

## **B. Main Survey Forms**

- *Pre-Recruitment Letter*
- *Recruitment Script*
- *Retrieval Script*
- *Diary Cover Letter*
- *Activity Diary*



Dear Puget Sound Area Resident:

The Washington State Department of Transportation and the Puget Sound Regional Council (PSRC) are conducting a survey of daily travel, in order to better understand travel behavior within the Puget Sound Region. This survey is important because the results will be used to improve and set priorities for transportation investments within the region. The more people who complete the survey, the more accurate our results will be.

Your household has been randomly selected to take part in the survey of daily trip-making activity. A trained interviewer from MORPACE International, a firm with over 50 years of experience, will be calling on behalf of the State and PSRC within the next week to ask some statistical questions regarding your household. The call will take less than ten minutes. All information is confidential as required by law and your participation is voluntary, yet vital. Please be counted. We understand your time is valuable and we will make every effort to make your participation in the **Puget Sound Household Travel Survey** as convenient as possible.

If you have any questions about the Survey, please contact MORPACE toll-free at 1-800-294-9668, or call the Puget Sound Regional Council at 206-464-7964. Information is also available at [www.psrc.org](http://www.psrc.org). Thank you in advance for helping to move the Puget Sound Region forward.

Sincerely,

A handwritten signature in black ink that reads "Kevin Murphy".

Kevin Murphy  
Director, Data Systems & Analysis  
Puget Sound Regional Council

**Puget Sound Household Travel Survey 2006  
Recruit Interview**

---

LETTER\_I.     *If pre-notification letter was sent, show:*  
                  "Pre-notification letter sent"  
                  *Else, show:*  
                  "Pre-notification letter was NOT sent"

INTRO1.       Hello, my name is **<INSERT INTERVIEWER'S FIRST NAME>** from MORPACE calling on behalf of the Washington State Department of Transportation and the Puget Sound Regional Council. The two agencies are jointly conducting a transportation study to better understand the daily travel patterns of area residents. Are you a member of this household and at least 18 years old?

(CONTINUE WITH HOUSEHOLD MEMBER AT LEAST 18 YEARS OF AGE)  
This is an official Puget Sound Regional Council study. The information that is collected will be treated as private and confidential. This is not a sales call and no sales calls will result from this interview. It is an attempt to gather travel information from area residents that will influence the future development of the Puget Sound-area's transportation infrastructure. Would you like to help with this effort? For quality control purposes, this call may be monitored.

- |   |                             |                            |
|---|-----------------------------|----------------------------|
| 1 | Yes                         |                            |
| 2 | Not ready/Adult unavailable | <b>(SCHEDULE CALLBACK)</b> |
| 3 | Unwilling – terminate       | <b>(GO TO TERM_INT)</b>    |
| 8 | Don't Know                  | <b>(GO TO ADULT_C)</b>     |
| 9 | Refused                     | <b>(GO TO ADULT_C)</b>     |

**(ASK IF INTRO>3)**

ADULT\_C.       I'm only allowed to interview individuals that are at least 18 years of age. Are you at least 18?  
(INTERVIEWER: IF UNWILLING TO CONFIRM ELIGIBILITY, READ:  
"Thank you for your time."  
Then enter "2", which will terminate the interview.)

- |   |                                  |                    |
|---|----------------------------------|--------------------|
| 1 | Yes                              |                    |
| 2 | Unwilling to confirm eligibility | <b>(TERMINATE)</b> |

**(ASK IF INTRO=3)**

TERM\_INT.      Thank you for considering our request.  
**(TERMINATE)**

**(ASK IF INTRO=1 OR ADULT\_C=1)**

PHONE\_CHK.     To be sure I dialed correctly, can you confirm that your phone number is **<INSERT SAMPLE PHONE NUMBER>**?

- |   |                             |                         |
|---|-----------------------------|-------------------------|
| 1 | Yes – correct phone number  |                         |
| 2 | No – incorrect phone number | <b>(GO TO PHONE_CB)</b> |

**(ASK IF PHONE\_CK=2)**

PHONE\_CB. I apologize. I must have dialed incorrectly. Because the phone numbers for this project were randomly selected, I am not able to replace your household for the household that was selected. Thank you for your time.

**(SCHEDULE IMMEDIATE CALLBACK TO CALL CORRECT NUMBER)**

We first want to confirm that you live in the survey area. (or "that you meet our eligibility requirements")

AREA\_ST. And you live in Washington?

- 01 Yes
- 02 No (GO TO AREA\_TM)

AREA\_CTY1. What COUNTY do you live in?

- 01 King (GO TO AREA\_CTY2)
- 02 Kitsap
- 03 Pierce
- 04 Snohomish
- 996 Other (GO TO AREA\_TM)
- 998 Don't Know (GO TO AREA\_TM)
- 999 Refused (GO TO AREA\_TM)

**(ASK IF AREA\_CTY1=1)**

AREA\_CTY2. Do you live inside the city limits of Seattle?

- 01 Yes
- 02 No

DELETE Q AREA\_CTW

**(IF AREA\_CTY2=1 THEN SKIP)**

AREA\_CTW. What is the name of the CITY or area where you live?  
(IF NEEDED: "We need to know where the physical location of your residence is.")  
(RECORD NUMBER FOR APPROPRIATE LOCATION FROM CITY/AREA LIST)  
(RECORD 996 FOR "OTHER")

- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know (GO TO AREA\_TM)
- 999 Refused (GO TO AREA\_TM)

AREA\_TM. Unfortunately, your household is not eligible for this project. Thank you for your time.  
**(TERMINATE)**

INFO. The results of your participation in this study will be used to help develop the future transportation improvements in the Puget Sound area. Members of your household will each receive a diary to easily record travel information for a 48-hour period. The diary will ask you what locations you visit and how you travel from one location to the next. After the two-day travel period, an interviewer will call back to collect the information over the phone.

