

OKI REGIONAL ACTIVITIES AND TRAVEL SURVEY - PART 1

Hello, my name is _____. I'm calling on behalf of the Ohio-Kentucky-Indiana Regional Council of Governments, OKI. May I speak with

AA. _____
Sample person's name

- 1 Yes--Get person on phone (Go to BB)
- 2 No (Continue)

BB. I'm calling on behalf of the Ohio-Kentucky-Indiana Regional Council of Governments. You gave your name and phone number as part of a survey that you filled out while riding a public transportation bus within the region.

We are conducting a regionwide travel survey. Your household is among a select group that has been chosen by a scientific method to take part in this study. The results will be used to determine transportation needs within the OKI region. Your household's participation and cooperation with this study is very important. By completing this survey you will be performing an important public service.

A. Are you one of the heads of this household and are you over 18 years old?

- 1 YES
- 2 NO (ASK TO SPEAK TO ONE OF THE HEADS OF HOUSEHOLD.
IF NECESSARY, REPEAT INTRODUCTION, OR ARRANGE CALLBACK)

In order to determine the precise travel information we need, I first need to know:

Q1. Is this your primary residence?

- 1 YES
- 2 NO
- 9 Refused/NA

To complete their study, OKI needs information about the travel patterns of members of your household for one day. If you agree to participate, we will mail you a set of activity diaries--one for each member of your household--so that each of you can record your activity patterns and the trips you make on a particular weekday within our survey period. For all children under 12 years old, an adult or older child should fill out or verify the diaries. In the diaries, you will be asked to record your activities and information on how you got to each of them. Please take your diary with you wherever you go that day. I want to emphasize that your responses will be strictly confidential.

Information on your household's travel patterns, combined with information from other selected households, will allow OKI to estimate travel patterns throughout the area and to better plan for the region's travel needs. Your participation is very important. All members of your household will need to fill out the activity diaries for us to consider it a completed survey.

Q2. Can your household participate?

- 1 YES (CONTINUE)
2 NO (THANK AND TERMINATE)

Sch- We would like to schedule you to fill out the diaries on
day

(INTERVIEWER CHOOSE DATE TO BE TEN DAYS FROM TODAY OR THE NEXT WEEK DAY)

- 9 Will not be within the region during travel days available for
assignment (THANK AND TERMINATE)

To mail the information, I need to have your complete address:
(PLEASE BE SURE TO GET CORRECT SPELLING)

Addr. ADDRESS _____

Ohio = Clermont, Hamilton, Warren and Butler Counties:

		Hamilton County		
		Cincinnati		
Clermont County				
Amelia	45102	45201	45226	45251
Batavia	45103	45202	45227	45252
Bethle	45106	45203	45228	45253
Felicity	45120	45204	45229	45254
Goshen	45122	45205	45230	45255
Loveland	45140	45206	45231	45256
Marathon	45145	45207	45232	45257
Miamiville	45147	45208	45233	45258
Milford	45150	45209	45234	45259
Moscow	45143	45210	45235	45260
Neville	45156	45211	45236	45261
New Richmond	45157	45212	45237	45262
Newtonsville	45158	45213	45238	45263
Owensville	45160	45214	45239	45264
Williamsburg	45176	45215	45240	45265
		45216	45241	45266
		45217	45242	45267
		45218	45243	45268
		45219	45244	45269
		45220	45245	45270
		45221	45246	45271
		45222	45247	45272
		45223	45248	45273
		45224	45249	45274
		45225	45250	45275



Indiana = Dearborn County
Kentucky = Kenton, Independence and Campbell Counties

997 Other (SPECIFY)

MAJOR CROSS STREETS _____

997 Will not give address (THANK AND TERMINATE)

999 Refused to participate in travel survey (THANK AND TERMINATE)

Name. To whom should I address the survey package?

NAME _____

Q5. So that we can know how many activity diaries to send, including yourself and all children, how many people live at this address? (Not including children living away from home - college, etc.)

_____ 99 Refused/NA (THANK AND TERMINATE)
(Number)

Q6. To determine what survey category your household falls within, how many vehicles are available to members of your household?

0 1 2 3 4 5 6 7 8 9 10+

(Number)

The morning through mid afternoon/evening following your assigned travel day, or within a few days we will recontact you to collect your household's trip information over the phone.

Q8. Is there another number where we can reach you, after your assigned travel day?

- 1 YES (GO TO Q8B)
2 NO (GO TO THANK YOU)

Q8B. What is this number?

second phone number

Please have the diaries for your entire household ready to read to the interviewer who calls. If we do not reach you the morning through mid afternoon/evening after your assigned travel day, please keep your diaries for a few days until we are able to reach you. In case you have any questions about the study, please call our toll free number which is 1-800-975-2585. Your household's cooperation with this study is greatly appreciated.

Best-time. (INTERVIEWER: DO NOT READ
IF RESPONDENT INDICATED SPECIAL DAY/TIME TO BE REACHED
BRIEFLY SPECIFY BELOW.

IF THEY DO NOT SPECIFY JUST HIT "RETURN".)

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY:



OKI REGIONAL ACTIVITIES AND TRAVEL SURVEY - PART II

ENTER HOUSEHOLD NUMBER AND PERSON EXTENSION

INTERVIEWER: IS THIS THE FIRST PERSON IN THE HOUSEHOLD THAT YOU ARE INTERVIEWING?

- 1 YES (CONTINUE)
- 2 NO "First I need the age and employment information for the next person" (GO TO Q12)

Hello, my name is _____. I'm calling on behalf of Ohio-Kentucky-Indiana Regional Council of Governments, OKI. Your household agreed to fill out activity and trip information for (ASSIGNED DATE). I'm calling back to collect this information. May I talk with (FULL NAME)_____? (INTERVIEWER: IF NOT AVAILABLE ASK TO SPEAK TO SOMEONE 18 YEARS OR OLDER.)

A2. We spoke with you before about the OKI regional activities and travel survey. Are you one of the heads of household?

- 1 YES (REPEAT INTRODUCTION IF NECESSARY AND GO TO B2)
- 2 NO (VERIFY PERSON IS OVER 18 AND CONTINUE, OTHERWISE SCHEDULE CALLBACK ON SAMPLE LIST)

B2. Did you and the other members of your household have a chance to complete the activity and trip diaries we sent.

(INTERVIEWERS: IT IS IMPORTANT THAT EVERYONE IN THE HOUSEHOLD HAS COMPLETED THEIR ACTIVITY DIARIES.)

"WAIT UNTIL RESPONDENT HAS FILLED OUT DIARY IN FRONT OF THEM"

- 1 YES (GO TO Q9)
- 2 SOME BUT NOT ALL MEMBERS
- 3 RECEIVED BUT DID NOT FILL OUT (GO TO C2)
- 4 NEVER RECEIVED (GO TO C3A--C3C: RECONFIRM PARTICIPATION IN THE SURVEY AND ADDRESS. ASSIGN NEW TRAVEL DAY.)

C2. Is your household still willing to participate in this survey? We will need every member of your household to fill out the activity diaries.

- 1 YES ("Then I will assign you a new date for recording your household's activities." ASSIGN NEW TRAVEL DAY AND CALLBACK DATE ON SAMPLE LIST)
- 2 NO (THANK AND TERMINATE)

C3A. To re-mail the information, I need to re-confirm your complete address.
(INTERVIEWER: CONFIRM ON PAPER AND UPDATE ON PAPER FOR RE-MAIL)

(PLEASE BE SURE TO GET CORRECT SPELLING)

ADDRESS _____

CITY, ZIP CODE: _____

C3B. We would like to re-schedule you to fill out the diaries on...

(INTERVIEWER: PICK FIRST AVAILABLE DATE - ALSO RECORD ON PAPER, TIME DOES NOT MATTER)

C3C. The evening following your assigned travel day, or within a few days if we are unable to reach you, Market Opinion Research will recontact you to collect your household's trip information over the phone.

D2. If right now I collect the activity diary information for the members who have filled them out; when I call back, can I get the recorded information for the assigned travel day from the remaining members? For an interview to be counted, we need the activity diary information from each member of the household.

1 YES (GO TO Q9)

2 NO (THANK AND TERMINATE)

HOUSEHOLD DATA

Right now It will take just a few minutes to complete the vehicle and household information part of the survey . First . . .

Q9. My records show that your household has (NUMBER) members. Is this right?

(INTERVIEWER: IF "YES" JUST HIT RETURN

IF "NO" CORRECT DATA AND SAMPLE LISTING BY ADDING THE PERSON OR PEOPLE TO THE NEXT AVAILABLE EXTENSIONS.)

Q9A. Your travel date is...?

INTERVIEWER: ENTER IN TRAVEL DATE - OR NEW DATE THEY GIVE YOU

(YEAR/MONTH/DAY)



Q9B. I need to confirm your address.....

(FOR ANY P.O. BOXES OR RURAL ROUTES --- REMOVE DATA AND GET STREET NAME AND NUMBER)

(INTERVIEWER - PLEASE BE SURE TO GET CORRECT SPELLING!!!

