

Appendix A

*Sample Activity Diary -
2000 Bay Area Travel Survey*

Additional Resources for BATS2000 Information

The final report for the 2000 Bay Area Travel Survey is available in PDF format on the Metropolitan Transportation Commission's website at <http://www.mtc.ca.gov/datamart/survey.htm> under the link for the 2000 survey. The final report was written by MORPACE International, Inc., the marketing research firm that conducted the survey. The report includes the complete CATI recruit and retrieval format along with a complete version of the activity diary used by BATS2000 respondents (MORPACE International, Inc., 2002).

Metropolitan Transportation Comm



Thank you for your participation in this important study.

For more information about how to record activities, please call the Activity Survey Hotline at:
1-800-566-6262

Completed Activity Diaries should be returned to:

MORPACE International, Inc.
Department 990573
31700 Middlebelt Road, Suite 200
Farmington Hills, MI 48334



MORPACE International, Inc.
990573

Bay Area Travel Survey

Purpose of the Study

to participate in a variety of activities. More and more, households are activities for those that used to be done outside the home. Examples of these include shopping via catalogs and television, home videos and pay-per-view, or banking, and telecommuting.

People decide to travel, or not to travel, is important to transportation policy and how people distribute their time is key in designing road and transit systems of Bay Area residents. Activities recorded by you and thousands of others will be used to shape the future transportation systems for the Bay Area.

In this diary, the second interview to collect the information will be quicker and easier.

It is like a continuous series of activities with no gaps in time. It should have no gaps in your time for two days. Specific instructions on how to complete the diary are included.

How you spent your time and how you traveled. You should record all activities from 3 a.m. on your first travel day and ending with 3 a.m. following your last trip. For each trip you make, record it as a Drive, Ride, or Walk in the "Activity" section. Answer the additional questions about that trip.

Diaries are sent with the diaries for your convenience.

For any questions about how to record activities, please call the Activity Survey Hotline at 1-800-566-6262

ACTIVITY 34 ☐ Day 1 ☐ Day 2

1. Your next activity began at: _____ : _____ ☐ AM ☐ PM

2. What was this activity?

- ☐ 1. Driving, Riding, Walking, Biking, or Flying --> **GO DIRECTLY TO QUESTION 5 (TRIP SECTION)**
- If not a trip, please check your activity below and continue with questions 3 and 4** (Check all that apply)
- | | | |
|--|---|--|
| <input type="checkbox"/> 2. Household Chores/Personal Care | <input type="checkbox"/> 7. School or School Related | <input type="checkbox"/> 12. Relaxing |
| <input type="checkbox"/> 3. Meals | <input type="checkbox"/> 8. Shopping (at home) | <input type="checkbox"/> 13. Volunteering |
| <input type="checkbox"/> 4. Recreation/Entertainment | <input type="checkbox"/> 9. Shopping (away from home) | <input type="checkbox"/> 14. Sick or Injured |
| <input type="checkbox"/> 5. Sleep | <input type="checkbox"/> 10. Personal Business/Services | <input type="checkbox"/> 15. Non-Work Related |
| <input type="checkbox"/> 6. Work or Work Related | <input type="checkbox"/> 11. Social Activities | <input type="checkbox"/> 16. Pick Up or Drop Off |

3. When did you end this activity? _____ : _____ ☐ AM ☐ PM

4. Where did this activity occur? ☐ Home --> **GO TO NEXT ACTIVITY PAGE**

Please provide address: _____

Name _____ If business, type of business _____

Street Address _____ City, State, Zip Code _____

Nearest Intersecting Streets _____

TRIP SECTION: ANSWER QUESTIONS BELOW ONLY IF ACTIVITY IS DRIVING, RIDING, WALKING, BIKING, OR FLYING

5. When did you arrive at your final destination? _____ : _____ ☐ AM ☐ PM

List All Types of Transportation Used for This Trip (Car, BART, MUNI-B, School Bus, Walk, etc.)	Place Where You Changed to This Type of Transportation (Station/Stop Name, Address/Nearest Intersection, and City)
1	
2	
3	
4	

FOR EACH PRIVATE VEHICLE OR CARPOOL USED, FILL IN INFORMATION BELOW:

Were you the Driver or Passenger?	Including yourself, how many people were in the vehicle?	Parking Cost	Was the vehicle used from your household?	If vehicle was from your household, Year, Make, and Model
1 <input type="checkbox"/> D <input type="checkbox"/> P		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	
2 <input type="checkbox"/> D <input type="checkbox"/> P		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	

6. During your trip, did you stop anywhere along the way, other than to change your type of transportation?

For what activity? _____ # of minutes _____

Name of Stop, Address or Nearest Intersection, and City _____
What type of transportation were you using when you stopped? _____

☐ Day 1 ☐ Day 2

Begin at: _____ : _____ ☐ AM ☐ PM

Activity?