ALL members of your household, regardless of age, must complete the interview for your household to count. Can we count on your support for this important Puget Sound area project?

- |    |                           |                             |
|----|---------------------------|-----------------------------|
| 01 | Yes – Continue            | <b>(GO TO HHNUMVEH)</b>     |
| 02 | No – Will Not Participate | <b>(INFORMED TERMINATE)</b> |

IF INFO=01, ASK:)

APTPO. Do you live in an apartment building, or do you have a Post Office (PO) Box address?  
(CHECK ALL THAT APPLY)

- |   |                    |
|---|--------------------|
| 1 | Apartment Building |
| 2 | PO Box Address     |
| 3 | Neither            |

FedEx. Can you accept a Fed Ex delivery addressed to your home or street address during regular business hours?

- |   |                         |
|---|-------------------------|
| 1 | Yes                     |
| 2 | No (SKIP GPS Questions) |

This call will take about ten minutes.

HHNUMVEH. For sampling purposes I need to obtain some background information about your household. First, how many vehicles are available to your household? Please count all working, owned and leased cars, vans, trucks, and motorcycles, as well as vehicles available for REGULAR USE to your household, such as company vehicles. Include RVs and mopeds only if they are used for local trips. Do NOT include bicycles, golf carts, boats, or snowmobiles.

How many working vehicles are available to your household?

(INTERVIEWER: Verify if more than 6 vehicles.)  
(RECORD NUMBER OF HOUSEHOLD VEHICLES)

\_\_\_ (PROGRAMMER: Allow 0 to 10 vehicles.)

- |    |            |                         |
|----|------------|-------------------------|
| 97 | Zero/None  | <b>(GO TO HHNUMPPL)</b> |
| 98 | Don't Know | <b>(GO TO HHNUMPPL)</b> |
| 99 | Refused    | <b>(GO TO HHNUMPPL)</b> |

**(ASK IF HHNUMVEH>0 and <97)**

HHVEHTYPE\_1 What is the make and model of the first vehicle in your household?

HHVEHTYPE\_# What is the make and model of the next vehicle in your household?  
(SEARCH QUESTION)

---

9999 REFUSED

HHVEHYEAR\_# What is the year of this vehicle?

— — — — (PROGRAMMER NOTE: MUST BE BETWEEN 1900 AND 2006)

9999 REFUSED

HHNUMPPL. We will send a travel diary for EACH person that lives in your household. INCLUDING yourself, all other adults, and children of all ages, how many people currently live in your household?

(INTERVIEWER: Include roommates and housemates. Do NOT include children living away from home.)

(RECORD TOTAL NUMBER OF HOUSEHOLD MEMBERS)

— — (PROGRAMMER: Allow 1 to 15.)

**(ASK IF HHNUMPPL>9)**

GROUPCK. Are any of these people related to each other?

01 Yes  
02 No

**(ASK IF HHNUMPPL=1)**

WRKRS1. Are you currently employed?

01 Yes  
02 No

99 Refused

**(ASK IF HHNUMPPL>1)**

WRKRS2. Including yourself, how many of the people, 16 years of age or older, living in your household are currently employed?

— — (PROGRAMMER: Allow 0 to HHNUMPPL.)  
(PROGRAMMER: IF WRKRS1=1, CODE WRKRS2=1, ELSE WRKRS2=0/97)

97 Zero/None  
98 Don't Know  
99 Refused

**(ASK IF HHNUMPPL>1)**

PERS\_INT. Now I'd like to ask a few questions about each of the household members so we can prepare individual diaries. Again, I want to assure you that this information is for research purposes only. The information that is collected will be treated as private and confidential. Let's start with you.

NAME\_1. Please tell me your first name.

NAME\_#. Now please tell me the next person's first name.  
(INTERVIEWER: If respondent refuses, ask for initials or other identifying information.)  
(RECORD FIRST NAME)

---

SEX\_1. (RECORD GENDER - BY OBSERVATION)

SEX\_#. Is <INSERT NAME\_#> male or female?

- 01 Male
- 02 Female
- 99 Refused

SAGE\_1. What is your age?

SAGE\_#. What is <INSERT NAME\_#>'s age?  
(RECORD AGE)

— — — (PROGRAMMER: Allow 18 to 115 for SAGE\_1.)  
(PROGRAMMER: Allow 0 to 115 for SAGE\_2:15.)

- 998 Don't Know
- 999 Refused

**(ASK IF SAGE\_#=998 OR 999)**

AGE\_1. Which of the following categories best describes your age?

AGE\_#. Which of the following categories best describes <INSERT NAME\_#>'s age?

- 01 Under 5 (DO NOT SHOW FOR PERSON 1)
- 02 5 to 15 (DO NOT SHOW FOR PERSON 1)
- 03 16 to 17 (DO NOT SHOW FOR PERSON 1)
- 04 18 to 24
- 05 25 to 34
- 06 35 to 44
- 07 45 to 54
- 08 55 to 64
- 09 65 to 74
- 10 75 to 84
- 11 85 and over
- 998 Don't Know
- 999 Refused

**(ASK IF AGE\_#998 OR 999)**

AGE18\_1. (INTERVIEWER: HIT "1" TO CONTINUE)  
(PROGRAMMER: Only allow answer 1.)

