

PARTICIPATE

“As I mentioned earlier, we’d like to send each member of your household a diary to keep track of your activities and travel for just one day, <INSERT DAY OF WEEK AND DATE OF TRAVEL DAY>. The data collected from these activity/travel diaries is important for future transportation planning in the El Paso area. Are you willing to help us with this important part of the study?”

- 01 YES - Continue (GO TO RECORD_ADDRESS)
- 02 NO or Unsure about participation (GO TO ASSURE)

ASSURE

(PROGRAMMER: Include only if PARTICIPATE = 02.)

“Your household will represent many others in your area, and no one else can be substituted for you. Your input will help address area traffic problems and plan for future needs. Will you help us out with this important survey?”

- 01 Yes – willing to participate (GO TO RECORD_ADDRESS)
- 02 No – not willing to participate (TERMINATE)

RECORD_ADDRESS

“In order to mail the survey materials to you, could you please tell me your name and mailing address?”

(RECORD STREET ADDRESS) (BE SURE TO INCLUDE APARTMENT NUMBER, IF APPLICABLE)

CONTACT

“What is your name?”

MAIL_ADD

“What is your street mailing address?”

_____ (Street number/P.O. Box Number)

_____ (Apt Number if applicable)

MAIL_CITY

“What is your city?”

MAIL_ZIP

“What is your zip code?”

7__ __ __ __ (PROGRAMMER: Allow [need range of zips])

ACTUAL

“Is the actual location of your home at this address (the address is a P.O. Box)?”

- 1 Yes – actual location (automatically code address variables to H9-H11)
- 2 No – it’s a P.O. Box - get actual location below

H9: ADDRESS

“What is your physical street address or the nearest intersection?”

_____ (Street number/P.O. Box Number)

_____ (Apt Number if applicable)

H10: CITY

“What is the city where your home is located?”

H11: ZIP

“What is the zip code where your home is located?”

7__ __ __ __ (PROGRAMMER: Allow [need range of zips])

GPS

“As part of this study, we’re asking a small number of households to help evaluate new technology that’s providing greater insight into how people travel. This technology is called GPS, or the Global Positioning System. We are offering an additional \$50.00 cash gift for participating. Would you be interested?”

- 01 YES (GO TO GPSEDETAILS)
- 02 NO (GO TO CLOSE)

GPS DETAILS

(PROGRAMMER: Include only if GPS= 01)

“Your participation would involve driving each of your vehicles to a central location near your home the day before you complete your travel diaries. We would then install the Global Positioning System (GPS) device in each of these vehicles. You would return the device to the same location the day after your travel day. If you are interested, we will call you back in a few days with the details.”

- 01 Interested (GPS CALLBACK)
- 02 Not Interested/Don’t Know (GO TO CLOSE)

CLOSE

“We will mail activity/travel diaries to you in a few days for each member of your household. When you receive them, just follow the directions and have each member of your household complete the diaries on the day indicated. An adult member of your household can help children complete the diaries. If you have any questions about the survey’s legitimacy, you may call **NEED NAME OF LOCAL CONTACT and PHONE NUMBER.”**

“It is very important that everyone in your household complete the diaries on the same day. After you have completed the diaries, please return them to us as soon as possible in the postage-paid envelope that will be provided.”

“Before I end this call, do you have any questions?”

We appreciate your help. If you have questions, please call toll-free 888-801-5368 and ask for Terry.

Appendix E:
Retrieval Script

**Texas Department of Transportation
2010 El Paso Area Household Activity/Travel Survey
Retrieval Script – Final**

INTRO

Is [NAME OF CONTACT] there.

This is _____ calling for the Texas Department of Transportation. I was just calling to follow-up to be sure everything went okay with your travel survey yesterday and to collect your travel information.

- | | | |
|----|--|-------------------|
| 01 | If Agreeable | (GO TO RETRIEVE) |
| 02 | If this is not a good time, but they completed diary | (GO TO CALL BACK) |
| 03 | If did not complete diaries, but remember travel | (GO TO RETRIEVE) |
| 04 | If did not complete diaries, do not remember travel | (GO TO RESCHED) |
| 05 | No – no longer willing to participate | (TERMINATE) |

CALL BACK

“When would be a good time to call back to get the information?”

(PROGRAMMER: Include only if INTRO = 02)

_____Time (am/pm)

_____Date

RESCHED

“Could your household complete the travel diaries [TOMORROW or the NEXT WORK DAY]?”

(PROGRAMMER: Include only if INTRO = 04)

- | | |
|----|----------------------|
| 01 | Yes |
| 02 | No - TRY ANOTHER DAY |
| 03 | Refuse all days |

“Thank you for you time. I will call you back [DAY AFTER TRAVEL DAY]”

TERMINATE

(PROGRAMMER: Include only if INTRO = 05 or RESCHED=03)

“Thank you for your time. END THE INTERVIEW”

HOUSEHOLD FILE INFORMATION

RETRIEVE

“I’d like to begin by gathering some information about your household on your travel day”

H30: DAY VISITORS

“How many people who are not members of your household stopped by or visited your home for any reason on your travel day?”

98 – Don’t Know

99 – Refused

H31: OVERNIGHT VISITORS

“How many people who are not members of your household spent the night at your house on your travel day?”

98 – Don’t Know

99 – Refused

V13: MILEAGE

What was the mileage on the odometer of VEHICLE_# on your travel day?

99999998 Don’t Know

99999999 Refused

PROGRAMMER: REPEAT V13 FOR EACH VEHICLE_#

H36: HH VEHICLE USED BY NON HH MEMBER

“Did anyone who is not a member of your household drive one of the vehicles that belongs to your household?”

01- Yes (GO TO V16)

02- No

03- Not applicable – zero vehicle household

98 – Don’t Know

99 – Refused

V16: NON HH VEHICLE NUMBER

(PROGRAMMER: Include only if H36=01)

“Which vehicle were used by a person who is not a member of your household?”