INCLUDE:

- WE NEED STREET SUFFIX, ABBREVIATED WITH NO PERIODS:
AVE, BLVD, CT, PL, ST, RD, ETC.**
- APARTMENT NUMBERS IF ANY (RECORD AS: APT OR #)**

Address

City

State

Zip

Q9A. How many vehicles are owned, leased, company cars, or other property of of your household, excluding vehicles not used for general transportation?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or More

- 7 None
- 9 Refused/NA

(ASK ALL:)

Q9B. How many motorcycles/mopeds are available?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more

- 7 None
- 9 Refused/NA

(Repeat for up to five vehicles)

Q9C. What is the make and model of the first vehicle in your household?

(SEARCH FOR)

Make_____

Model_____

- 7 None/Don't own a vehicle (GO TO Q10)
- 9 Don't know/Refused/NA (GO TO Q10)

Q9D. What is the year of your vehicle? (RECORD RESPONSE)

Model Year _____

9 Don't know/Refused/NA

**Q9E. What is the type (2-door-4-door, hatchback, station wagon) of your vehicle?
(RECORD RESPONSE)**

Model Type _____

9 Don't know/Refused/NA

Q10. What type of dwelling do you live in? (READ LIST) (ONE RESPONSE)

- 1 A single-family detached house
- 2 A single family attached (condominium or townhouse)
- 3 Duplex (2 units)
- 4 Building of 3 or 4 units
- 5 Multiple unit dwelling (apartment) with 5 or more units
- 9 Refused/NA

Q11. Is your annual household income: (READ CATEGORIES)

- 1 Below \$10,000
- 2 \$10,000 to below \$20,000
- 3 \$20,000 to below \$30,000
- 4 \$30,000 to below \$40,000
- 5 \$40,000 to below \$50,000
- 6 \$50,000 to below \$60,000
- 7 \$60,000 to below \$70,000
- 8 \$70,000 to below \$80,000
- 9 \$80,000 to below 100,000
- 10 \$100,000 to below \$125,000
- 11 \$125,000 to below \$150,000
- 12 \$150,000 or more

99 Refused/NA

This concludes the information we need on your household for statistical purposes. However, before I ask you for information about each of your household members, I would like to ask you about your travel experiences within the OKI region.

Now, Starting with yourself:

PERSON DATA

Q12. What is your (their) age?

_____ (IF AGE IS 0-14, GO TO Q14, THEN Q18A-0)

9 Refused/NA

Q13. Are you (they) a licensed driver?

1 Yes

2 No

9 Refused/NA

Q14. RECORD SEX:

1 Male

2 Female

Q15. Are you (they) currently working outside the home?

1 Yes

2 No

9 Refused/NA

Q16. Do you (they) generally do paid work at home?

1 Yes

2 No

9 Refused/NA

Q17. Not assigned.

ACTIVITY/TRIP DATA

Look at Activity 1 on the first inside page of your *(their)* diary booklet. I'm going to ask you to read me what you've *(they've)* recorded as I ask the questions. Remember we need to know about all your *(their)* activities on the assigned day .

Q18A-0. Was your *(their)* first\next activity an in-home activity, or was this an out-of home activity?

- 1 In home
- 2 Out-of-home
- 3 No more activities (GO TO Q51)

Q19A-0. What was your *(their)* first\next waking hour activity, after 3 a.m., on your assigned day? (*RECORD ONE*)

(INTERVIEWER: IF ACTIVITY TOOK PLACE AT MORE THAN ONE LOCATION, YOU MUST TREAT EACH LOCATION AS A NEW ACTIVITY -- REGARDLESS OF THE AMOUNT OF TIME EACH STOP TOOK.)

(IF Q18A-0=1, ASK:)

IN-HOME ACTIVITIES

(INTERVIEWER NOTE: All in-home activities that are not paid work should be recorded as "HOUSEHOLD ACTIVITIES".

- 1 Household Activities, sleep, family care, chores, personal care, etc.
- 2 Paid Work (in-home)

(IF Q 18A-0= 2, ASK:)

OUT-OF-HOME ACTIVITIES

- 3 Paid Work
- 4 Errands (personal, medical, religious, etc.)
- 5 Recreation (visiting, socializing, hobbies, exercise, entertainment, etc.)
- 6 Meals (eating out)
- 7 Chauffeuring family, friends, (pick-up/drop-off passengers)
- 8 Shopping, General (groceries, clothes, etc.)
- 9 Shopping, Major (for big items such as car, furniture, home)
- 10 Cruising for travel's sake (going for a walk or ride, sightseeing)
- 11 School (classes, homework, tutoring, etc.)

96 OTHER (*SPECIFY*)_____

99 REFUSED/DON'T KNOW (*MUST FIT INTO ONE OF THE ABOVE CATEGORIES*)

(PROGRAMMER NOTE: ASK FOR FIRST TRIP ONLY)

(INTERVIEWER NOTE: NOT ON MAILOUT ASK RESPONDENT ANYWAY)

Q20A-0. When did you *(they)* start this first activity?

____:____ ☐ a.m. ☐ p.m.

Q21A-0. When did you (they) end this activity?

____:____ ☐ a.m. ☐ p.m.

Q22A-0. Where did this activity take place?

- 1 HOME
- 2 WORK
- 3 OTHER RESIDENCE
- 4 STORE
- 5 SCHOOL
- 6 NEIGHBORHOOD
- 7 OFFICE
- 8 HOSPITAL
- 9 SHOPPING MALL

96 OTHER (SPECIFY) _____

Q27A-0. Were you already at this location when you started this activity?

- 1 Yes (GO TO Q18A-0)
- 2 No
- 9 Don't know/Refused/NA

(IF Q22A-O=1, GO TO Q31A-O) (IF Q19A-O=10 GO TO Q28A-O)

(IF Q22A-O=3 OR 6, ASK Q23A-O, THEN GO TO Q26A-0)

Q23A-0. What is the address of this place?

(INTERVIEWER: PLEASE BE SURE TO GET CORRECT SPELLING!!!
INCLUDE:

- WE NEED STREET SUFFIX, ABBREVIATED WITH NO PERIODS:
AVE, BLVD, CT, PL, ST, RD, ETC.

- APARTMENT NUMBERS IF ANY (RECORD AS: APT OR #)
- PO BOX, ETC.)

Street Address

City

State

Zip Code

9 NOT ABLE TO GIVE ADDRESS

Q24A-0. Is there a name for this building, establishment or place?

- 1 YES (GO TO Q25A-0)
- 2 NO (GO TO Q26A-0)
- 9 REFUSED/DON'T KNOW/NA (GO TO Q26A-0)

Q25A-0. What is the name of this building or place?

Name of building (if applicable) _____

9 REFUSED/DON'T KNOW/NA

Q26A-0. What are the nearest cross streets?

(INTERVIEWER: PLEASE BE SURE TO GET CORRECT SPELLING!!!
INCLUDE:

- WE NEED STREET SUFFIX, ABBREVIATED WITH NO PERIODS:
AVE, BLVD, CT, PL, ST, RD, ETC.

- APARTMENT NUMBERS IF ANY (RECORD AS: APT OR #)
- PO BOX, ETC.)

Nearest Major Cross Streets (*RECORD BOTH STREETS*)

1 _____ (RECORD FIRST CROSS STREET)

2 _____ (RECORD SECOND CROSS STREET)

9 REFUSED/DON'T KNOW/NA

(IF Q19A-0=10, ASK:)

Q28A-0. How far did you go?

- 1 Less than a mile
- 2 1 to less than 3 miles
- 3 3 to less than 6 miles
- 4 6 to less than 9 miles
- 5 9 or more

9 Don't know/Refused/NA

96 OTHER (*FIT INTO A CODE ABOVE*)

ASK ALL:

Q31A-0. How long did it take you (*they*) to make the trip to this activity?

_____ Hours _____ Minutes

Q32A-0. Did anyone from your household go with you (*them*) on this trip?

- 1 YES
- 2 NO (*GO TO Q35A-0*)

Q33A-0. How many household members went with you (*them*) on this trip?
_____ (*RECORD NUMBER*)

Q34A-0. Were they with you (them): (READ LIST)

- 1 the whole trip
- 2 just started out with you (them)
- 3 just ended the trip with you (them)
- 4 or was it different for different people

**Q30BA-0. What bridge(s), if any, did you cross over the Ohio River?
(ALLOW 2 RESPONSES)**

- 1 I71 and I75 Bridge (Brent Spence Bridge)
- 2 US25 and US42 Bridge (Clay Wade Bailey Bridge)
- 3 Roebling Bridge (Suspension Bridge)
- 4 L& N Bridge
- 5 I471 Bridge (Daniel Carter Beard Bridge)
- 6 I-275 Western Bridge
- 7 I-275 Eastern Bridge

- 97 None, did not cross Ohio River
99 DON'T KNOW/REFUSED/NA

Q29A-0. How did you (they) get there?