AGE18\_#. Is <INSERT NAME\_#> 18 years of age or older?

01 Yes (18 or older)

02 No (under 18)

98 Don't Know

99 Refused

**(ASK IF NOT FIRST PERSON)**

RELAT\_#. What is <INSERT NAME\_#>'s relationship to you?  
(DO NOT READ LIST. PROMPT, IF NEEDED.)

001 Husband/Wife/Unmarried Partner

002 Son/Daughter/In-Law

003 Brother/Sister/In-Law

004 Mother/Father/In-Law

005 Other Relative

006 Roommate/Friend

007 Household Help

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

**(ASK IF [(SAGE\_#>15 AND SAGE\_#<116) OR (AGE\_#>2)**

LDRV\_1. Do you have a valid driver license??

LDRV\_#. Does <INSERT NAME\_#> have a valid driver license?

01 Yes

02 No

98 Don't Know

99 Refused

**(ASK IF [(SAGE\_#>17 AND SAGE\_#<116) OR (AGE\_#>3)**

EDU\_1. What is the highest level of school you have completed?

EDU\_#. What is the highest level of school <INSERT NAME\_#> has completed?  
(DO NOT READ LIST. PROMPT, IF NEEDED.)

01 Less than high school

02 High school graduate

03 Some college

04 Vocational/Technical training

05 Associates degree

06 Bachelors degree

07 Graduate/Post-graduate degree

98 Don't Know

99 Refused



**(ASK IF [(SAGE\_#>15 AND SAGE\_#<116) OR (AGE\_#>2)**

WRKR\_1. Are you a...?

WRKR\_#. Is <INSERT NAME\_#> a...?

(INTERVIEWER NOTE: Answers 1 and 2 refer to PAID work. Answer 3 can be full-time OR part-time.)

(READ LIST) (ALLOW MULTIPLE MENTIONS)

- 01 A PAID Full-time worker
- 02 A PAID Part-time worker
- 03 AN UNPAID worker or volunteer
- 04 Retired
- 05 Not working

- 98 Don't Know
- 99 Refused

**(ASK IF WRKR\_#=05)**

NOWK\_1. Are you looking for PAID-work?

NOWK\_#. Is <INSERT NAME\_#> looking for work?

- 01 Yes
- 02 No

- 98 Don't Know
- 99 Refused

TRANSIT\_# Have (you/NAME) used any form of public transit within the Puget Sound region within the last 30 days?

- 01 Yes
- 02 No

- 98 Don't Know
- 99 Refused

PROGRAMMER: REPEAT NAME\_# TO NOWK\_# FOR EACH HOUSEHOLD MEMBER, UP TO 15.

PROGRAMMER: COMPARE WRKRS2 ANSWER TO TOTAL OF WRKR\_#=1 OR 2  
IF EQUAL, CONTINUE WITH INTERVIEW BY PROCEEDING TO DATE.  
IF NOT EQUAL, GO TO WRKVER.

**(ASK IF WRKRS2<>TOTAL OF WRKR\_#=1 OR 2)**

WRKVER. In the beginning of the interview, I heard that <INSERT WRKRS> member(s) of your household work(s). Now I have <INSERT TOTAL # OF WORKERS>. Which number is correct?

- 01 Beginning of the interview was incorrect  
Need to change the beginning number
- 02 Beginning of the interview was correct  
Need to change an individual's employment answer

**(ASK IF WRKVER=1)**

WRKCH1. So, to confirm, there is/are **<TOTAL OF WRKR\_#=1 OR 2>** worker(s) in your household.  
(IF RESPONDENT AGREES, ENTER ABOVE NUMBER)  
(IF NOT, BACKUP AND CHANGE PREVIOUS ANSWER)

\_\_\_ (PROGRAMMER: Allow TOTAL OF WRKR\_#1 OR 2 ONLY!!)

**(ASK IF WRKVER=2)**

WRKCH2. Let's now review which household members are employed.

(PROGRAMMER: Cycle back through all WRKR\_# questions.)

GPS\_1. (INTERVIEWER KEY IN A "1" TO CONTINUE.  
IF TERMINATES, F3 BACK TO KEY IN A "2".)

- 01 OFFER GPS
- 02 DO NOT OFFER GPS – QUOTA FILLED – (GO TO DATE)

GPS\_DATE. We would like to send [PROGRAMMER: If HHNUMPPL=1 SHOW: "you", ELSE SHOW:  
"each member of your household"] a diary to keep track of your travel for a 48-hour  
period, **<INSERT DAYS OF WEEK AND DATE OF TRAVEL DAYS>**.

- 01 Continue – willing to participate
- 02 Unsure about participation **(GO TO GPS\_ASSURE)**

GPSDATECHK. Will **<INSERT DAYS OF WEEK AND DATE OF TRAVEL DAYS>** be typical travel days  
for your household, or will your typical travel be altered due to vacation, spring break, or  
some other circumstance?

INTERVIEWER: PLEASE TRY TO FILL THE TRAVEL DATE THAT IS LISTED FIRST.

- 01 Typical travel days
- 02 Non-typical travel days **(GO TO GPS\_NDATE)**

GPS\_NDATE. How about **<INSERT DAY OF WEEK AND DATE plus 7 OF TRAVEL DAYS>?**

- 01 Typical travel days (GO TO GPS)
- 02 Non-typical travel days **(GO TO DATECHK TO SCHEDULE NON-GPS DAY)**

**(ASK IF GPS\_DATE=02)**

GPS\_ASSURE. Your household will represent many others in the Puget Sound area, and no one else can  
be substituted for you. Your input will help the Washington State Department of  
Transportation and the Puget Sound Regional Council better plan for future  
transportation improvements in the region. Will you help us out with this important  
project?