98 – Don’t Know

99 – Refused

INDIVIDUAL INFORMATION

IND INTRO1

“Next I’d like to get travel information from each member of your household. Why don’t we start with you.

IND INTRO2

“Do you have your travel diary available?

(INTERVIEWER: ARE YOU SPEAKING TO THE PERSON WHO COMPLETED THE TRAVEL DIARY?)

01 Yes

02 No Which Person_# is the Proxy? _____

BIKE ISSUES

P46: DAYS RODE

“How many days did you (PERSON_#) ride a bike during the past week?”

_____ (Programmer allow 0-7)

98 – Don’t Know

99 – Refused

P47: BIKE PURPOSE

“What was your (PERSON_#)’s most common purpose for riding a bike in the past week?”

1 – Work

2 – School

3 – Shopping

4 – Visiting

5 – Recreation / Exercise

6 – Other

98 – Don’t Know

99 – Refused

STUDENT ISSUES

P42: STUDENT STATUS

“Are you (PERSON_#) enrolled in any type of school (includes daycare, K-12, college)?”

- | | | |
|----|------------|-------------|
| 1 | Yes | (GO TO P43) |
| 2 | No | (GO TO P11) |
| 98 | Don't Know | (GO TO P11) |
| 99 | Refused | (GO TO P11) |

P43: STUDENT STATUS

“In which type of school are you (PERSON_#) enrolled?”

(PROGRAMMER: Include only if P42= 01)

- 1 – Day Care / Pre-School
- 2 – K-12th
- 3 – Post Secondary, College, Trade
- 4 – Other
- 98 – Don't Know
- 99 – Refused

P44: SCHOOL TYPE OTHER

(PROGRAMMER: Include only if P43= 4)

- Other Specify _____
- | | |
|-----|------------|
| 998 | Don't Know |
| 999 | Refused |

P45: HOURS ENROLLED

(PROGRAMMER: Include only if P43= 3)

“How many hours are you (PERSON_#) enrolled in college, trade school, or other post secondary education?”

- _____
- | | |
|----|------------|
| 98 | Don't Know |
| 99 | Refused |

EMPLOYMENT ISSUES

P11: EMPLOYMENT

Are (YOU/PERSON_#) employed in a paying or volunteer job?

- | | | |
|----|------------|----------------------|
| 1 | Yes | (GO TO P12) |
| 2 | No | (GO TO TRAVEL_INTRO) |
| 98 | Don't Know | (GO TO TRAVEL_INTRO) |
| 99 | Refused | (GO TO TRAVEL_INTRO) |

P14: NOT EMPLOYED

**“Which of the following best describes YOUR/(PERSON_#)’s situation?
(READ LIST)**

- 001 Retired
- 002 Disabled
- 003 Homemaker
- 004 Looking for work
- 005 Not looking for work
- 006 Student
- 996 Other **(GO TO P15)**

- 998 Don’t Know
- 999 Refused

P15 - Other

(PROGRAMMER: only include P14=996)

Other (Specify _____)

(PROGRAMMER: If Respondent answers P14/P15 then go to TRAVEL_INTRO; otherwise go to P12-P41)

P12: EMPLOYMENT STATUS

“Which of the following best describes YOUR/(PERSON_#)’s employment status?”

- 1 Employed full-time 30 or more hours per week
- 2 Employed part-time less than 30 hours per week
- 3 Self-employed full-time 30 or more hours per week
- 4 Self-employed part-time less than 30 hours per week
- 98 Don’t Know
- 99 Refused

P13: HOURS

“Approximately how many hours per week do you (PERSON_#) typically work?”

___ ___ ___ (PROGRAMMER: Allow to 100.)

- 996 Varies from week to week
- 998 Don’t Know
- 999 Refused

P16: DELIVERY

“Do you (does PERSON_#) drive a vehicle used for commercial purposes? ”

- 1 Yes **(GO TO P16A AND 16B)**
- 2 No
- 98 Don’t Know
- 99 Refused

P16A: DELIVERY CARGO: If YES TO P16

“Is that vehicle used for transporting cargo?”

- 1 Yes
- 2 No
- 98 Don't Know
- 99 Refused

P16A: DELIVERY CARGO: If YES TO P16

“Is that vehicle used for providing a commercial service, such as plumber's or electrician's truck, or a cable or telephone service vehicle, or a delivery vehicle for a business?”

- 1 Yes
- 2 No
- 98 Don't Know
- 99 Refused

P17: FLEX TIME

“Is your (PERSON_#) work schedule flexible or fixed?”

- 1 Flexible/variable
- 2 Fixed/unchanging
- 98 Don't Know
- 99 Refused

P18: JOB

“Do you (PERSON_#) have more than one job?”

- 1 Yes
- 2 No
- 98 Don't Know
- 99 Refused

P19: EMPLOYER

“What is the name of your (PERSON_#)'s primary employer?”

-
- 998 Don't Know
 - 999 Refused

P20: TYPE WORK

“What type of work place is this?”

1. Office (Non-government)
2. Office (Government)
3. Retail/Shopping/Gas
4. Industrial/Manufacturing/Warehouse
5. Medical
6. Education – Day Care/K-12
7. Education – College, trade school, other
8. Residential
9. Airport
10. Eating Establishment
- 996 – Other
- 998 – Don’t Know
- 999 – Refused

P21: OTHER

(PROGRAMMER: only include P20=996)

Other Specify _____
998 – Don’t Know
999 – Refused

P22: HOME OFFICE

“Is your (PERSON_#)’s place of employment a home-based business operated out of a home?”

- | | |
|----|------------|
| 1 | Yes |
| 2 | No |
| 98 | Don’t Know |
| 99 | Refused |

P23: TELECOMMUTE

“Do you (PERSON_#) work from home or telecommute on a regular basis?”