Walking, Biking, or Flying → **GO DIRECTLY TO QUESTION 5 (TRIP SECTION) BELOW**

Check your activity below and continue with questions 3 and 4 (Check all that apply)

- | | | |
|------------------------|---|--|
| Business/Personal Care | <input type="checkbox"/> 7. School or School Related | <input type="checkbox"/> 12. Relaxing/Resting |
| | <input type="checkbox"/> 8. Shopping (at home) | <input type="checkbox"/> 13. Volunteer/Civic/Religious |
| Entertainment | <input type="checkbox"/> 9. Shopping (away from home) | <input type="checkbox"/> 14. Sick or Ill/Medical Appointment |
| | <input type="checkbox"/> 10. Personal Business/Services | <input type="checkbox"/> 15. Non-Work Internet Use |
| Other Related | <input type="checkbox"/> 11. Social Activities | <input type="checkbox"/> 16. Pick Up/Drop Off Passenger |

Ends activity? _____ : _____ ☐ AM ☐ PM

Activity occur? ☐ Home → **GO TO NEXT ACTIVITY PAGE**

_____ Name	_____ If business, type of business
_____ Street Address	_____ City, State, Zip Code
_____ Nearest Intersecting Streets	

ANSWER QUESTIONS BELOW ONLY IF ACTIVITY IS DRIVING, RIDING, WALKING, BIKING, OR FLYING

Ends at your final destination? _____ : _____ ☐ AM ☐ PM

Place Where You Changed to This Type of Transportation (Station/Stop Name, Address/Nearest Intersection, and City)	Transit Cost
	\$
	\$
	\$
	\$

IF TRUCK OR CARPOOL USED, FILL IN INFORMATION BELOW:

Including yourself, how many people were in the vehicle?	Parking Cost	Was the vehicle used from your household?	If vehicle was from your household, please indicate Year, Make and Model
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes→	
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes→	

Did you stop anywhere along the way, other than to change your type of transportation? ☐ No ☐ Yes

_____ # of minutes: _____

_____ or Nearest Intersection, and City

_____ What mode of transportation were you using when you stopped? _____

How to Fill Out the Diary

- One person in the household needs to record the odometer readings for each trip listed on the pink confirmation sheet, adding any additional vehicles as needed. Record on the pink sheet with the completed diaries. There is only one pink sheet per diary.
- One person in the household also needs to review the other information on each confirmation sheet. Check to see if all the information about your household and vehicles is correct. Record any information changes on the pink sheet at the end of the completed diaries.
- On the first Activity page of the diary, check "Day 1" in the box provided. "Day 1" until 3:00 a.m., at which point you will begin checking "Day 2" for the rest of the day.
- Record ALL of your activities, both in and out of the home, starting at 3 a.m. See the Example of Activities on the following page.
- Each activity should be recorded on a separate page. Multiple activities that were done simultaneously throughout the time period indicated. In general, each time should be broken into separate and distinct activities.
- In the address section, please record the name of the business, building, or location where the activity took place. If it was at a business location, please indicate the type of business (Example: Joe's Place, restaurant). In addition, provide the address, including street, city, and state, where the activity took place. If you do not know the exact address, please indicate the intersection and the city. If you have already provided the address information in the address section, you do not need to do so again.
- When a trip occurs or you change locations, check the "DRIVING, RIDING, BIKING, or FLYING" box in the "ACTIVITY" section, then go directly to the next activity. Record each type of transportation you used and answer the questions for each type. When more than one type of transportation is used, please indicate where the change took place. (i.e., parking lot, Main St. & Third Ave., See Example of Activities on the following page.)
- Each time a private vehicle or carpool was used during your trip, please answer the questions for private vehicle and carpool.
- The last question to be answered for all trips is: "During your trip, did you change the way, other than to change your type of transportation?" If no, go to the next activity and record your activity at your destination. If yes, record what activity or mode of transportation you were using at the time of the stop, and what type of transportation you were using at the time of the stop. Then go to the next activity page to record your final destination.
- Please remember to provide the start and end times for all activities.
- When you have completed your activities for DAY 1 (ending at 3 a.m.), go to the next activity page and be sure to check the "DAY 2" box. Report activities for Day 2 in the same manner as Day 1.