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

DATE. We would like to send [PROGRAMMER: If HHNUMPPL=1 SHOW: "you", ELSE SHOW: "each member of your household"] a diary to keep track of your travel for a 48-hour period, **<INSERT DAYS OF WEEK AND DATE OF TRAVEL DAYS>**.  
INTERVIEWER: PLEASE TRY TO FILL THE TRAVEL DATE THAT IS LISTED FIRST.

- 01 Continue – willing to participate
- 02 Unsure about participation **(GO TO ASSURE)**

DATECHK. Will **<INSERT DAYS OF WEEK AND DATE OF TRAVEL DAYS>** be typical travel days for your household, or will your typical travel be altered due to vacation, spring break, or some other circumstance?

- 01 Typical travel days
- 02 Non-typical travel days **(GO TO NDATE)**

NDATE. How about **<INSERT DAY OF WEEK AND DATE plus 7 OF TRAVEL DAYS>?**

- 01 Typical travel days
- 02 Non-typical travel days **(GO TO NDATE)**

**(ASK IF DATE=02)**

ASSURE. Your household will represent many others in the Puget Sound area, and no one else can be substituted for you. Your input will help the Washington State Department of Transportation and the Puget Sound Regional Council better plan for future transportation improvements in the region. Will you help us out with this important project?

- 01 Yes – willing to participate
- 02 No – not willing to participate **(TERMINATE)**

**GPS RECRUIT**

SKIP IF HHNUMVEH=0 OR 97 OR>3 OR IF FEDEX=2)

**ASK IF GPS\_NDATE=1 OR GPSDATECHK=1**

GPS. As part of this study we're asking a small number of households to help evaluate a new technology that's providing greater insight into how people travel. This technology is called GPS, or the Global Positioning System. The Global Positioning System is a worldwide navigation system using satellites that can be used to identify the exact locations of vehicles, ships, and airplanes.

What we'll do is send you a GPS unit for each one of your vehicles before your travel dates. All you'll need to do is temporarily attach a small unit on the dashboard of your vehicle and it will record where you travel. You won't need to do anything else to operate the unit. After your travel dates you will return the unit using a postage-paid envelope that we will provide.

If you volunteer to participate in the GPS portion of this study, you will receive \$30. However, not all households will be able to participate in the GPS portion of the study, due to the limited number of GPS units available. Each of your household members will also need to fill out the diaries if selected. Are you willing to participate in the GPS portion of the study?

- 01 Yes (GO TO GPS\_ONUM)  
02 No

**(READ IF GPS=1)**

GPS\_ONUM. Great! If available the GPS units for your vehicles will be sent along with the diaries for each of your household members before your travel day. When we receive the GPS units and your completed diaries back, we will mail a check for \$30.

**INCENTIVES ADDED AFTER NON-RESPONSE OF CERTAIN GROUPS WAS DOCUMENTED**

**ASK IF HHNUMVEH=0 AND HHNUMPPL=1)**

INCENT\_20 As a token of appreciation, we will send you a check for \$10.00. The check will be sent after we have collected all of the activity and travel information from all members of your household.

**(ASK IF HHNUMVEH=0 AND HHNUMPPL≥2)**

INCENT\_30 As a token of appreciation, we will send you a check for \$15.00. The check will be sent after we have collected all of the activity and travel information from all members of your household.

**(ASK IF HHNUMVEH≥1 AND HHNUMPPL≥4)**

INCENT\_40. As a token of appreciation, we will send you a check for \$20.00. The check will be sent after we have collected all of the activity and travel information from all members of your household.

INTRO2. On one last topic, planners know there are relationships between the decisions people make about where to live and where they have to travel. We have a few questions about your current residence, and whether you have moved recently within the region.

CHOMEOWN. Is your current residence owned or rented? (DO NOT READ LIST)  
(INTERVIEWER NOTE: Code OWNED if home is not owned outright, but is under mortgage or land contract OR if respondent rents, but someone who lives in the home owns it.)

- 01 Owned  
02 Rented  
03 Provided by job or military  
04 Vacation home/Not the primary residence of respondent (TERMINATE)  
  
96 Other (Specify \_\_\_\_\_)  
98 Don't Know  
99 Refused

CHOMETYPE. What type of structure is it? Is it a ... (READ LIST)  
(INTERVIEWER NOTE: Code two-unit townhouse as duplex)

- 01 Detached single house  
02 Duplex  
03 Triplex or 4-plex (or fourplex)  
04 Rowhouse, townhouse  
05 Apartment, condominium  
06 Mobile home or trailer  
07 Dorm room, fraternity or sorority house (DO NOT READ)  
  
96 Other (Specify \_\_\_\_\_)

- 98 Don't Know
- 99 Refused

**CHOMEAGE.** How old is your current home? (READ LIST)

- 01 Less than a year
- 01 1 to less than 3 years
- 02 3 to less than 5 years
- 03 5 to less than 7 years
- 04 7 years to less than 10 years
- 05 10 to less than 20 years
- 06 20 or more years old

**CHOMEYEAR.** How long have you lived at this place?

- 01 Less than a year
- 02 Between 1 and 2 years
- 03 Between 2 and 3 years
- 04 Between 3 and 5 years
- 05 Between 5 and 10 years
- 06 Between 10 and 20 years
- 07 More than 20 years