- | | |
|----|------------|
| 1 | Yes |
| 2 | No |
| 98 | Don’t Know |
| 99 | Refused |

P24 WORKPLACE ADDRESS

“What is the physical street address of your PRIMARY workplace?”

- _____
- | | |
|----|------------|
| 98 | Don’t Know |
| 99 | Refused |

WORKINTER

“What are the names of the streets at the nearest intersection to your primary workplace?”

P25: WORKPLACE CITY

“In which city is your (PERSON_#) PRIMARY workplace located?”
RECORD NAME OF CITY

-
- 98 Don't Know
 - 99 Refused

P26: WORKPLACE COUNTY

In which County is your (PERSON_#) PRIMARY workplace located?
RECORD NAME OF COUNTY

- 01 El Paso (GO TO PURPOSE)
- 02 a New Mexico county (GO TO PURPOSE)

- 11 OTHER

- 98 Don't Know
- 99 Refused

P27: WORKPLACE ZIP

“In which zip code is your (PERSON_#) workplace located?”

- — — — —
- 99998 Don't Know
 - 99999 Refused

P32: DAYS WORKED

“How many days per week do you (PERSON_#) typically work?”

- — — — — (Programmer allow 0-7)
- 98 Don't Know
 - 99 Refused

P33: WORKED AT HOME

“During the past 7 days, how many days did you (PERSON_#) work AT HOME?”

__ __ __ __ __ (Programmer allow 0-7)

- 98 Don't Know
- 99 Refused

SECOND JOB

“Do you (Does PERSON_#) have a second job?”

- 1 Yes (GO TO P34)
- 2 No (GO TO P37)
- 98 Don't Know (GO TO P37)
- 99 Refused (GO TO P37)

P34: SECOND JOB TYPE

“What type of work place is your (PERSON_#)'s second job?”
(PROGRAMMER: only include SCREENER=01)

- 1. Office (Non-government)
- 2. Office (Government)
- 3. Retail/Shopping/Gas
- 4. Industrial/Manufacturing/Warehouse
- 5. Medical
- 6. Education – Day Care/K-12
- 7. Education – College, trade school, other
- 8. Residential
- 9. Airport
- 10. Eating Establishment
- 996 – Other
- 998 – Don't Know
- 999 – Refused

P35: OTHER

(PROGRAMMER: only include P34=996)

Other Specify _____

P36: SECOND JOB EMPLOYMENT STATUS

“Which of the following best describes your (PERSON_#)'s employment status at this second job?”
(PROGRAMMER: only include SCREENER=01)

- 1 Employed full-time 30 or more hours per week at the second job
- 2 Employed part-time less than 30 hours per week at the second job
- 3 Self-employed full-time 30 or more hours per week at the second job
- 4 Self-employed part-time less than 30 hours per week at the second job
- 98 Don't Know
- 99 Refused

P37: TOTAL HOURS

“On average, how many hours do you (PERSON_#) work per week at all of your jobs?”

— — — — —

- 98 Don't Know
- 99 Refused

P38: PRIMARY OCCUPATION

“What is your (PERSON_#)'s PRIMARY occupation?”

- 01 – Management, professional, and related occupations
- 02 – Service occupations
- 03 – Sales and office occupations
- 04 – Farming, fishing, and forestry occupations
- 05 – Construction, extraction, and maintenance occupations
- 06 – Production, transportation, and material moving occupations
- 96 – Not applicable (unemployed / student / retired)
- 98 – Don't know
- 99 – Refused

P39: PRIMARY INDUSTRY

“In what industry is your (PERSON_#)'s PRIMARY occupation?”

- 01 – Agriculture, forestry, fishing and hunting, mining
- 02 – Construction
- 03 – Manufacturing
- 04 – Wholesale trade
- 05 – Retail trade
- 06 – Transportation, warehousing, utilities
- 07 – Information
- 08 – Finance, insurance, real estate, rental and leasing
- 09 – Professional, scientific, management, administrative, and waste management services
- 10 – Education, health, and social services
- 11 – Arts, entertainment, recreation, accommodation, and food services
- 12 – Other services (except public administration)
- 13 – Public Administration
- 96 – Not Applicable – (unemployed, student, retired)
- 98 – Don't Know
- 99 – Refused

P40: SECONDARY OCCUPATION

(PROGRAMMER: only include SCREENER=01)

“What is your (PERSON_#)’s SECONDARY occupation?”

- 01 – Management, professional, and related occupations
- 02 – Service occupations
- 03 – Sales and office occupations
- 04 – Farming, fishing, and forestry occupations
- 05 – Construction, extraction, and maintenance occupations
- 06 – Production, transportation, and material moving occupations
- 96 – Not applicable (unemployed / student / retired)
- 98 – Don’t know
- 99 – Refused

P41: SECONDARY INDUSTRY

(PROGRAMMER: only include SCREENER=01)

“In what industry is your (PERSON_#)’s SECONDARY occupation?”

- 01 – Agriculture, forestry, fishing and hunting, mining
- 02 – Construction
- 03 – Manufacturing
- 04 – Wholesale trade
- 05 – Retail trade
- 06 – Transportation, warehousing, utilities
- 07 – Information
- 08 – Finance, insurance, real estate, rental and leasing
- 09 – Professional, scientific, management, administrative, and waste management services
- 10 – Education, health, and social services
- 11 – Arts, entertainment, recreation, accommodation, and food services
- 12 – Other services (except public administration)
- 13 – Public Administration
- 96 – Not Applicable – (unemployed, student, retired)
- 98 – Don’t Know
- 99 – Refused

TRAVEL INFO FILE

TRAVEL INTRO

“Now that we have completed those questions, we need to collect the activity and travel information. Please remember that we need to know about ALL locations you visited on <INSERT TRAVEL DAY>. I will go as quickly as possible, but I will need to record each location one-by-one.”

V53 PROXY

(Interviewer – who is providing the travel information for this person?)