Examples of Activities

king, Biking, Flying

personal care (child care, care of others, meal preparation, home maintenance)

e-out, restaurant, coffee snack

nment (hobbies, exercise, TV)

d (in or out of home)

elated/College/Day Care/Homework (or other school-related work)

l (or browsing by catalog, TV, or Internet)

m home) (for gas, groceries, drugs, clothes, shoes, furniture, cars, etc.)

Service (such as barber, beauty shop, dry cleaning, banking, government services)

iting, conversations in or out of home)

reading, listening to music, thinking

gious services or activities (meetings, volunteer work, worship, weddings, etc.)

ppointment (dental, or health care)

pping) Internet Use (e-mail, browsing, games)

ssenger

ACTIVITY 32 ☐ Day 1 ☐ Day 2

1. Your next activity began at: _____ : _____ ☐ AM ☐ PM

2. What was this activity?

☐ 1. Driving, Riding, Walking, Biking, or Flying --> **GO DIRECTLY TO QUESTION 5 (TRIP SECTION)**

If not a trip, please check your activity below and continue with questions 3 and 4 (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> 2. Household Chores/Personal Care | <input type="checkbox"/> 7. School or School Related | <input type="checkbox"/> 12. Relaxation |
| <input type="checkbox"/> 3. Meals | <input type="checkbox"/> 8. Shopping (at home) | <input type="checkbox"/> 13. Volunteering |
| <input type="checkbox"/> 4. Recreation/Entertainment | <input type="checkbox"/> 9. Shopping (away from home) | <input type="checkbox"/> 14. Sick or injured |
| <input type="checkbox"/> 5. Sleep | <input type="checkbox"/> 10. Personal Business/Services | <input type="checkbox"/> 15. Non-work related |
| <input type="checkbox"/> 6. Work or Work Related | <input type="checkbox"/> 11. Social Activities | <input type="checkbox"/> 16. Pick up or drop off |

3. When did you end this activity? _____ : _____ ☐ AM ☐ PM

4. Where did this activity occur? ☐ Home --> **GO TO NEXT ACTIVITY PAGE**

Please provide address:

Name _____ If business, type of business _____

If address has been reported previously, GO TO NEXT ACTIVITY PAGE

Street Address _____ City, State, Zip Code _____

Nearest Intersecting Streets _____

TRIP SECTION: ANSWER QUESTIONS BELOW ONLY IF ACTIVITY IS DRIVING, RIDING, WALKING, BIKING, OR FLYING

5. When did you arrive at your final destination? _____ : _____ ☐ AM ☐ PM

List All Types of Transportation Used for This Trip (Car, BART, MUNI-B, School Bus, Walk, etc.)	Place Where You Changed to This Type of Transportation (Station/Stop Name, Address/Nearest Intersection, and City)
1	
2	
3	
4	

FOR EACH PRIVATE VEHICLE OR CARPOOL USED, FILL IN INFORMATION BELOW:

Were you the Driver or Passenger?	Including yourself, how many people were in the vehicle?	Parking Cost	Was the vehicle used from your household?	If vehicle was from your Year, Make
1 <input type="checkbox"/> D <input type="checkbox"/> P		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	
2 <input type="checkbox"/> D <input type="checkbox"/> P		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	

6. During your trip, did you stop anywhere along the way, other than to change your type of transportation?

For what activity? _____ # of minutes _____

Name of Stop, Address or Nearest Intersection, and City _____

What type of transportation were you using when you stopped? _____

☐ Day 1 ☐ Day 2

Begin at: _____ : _____ ☐ AM ☐ PM

Activity?