**CHOMEAREA.** Is your current home located in an urban area, suburban area, or rural/exurban area?

(IF NEEDED: urban=dense urban environment, suburban=lower-density suburban environment, and rural/exurban area=very low density environment or a mixture of low-density household and open space) (CHECK ONE)

- 01 Urban
- 02 Suburban
- 03 Rural/Exurban
- 998 Don't Know
- 999 Refused

(ASK IF CHOMEAREA=01 OR HOMEAREA=998 OR 999)

**CUHOME.** Is this . . . .(READ LIST AND CHECK ONE)

- 01 Mostly a single family area?
- 02 Mostly a multi-family area of apartments and condos?
- 03 An area of a mixture of housing and businesses?
- 998 Don't Know
- 999 Refused

(ASK IF CHOMEAREA=02)

**CSHOME.** Is this . . . .(READ LIST AND CHECK ONE)

- 01 Mostly a single family area?
- 02 Mostly a multi-family area of apartments and condos?
- 03 An area of a mixture of housing and businesses?
- 998 Don't Know
- 999 Refused

**(ASK IF CHOMEYEAR < 06 – Moved into this residence in the previous 10 years)**

PREV\_CTY. In what COUNTY was your previous address located?

- 01 King (city of Seattle)
- 02 King (outside of Seattle)
- 03 Kitsap
- 04 Pierce
- 05 Snohomish
- 06 Other Washington State location
- 07 Other state
  
- 998 Don't Know **(GO TO AREA\_TM)**
- 999 Refused **(GO TO AREA\_TM)**

**(ASK IF PREV\_CTY < 06)**

PREVADD. What was your previous address?  
(RECORD STREET ADDRESS)  
(BE SURE TO INCLUDE APARTMENT NUMBER, IF APPLICABLE)

\_\_\_\_\_

**(ASK IF PREV\_CTY < 07)**

PMAILCITY. City

(RECORD NUMBER FOR APPROPRIATE CITY FROM THE CITY LIST)  
(RECORD 9996 FOR OTHER SPECIFY)

**(ASK IF PREV\_CTY < 06)**

PMAILZIP. Zip code?  
(VERIFY/EDIT ZIP CODE OR RECORD NEW ZIP CODE)

\_\_\_\_\_  
<INSERT ZIP>

**(ASK IF CHOMEYEAR < 06)**

PHOMEOWN. Was your previous residence owned or rented?  
(DO NOT READ LIST)  
(INTERVIEWER NOTE: Code OWNED if home is not owned outright, but is under mortgage or land contract OR if respondent rents, but someone who lives in the home owns it.)

- 01 Owned
- 02 Rented
- 03 Provided by job or military
- 04 Vacation home/Not the primary residence of respondent
  
- 96 Other (Specify \_\_\_\_\_)
- 98 Don't Know
- 99 Refused

**(ASK IF CHOMEYEAR<06))**

PHOMETYPE. And what kind of structure was it? Was it a...? (READ LIST)  
(INTERVIEWER NOTE: Code two-unit townhouse as duplex.)

- 01 Detached single house
- 02 Duplex
- 03 Triplex or 4plex (or fourplex)
- 04 Rowhouse, townhouse
- 05 Apartment, condominium
- 06 Mobile home or trailer
- 07 Dorm room, fraternity or sorority house (DO NOT READ)
  
- 96 Other (Specify \_\_\_\_\_)
- 98 Don't Know
- 99 Refused

**(ASK IF CHOMEYEAR<06))**

PHOMEAGE. How old was your previous home? (READ LIST)

- 01 Less than a year
- 01 1 to less than 3 years
- 02 3 to less than 5 years
- 03 5 to less than 7 years
- 04 7 years to less than 10 years
- 05 10 to less than 20 years
- 06 20 or more years old

**(ASK IF CHOMEYEAR<06))**

PHOMEYEAR. How long have did you live at this place?

- 01 Less than a year
- 02 Between 1 and 2 years
- 03 Between 2 and 3 years
- 04 Between 3 and 5 years
- 05 Between 5 and 10 years
- 06 Between 10 and 20 years
- 07 More than 20 years

**(ASK IF CHOMEYEAR<06))**

PHOMEAREA. Was your previous home located in an urban area, suburban area, or rural/exurban area?

(IF NEEDED: urban=dense urban environment, suburban=lower-density suburban environment, and rural/exurban area=very low density environment or a mixture of low-density household and open space) (CHECK ONE)

- 01 Urban
- 02 Suburban
- 03 Rural/Exurban
  
- 998 Don't Know
- 999 Refused

(ASK IF PHOMEAREA=01 OR HOMEAREA=998 OR 999)  
PUHOME. Is this . . . . (READ LIST AND CHECK ONE)

- 01 Mostly a single family area?
- 02 Mostly a multi-family area of apartments and condos?
- 03 An area of a mixture of housing and businesses?
  
- 998 Don't Know
- 999 Refused

(ASK IF HOMEAREA=02)  
PSHOME. Is this . . . . (READ LIST AND CHECK ONE)

- 01 Mostly a single family area?
- 02 Mostly a multi-family area of apartments and condos?
- 03 An area of a mixture of housing and businesses?
  