- 1 CAR, VAN, TRUCK, MOTORCYCLE OR MOPED (GO TO Q30BA-0)
- 2 TAXI (GO TO Q30BA-0)
- 3 REGULAR BUS (GO TO Q30BA-0)
- 4 TRAIN (GO TO Q30BA-0)
- 5 SCHOOL BUS (GO TO Q30BA-0)
- 6 WALKED
- 7 BICYCLE
- 8 AIRPLANE (GO TO Q40A-0)

(IF Q29A-0=1 (CAR/VAN, ETC), ASK: Q35A-0 THROUGH Q39CA-0)

[IF Q13 (AGE)=1-14, THEN Q35A-0=2 AND SKIP Q35A-0]

Q35A-0. Were you (they): (READ LIST)

- 1 the driver, or
- 2 a passenger?

(IF Q35A-0=2 AND Q36A-0=1 OR IF Q36 < Q33) ERROR "NOT POSSIBLE"
Q36A-0. Including yourself (them), how many people were in the vehicle for this trip?

(Number)

(IF Q29A-0=1, ASK:)

Q36A-01. Was the vehicle you used from your household?

- 1 Yes (GO TO Q36A-02)
- 2 No (GO TO Q37A-0)
- 9 Don't know/Refused/NA

Q36-A02. What vehicle did you (they) use? Did you use:

Make: _____
Model: _____
Year: _____

(IF Q29A-0 = 1, ASK:)

Q37A-0. Were there any parking costs for this trip?

- 1 YES
- 2 NO (GO TO Q39A-0)
- 9 REFUSED/DON'T KNOW/NA (GO TO Q39A-0)

Q38A-0. How much were the parking costs for this trip?

\$ _____

☐ total for time parked

(OR CHECK ONE:)

☐ per hour ☐ per day ☐ per month ☐ per year

9 REFUSED/DON'T KNOW/NA

Q38BA-0. Who paid? (READ LIST)

- 1 SELF (PERSON)
- 2 EMPLOYER
- 3 OTHER DRIVER OR
- 4 OTHER (SPECIFY) _____
- 9 REFUSED/DON'T KNOW/NA



Q39A-0. Where did you (they) park? (ASK AS OPEN-END)

- 1 Surface lot (legal)
- 2 On street metered
- 3 On street not metered
- 4 Structure or parking garage
- 5 Did not park as a part of this trip (GO TO Q18A-0)
- 9 REFUSED/DON'T KNOW/NA

Q39BA-0. How many minutes did it take you to find a parking space or spot?

97 Less than 1 minute

_____ MINUTES

Q39CA-0. How many minutes did it take to get from your parking space or spot to your destination for this activity?

97 Less than 1 minute

_____ MINUTES

(GO TO Q18A-0)

(IF 29A-0=3,4,OR 8(REGULAR BUS,TRAIN,PLANE), ASK: Q40A-0 -Q44A-0)

Q40A-0. How much was the fare for this trip?

\$_____ Dollars

\$_____ Cents

☐ total per trip

(OR CHECK ONE:)

☐ per day ☐ week ☐ per month ☐ per year ☐ trip (airplane only)

9 REFUSED/DON'T KNOW/NA

Q41A-0. Did an employer pay for this trip?

- 1 YES
- 2 NO (GO TO Q42A-0)
- 9 REFUSED/DON'T KNOW/NA

Q41BA-0. What percent of the fare did an employer pay?

_____ %

- 9 REFUSED/DON'T KNOW/NA

Q42A-0. How did you (they) get to the first (BUS, TRAIN, PLANE) you took?

- 1 Walked
- 2 Drove
- 3 Taxi
- 4 Rode bike
- 5 Was dropped off
- 6 Another Bus/Train

(IF Q42A-0=2, ASK:)

Q42A-01. Was the vehicle you used from your household?

- 1 Yes (GO TO Q42-A02)
- 2 No (GO TO Q42BA-0)
- 9 Don't know/Refused/NA

Q42-A02. What vehicle did you (they) use? Did you use:

Make: _____

Model: _____

Year: _____

Q42BA-0. How many minutes did this take?

_____ minutes

Q42CA-0. Were there any transfers involved in this trip?

- 1 Yes
- 2 No
- 9 DON'T KNOW/REFUSED/NA

Q43A-0. How did you (they) get from the last (BUS, TRAIN, PLANE) you took to your (their) destination?

- 1 Walked
- 2 Drove
- 3 Taxi
- 4 Rode bike
- 5 Was dropped off
- 6 Another Bus/Train

(IF Q43A-0=2, ASK:)

Q36A-01. Was the vehicle you used from your household?

- 1 Yes (GO TO Q43A-02)
- 2 No (GO TO Q43BA-0)
- 9 Don't know/Refused/NA

Q43A-02. What vehicle did you (they) use? Did you use:

Make: _____
Model: _____
Year: _____

Q43BA-0. How many minutes did this take?

_____ minutes

(IF Q29A-0=8, SKIP)

Q43BA-01. Do you know how much it would have cost you to park a vehicle at your destination?

- 1 Yes (GO TO Q43BA-02)
- 2 No (GO TO Q44A-0)
- 9 Don't know/Refused/NA

(IF Q29A-0=8, SKIP)

Q43BA-02. How much would it have cost you?

\$_____ Record Amount

☐ per hour ☐ per day ☐ per month ☐ per year

- 9 Don't know/Refused/NA

Q44A-0. Was a car, van, truck, or motorcycle from your household available for this trip?

- 1 YES (GO TO Q18A-0)
- 2 NO (GO TO Q18A-0)
- 9 Don't know/Refused/NA (GO TO Q18A-0)

(IF Q29A-0=2 (TAXI), ASK Q45A-0 THROUGH Q47A-0)

Q45A-0. How much was the fare for this trip?

- \$_____ Dollars
- \$_____ Cents
- 9 REFUSED/DON'T KNOW/NA

Q46A-0. Did an employer pay for this trip?

- 1 Yes
- 2 No (GO TO Q46BA-01)
- 9 REFUSED/DON'T KNOW/NA

Q46BA-0. What percent of the fare did an the employer pay?

- _____%
- 9 REFUSED/DON'T KNOW/NA

Q46BA-01. Do you know how much it would have cost you to park a vehicle at your destination?

- 1 Yes (GO TO Q46BA-02)
- 2 No (GO TO Q47A-0)
- 9 Don't know/Refused/NA

Q46BA-02. How much would it have cost you?

- \$_____ Record Amount
- ☐ per hour ☐ per day ☐ per month ☐ per year
- 9 Don't know/Refused/NA

Q47A-0. Was a car, van, truck, or motorcycle from your household available for this trip?

- 1 YES (GO TO Q18A-0)
 - 2 NO (GO TO Q18A-0)
-

(IF Q29 = 5, 6, OR 7 (SCHOOL BUS, WALKED, BICYCLE), ASK Q48A-0 THROUGH Q49A-0)
Q48A-0. How many minutes did this trip take?

minutes

Q49A-0. Was a car, van, truck, or motorcycle from your household available for this trip?

- 1 YES (GO TO Q18A-0)
- 2 NO (GO TO Q18A-0)

REPEAT Q18A-0 THROUGH Q49A-0 UNTIL ALL ACTIVITIES AND TRIP INFORMATION HAVE BEEN RECORDED FOR THIS INDIVIDUAL FOR THE ASSIGNED TRAVEL DAY.

(IF CITY = 2, 9, 70, OR ZIPS = 45202, 45206, 45207, 45208, 45227, 45209, 45228, 45230, 45243, 45244, 45245, 45255, 45103, 45150, OR 45174 AND ARE THE HOUSEHOLD CONTACT, ASK:)

Q50. Overall, what is the biggest problem you encounter making the types of trips you described to me in this interview? (OPEN-ENDED RESPONSE)

INTERVIEW NOTE: If more members in household (on sample list) ask:)

Q51. O.K., now please give me the same information for the next person in your household.

If not, say:

Thank you very much for your participation in this study.

OKI REGIONAL HOUSEHOLD ACTIVITY AND TRAVEL DIARY

DATE: _____

MEMBER #: _____

NAME: _____

TRIP LOG FOR DAY/DATE: _____

ACTIVITY KEY

NOTE: All activities in the home not related to paid work should be recorded as "Household Activities" only.

IN-HOME ACTIVITIES:

- Household activities, (sleep, family care, chores, personal care, etc.)
- Paid Work (in-home)

OUT-OF-HOME ACTIVITIES:

- Errands (personal, medical, religious, etc.)
- Meals (eating out)
- Recreation (visiting, socializing, hobbies, exercise, entertainment, etc.)
- School (classes, homework, tutoring, day care, etc.)
- Paid Work
- Shopping, General (groceries, clothes, etc.)
- Shopping, Major (for big items such as car, furniture, home)
- Chauffeuring family, friends, (pick-up/drop-off passengers)
- Cruising for travel's sake (going for a walk or ride, sight-seeing)

DIRECTIONS

We need to know your activities on your assigned day.

Use the Activity Key above to fill in the Activity Chart, listing all activities that involved travel of any kind.

Use the keys to list activity changes within the home involving paid work, and to list a new activity each time you change locations outside the home.

TRIP RECORDING TIPS

- We need to know about each trip you made--no matter how short!
- Each "leg" of a trip should be recorded as a separate activity.
- We need to know about each activity you made including activities by car, bus, train, and walking or bicycling--a walk is considered an activity/trip!

