive-thru, drop off/pick up)***If yes, where did you park?**

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking? Yes No**What are the nearest cross-streets to this parking location?****How much did you pay to park?**\$ _____ per _____ Did not pay**F2 If traveled by Public Transit:****Which type of transit did you take?**

- Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?Cash: \$ _____ Pass**If you used a pass, what type?**

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:**What would you have had to pay for parking if you had driven to this place?**

\$ _____ per _____

G What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?*(Please be as exact as possible)*_____ : _____ am / pm → **Next PLACE** Did not leave → **DONE**

PLACE 11

A What is this PLACE? My Home Transit Stop
 My Work Another Place
 My School

B What is the NAME and ADDRESS of this PLACE?

Name of Place/ _____
 Transit Stop: _____

Street Address OR _____
 Nearest Cross-streets: _____
 City/State/Zip: _____

C What TIME did you ARRIVE? _____ : _____ am / pm

D1 HOW did you TRAVEL there?
(Write code from LIST 1 on flap)
 Code: _____

D2 Could you have traveled any other way? *(Write code from LIST 1)*
 Code: _____ Carpool/Vanpool
 No Other Options

E1 How many people traveled with you? *(DON'T include yourself)* _____

E2 Of those, how many were household members? _____

F1 If traveled by Auto/Truck/Van:

Which household vehicle did you use?

Make/Model: _____
 Did not use a household vehicle

Did you get out of your vehicle?

Yes No *(drive-thru, drop off/pick up)*

If yes, where did you park?

Parking lot Street
 Parking garage Other: _____

If yes, is this employer-provided parking?

Yes No

What are the nearest cross-streets to this parking location?

How much did you pay to park?

\$ _____ per _____ Did not pay

F2 If traveled by Public Transit:

Which type of transit did you take?

Local Bus
 Light Rail
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?

\$ _____ per _____

F3 If you DID NOT travel by Auto/Truck/Van:

What would you have had to pay for parking if you had driven to this place?

\$ _____ per _____

G What ACTIVITIES did you do there? *(Write code from LIST 2 on flap)*

Main Activity (code): _____ Other Activity (code): _____

H What TIME did you LEAVE?
(Please be as exact as possible)

_____ : _____ am / pm → **Next PLACE**

Did not leave → **DONE**

EXTRA PLACES

If you used all of the previous pages, use the chart below to write information on the other places you went.
Don't forget to record your exact times!

PLACE #	A WHAT is this PLACE?	B WHAT is the NAME and ADDRESS of this place?	C What TIME did you ARRIVE? <i>(record exact times)</i>	D1 HOW did you TRAVEL there? <i>(use LIST 1)</i>	D2 How did you TRAVEL there? <i>(use LIST 2)</i>	G What ACTIVITIES? <i>(use LIST 2)</i>	H What TIME did you LEAVE? <i>(record exact times)</i>
12			: am/pm				: am/pm
13			: am/pm				: am/pm
14			: am/pm				: am/pm
15			: am/pm				: am/pm
16			: am/pm				: am/pm
17			: am/pm				: am/pm
18			: am/pm				: am/pm
19			: am/pm				: am/pm
20			: am/pm				: am/pm
21			: am/pm				: am/pm