- 998 Don't Know
- 999 Refused

(ASK IF CHOMEYEAR < 06) (DELETED AFTER FIRST 1, 000+ RECRUITS)  
PMOVE3. What was the most important reason you chose your current home location?  
(DO NOT READ LIST AND CHECK ONE)

Precodes

- 01 Housing or rental price
- 02 The local schools
- 03 Location to a job site
- 04 Location a school site
- 05 Location to shopping, entertainment, restaurants
- 06 Location to a social, religious, civic, cultural or recreational facility
- 07 Transit access
- 08 Closeness to relatives or friends
- 09 Other (*Please Specify*) \_\_\_\_\_

(ASK IF MAILADDR IS NOT MISSING)

MAILADD1. In order to mail the project materials to you, I need to verify that your address is ...?  
(VERIFY/EDIT ADDRESS OR RECORD NEW STREET ADDRESS)  
(BE SURE TO INCLUDE APARTMENT NUMBER, IF APPLICABLE)

(ASK IF MAILADDR IS MISSING)

MAILADD2. In order to mail the project materials to you, could you please tell me your mailing address?  
(RECORD STREET ADDRESS)  
(BE SURE TO INCLUDE APARTMENT NUMBER, IF APPLICABLE)  
(INTERVIEWER NOTE: FOR GPS RESPONDENTS – Do Not Record PO Box. Record PHYSICAL ADDRESS OF HOUSE.)

\_\_\_\_\_  
<INSERT MAILADDR IF NOT MISSING>

MAILTYPE. INTERVIEWER: RECORD IF THE ADDRESS IS ...



- 01 Normal street address
- 02 P O Box

MAILCITY. City?

(RECORD NUMBER FOR APPROPRIATE CITY FROM CITY LIST)  
(RECORD 9996 FOR OTHER SPECIFY)

MAILZIP. Zip code?  
(VERIFY/EDIT ZIP CODE OR RECORD NEW ZIP CODE)

\_\_\_\_\_  
<INSERT ZIP>

MAILATTN. To whom should we address the envelope?  
(RECORD FULL NAME)

\_\_\_\_\_

**(ASK IF MAILTYPE=1)**

MAILXSTS. What intersection is closest to this address?  
(RECORD TWO NEAREST CROSS STREETS)

\_\_\_\_\_

MAILHOME. Is this your home address?

- 01 Yes
- 02 No

**(ASK IF MAILTYPE=2 OR MAILHOME=2)**

HOMEADD. So we know where most of your trips will begin, I need to know the location of your home.  
What is your home address?  
(INTERVIEWER: Do NOT record a P O Box. Record the PHYSICAL ADDRESS of the household, even if mail cannot be received at this address.)  
(RECORD HOME STREET NAME AND NUMBER)

\_\_\_\_\_

**(ASK IF MAILTYPE=2 OR MAILHOME=2)**

HECITY. City?

(RECORD NUMBER FOR APPROPRIATE CITY FROM CITY LIST)  
(RECORD 9996 FOR OTHER SPECIFY)

**(ASK IF MAILTYPE=2 OR MAILHOME=2)**

HOMESTAT. INTERVIEWER: HIT "1" TO CONTINUE

001 Washington

**(ASK IF MAILTYPE=2 OR MAILHOME=2)**

HOMEXIP. Zip code?  
(RECORD ZIP CODE)

— — — — —

**(ASK IF MAILTYPE=2 OR MAILHOME=2)**

HOMEXSTS. What intersection is closest to this address?  
(RECORD TWO NEAREST CROSS STREETS)

\_\_\_\_\_

HHINC. Finally, in order to be sure that the project accurately represents all Puget Sound area residents, could you tell me what the total 2005 combined annual income is for your HOUSEHOLD? Is it:  
(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")  
(READ LIST)

- 01 Below \$50,000, or **(GO TO INC\_U50)**
- 02 \$50,000 to \$100,000 **(GO TO INC\_O50)**
- 03 **Above \$100,000 (GO TO INC\_O100)**
- 98 Don't Know
- 99 Refused

**(ASK IF HHINC=1)**

INC\_U50. Please stop me when I get to the category that best describes the total 2005 combined income for everyone living in your household. Was it ...?  
(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")

- 01 Less than \$10,000
- 02 \$10,000 to less than \$20,000
- 03 \$20,000 to less than \$30,000
- 04 \$30,000 to less than \$40,000
- 05 \$40,000 to less than \$50,000
- 98 Don't Know
- 99 Refused

**(ASK IF HHINC=2)**

INC\_O50. Please stop me when I get to the category that best describes the total 2005 combined income for everyone living in your household. Was it ...?

(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")

- 01 \$50,000 to less than \$60,000
- 02 \$60,000 to less than \$70,000
- 03 \$70,000 to less than \$80,000
- 04 \$80,000 to less than \$90,000
- 05 \$90,000 to less than \$100,000

**(ASK IF HHINC=3)**

INC\_O50. Please stop me when I get to the category that best describes the total 2005 combined income for everyone living in your household. Was it ...?

(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")

- 01 \$100,000 to less than \$110,000
- 02 \$110,000 to less than \$120,000
- 03 \$120,000 to less than \$130,000
- 04 \$130,000 to less than \$140,000
- 05 \$140,000 to less than \$150,000
- 06 \$150,000 OR MORE

- 98 Don't Know
- 99 Refused

- 98 Don't Know
- 97 Refused

OTHER. For future contact, where is the best place to reach you?  
(DO NOT READ LIST. PROMPT, IF NEEDED.)

- 01 Home
- 02 Work **(GO TO O\_NUM)**
- 03 Cell phone **(GO TO O\_NUM)**
- 04 Other **(GO TO O\_NUM)**

- 98 Don't Know
- 99 Refused

**(ASK IF OTHER>1 AND OTHER<98)**

O\_NUM. Can I have that number please?  
(RECORD PHONE NUMBER TO REACH RESPONDENT AT)

( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

END. That completes this portion of the project. The travel diaries will be sent to you in the mail and need to be completed on **<INSERT TRAVEL DATES>**. A MORPACE interviewer will call to collect your household's travel information over the phone the day

following your second assigned travel day, or within a few days if we have trouble reaching you.