EXAMPLES

1. Home to work and work to home means filling out information for two activities--home to work, work to home.
2. Walking to a convenience store and back for a quart of milk will be recorded as two activities--even though both trips together took less than ten minutes.
3. If you left home for work but dropped off your child at day care, then dropped off your dry cleaning, before reaching work--you will record information for three different trips--home to day care, day care to dry cleaners, dry cleaners to work, (chauffeuring, errands, work).
4. If you took a walk or bicycle ride around your neighborhood and back home, without stopping for some other purpose--it counts as an activity (cruising)! Your children's activities around the neighborhood, or to a friend's house, should also count as activities!

EACH MEMBER OF YOUR HOUSEHOLD NEEDS TO HAVE THIS ACTIVITY INFORMATION READY TO PROVIDE TO THE INTERVIEWER WHEN HE OR SHE CALLS THE NIGHT FOLLOWING YOUR HOUSEHOLD'S ASSIGNED ACTIVITIES AND TRAVEL DAY.

PLEASE START YOUR FIRST ACTIVITY ON THE FOLLOWING PAGE →

ACTIVITY 4	ACTIVITY 5	ACTIVITY 6
1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK <i>(in-home)</i> <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS	1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK <i>(in-home)</i> <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS	1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK <i>(in-home)</i> <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS
2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____	3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____	3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____
4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - <i>(go to next activity)</i> <input type="checkbox"/> NO - <i>(continue)</i>	4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - <i>(go to next activity)</i> <input type="checkbox"/> NO - <i>(continue)</i>	4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - <i>(go to next activity)</i> <input type="checkbox"/> NO - <i>(continue)</i>
5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____	5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____	5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____
6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____	6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____	6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____
7. NEAREST CROSS STREETS: _____ & _____	7. NEAREST CROSS STREETS: _____ & _____	7. NEAREST CROSS STREETS: _____ & _____
8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____	8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____	8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____
9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> NO - <i>(skip to Question 10)</i> <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? # _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? # _____ <input type="checkbox"/> ENDED WITH YOU ONLY? # _____	9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> NO - <i>(skip to Question 10)</i> <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? # _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? # _____ <input type="checkbox"/> ENDED WITH YOU ONLY? # _____	9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> NO - <i>(skip to Question 10)</i> <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? # _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? # _____ <input type="checkbox"/> ENDED WITH YOU ONLY? # _____
10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____	10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____	10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____
11. HOW DID YOU GET THERE? (Check A, B, C, or D below, then answer specific question.) A CAR, VAN, TRUCK, MOTORCYCLE OR MOPED WERE YOU THE DRIVER OR PASSENGER? <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER INCLUDING SELF, HOW MANY IN VEHICLE? # _____ WERE THERE PARKING COSTS? <input type="checkbox"/> NO <input type="checkbox"/> YES - HOW MUCH? \$ _____ /HR. WHO PAID? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER DRIVER OR PASSENGER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> Other _____ WHERE DID YOU PARK? _____ HOW MANY MINUTES TO FIND A SPOT? _____ MINUTES FROM PARKING SPOT TO DESTINATION: _____ B (Check one): <input type="checkbox"/> SCHOOL BUS, <input type="checkbox"/> BICYCLE, OR <input type="checkbox"/> WALKED WAS ANOTHER VEHICLE FROM YOUR HOUSEHOLD AVAILABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES C TOOK TAXI - WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT PERCENT? _____ % WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> NO <input type="checkbox"/> YES D REGULAR BUS OR TRAIN OR PLANE? 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A CAR, VAN, TRUCK, MOTORCYCLE OR MOPED WERE YOU THE DRIVER OR PASSENGER? <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER INCLUDING SELF, HOW MANY IN VEHICLE? # _____ WERE THERE PARKING COSTS? <input type="checkbox"/> NO <input type="checkbox"/> YES - HOW MUCH? \$ _____ /HR. 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A CAR, VAN, TRUCK, MOTORCYCLE OR MOPED WERE YOU THE DRIVER OR PASSENGER? <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER INCLUDING SELF, HOW MANY IN VEHICLE? # _____ WERE THERE PARKING COSTS? <input type="checkbox"/> NO <input type="checkbox"/> YES - HOW MUCH? \$ _____ /HR. WHO PAID? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER DRIVER OR PASSENGER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> Other _____ WHERE DID YOU PARK? _____ HOW MANY MINUTES TO FIND A SPOT? _____ MINUTES FROM PARKING SPOT TO DESTINATION: _____ B (Check one): <input type="checkbox"/> SCHOOL BUS, <input type="checkbox"/> BICYCLE, OR <input type="checkbox"/> WALKED WAS ANOTHER VEHICLE FROM YOUR HOUSEHOLD AVAILABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES C TOOK TAXI - WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT PERCENT? _____ % WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> NO <input type="checkbox"/> YES D REGULAR BUS OR TRAIN OR PLANE? 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ACTIVITY 7	ACTIVITY 8	ACTIVITY 9
1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS	1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS	1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS
2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____	3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____	3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____
4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)	4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)	4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)
5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____	5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____	5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____
6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____	6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____	6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____
7. NEAREST CROSS STREETS: _____ & _____	7. NEAREST CROSS STREETS: _____ & _____	7. NEAREST CROSS STREETS: _____ & _____
8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____	8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____	8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____
9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> No - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? #: _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? #: _____ <input type="checkbox"/> ENDED WITH YOU ONLY? #: _____	9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> No - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? #: _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? #: _____ <input type="checkbox"/> ENDED WITH YOU ONLY? #: _____	9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> No - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? #: _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? #: _____ <input type="checkbox"/> ENDED WITH YOU ONLY? #: _____
10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____	10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____	10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____
11. HOW DID YOU GET THERE? (Check A, B, C, or D below, then answer specific question.) A CAR, VAN, TRUCK, MOTORCYCLE OR MOPED WERE YOU THE DRIVER OR PASSENGER? <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER INCLUDING SELF, HOW MANY IN VEHICLE? #: _____ WERE THERE PARKING COSTS? <input type="checkbox"/> No <input type="checkbox"/> YES - HOW MUCH? \$ _____ /HR. WHO PAID? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER DRIVER OR PASSENGER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> Other _____ WHERE DID YOU PARK? _____ HOW MANY MINUTES TO FIND A SPOT? _____ MINUTES FROM PARKING SPOT TO DESTINATION: _____ B (Check one:) <input type="checkbox"/> SCHOOL BUS, <input type="checkbox"/> BICYCLE, OR <input type="checkbox"/> WALKED WAS ANOTHER VEHICLE FROM YOUR HOUSEHOLD AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> YES C TOOK TAXI -- WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES D REGULAR <input type="checkbox"/> BUS OR <input type="checkbox"/> TRAIN OR <input type="checkbox"/> PLANE? WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % HOW DID YOU GET TO 1ST BUS/TRAIN/PLANE & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN/PLANE HOW DID YOU GET FROM LAST BUS/TRAIN/PLANE TO YOUR DESTINATION & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES	11. HOW DID YOU GET THERE? (Check A, B, C, or D below, then answer specific question.) A CAR, VAN, TRUCK, MOTORCYCLE OR MOPED WERE YOU THE DRIVER OR PASSENGER? <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER INCLUDING SELF, HOW MANY IN VEHICLE? #: _____ WERE THERE PARKING COSTS? <input type="checkbox"/> No <input type="checkbox"/> YES - HOW MUCH? \$ _____ /HR. WHO PAID? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER DRIVER OR PASSENGER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> Other _____ WHERE DID YOU PARK? _____ HOW MANY MINUTES TO FIND A SPOT? _____ MINUTES FROM PARKING SPOT TO DESTINATION: _____ B (Check one:) <input type="checkbox"/> SCHOOL BUS, <input type="checkbox"/> BICYCLE, OR <input type="checkbox"/> WALKED WAS ANOTHER VEHICLE FROM YOUR HOUSEHOLD AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> YES C TOOK TAXI -- WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES D REGULAR <input type="checkbox"/> BUS OR <input type="checkbox"/> TRAIN OR <input type="checkbox"/> PLANE? WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % HOW DID YOU GET TO 1ST BUS/TRAIN/PLANE & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN/PLANE HOW DID YOU GET FROM LAST BUS/TRAIN/PLANE TO YOUR DESTINATION & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES	11. HOW DID YOU GET THERE? (Check A, B, C, or D below, then answer specific question.) A CAR, VAN, TRUCK, MOTORCYCLE OR MOPED WERE YOU THE DRIVER OR PASSENGER? <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER INCLUDING SELF, HOW MANY IN VEHICLE? #: _____ WERE THERE PARKING COSTS? <input type="checkbox"/> No <input type="checkbox"/> YES - HOW MUCH? \$ _____ /HR. WHO PAID? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER DRIVER OR PASSENGER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> Other _____ WHERE DID YOU PARK? _____ HOW MANY MINUTES TO FIND A SPOT? _____ MINUTES FROM PARKING SPOT TO DESTINATION: _____ B (Check one:) <input type="checkbox"/> SCHOOL BUS, <input type="checkbox"/> BICYCLE, OR <input type="checkbox"/> WALKED WAS ANOTHER VEHICLE FROM YOUR HOUSEHOLD AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> YES C TOOK TAXI -- WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES D REGULAR <input type="checkbox"/> BUS OR <input type="checkbox"/> TRAIN OR <input type="checkbox"/> PLANE? WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % HOW DID YOU GET TO 1ST BUS/TRAIN/PLANE & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN/PLANE HOW DID YOU GET FROM LAST BUS/TRAIN/PLANE TO YOUR DESTINATION & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES

ACTIVITY 10	ACTIVITY 11	ACTIVITY 12
1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS	1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS	1. YOUR NEXT ACTIVITY: (Check one:) <input type="checkbox"/> IN-HOME <input type="checkbox"/> HOUSEHOLD ACTIVITIES <i>(sleep, family care, chores, personal care, etc.)</i> <input type="checkbox"/> PAID WORK (in-home) <input type="checkbox"/> OUT-OF-HOME <input type="checkbox"/> PAID WORK <input type="checkbox"/> SHOPPING, GENERAL <input type="checkbox"/> ERRANDS <input type="checkbox"/> SHOPPING, MAJOR <input type="checkbox"/> RECREATION <input type="checkbox"/> CRUISING <input type="checkbox"/> MEAL/EAT OUT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHAUFFEURING FAMILY, FRIENDS
2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	2. TIME STARTED (AFTER 3AM): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TIME ENDED ACTIVITY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____	3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____	3. WHERE DID THIS ACTIVITY TAKE PLACE? <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER RESIDENCE <input type="checkbox"/> OTHER: _____
4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)	4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)	4. WERE YOU ALREADY THERE? <input type="checkbox"/> YES - (go to next activity) <input type="checkbox"/> NO - (continue)
5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____	5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____	5. WHAT WAS THE ADDRESS? STREET: _____ CITY: _____ STATE: _____ ZIP: _____
6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____	6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____	6. NAME OF BUILDING WHERE ACTIVITY TOOK PLACE: _____
7. NEAREST CROSS STREETS: _____ & _____	7. NEAREST CROSS STREETS: _____ & _____	7. NEAREST CROSS STREETS: _____ & _____
8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____	8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____	8. HOW LONG DID IT TAKE TO GET THERE? HOURS: _____ MINUTES: _____
9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> No - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? #: _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? #: _____ <input type="checkbox"/> ENDED WITH YOU ONLY? #: _____	9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> No - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? #: _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? #: _____ <input type="checkbox"/> ENDED WITH YOU ONLY? #: _____	9. DID ANYONE FROM YOUR HOUSEHOLD GO WITH YOU? <input type="checkbox"/> No - (skip to Question 10) <input type="checkbox"/> YES - HOW MANY WENT WITH YOU: <input type="checkbox"/> THE WHOLE TRIP? #: _____ <input type="checkbox"/> STARTED OUT WITH YOU ONLY? #: _____ <input type="checkbox"/> ENDED WITH YOU ONLY? #: _____
10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____	10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____	10. DID YOU CROSS THE OHIO RIVER? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT BRIDGE(S)? _____
11. HOW DID YOU GET THERE? (Check A, B, C, or D below, then answer specific question.) A CAR, VAN, TRUCK, MOTORCYCLE OR MOPED WERE YOU THE DRIVER OR PASSENGER? <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER INCLUDING SELF, HOW MANY IN VEHICLE? #: _____ WERE THERE PARKING COSTS? <input type="checkbox"/> No <input type="checkbox"/> YES - HOW MUCH? \$ _____ /HR. WHO PAID? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER DRIVER OR PASSENGER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> Other _____ WHERE DID YOU PARK? _____ HOW MANY MINUTES TO FIND A SPOT? _____ MINUTES FROM PARKING SPOT TO DESTINATION: _____ B (Check one): <input type="checkbox"/> SCHOOL BUS, <input type="checkbox"/> BICYCLE, OR <input type="checkbox"/> WALKED WAS ANOTHER VEHICLE FROM YOUR HOUSEHOLD AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> YES C TOOK TAXI - WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES D REGULAR <input type="checkbox"/> BUS OR <input type="checkbox"/> TRAIN OR <input type="checkbox"/> PLANE? WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % HOW DID YOU GET TO 1ST BUS/TRAIN/PLANE & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN/PLANE HOW DID YOU GET FROM LAST BUS/TRAIN/PLANE TO YOUR DESTINATION & HOW MANY MINUTES DID IT TAKE? # MINUTES: _____ <input type="checkbox"/> WALKED <input type="checkbox"/> DROVE <input type="checkbox"/> TAXI <input type="checkbox"/> BIKE <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> ANOTHER BUS/TRAIN WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES	11. HOW DID YOU GET THERE? (Check A, B, C, or D below, then answer specific question.) 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WHO PAID? <input type="checkbox"/> SELF <input type="checkbox"/> OTHER DRIVER OR PASSENGER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> Other _____ WHERE DID YOU PARK? _____ HOW MANY MINUTES TO FIND A SPOT? _____ MINUTES FROM PARKING SPOT TO DESTINATION: _____ B (Check one): <input type="checkbox"/> SCHOOL BUS, <input type="checkbox"/> BICYCLE, OR <input type="checkbox"/> WALKED WAS ANOTHER VEHICLE FROM YOUR HOUSEHOLD AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> YES C TOOK TAXI - WHAT WAS THE FARE? \$ _____ DID EMPLOYER PAY? <input type="checkbox"/> No <input type="checkbox"/> YES - WHAT PERCENT? _____ % WAS A VEHICLE FROM YOUR HOUSEHOLD AVAILABLE FOR THIS TRIP? <input type="checkbox"/> No <input type="checkbox"/> YES D REGULAR <input type="checkbox"/> BUS OR <input type="checkbox"/> TRAIN OR <input type="checkbox"/> PLANE? 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Overall, what is the biggest problem you encounter making the trips you have described?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU FOR YOUR PARTICIPATION!

List of Fieldnames for: okidatb.dct (Same order as dictionary)

Data is indexed on: (none)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q18	Numeric	1	1	1	1

Title: Q18. Was your (their) first (next) activity an in-home activity, or was this an out-of home activity?

Answer List:

- 1 In home
- 2 Out-of-home
- 3 No more activities
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q19	Numeric	2	1	2	3

Title: Q19. What was your (their) first (next) waking hour activity, after 3 a.m., on your assigned day?

Answer List:

- 1 Household Activities, sleep, family care, chores, personal care, etc.
- 2 Paid Work (in-home)
- 3 Paid Work
- 4 Errands (personal, medical, religious, etc.)
- 5 Recreation (visiting, socializing, hobbies, exercise, entertainment, etc.)
- 6 Meals (eating out)
- 7 Chauffeuring family, friends, (pick-up/drop-off passengers)
- 8 Shopping, General (groceries, clothes, etc.)
- 9 Shopping, Major (for big items such as car, furniture, home)
- 10 Cruising for travel's sake (going for a walk or ride, sightseeing)
- 11 School (classes, homework, tutoring, etc.)
- 96 OTHER (FIT INTO A CATAGORIE ABOVE)
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q21 TIME	Numeric	2	2	4	7

Title: Q21_TIME. When did you (they) end this activity?

Response List:

- 1 HOUR
- 2 MINUTES

Answer List:

- 97 [0] Zero
- 1-60 Valid Answers
- 98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q21 AMPM	Numeric	1	1	8	8

Title: Q21_AMPM. Was that AM or PM?

Answer List:

- 1 AM
- 2 PM
- 8 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q22	Numeric	2	1	9	10

Title: Q22. Where did this activity take place?

Answer List:

- 1 Home
- 2 Work
- 3 Other residence
- 4 Store
- 5 School
- 6 Neighborhood
- 7 Office
- 8 Hospital
- 9 Shopping mall
- 96 Other
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q27	Numeric	1	1	11	11

Title: Q27. Were you already at this location when you started this activity?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q23 ADD	Text	40	1	12	51

Title: Q23_ADD. What is the address of this place?