- 01 – Respondent
- 02 – Proxy
- 03 – Mailed Diary
- 98 – Don’t Know
- 99 – Refused

V54 PROXY ID

(Interviewer – if proxy, which household member is providing the information – used assigned numbers)

- 98 – Don’t Know
- 99 – Refused

P49: TRAVEL

“Did you (PERSON_#) travel anywhere on your household’s assigned travel day?”

- 01 Yes **(GO TO V52)**
- 02 No **(GO TO V51)**

- 96 Out of Area All Day

V51 WHY NO TRAVEL

“What was your /(PERSON_#)’s reason for not traveling anywhere on your travel day?”

V52 DIARY USE

“Did you (PERSON_#) use the activity/travel diary on your travel day?”
(DO NOT READ LIST)

- 01 Yes, diary completed
- 02 No, diary not completed
- 03 Did not receive materials
- 08 Don’t Know
- 09 Refused

TRANSITION

“Next I’m going to ask you to provide information about each of the trips you made on your travel day. The information you provide is very important to us, so please try to be as detailed as possible.”

MONTH & DAY

“Just to confirm, what was the date of your household travel day?”

T4 _____ Day

T3 _____ Month

START

At 3:00 am on your travel day, [were you/was (PERSON_#)] . . . ?
(READ LIST)

- 01 At home (Code T8/Start thru T13/Start with Home data)
- 02 At another location (GO TO T8/Start)

T8/START : ACTIVITY DESCRIPTION

(PROGRAMMER: only include START=02)

“What type of place were you at 3:00 a.m?”

- 98 – Don’t Know
- 99 – Refused

T7/START: ACTIVITY TYPE CODES

What were you doing at this location at 3:00 a.m.

- 1 – At Home; primary job related
- 2 – At Home; other
- 3 – At Home; job and non-job related
- 4 – Work
- 5 – Work Related
- 6 – School; post secondary, college, trade
- 7 – School; secondary-day care, kindergarten, elementary, middle, high
- 8 – Incidental Shopping; gas, groceries, etc.
- 9 – Major Shopping; clothes, appliances, etc.
- 10 – Banking
- 11– Personal Business; laundry, dry cleaning, barber, medical, etc
- 12– Other Services
- 13– Social / Recreational
- 14– Eat Out
- 15– Civic Activities (including church)
- 16 – Pick-up / Drop-off Person at Work
- 17 – Pick-up / Drop-off Person at School / Day Care
- 18 – Pick-up / Drop-off Person at Other
- 19 – Change Mode of Travel
- 20 – Other Activity (specify)
- 98 – Don’t Know
- 99 – Refused

T9/START: LOCATION

“What was the name of the place you were at 3:00 a.m.”

- 98 – Don’t Know
- 99 – Refused

T10/START: ADDRESS

“What was the Address of the Place Where You Were Located at 3:00am on your travel day”

- 98 Don’t Know
- 99 Refused

T11/START: CITY

“In which city were you located at 3:00 am on your travel day?”

RECORD NAME OF CITY

- 98 Don’t Know
- 99 Refused

T12/START: COUNTY

“And what county is that in?”

- 01 El Paso (GO TO PURPOSE)
- 02 a New Mexico county (GO TO PURPOSE)

11 OTHER: _____

- 98 Don’t Know
- 99 Refused

T13/START: ZIP

“What was the zip code for this place?”

99998 Don't Know

99999 Refused

XX

Activity # _____

(Programmer: Activity Number will be automatically assigned in sequence for each set of data collected for T8 thru T49)

T8: ACTIVITY DESCRIPTION

“What type of place did you visit first (next) on your travel day?”

98 – Don't Know

99 – Refused

ARRIVAL TIME

“What time did you (person_#) arrive at this location?”

(INTERVIEWER NOTE: If this is Activity#0, this should be blank)

T45: ARRIVAL HOUR

(PROGRAMMER: Allow 00 to 23)

__ __ hours (Record in military time 00 to 23, i.e., 3PM is 15)

98 Don't Know

99 Refused

T47: ARRIVAL MINUTE

(PROGRAMMER: Allow 00 to 60)

__ __ (Record 00 to 59)

98 Don't Know

99 Refused

T7: ACTIVITY CODES

What were you doing at this location?

- 1 – At Home; primary job related
- 2 – At Home; other
- 3 – At Home; job and non-job related
- 4 – Work
- 5 – Work Related
- 6 – School; post secondary, college, trade
- 7 – School; secondary-day care, kindergarten, elementary, middle, high
- 8 – Incidental Shopping; gas, groceries, etc.
- 9 – Major Shopping; clothes, appliances, etc.
- 10 – Banking
- 11– Personal Business; laundry, dry cleaning, barber, medical, etc
- 12– Other Services
- 13– Social / Recreational
- 14– Eat Out
- 15– Civic Activities (including church)
- 16 – Pick-up / Drop-off Person at Work
- 17 – Pick-up / Drop-off Person at School / Day Care
- 18 – Pick-up / Drop-off Person at Other
- 19 – Change Mode of Travel
- 20 – Other Activity (specify)
- 98 – Don't Know
- 99 – Refused

T9: LOCATION NAME

“What was the name of the place you visited on this trip?”

- 98 – Don't Know
- 99 – Refused

T10: ADDRESS

“What was the Address or the nearest intersection (cross streets) of this place?”

- 98 Don't Know
- 99 Refused

T11: CITY

“In which city was this place located?”

RECORD NAME OF CITY

- 98 Don't Know
- 99 Refused

T12: COUNTY

“And what county is that in?”

- 01 El Paso (GO TO PURPOSE)
- 02 a New Mexico county (GO TO PURPOSE)

- 11 OTHER: _____

- 98 Don't Know
- 99 Refused

T14: ROUTE

On which Route were you traveling when you left (or returned to) McLennan county on your way to (from) this destination?

(PROGRAMMER: only include T12=06)

RECORD NAME/NUMBER OF ROUTE

- 98 Don't Know
- 99 Refused

T19: TYPE OF PLACE

“What Type of Place was this?”