If you have any questions, a toll-free number will be provided with your project package, along with information to verify the project's legitimacy.

Your household's participation in this project is greatly appreciated. Thank you for your time.

(PROVIDE IF REQUESTED: 1-800-294-9668)

(PROVIDE IF REQUESTED: [www.psrc.org](http://www.psrc.org))

Draft Retrieval Script  
PSRC Household Activity Survey 2006  
FINAL VERSION 05/02/06

---

**Puget Sound Regional Council  
Retrieval Interview**

---

**NOT IN CATI:**

Proxy Rules: A proxy interview is REQUIRED for persons under 14 years old. Persons 14 or 15 years of age SHOULD be proxy interviews, unless an adult requests we talk directly to the individual. Persons 16 years of age and older should NOT be interviewed by proxy until Day 4, unless the interview will be lost if a proxy is not allowed sooner.

Interview 1: "Hello, may I speak with (READ FIRST NAME ON HOUSEHOLD LIST)?"

*If first person is not available, ask to speak to the next household member who is at least 16 years of age.*

Interview >1: "Now let's talk about (READ NEXT NAME ON HOUSEHOLD LIST)."

*If next person is at least 16 years old, read:*

"We would prefer to talk to (NAME) directly. Is (NAME) available to give me his/her travel information?"

*If next person is available, conduct interview with respondent.*

*If next person is NOT available, conduct a proxy interview or schedule a callback.*

**CATI:**

FIRST. (INTERVIEWER: Is this the first person in the household that you are interviewing during this call?)

01 Yes (GO TO INT\_CALL)

02 No (GO TO PROXY)

**(ASK IF FIRST=1, IF CALLING USING NO INCENTIVE RETRIEVAL SCRIPT)**

INT\_CALL. Hello, my name is <INSERT INTERVIEWER'S FIRST NAME> and I'm calling on behalf of the Puget Sound Regional Council. Your household recently agreed to participate in "the Household Travel Survey", a study to better understand travel patterns of Puget Sound area residents. I'm calling now to collect your household's travel information from <INSERT TRAVEL DAY 1> and <INSERT TRAVEL DAY 2>.

01 Continue with interview

(GO TO PROXY)

02 TERMINATE – No longer willing to participate

(THANK AND TERMINATE )

03 Mailed Diaries

(GO TO MAIL\_D)

**(ASK IF CALLING USING INCENTIVE RETRIEVAL SCRIPT)**

INT\_CALL\_1. Hello, my name is <INSERT INTERVIEWER'S FIRST NAME> and I'm calling on behalf of the Puget Sound Regional Council. Your household recently agreed to participate in "The Household Travel Survey", a study to better understand travel patterns of Puget Sound residents. As a token of our appreciation, we will send you a check for \$10.00 after we collect travel information from all members of your household. I am calling now to collect your household's travel information for the last two days.

- |    |                                              |                              |
|----|----------------------------------------------|------------------------------|
| 01 | Continue with interview                      | <b>(GO TO PROXY)</b>         |
| 02 | TERMINATE – No longer willing to participate | <b>(THANK AND TERMINATE)</b> |
| 03 | Mailed Diaries                               | <b>(GO TO MAIL_D)</b>        |

**(ASK IF CALLING USING INCENTIVE RETRIEVAL SCRIPT)**

INT\_CALL\_2. Hello, my name is <INSERT INTERVIEWER'S FIRST NAME> and I'm calling on behalf of the Puget Sound Regional Council. Your household recently agreed to participate in "The Household Travel Survey", a study to better understand travel patterns of Puget Sound residents. As a token of our appreciation, we will send you a check for \$15.00 after we collect travel information from all members of your household. I am calling now to collect your household's travel information for the last two days.

- |    |                                              |                              |
|----|----------------------------------------------|------------------------------|
| 01 | Continue with interview                      | <b>(GO TO PROXY)</b>         |
| 02 | TERMINATE – No longer willing to participate | <b>(THANK AND TERMINATE)</b> |
| 03 | Mailed Diaries                               | <b>(GO TO MAIL_D)</b>        |

**(ASK IF CALLING USING INCENTIVE RETRIEVAL SCRIPT)**

INT\_CALL\_4. Hello, my name is <INSERT INTERVIEWER'S FIRST NAME> and I'm calling on behalf of the Puget Sound Regional Council. Your household recently agreed to participate in "The Household Travel Survey", a study to better understand travel patterns of Puget Sound residents. As a token of our appreciation, we will send you a check for \$20.00 after we collect travel information from all members of your household. I am calling now to collect your household's travel information for the last two days.

- |    |                                              |                              |
|----|----------------------------------------------|------------------------------|
| 01 | Continue with interview                      | <b>(GO TO PROXY)</b>         |
| 02 | TERMINATE – No longer willing to participate | <b>(THANK AND TERMINATE)</b> |
| 03 | Mailed Diaries                               | <b>(GO TO MAIL_D)</b>        |

**(ASK IF CALLING USING INCENTIVE/GPS RETRIEVAL SCRIPT)**

GPS\_1. Hello, my name is <INSERT INTERVIEWER'S FIRST NAME> and I'm calling on behalf of the Puget Sound Regional Council. Your household recently agreed to participate in "The Household Travel Survey", a study to better understand travel in your area. As a token of our appreciation, we will send you a check for \$30.00 after we collect both the GPS information for all assigned household vehicles and the diary travel information from all members of your household

Was the GPS vehicle information collected for both assigned travel days for your household?