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q26CRST	Text	60	1	52	111

Title: Q26CRSTA. TRIP/ACTIVITY CROSS STREETS

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
CITY	Text	40	1	112	151

Title: CITYA. TRIP/ACTIVITY CITY

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
ZIP CODE	Text	5	1	152	156

Title: ZIP_CODEA. TRIP/ACTIVITY ZIP CODE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
STATE	Text	2	1	157	158

Title: STATEA. TRIP/ACTIVITY STATE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
LONGITUDE	Text	10	1	159	168

Title: LONGITUDE. TRIP/ACTIVITY LONGITUDE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
LATITUDE	Text	10	1	169	178

Title: LATITUDE. TRIP/ACTIVITY LATITUDE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
BKCODE	Text	15	1	179	193

Title: BKCODE. TRIP/ACTIVITY BLOCK CODE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
DISTRICT	Numeric	3	1	194	196

Title: DISTRICT. TRIP/ACTIVITY DISTRICT

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
ZONE1003	Numeric	4	1	197	200

Title: ZONE1003. TRIP/ACTIVITY ZONE1003

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
ZONE909	Numeric	4	1	201	204

Title: ZONE909. TRIP/ACTIVITY ZONE909

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
MATCH	Text	8	1	205	212

Title: MATCHA. MATCH

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
TSECTOR	Numeric	2	1	213	214

Title: TSECTOR. TRIP/ACTIVITY SECTOR CODE

Answer List:

- 1 Central Hamilton
- 2 Inner Hamilton
- 3 Hamilton - East Corridor North of Little Miami River
- 4 Hamilton - East Corridor South of Little Miami River
- 5 Northeast Hamilton
- 6 North Central Hamilton
- 7 Northwest Hamilton
- 8 Clermont - Eastern Corridor
- 9 Other Clermont
- 10 Warren
- 11 Campbell
- 12 Butler
- 0,13 Other

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
TTZZONE	Numeric	4	1	215	218

Title: TTZZONE. TRIP/ACTIVITY ZONE WITHOUT THE UPDATED RECORDS FROM OKI

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
TTZDISTRICT	Numeric	3	1	219	221

Title: TTZDISTRICT. TRIP/ACTIVITY DISTRICT WITHOUT THE UPDATED RECORDS FROM OKI

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
TTZSECTOR	Numeric	2	1	222	223

Title: TTZSECTOR. TRIP/ACTIVITY SECTOR WITHOUT THE UPDATED RECORDS FROM OKI

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
TPASTSEC	Numeric	2	1	224	225

Title: TPASTSEC. LAST TRIP/ACTIVITY SECTOR CODE

Answer List:

- 1 Central Hamilton
- 2 Inner Hamilton
- 3 Hamilton - East Corridor North of Little Miami River
- 4 Hamilton - East Corridor South of Little Miami River
- 5 Northeast Hamilton
- 6 North Central Hamilton
- 7 Northwest Hamilton
- 8 Clermont - Eastern Corridor
- 9 Other Clermont
- 10 Warren

11 Campbell
12 Butler
0,13 Other

Field	Type	Width	# of Resp.	Req. Col.	End Col.
PATTERN	Numeric	1	1	226	226

Title: PATTERN. TRIP TYPE

Answer List:

- 1 home to work
- 2 work to home
- 3 work trips (but not from home or to home)
- 4 other

Field	Type	Width	# of Resp.	Req. Col.	End Col.
STRTIME	Numeric	4	1	227	230

Title: STRTIME. ACTIVITY/TRIP STARTING TIME (MILITARY)

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q24	Numeric	1	1	231	231

Title: Q24. Is there a name for this building, establishment or place?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q25	Text	35	1	232	266

Title: Q25. What is the name of this building or place? Name of building

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q28	Numeric	1	1	267	267

Title: Q28. How far did you go?

Answer List:

- 1 Less than a mile
- 2 1 to less than 3 miles
- 3 3 to less than 6 miles
- 4 6 to less than 9 miles
- 5 9 or more
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q31	Numeric	2	2	268	271

Title: Q31. How long did it take you (they) to make the trip to this activity?

Response List:

- 1 HOUR

2 MINUTES

Answer List:

97 [0] Zero
1-60 Valid Answers
98 [I] Don't Know

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q32	Numeric	1	1	272	272

Title: Q32. Did anyone from your household go with you (them) on this trip?

Answer List:

1 Yes
2 No
8 [I] Don't Know
9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q33	Numeric	2	1	273	274

Title: Q33. How many household members went with you (them) on this trip?

Answer List:

1-20 Valid Answers
98 [I] Don't Know

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q34	Numeric	1	1	275	275

Title: Q34. Were they with you (them): (READ LIST)

Answer List:

1 the whole trip
2 just started out with you (them)
3 just ended the trip with you (them)
4 or was it different for different people
8 [I] Don't Know
9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q30B	Numeric	3	2	276	281

Title: Q30B. What if any bridge(s) did you use to cross over the Ohio River?

Answer List:

1 I71 and I75 Bridge (Brent Spence Bridge)
2 US25 and US42 Bridge (Clay Wade Bailey Bridge)
3 Roebling Bridge (Suspension Bridge)
4 L & N Bridge
5 I471 Bridge (Daniel Carter Beard Bridge)
6 I-275 Western Bridge
7 I-275 Eastern Bridge
997 None
998 [I] Don't Know
999 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q29	Numeric	2	1	282	283

Title: Q29. How did you (they) get there?

Answer List:

- 1 CAR, VAN, TRUCK, MOTORCYCLE OR MOPED
- 2 TAXI
- 3 REGULAR BUS
- 4 TRAIN
- 5 SCHOOL BUS
- 6 WALKED, JOGGED
- 7 BICYCLE
- 8 AIRPLANE
- 96 OTHER (FIT INTO A CODE ABOVE)
- 98,99 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q35	Numeric	1	1	284	284

Title: Q35. Were you (they):

Answer List:

- 1 the driver, or
- 2 a passenger?
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q36	Numeric	2	1	285	286

Title: Q36. Including yourself (them), how many people were in the vehicle for this trip?

Answer List:

- 1-20 Valid Answers
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q36_1	Numeric	1	1	287	287

Title: Q36_1. Was the vehicle you used from your household?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q36_2	Numeric	4	1	288	291

Title: Q36_2. What vehicle did you (they) use? Did you use:

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q37	Numeric	1	1	292	292

Title: Q37. Were there any parking costs for this trip?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q38 DOLLAR	Numeric	3	1	293	295

Title: Q38_DOLLAR. How much were the parking costs for this trip?

Answer List:

- 997 [0] Zero
- 1-900 Valid Answers
- 998 [I] Don't Know
- 999 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q38 CENTS	Numeric	2	1	296	297

Title: Q38_CENTS. How much were the parking costs for this trip?

Answer List:

- 97 [0] Zero
- 1-96 Valid Answers
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q38 PER	Numeric	1	1	298	298

Title: Q38_PER. Is that ..

Answer List:

- 1 Per hour
- 2 Per day
- 3 Per month
- 4 Per year
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q38B	Numeric	1	1	299	299

Title: Q38B. Who paid? (READ LIST)

Answer List:

- 1 Self (person)
- 2 Employer
- 3 Other driver or
- 4 Other
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q39	Numeric	1	1	300	300

Title: Q39. Where did you (they) park? (ASK AS OPEN-END)

Answer List:

- 1 Surface lot (legal)
- 2 On street metered
- 3 On street not metered
- 4 Structure or parking garage
- 5 Did not park as a part of this trip
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q39B	Numeric	2	1	301	302

Title: Q39B. How many minutes did it take you to find a parking space or spot?

Answer List:

- 97 [0] Zero
- 1-59 Valid Answers
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q39C	Numeric	2	1	303	304

Title: Q39C. How many minutes did it take to get from your parking space or spot to your destination for this activity?

Answer List:

- 97 [0] Zero
- 1-59 Valid Answers
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q40 DOLLAR	Numeric	3	1	305	307

Title: Q40_DOLLAR. How much was the fare for this trip?

Answer List:

- 997 [0] Zero
- 1-900 Valid Answers
- 998 [I] Don't Know
- 999 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q40 CENTS	Numeric	2	1	308	309

Title: Q40_CENTS. How much was the fare for this trip?

Answer List:

- 97 [0] Zero
- 1-96 Valid Answers
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q40 PER	Numeric	1	1	310	310

Title: Q40_PER. Is that ...? (READ LIST)

Answer List:

- 1 Per trip
- 2 Per day
- 3 Per week
- 4 Per month
- 5 Per year
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q41	Numeric	1	1	311	311

Title: Q41. Did an employer pay for this trip?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q41B	Numeric	3	1	312	314

Title: Q41B. What percent of the fare did an employer pay?

Answer List:

- 1-100 Valid Answers
- 998,999 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q42	Numeric	1	1	315	315

Title: Q42. How did you (they) get to the first (BUS, TRAIN, PLANE) you took?

Answer List:

- 1 Walked
- 2 Drove
- 3 Taxi
- 4 Rode bike
- 5 Was dropped off
- 6 Another Bus/Train
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q42_1	Numeric	1	1	316	316

Title: Q42_1. Was the vehicle you used from your household?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q42 2	Numeric	4	1	317	320

Title: Q42_2. What vehicle did you (they) use? Did you use:

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q42B	Numeric	2	1	321	322

Title: Q42B. How many minutes did this take?

Answer List:

- 97 [0] Zero
- 1-59 Valid Answers
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q42C	Numeric	1	1	323	323

Title: Q42C. Were there any transfers involved in this trip?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q43	Numeric	1	1	324	324

Title: Q43. How did you (they) get from the last (BUS, TRAIN, PLANE) you took to your (their) destination?

Answer List:

- 1 Walked
- 2 Drove
- 3 Taxi
- 4 Rode bike
- 5 Was dropped off
- 6 Another Bus/Train
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beq. Col.	End Col.
Q43 1	Numeric	1	1	325	325

Title: Q43_1. Was the vehicle you used from your household?