- | | |
|-------------------------------------|--|
| 1. Residential | 13. Health Club |
| 2. Residential Type Workplace | 14. Medical Facility/Hospital |
| 3. Construction Site | 15. Movie Theater/Cinema |
| 4. Transportation stop (Bus, Train) | 16. Restaurant/Fast Food, Bar&Grill |
| 5. Automotive Dealer/Repair | 17. Educational – 12th Grade or lower |
| 6. Bank / Financial Institution | 18. Educational – college, trade, etc. |
| 7. Barber/Beauty/Nail Salon | 19. Shopping Mall/ Department Store. |
| 8. Bookstore/Newstand | 20. Gas Station |
| 9. Convenience / Drug Store | 21. Airport |
| 10. Government Offices | 22. Other |
| 11. Offices (Non-Government) | 98. Don't Know |
| 12. Grocery | 99. Refused |

T20: OTHER PLACE

(PROGRAMMER: only include T20=22)

Other Specify _____

T22: MODE

“How did you travel to get to this place?”

(DO NOT READ LIST. PROMPT WITH CATEGORIES, IF NEEDED.)

- 1 – Walk
- 2 – Auto / Van / Truck Driver
- 3 – Auto / Van / Truck Passenger
- 4 – Carpool Driver
- 5 – Carpool Passenger
- 6 – Vanpool Driver
- 7 – Vanpool Passenger
- 8 – Commercial Service Vehicle Driver
- 9 – Commercial Service Vehicle Passenger
- 10 - Cargo Transport Vehicle Driver
- 11 – Cargo Transport Vehicle Driver
- 12 – Transit Bus
- 13 – School Bus
- 14 – Taxi / Paid Limo
- 15 – Bicycle
- 16 – Motorcycle / Moped
- 17 – Other
- 98 – Don’t Know
- 99 – Refused

T23: OTHER MODE

(PROGRAMMER: only include T22=15)

Other Specify _____

T24: NUMBER IN VEHICLE

“How many persons were in the private vehicle (including the driver)?”

[PROGRAMMER: Include only if T22 (Mode of Travel) = 2-14.]

__ __ persons (PROGRAMMER: Allow 01 to 09, 96, 98, 99.)

- 96 Non-private vehicle modes
- 98 Don’t Know **(GO TO H20)**
- 99 Refused **(GO TO H20)**

T25: HH MEMBERS

“How many persons in the vehicle were household members?”

[PROGRAMMER: Include only if T24 (Number of Persons in Vehicle) = 01 to 09.]

__ __ persons (PROGRAMMER: Allow 01 to 09, 98, 99.)

98 Don't Know (GO TO H20)

99 Refused (GO TO H20)

T26: PERSONS ON TRIP

Who was/were the members or your household that were traveling with you?

[PROGRAMMER: Number of responses should equal number provided in T25 (HH Members. Use previously assigned Person_#]

T28: HH VEHICLE

“Did this vehicle belong to your household vehicle?”

1 Yes **Go to T29**

2 No – if no here, need to ask vehicle year, make, and model.

8 Don't Know

9 Refused

T29: VEHICLE USED

“Which of you household's vehicles did you use for this trip?”

[PROGRAMMER: Include only if T28 (HH Vehicle) = 1.]

____ (Record household vehicle number)

99 Other vehicle

T30-39 Vehicle Information File

T40: FROM BUS STOP

“Did you (PERSON_#) have to walk more than one block from a bus stop to this location?”

[PROGRAMMER: Include only if T22 (Mode of Travel) = 10 or 11]

- 1 Yes
- 2 No

- 8 Don't Know
- 9 Refused

T42: OFF BUS LOCATION

“What was the street address or nearest intersecting streets where you (person_#) got off of the bus?”

[PROGRAMMER: Include only if T22 (Mode of Travel) = 10 or 11]

_____ (street address or nearest intersecting streets)

- 98 Don't Know
- 99 Refused

T41: FROM PARKING AREA

“Did you (person_#) park more than one block from this destination?”

[PROGRAMMER: Include only if T22 (Mode of Travel) = 2 thru 9, 12, or 14]

- 01 Yes
- 02 No
- 98 Don't Know
- 99 Refused

T43: PARKING LOCATION

“What was the street address or nearest intersecting streets where the vehicle was parked?”

[PROGRAMMER: Include only if T22 (Mode of Travel) = 2 thru 9, 12, or 14]

_____ (street address or nearest intersecting streets)

- 98 Don't Know
- 99 Refused

T44: PARKING COST

“What was the amount you (PERSON_#) paid for parking?”

[PROGRAMMER: Allow \$00.00 to \$9999.99.]

[PROGRAMMER: Include only if T22 (Mode of Travel) = 2 thru 9, 12, or 14]

\$ ____ . ____ (Record in dollars and cents, i.e., \$4.50)

- 999998 Don't Know
- 999999 Refused

T45: PAYMENT METHOD

“What rate was the cost for parking based on (time period)?”

[PROGRAMMER: Include only if V44>0 and V44<999998]

- 01 Hourly
- 02 Daily
- 03 Weekly
- 04 Monthly
- 05 Annually

- 98 Other
- 99 Don't know/Refused

DEPARTURE TIME

“What time did you (person_#) depart at this location?”

(INTERVIEWER NOTE: If this is Activity#0, this should be blank)

T48: DEPARTURE HOUR

(PROGRAMMER: Allow 00 to 23, 96)

__ __ hours (Record in military time 00 to 23, i.e., 3PM is 15)

- 96 No Departure: This was the person's final destination (GO TO THANKS)
- 98 Don't Know
- 99 Refused

T49: DEPARTURE MINUTE

(PROGRAMMER: Allow 00 to 60)

__ __ (Record 00 to 59)

- 98 Don't Know
- 99 Refused

| |
|---|
| PROGRAMMER NOTE: REPEAT T8 Thru T49 Until ALL TRIPS ARE REPORTED |
|---|

NEXT PERSON.