Walking, Biking, or Flying → **GO DIRECTLY TO QUESTION 5 (TRIP SECTION) BELOW**

Check your activity below and continue with questions 3 and 4 (Check all that apply)

- | | | |
|------------------------|---|--|
| Business/Personal Care | <input type="checkbox"/> 7. School or School Related | <input type="checkbox"/> 12. Relaxing/Resting |
| | <input type="checkbox"/> 8. Shopping (at home) | <input type="checkbox"/> 13. Volunteer/Civic/Religious |
| Entertainment | <input type="checkbox"/> 9. Shopping (away from home) | <input type="checkbox"/> 14. Sick or Ill/Medical Appointment |
| | <input type="checkbox"/> 10. Personal Business/Services | <input type="checkbox"/> 15. Non-Work Internet Use |
| Other Related | <input type="checkbox"/> 11. Social Activities | <input type="checkbox"/> 16. Pick Up/Drop Off Passenger |

Ends activity? _____ : _____ ☐ AM ☐ PM

Activity occur? ☐ Home → **GO TO NEXT ACTIVITY PAGE**

_____ Name	_____ If business, type of business
_____ Street Address	_____ City, State, Zip Code
_____ Nearest Intersecting Streets	

ANSWER QUESTIONS BELOW ONLY IF ACTIVITY IS DRIVING, RIDING, WALKING, BIKING, OR FLYING

Ends at your final destination? _____ : _____ ☐ AM ☐ PM

Place Where You Changed to This Type of Transportation (Station/Stop Name, Address/Nearest Intersection, and City)	Transit Cost
	\$
	\$
	\$
	\$

SINGLE OR CARPOOL USED, FILL IN INFORMATION BELOW:

Including yourself, how many people were in the vehicle?	Parking Cost	Was the vehicle used from your household?	If vehicle was from your household, please indicate Year, Make and Model
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes→	
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes→	

Did you stop anywhere along the way, other than to change your type of transportation? ☐ No ☐ Yes

_____ # of minutes: _____

_____ or Nearest Intersection, and City

Location were you using when you stopped? _____

Examples of Transportation

Car, Van, Truck, Motorcycle, or Moped (Private Vehicle)

Walk

Bicycle

Carpool Vehicle

Taxi

Airplane

Rail Services:

Amtrak
Altamont Commuter Express (ACE)
Bay Area Rapid Transit (BART)
Caltrain
San Francisco Muni-Train (MUNI-T)
Santa Clara Valley Transit Authority-LRT (VTA-T)

Bus Services:

Employer Shuttle Bus (EMP)
Dial-a-Ride
School Bus
AC Transit (AC)
AirBART (Coliseum BART station to Oakland Airport)
Benicia Transit (BT)
Central Contra Costa Transit Authority (County Connection)
Dumbarton Express Bus (DBX)
Eastern Contra Costa - Tri Delta Transit (TriDelta)
Fairfield-Suisan Transit (FST)
Golden Gate Transit-Bus (GGT-B)
Napa Valley Intracity Neighborhood Express (VINE)
Napa Valley Transit (NVT)
Petaluma Transit (PT)
San Francisco Muni-Bus (MUNI-B)
Santa Clara Valley Transit Authority-Bus (VTA-B)
San Mateo County Transit (SAMTRANS)
Santa Rosa City Bus (SR)
Sonoma County Transit (SCT)
Union City Transit (UCT)
Vacaville City Coach (VCC)
Vallejo Transit-Bus (VT-B)
Western Contra Costa County Transit (WestCat)
Wheels-Livermore Amador Valley Transit Authority (LAVTA)

Ferry Services:

Alameda/Oakland/Harbor Bay Ferry (BF)
Golden Gate Transit-Ferry (GGT-F)
Richmond Ferry
Tiburon Ferry (TF)
Vallejo Transit-Ferry (VT-F)

Other Transit Provider (Specify) _____

☒ Day 1 ☐ Day 2

ou doing at 3:00 a.m.?