Answer List:

- 1 Yes
- 2 No
- 8,9 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q43 2	Numeric	4	1	326	329

Title: Q43_2. What vehicle did you (they) use? Did you use:

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q44 1	Numeric	1	1	330	330

Title: (No Title for this field)

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q44 2DOL	Numeric	3	1	331	333

Title: Q44_2DOL. How much would it have cost you?

Answer List:

- 1-900 Valid Answers
- 997 Zero
- 998,999 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q44 2CENT	Numeric	2	1	334	335

Title: Q44_2CENT. How much would it have cost you?

Answer List:

- 1-90 Valid Answers
- 97 Zero
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q44 2PER	Numeric	1	1	336	336

Title: Q44_2PER. How much would it have cost you?

Answer List:

- 1 Per hour
- 2 Per day
- 3 Per month
- 4 Per year
- 8,9 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q43B	Numeric	2	1	337	338

Title: Q43B. How many minutes did this take?

Answer List:

- 97 [0] Zero

1-59 Valid Answers
 98 [I] Don't Know
 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q44	Numeric	1	1	339	339

Title: Q44. Was a car, van, truck, or motorcycle from your household available for this trip?

Answer List:

1 Yes
 2 No
 8,9 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q45 DOLLAR	Numeric	3	1	340	342

Title: Q45_DOLLAR. How much was the fare for this trip?

Answer List:

997 [0] Zero
 1-900 Valid Answers
 998 [I] Don't Know
 999 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q45 CENTS	Numeric	2	1	343	344

Title: Q45_CENTS. How much was the fare for this trip?

Answer List:

97 [0] Zero
 1-96 Valid Answers
 98 [I] Don't Know
 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q46	Numeric	1	1	345	345

Title: Q46. Did an employer pay for this trip?

Answer List:

1 Yes
 2 No
 8 [I] Don't Know
 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q46B	Numeric	3	1	346	348

Title: Q46B. What percent of the fare did an the employer pay?

Answer List:

1-100 Valid Answers
 998 [I] Don't Know
 999 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q46 1	Numeric	1	1	349	349

Title: (No Title for this field)

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q46 2DOL	Numeric	3	1	350	352

Title: Q46_2DOL. How much would it have cost you?

Answer List:

- 997 [0] Zero
- 1-900 Valid Answers
- 998 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q46 2CENT	Numeric	2	1	353	354

Title: Q46_2CENT. How much would it have cost you?

Answer List:

- 97 [0] Zero
- 1-90 Valid Answers
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q46 2PER	Numeric	1	1	355	355

Title: Q46_2PER. How much would it have cost you?

Answer List:

- 1 Per hour
- 2 Per day
- 3 Per month
- 4 Per year
- 8,9 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q47	Numeric	1	1	356	356

Title: Q47. Was a car, van, truck, or motorcycle from your household available for this trip?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q48	Numeric	3	1	357	359

Title: Q48. How many minutes did this trip take?

Answer List:

997 [0] Zero
1-500 Valid Answers
998 [I] Don't Know
999 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q49	Numeric	1	1	360	360

Title: Q49. Was a car, van, truck, or motorcycle from your household available for this trip?

Answer List:

1 Yes
2 No
8 [I] Don't Know
9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
QNO	Numeric	6	1	361	366

Title: QNO. QUESTIONNAIRE NUMBER - EACH PERSONS IDENTIFICATION NUMBER

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
QNOID	Numeric	6	1	367	372

Title: QNOID. HOUSEHOLD IDENTIFICATION NUMBER

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
PHONENO	Text	10	1	373	382

Title: PHONENO. PHONE NUMBER

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
P1_SPLIT	Numeric	2	1	383	384

Title: P1_SPLIT. NUMBER THEY ARE IN THE HOUSEHOLD. PERSON #1 HAS HOUSEHOLD INFO.

Answer List:

1 1
2 2
3 3
4 4
5 5
6 6

7 7
 8 8
 9 9
 10 10
 11 11
 12 12
 13 13
 14 14
 15 15
 98 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
PQ5PEOPLE	Numeric	2	1	385	386

Title: PQ5PEOPLE. My records show that your household has pq5people:n MEMBERS. Is this right?

Answer List:

1-30 Valid Answers
 98 [I] Don't Know
 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
SCH DATE	Numeric	6	1	387	392

Title: SCH_DATE. Your travel date is...?

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
ADDRESS	Text	45	1	393	437

Title: ADDRESS. HOME ADDRESS

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
ASC CITY	Text	45	1	438	482

Title: ASC_CITY. HOME CITY

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
ZIP	Numeric	5	1	483	487

Title: ZIP. HOME ZIP

Answer List:

1-99990 Valid Answers
 99998 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
STATE ASC	Text	2	1	488	489

Title: STATE_ASC. HOME STATE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HMECROSS	Text	60	1	490	549

Title: HMECROSS. HOME CROSS STREETS

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HLONG	Text	10	1	550	559

Title: HLONG. HOME LONGITUDE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HLATI	Text	10	1	560	569

Title: HLATI. HOME LATITUDE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HBKCODE	Text	15	1	570	584

Title: HBKCODE. HOUSEHOLD BLOCK CODE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HDISTRICT	Numeric	3	1	585	587

Title: HDISTRICT. HOUSEHOLD DISTRICT CODE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HZONE1003	Numeric	4	1	588	591

Title: HZONE1003. HOUSEHOLD ZONE1003 CODE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HZONE909	Numeric	4	1	592	595

Title: HZONE1003. HOUSEHOLD ZONE909 CODE

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HMATCH	Text	8	1	596	603

Title: HMATCH. HOME MATCH

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HSECTOR	Numeric	4	1	604	607

Title: HSECTOR. HOUSEHOLD SECTOR NUMBER

Answer List:

- 1 Central Hamilton
- 2 Inner Hamilton
- 3 Hamilton - East Corridor North of Little Miami River
- 4 Hamilton - East Corridor South of Little Miami River
- 5 Northeast Hamilton
- 6 North Central Hamilton
- 7 Northwest Hamilton
- 8 Clermont - Eastern Corridor
- 9 Other Clermont
- 10 Warren
- 11 Campbell
- 12 Butler
- 0,13 Other

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HTZZONE	Numeric	4	1	608	611

Title: HTZZONE. HOME ZONE WITHOUT UPDATED RECORDS FROM OKI

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HTZDISTRICT	Numeric	3	1	612	614

Title: HTZDISTRICT. HOME DISTRICT WITHOUT UPDATED RECORDS FROM OKI

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
HTZSECTOR	Numeric	2	1	615	616

Title: HTZSECTOR. HOME SECTOR WITHOUT UPDATED RECORDS FROM OKI

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Req. Col.	End Col.
WIENUM	Numeric	4	1	617	620

Title: WIENUM. WEIGHTED NUMBER USED FOR WEIGHTING FACTOR
((weinum*.01)*232.49)

Answer List:

1-9999 WIENUM

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9A	Numeric	1	1	621	621

Title: Q9A. How many vehicles are owned, leased, company cars, or other property of of your household, excluding vehicles not used for general transportation?

Answer List:

1 One

- 2 Two
- 3 Three
- 4 Four
- 5 Five or More
- 7 None
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9B	Numeric	1	1	622	622

Title: Q9B. How many motorcycles/mopeds are available?

Answer List:

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 7 None
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9CVEH1	Numeric	4	1	623	626

Title: Q9CVEH1. What is the make and model of the first vehicle in your household?

Answer List:

- 11 AMC SPIRIT
- 12 AMC SPIRIT DL
- 13 AMC SPIRIT GL
- 14 AMC SPIRIT LIMITED
- 21 AMC CONCORD
- 22 AMC CONCORD DL
- 23 AMC CONCORD LIMITED
- 31 AMC EAGLE/EAGLE 30
- 32 AMC EAGLE LIMITED
- 41 AMC EAGLE SX4/LIFTBACK/KAM BACK EAGLE 50
- 42 AMC EAGLE DL
- 51 AMC PACER
- 52 AMC PACER DL
- 53 AMC PACER LIMITED
- 61 AMC ALLIANCE
- 62 AMC ALLIANCE L
- 63 AMC ALLIANCE DL
- 64 AMC ALLIANCE LIMITED
- 65 AMC ALLIANCE MT
- 66 AMC ALLIANCE DIAMOND EDITION
- 67 AMC ALLIANCE GTX
- 71 AMC ALLIANCE CONVERTIBLE
- 72 AMC ALLIANCE CONVERTIBLE L
- 73 AMC ALLIANCE CONVERTIBLE DL
- 81 AMC ENCORE
- 82 AMC ENCORE S
- 83 AMC ENCORE LS
- 84 AMC ENCORE GS
- 85 AMC ENCORE DIAMOND EDITION
- 86 AMC ENCORE GTX
- 91 AMC JAVELIN
- 92 AMC AMX
- 93 AMC MATADOR