“That completes your/(Person_#) travel information. I appreciate your help”

Programmer Notes:

If all Person_# have not been entered: **“Is [Next Person_#] available?”** and GO TO IND_INTRO2

If all Person_# have been entered GO TO THANKS

FUTURE SURVEY.

“To help with future transportation planning efforts in your area, would you be willing to participate in future surveys or focus groups?”

- 1 Yes
- 2 No
- 9 Don't Know

THANKS.

“Although we completed your interview over the phone, we appreciate it if you would mail in your activity/travel diary. Thank you very much for your participation in this survey.”

Appendix F:
Travel Diary and
Other Survey Packet Materials



El Paso Regional Household Activity/Travel Survey

Greetings:

The Texas Department of Transportation (TxDOT), in cooperation with the El Paso Metropolitan Planning Organization (MPO), is conducting a survey of more than 3,000 households in El Paso County and portions of southeastern New Mexico to better understand how and why people in your area travel. The information from the survey is one of the most important data collection efforts for the region. The results will be used by TxDOT and local communities to plan future transportation improvements for the area.

Your household was selected at random to participate in this survey. Although your participation is voluntary, we hope you will consider making it a priority to ensure that residents of your area are properly represented.

In a few days, a trained interviewer from a survey research firm, ETC Institute, will call and ask you some questions about your household. ETC Institute has been contracted by TxDOT to administer the survey. The information you provide will be kept confidential and will only be used for statistical purposes.

If you have any questions about the Household Activity/Travel Survey, please contact the project manager, Chris Tatham, at 1-888-801-5368. Thank you in advance for your participation.

Sincerely,

A handwritten signature in black ink that reads 'Charlie Hall' in a cursive script.

Charlie Hall
Travel Survey Program Manager
Texas Department of Transportation



El Paso Regional Household Activity/Travel Survey

[DATE]

Dear «NAME»:

Thank you for agreeing to take part in the Household Activity/Travel Survey for the El Paso area. ETC Institute, a survey research firm, is currently administering this important survey on behalf of the Texas Department of Transportation and the El Paso Metropolitan Planning Organization (MPO). By sharing your household's travel information, you are helping to determine and plan for the transportation needs of residents in the El Paso area.

As we explained in our recent telephone call, this packet provides the materials your household will need to record your activities and travel for our interview, including an activity/travel diary for each member of your household. **An example of how to complete the activity/travel diary is provided on the back of each diary.**

After your assigned travel day, an ETC Institute interviewer will call you to collect your household's information. Please do not mail in the diaries until we have spoken with you on the telephone. Once we have collected your travel information over the phone, you will need to mail back the completed diaries for all members of your household. We would like to talk to each person age 16 or older individually, but ask that an adult respond for younger household members.

Please remember that the information you give us will be used for research purposes only. Nothing will be shared that could identify you or your household. We really appreciate your participation – it is extremely important for planning future transportation in your area.

If you have any questions, please call the survey team toll-free at 1-888-801-5368.

Thank you once again for participating in the survey.

Sincerely,

Chris Tatham
Senior Vice-President
ETC Institute
ctatham@etcinstitute.com

THINGS TO REMEMBER

Individual Activity/Travel Diaries are enclosed for **each member** of your household. The activity/travel diary will help members of your household keep track of their activities and trips on their travel day.

- Please ensure that an **INDIVIDUAL ACTIVITY/TRAVEL DIARY** is completed for EVERYONE in your household. **For young children** or persons with disabilities, please have another member of your household (i.e., parent) complete the activity/travel diary. If your child goes on a **field trip while at school**, please ensure that the activity and trip are recorded.
- **Record ALL activities that require travel that you make on your travel day, including walking and biking trips.** Please record ALL locations you traveled to and how you got there. Include all changes in location you made, no matter how short, whether you were traveling by vehicle, bus, bike, walking, or other means. Each member of your household should complete his or her own diary whenever possible. Even if your travel on the assigned travel day is not typical, we still want to know about it. If you are uncertain about whether to include a location, go ahead and record it.
- Please ensure that the INDIVIDUAL ACTIVITY/TRAVEL DIARY is completed on your assigned travel day.
- **Everyone should complete the travel diary on the same date.**
- **Your travel day begins at 3:00 am on the day shown on the orange card and goes until 3:00 am the next day. (If you are at work at 3:00 am, begin your travel diary at work).**
- Please ask all members of your household who are completing the activity/travel diary to carry an activity/travel diary with him/her on the travel day and to record each activity and trip after it is made. **Be sure to record each place that you go, not just your final destination.** For example, if you stop for gas on your way home from work, record the activity/trip from work to the gas station and the activity/trip from the gas station to your home separately.
- **Please provide complete addresses whenever possible** for each destination you visit. **Include the street prefix (E, N, S, W) and the street suffix (Ave, St, Lane, Terr) when applicable. For example write 123 W. Main St not 123 Main.**
- **If 2 or more persons in the household travel together, the trip should appear on each person's travel diaries.**

Questions???

Please call the toll-free travel survey "helpline" at 1-888-801-5368.