Walking, Biking, or Flying --> **GO DIRECTLY TO QUESTION 4 (TRIP SECTION) BELOW**

heck your activity below and continue with questions 2 and 3 (Check all that apply)

- | | | |
|-------------------|---|--|
| res/Personal Care | <input type="checkbox"/> 7. School or School Related | <input type="checkbox"/> 12. Relaxing/Resting |
| | <input type="checkbox"/> 8. Shopping (at home) | <input type="checkbox"/> 13. Volunteer/Civic/Religious |
| ertainment | <input type="checkbox"/> 9. Shopping (away from home) | <input type="checkbox"/> 14. Sick or Ill/Medical Appointment |
| | <input type="checkbox"/> 10. Personal Business/Services | <input type="checkbox"/> 15. Non-Work Internet Use |
| Related | <input type="checkbox"/> 11. Social Activities | <input type="checkbox"/> 16. Pick Up/Drop Off Passenger |

his activity? _____ : _____ ☐ AM ☐ PM

ity occur? ☐ Home --> **GO TO NEXT ACTIVITY PAGE**

Name _____	If business, type of business _____
Street Address _____	City, State, Zip Code _____
Nearest Intersecting Streets _____	

ANSWER QUESTIONS BELOW ONLY IF ACTIVITY IS DRIVING, RIDING, WALKING, BIKING, OR FLYING

at your final destination? _____ : _____ ☐ AM ☐ PM

Place Where You Changed to This Type of Transportation (Station/Stop Name, Address/Nearest Intersection, and City)	Transit Cost
	\$
	\$
	\$
	\$

ICLE OR CARPOOL USED, FILL IN INFORMATION BELOW:

Including yourself, how many people were in the vehicle?	Parking Cost	Was the vehicle used from your household?	If vehicle was from your household, please indicate Year, Make and Model
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	

you stop anywhere along the way, other than to change your type of transportation? ☐ No ☐ Yes

_____ # of minutes: _____

or Nearest Intersection, and City
ion were you using when you stopped? _____

ACTIVITY 30 ☐ Day 1 ☐ Day 2

1. Your next activity began at: _____ : _____ ☐ AM ☐ PM

2. What was this activity?

☐ 1. Driving, Riding, Walking, Biking, or Flying --> **GO DIRECTLY TO QUESTION 5 (TRIP SECTI**

If not a trip, please check your activity below and continue with questions 3 and 4 (Check all ti

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> 2. Household Chores/Personal Care | <input type="checkbox"/> 7. School or School Related | <input type="checkbox"/> 12. Relaxi |
| <input type="checkbox"/> 3. Meals | <input type="checkbox"/> 8. Shopping (at home) | <input type="checkbox"/> 13. Volunt |
| <input type="checkbox"/> 4. Recreation/Entertainment | <input type="checkbox"/> 9. Shopping (away from home) | <input type="checkbox"/> 14. Sick or |
| <input type="checkbox"/> 5. Sleep | <input type="checkbox"/> 10. Personal Business/Services | <input type="checkbox"/> 15. Non-W |
| <input type="checkbox"/> 6. Work or Work Related | <input type="checkbox"/> 11. Social Activities | <input type="checkbox"/> 16. Pick U |

3. When did you end this activity? _____ : _____ ☐ AM ☐ PM

4. Where did this activity occur? ☐ Home --> **GO TO NEXT ACTIVITY PAGE**

Please provide address: _____

Name _____	If business, type of busine _____
Street Address _____	City, State, Zip Code _____
Nearest Intersecting Streets _____	

If address has been reported previously, **GO TO NEXT ACTIVITY PAGE**

TRIP SECTION: ANSWER QUESTIONS BELOW ONLY IF ACTIVITY IS DRIVING, RIDING, WALKING

5. When did you arrive at your final destination? _____ : _____ ☐ AM ☐ PM

List All Types of Transportation Used for This Trip (Car, BART, MUNI-B, School Bus, Walk, etc.)	Place Where You Changed to This Type of Transportation (Station/Stop Name, Address/Nearest Intersection, and City)
1	
2	
3	
4	

FOR EACH PRIVATE VEHICLE OR CARPOOL USED, FILL IN INFORMATION BELOW:

Were you the Driver or Passenger?	Including yourself, how many people were in the vehicle?	Parking Cost	Was the vehicle used from your household?	If vehicle was from your Year, Mak
1 <input type="checkbox"/> D <input type="checkbox"/> P		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	
2 <input type="checkbox"/> D <input type="checkbox"/> P		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes-->	

6. During your trip, did you stop anywhere along the way, other than to change your type of trans

For what activity? _____ # of m

Name of Stop, Address or Nearest Intersection, and City
What type of transportation were you using when you stopped? _____