94 AMC AMBASSADOR
95 AMC GREMLIN
96 AMC HORNET
99 AMC OTHER (CAR)
101 AMC NSI (CAR)
199 AMC CORPORATION NSI
1011 DODGE OMNI/OMNI 4 DR.
1012 DODGE OMNI MISER
1013 DODGE OMNI CUSTOM
1014 DODGE OMNI E TYPE
1015 DODGE OMNI SE
1016 DODGE OMNI GLH
1017 DODGE OMNI AMERICA
1021 DODGE CHARGER
1022 DODGE CHARGER 2.2
1023 DODGE SHELBY/SHELBY CHARGER
1024 DODGE 024
1025 DODGE 024 MISER
1026 DODGE 024 CUSTOM
1027 DODGE 024 2+2/2 DR.
1031 DODGE DAYTONA
1032 DODGE DAYTONA TURBO/PACIFICA
1033 DODGE DAYTONA TURBO Z
1034 DODGE DAYTONA SHELBY Z
1041 DODGE ARIES
1042 DODGE ARIES SE
1043 DODGE ARIES LE
1044 DODGE ARIES CUSTOM
1051 DODGE LANCER
1052 DODGE LANCER ES
1061 DODGE ASPEN
1062 DODGE ASPEN SPECIAL
1071 DODGE 400
1072 DODGE 400 LS
1081 DODGE 600 2 DR.
1091 DODGE 600 4 DR. (Pre 85)
1092 DODGE 600 ES (Pre 85)
1093 DODGE 600 SE
1101 DODGE 600 CONVERTIBLE
1102 DODGE 600 CONVERTIBLE ES
1111 DODGE 600 NSI
1121 DODGE MIRADA
1122 DODGE MIRADA TYPE S
1131 DODGE DIPLOMAT
1132 DODGE DIPLOMAT SALON
1133 DODGE DIPLOMAT MEDALLION
1134 DODGE DIPLOMAT SE/SPECIAL
1135 DODGE DIPLOMAT SPORT COUPE
1141 DODGE ST. REGIS
1161 DODGE DYNASTY
1171 DODGE SHADOW
1172 DODGE SHADOW ES
1173 DODGE AVENGER
1174 DODGE STRATUS
1180 DODGE SPIRIT
1185 DODGE MONACO
1191 DODGE ROYAL MONOCO/MONOCO/POLARA (Pre 90)
1187 DODGE STEALTH
1188 DODGE VIPER
1189 DODGE INTREPID
1190 DODGE NEON
1192 DODGE DIPLOMAT (Pre 78)
1193 DODGE CORONET
1194 DODGE CHARGER (Pre 79)

9696 LAND ROVER DEFENDER 110
 9699 LAND ROVER OTHER/NSI (TRUCK)
 9701 VW PICKUP/TRUCK
 9711 VW VANAGON/CAMPER
 9715 VW EUROVAN
 9791 VW OTHER/NSI (TRUCK)
 9925 VW CAR/TRUCK NSI
 9795 SUZUKI SAMURAI
 9796 SUZUKI SIDEKICK
 9797 SUZUKI X90
 9799 SUZUKI OTHER/NSI (TRUCK)
 9923 SUZUKI CAR/TRUCK NSI
 9801 GEO TRACKER
 9819 GEO OTHER/NSI (TRUCK)
 9851 ASUNA SUNRUNNER
 9859 ASUNA OTHER/NSI (TRUCK)
 9880 MISC. MINI VANS NSI (TRUCK)
 9881 OTHER TRUCKS DOMESTIC NSI (TRUCK)
 9891 OTHER TRUCKS IMPORTS NSI (TRUCK)
 9901 JAPANESE NSI (CAR/TRUCK)
 9902 EUROPEAN NSI (CAR/TRUCK)
 9903 KOREAN DAEWOO NSI (CAR/TRUCK)
 7399 NSI CAR ANY CORPORATION (CAR)
 9899 NSI TRUCKS ANY CORPORATION (TRUCK)
 9998 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q9DVEH1	Numeric	2	1	627	628

Title: Q9DVEH1. What is the year of your vehicle?

Answer List:

50-96 Valid Answers
 98 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q9EVEH1	Numeric	2	2	629	632

Title: Q9EVEH1. What is the type (2-door, 4-door, hatchback, station wagon) of your vehicle?

Answer List:

1 2-door
 2 4-door
 3 Hatchback
 4 Station wagon
 96 Other
 98 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
Q9CVEH2	Numeric	4	1	633	636

Title: Q9CVEH2. What is the make and model of the next vehicle in your household?

Answer List:

ANS Q9CVEH1

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9DVEH2	Numeric	2	1	637	638

Title: Q9DVEH2. What is the year of your vehicle?

Answer List:

50-96 Valid Answers

98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9EVEH2	Numeric	2	2	639	642

Title: Q9EVEH2. What is the type (2-door, 4-door, hatchback, station wagon) of your vehicle?

Answer List:

1 2-door

2 4-door

3 Hatchback

4 Station wagon

96 Other

98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9CVEH3	Numeric	4	1	643	646

Title: Q9CVEH3. What is the make and model of the next vehicle in your household?

Answer List:

ANS Q9CVEH1

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9DVEH3	Numeric	2	1	647	648

Title: Q9DVEH3. What is the year of your vehicle?

Answer List:

50-96 Valid Answers

98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9EVEH3	Numeric	2	2	649	652

Title: Q9EVEH3. What is the type (2-door, 4-door, hatchback, station wagon) of your vehicle?

Answer List:

1 2-door

2 4-door

3 Hatchback

4 Station wagon

96 Other

98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9CVEH4	Numeric	4	1	653	656

Title: Q9CVEH4. What is the make and model of the next vehicle in your household?

Answer List:

ANS Q9CVEH1

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9DVEH4	Numeric	2	1	657	658

Title: Q9DVEH4. What is the year of your vehicle?

Answer List:

50-96 Valid Answers

98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9EVEH4	Numeric	2	2	659	662

Title: Q9EVEH4. What is the type (2-door, 4-door, hatchback, station wagon) of your vehicle?

Answer List:

1 2-door
2 4-door
3 Hatchback
4 Station wagon
96 Other
98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9CVEH5	Numeric	4	1	663	666

Title: Q9CVEH5. What is the make and model of the next vehicle in your household?

Answer List:

ANS Q9CVEH1

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9DVEH5	Numeric	2	1	667	668

Title: Q9DVEH5. What is the year of your vehicle?

Answer List:

50-96 Valid Answers

98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q9EVEH5	Numeric	2	2	669	672

Title: Q9EVEH5. What is the type (2-door, 4-door, hatchback, station wagon) of your vehicle?

Answer List:

1 2-door

- 2 4-door
- 3 Hatchback
- 4 Station wagon
- 96 Other
- 98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q10	Numeric	1	1	673	673

Title: Q10. What type of dwelling do you live in?

Answer List:

- 1 A single-family detached house
- 2 A single family attached (condominium or townhouse)
- 3 Duplex (2 units)
- 4 Building of 3 or 4 units
- 5 Multiple unit dwelling (apartment) with 5 or more units
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q11	Numeric	2	1	674	675

Title: Q11. Is your annual household income:

Answer List:

- 1 Below \$10,000
- 2 \$10,000 to below \$20,000
- 3 \$20,000 to below \$30,000
- 4 \$30,000 to below \$40,000
- 5 \$40,000 to below \$50,000
- 6 \$50,000 to below \$60,000
- 7 \$60,000 to below \$70,000
- 8 \$70,000 to below \$80,000
- 9 \$80,000 to below 100,000
- 10 \$100,000 to below \$125,000
- 11 \$125,000 to below \$150,000
- 12 \$150,000 or more
- 98 [I] Don't Know
- 99 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q12	Numeric	3	1	676	678

Title: Q12. What is your (their) age?

Answer List:

- 997 [0] Zero
- 1-120 Valid Answers
- 999 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q13	Numeric	1	1	679	679

Title: Q13. Are you (they) a licensed driver?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know

9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q14	Numeric	1	1	680	680

Title: Q14. SEX:

Answer List:

- 1 Male
- 2 Female
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q15	Numeric	1	1	681	681

Title: Q15. Are you (they) currently working outside the home?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q16	Numeric	1	1	682	682

Title: Q16. Do you (they) generally do paid work at home?

Answer List:

- 1 Yes
- 2 No
- 8 [I] Don't Know
- 9 [I] Refused/No Answer

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q20 TIMEA	Numeric	2	2	683	685

Title: Q20_TIME. When did you (they) start this first activity?

Response List:

- 1 HOUR
- 2 MINUTES

Answer List:

- 97 [0] Zero
- 1-60 Valid Answers
- 98 [I] Don't Know

Field	Type	Width	# of Resp.	Req. Col.	End Col.
Q20 AMPMA	Numeric	1	1	687	687

Title: Q20_AMPM. Was that AM or PM?

Answer List:

- 1 AM
- 2 PM
- 8 [I] Don't Know

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
NUM TRIP	Numeric	4	1	688	691

Title: NUM_TRIP. NUMBER OF TRIPS/ACTIVITIES PER PERSON

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
HH TRIP	Numeric	2	1	692	693

Title: HH_TRIP. NUMBER OF TRIPS PER HOUSEHOLD

Answer List: (No Answer List for this field)

Field	Type	Width	# of Resp.	Beg. Col.	End Col.
SPLIT	Numeric	2	1	694	695

Title: (No Title for this field)

Answer List: (No Answer List for this field)