Location 4: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

____ & _____
Nearest Intersecting Streets

____ City _____ County _____ State

____ Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 4?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
- Bicycle Taxi
- Walk School Bus
- Service vehicle Cargo transport vehicle
- Transit Bus (Specify Route: _____)
- Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
- Return Home for another reason
- Meal/Eat
- Work
- Work Related
- School
- Personal Business: _____
- Volunteer/Civic
- Shop
- Social/Recreation/Entertainment
- Pick-Up/Drop-Off Passenger
- Change Mode (e.g., car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop ***Anywhere*** Between This Location and Location 5, Provide the Information Below:

For what reason did you stop between Location 4 and 5? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Location 5: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

____ & _____
Nearest Intersecting Streets

____ City _____ County _____ State

____ Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 5?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
- Bicycle Taxi
- Walk School Bus
- Service vehicle Cargo transport vehicle
- Transit Bus (Specify Route: _____)
- Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
- Return Home for another reason
- Meal/Eat
- Work
- Work Related
- School
- Personal Business: _____
- Volunteer/Civic
- Shop
- Social/Recreation/Entertainment
- Pick-Up/Drop-Off Passenger
- Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop ***Anywhere*** Between This Location and Location 6, Provide the Information Below:

For what reason did you stop between Location 5 and 6? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Location 6: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____

Nearest Intersecting Streets

City County State

Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes If YES: where did you park?
 No _____

How did you get to Location 6?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop **Anywhere** Between This Location and Location 7, Provide the Information Below:

For what reason did you stop between Location 6 and 7? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Location 3: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____

Nearest Intersecting Streets

City County State

Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes If YES: where did you park?
 No _____

How did you get to Location 3?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop **Anywhere** Between This Location and Location 4, Provide the Information Below:

For what reason did you stop between Location 3 and 4? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Location 2: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____
Nearest Intersecting Streets

_____ County _____ State
City

Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 2?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop Anywhere Between This Location and Location 3, Provide the Information Below:

For what reason did you stop between Location 2 and 3? _____

Number of minutes stopped: _____

Where did you stop?

_____ Name of Stop Location

_____ Address or Nearest Intersection

_____ City, County, and State

Location 7: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____
Nearest Intersecting Streets

_____ County _____ State
City

Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 7?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop Anywhere Between This Location and Location 8, Provide the Information Below:

For what reason did you stop between Location 7 and 8? _____

Number of minutes stopped: _____

Where did you stop?

_____ Name of Stop Location

_____ Address or Nearest Intersection

_____ City, County, and State

Location 8: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____
Nearest Intersecting Streets

_____ County _____ State
City

Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 8?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop **Anywhere** Between This Location and Location 9, Provide the Information Below:

For what reason did you stop between Location 8 and 9? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Location 1: Where did you go first?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____
Nearest Intersecting Streets

_____ County _____ State
City

Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 1?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (e.g., car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop **Anywhere** Between This Location and Location 2, Provide the Information Below:

For what reason did you stop between Location 1 and 2? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Start Location: At 3:00 am today, were you . . . ?

At Home

Please proceed to "Location 1" on the next page.

Traveling (you were driving or flying at 3:00 am today)

What type of transportation were you using?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

Were you the . . . ? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . . ? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

At Work, or

At Another Location

What is the Name of this Location? _____

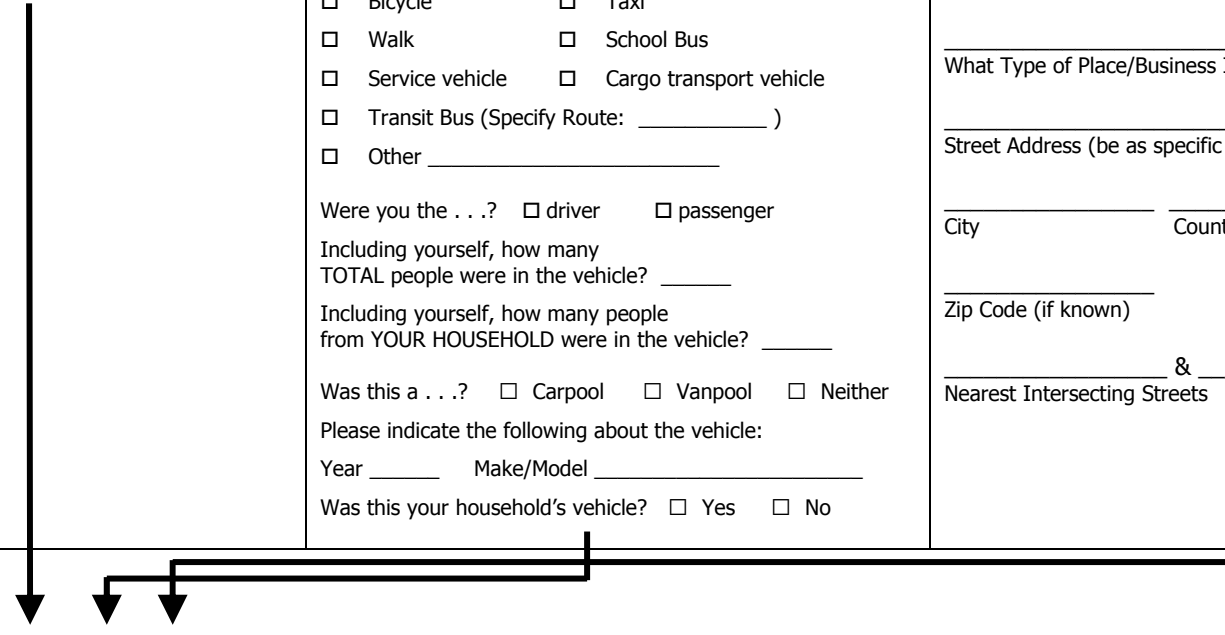
What Type of Place/Business Is This? _____

Street Address (be as specific as possible) _____

City _____ County _____ State _____

Zip Code (if known) _____

_____ & _____
Nearest Intersecting Streets



At what time did you leave your starting location? _____

Location 9: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location? _____

What Type of Place/Business Is This? _____

Street Address (be as specific as possible) _____

_____ & _____
Nearest Intersecting Streets

City _____ County _____ State _____

Zip Code (if known) _____

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

- Yes If YES: where did you park? _____
 No

How did you get to Location 9?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . . ? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . . ? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop *Anywhere* Between This Location and Location 10, Provide the Information Below:

For what reason did you stop between Location 9 and 10? _____

Number of minutes stopped: _____

Where did you stop? _____

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Location 10: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____
Nearest Intersecting Streets

City _____ County _____ State _____

Zip Code (if known) _____

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 10?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
 Bicycle Taxi
 Walk School Bus
 Service vehicle Cargo transport vehicle
 Transit Bus (Specify Route: _____)
 Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$ _____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
 Return Home for another reason
 Meal/Eat
 Work
 Work Related
 School
 Personal Business: _____
 Volunteer/Civic
 Shop
 Social/Recreation/Entertainment
 Pick-Up/Drop-Off Passenger
 Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Forgot a Stop **Anywhere** Between This Location and the "Additional Locations" Provide the Information Below:

For what reason did you stop between Location 10 and 11? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Work Information

Do you currently work on a regular basis? Yes No

If you do not currently work, please go to the "Start Location" section.

How many different jobs do you have? _____

If you have more than one job, please refer to the job at which you spend the most hours for the following questions.

In which type of industry do you work?

- Agriculture, forestry, fishing and hunting, mining
 Construction
 Manufacturing
 Wholesale trade
 Retail Trade
 Transportation, warehousing, utilities
 Information
 Finance, insurance, real estate, rental, leasing
 Professional, scientific, management, administrative, and water management services
 Education, health, social services
 Arts, entertainment, recreation, accommodation, and food service
 Other services (except public administration)
 Public administration

Of the last seven days, how many did you work at home? ____ days

What is the location of your workplace?

Name of Employer

Type of Business

Street Address

City, _____ County _____ State _____

Zip Code

_____ & _____
Nearest Intersecting Streets

Is this location an office in the home or a business operated out of the home? Yes No

Instructions

Please tell us about **ALL locations you traveled to, what you did, and how you got there**, beginning at 3 a.m. Include all changes in location you made whether you were traveling by vehicle, bus, bike, walking, or other means. Give us as much information as you can about each location or place you stopped, no matter how short. For example, if you stop to get gas on your way to work, please record both locations separately. Also, **try to record as much detail about the address as possible**. For example, write 123 N. Main Street instead of 123 Main.

If you have any questions, please call 1-888-801-5368
ETC Institute

School Information

Do you currently attend school? Yes No
(This includes all levels of school, from day care to college.)

If you do not currently attend school, please go to the "Bike Use" section to the right.

What type of school do you attend?

- Day Care/Preschool
- K-12 (Elementary – High School)

If your answer to the question is below this line, please also answer the question below.

- Vocational or trade school
- Post-secondary (College, professional school)
- Other (Specify): _____

Are you enrolled for 12 or more hours? Yes No

Bike Use

Of the last seven days,
How many did you ride a bike? ____ days

What was the most common purpose for your bike trip(s)?

- Work
- School
- Shopping
- Visiting
- Recreation/Exercise
- Other (Specify): _____

Additional Locations

Use the additional sheets provided if you have more than 10 Locations where you made a stop.

Questions?

If you have any questions,
please call **1-888-801-5368** toll-free.

ETC Institute
725 W. Frontier Circle
Olathe, KS 66061

Comments

Thank you for your participation in this important survey.

Location 2: Where did you go next?

When did you arrive at this location?

____ : ____ AM PM

What is the Name of this Location?

What Type of Place/Business Is This?

Street Address (be as specific as possible)

_____ & _____
Nearest Intersecting Streets

_____ City _____ County _____ State

Zip Code (if known)

Did you walk **more than a block** from a parking lot or bus stop to get to this location?

Yes No If YES: where did you park? _____

How did you get to Location 2?

What was the primary type of transportation you used?

- Car, van, truck Motorcycle or moped
- Bicycle Taxi
- Walk School Bus
- Service vehicle Cargo transport vehicle
- Transit Bus (Specify Route: _____)
- Other _____

If you used a car, van, or truck for this trip . . .

Were you the . . .? driver passenger

Including yourself, how many TOTAL people were in the vehicle? _____

Including yourself, how many people from YOUR HOUSEHOLD were in the vehicle? _____

Was this a . . .? Carpool Vanpool Neither

Please indicate the following about the vehicle:

Year _____ Make/Model _____

Was this your household's vehicle? Yes No

How much did you pay to park? \$_____

What did you do here?

What did you do at this location? (check all that apply)

- Return Home from your primary job
- Return Home for another reason
- Meal/Eat
- Work
- Work Related
- School
- Personal Business: _____
- Volunteer/Civic
- Shop
- Social/Recreation/Entertainment
- Pick-Up/Drop-Off Passenger
- Change Mode (car to bus): _____

When did you leave this location?

____ : ____ AM PM

----- OR -----

This was the last place I went today

If You Stopped Anywhere Between This Location and Location 3, Provide the Information Below:

For what reason did you stop between Location 2 and 3? _____

Number of minutes stopped: _____

Where did you stop?

Name of Stop Location

Address or Nearest Intersection

City, County, and State

Each person completes an activity/travel diary for **ONE** day

See Example on back page

Circle your travel day: Monday Tuesday Wednesday Thursday Friday

Write your travel date: _____

Person's age: _____ Gender: Male Female

If someone stays home all day, mark diary Location 1 "stayed home all day" and return.

If someone is out of town or away from residence for entire day and night,

Mark diary Location 1 "out of region all day" and return.

**2010 El Paso Regional
HOUSEHOLD ACTIVITY/TRAVEL SURVEY**





*El Paso Regional
Household Activity/Travel Survey*

DATE

<NAME>
<ADDRESS>
<CITY> <STATE> <ZIP>

Dear <NAME>:

On behalf of the Texas Department of Transportation and the El Paso Metropolitan Planning Organization (MPO), ETC Institute would like to thank you for your participation in the 2010 El Paso Regional Household Activity/Travel Survey.

By sharing your household's activity and travel information, you are helping to determine and plan for the transportation needs of the greater El Paso area.

If you have any questions, please give me a call toll-free at 888-801-5368.

Sincerely,

Chris Tatham
Project Manager
ETC Institute

<QNO>