- |    |     |
|----|-----|
| 01 | Yes |
| 02 | No  |

**(ASK IF CALLING USING INCENTIVE/GPS RETRIEVAL SCRIPT)**

GPS\_2. Have the GPS units been sent back, or has the pick-up been scheduled?

- |    |                                                   |
|----|---------------------------------------------------|
| 01 | Yes, units have been sent back (GO TO INT_CALL_3) |
|----|---------------------------------------------------|

02 No, units have not been sent back (GO TO GPS \_3)

IF GPS\_2=02 “Your household will still receive a check for \$15 if all members complete their travel information.

GPS\_3 Please return the units in the FedEx return package provided. (IF NEEDED, “Drop the return package in any FedEx box”)  
Will you be able to this in the next day or two?

1 Yes (GO TO INT\_CALL\_3)

2 No (GO TO GPS\_4)

GPDS\_4 Someone will call you back in the next day or two to make arrangements (GO TO INT\_CALL\_3)

**I(ASK IF CALLING USING INCENTIVE/GPS RETRIEVAL SCRIPT)**

INT\_CALL\_3. I am calling now to collect your household’s DIARY travel information for your assigned travel period **(INSERT DAY 1)** and **(INSERT DAY2)**.

01 Continue with interview

**(GO TO COMP\_D)**

02 TERMINATE – No longer willing to participate

**(THANK AND TERMINATE)**

03 Mailed Diaries

**(GO TO MAIL\_D)**

COMP\_D Has everyone in the household completed their diary?

01 Yes

02 No (No one in the household has completed their diary)

03 Some but not all members have completed their diary

**(ASK IF COMP\_D=01 OR 03)**

HAVE\_D Do you have the diary (diaries) in front of you now? (“I’ll wait while you get them.”)

01 Yes

02 No

**(ASK IF HAVE\_D=2)**

HAVE\_DNEW Please recall your travel for (INSERT DAY 1) **and** (INSERT DAY2) as best as you can.

01 Continue

02 Can’t recall travel (THANK AND TERMINATE)

(ASK IF INT\_CALL=03 OR INT\_CALL\_2=03 OR INT\_CALL\_3=03)

MAIL\_D. Thank you very much. We will check our system to confirm the information. You will hear from us shortly.

**(ASK IF FIRST=2 OR INT\_CALL=1)**

PROXY. (INTERVIEWER: Is the respondent on the phone?)

01 Respondent IS on the phone

02 PROXY interview/Respondent IS NOT on the phone

03 Entering information from a MAILED in diary

**(ASK IF PROXY=2)**

PROXYNAM. (INTERVIEWER: Who is providing the proxy information?)

**<LIST HOUSEHOLD MEMBERS 16 YEARS OF AGE AND OLDER (OR DK/OR  
REFUSED AGE), NOT INCLUDING THE RESPONDENT >**

**(ASK IF FIRST PERSON/ PERSON FROM RECRUIT)**

C\_PPL. Before recording the travel information, I need to confirm the number of people living in your household. In our first call to your household, you indicated **<INSERT HHNUMPPL FROM RECRUIT>** person(s) live(s) in your household. Is that correct?

- 01 Yes - Household size is correct
- 02 No - ADD a household member
- 03 No - REMOVE a household member

**(ASK IF C\_PPL=2)**

ADD\_HM. I need to ask a few quick questions about this household member.

(INTERVIEWER: COMPLETE ADDITIONAL PERSON FORM FOR EACH ADDITIONAL  
HOUSEHOLD MEMBER!)

**(ASK IF C\_PPL=3)**

REM\_HM. Which person(s) are not actually members of your household?

(INTERVIEWER: COMPLETE REMOVAL FORM FOR EACH HOUSEHOLD MEMBER!)

**<LIST NAME\_# FOR EACH HOUSEHOLD MEMBER>**

**(ASK IF FIRST PERSON/CONTACT PERSON FROM RECRUIT)**

C\_VEH. I also need to confirm the number of vehicles available to your household. . In our first call to your household, you indicated, **<INSERT HHNUMVEH FROM RECRUIT>** vehicle(s) are/is available to your household for regular use. Is that correct?

- 01 Yes - Number of vehicles is correct
- 02 No - Change number of vehicles

**(ASK IF C\_VEH=2)**

CORR\_VH. How many working vehicles are available to your household?

(INTERVIEWER: Verify if more than 6 vehicles.)

(RECORD NUMBER OF HOUSEHOLD VEHICLES) (FOR MORE THAN 10 VEHICLES,  
RECORD MAKE AND MODEL AND YEAR ON ADD VEHICLE FORM)

\_\_\_ (PROGRAMMER: Allow 0 to 10 vehicles.)

- 97 Zero/None
- 98 Don't Know
- 99 Refused

**(ASK IF CORR\_VH>0 and <97)**

HHVEHTYPE\_1 What is the make and model of the first vehicle in your household?

HHVEHTYPE\_# What is the make and model of the next vehicle in your household?



(SEARCH QUESTION)

---

9999 REFUSED

HHVEHYEAR\_# What is the year of this vehicle?

— — — — (PROGRAMMER NOTE: MUST BE BETWEEN 1900 AND 2006)

9999 REFUSED

START. Now I need to ask a few questions about school and work. These questions were included in the diary sent for each member of your household.

PROGRAMMER NOTE: Throughout the interview, when (text1/text2) is used, text1 should be used if PROXY=1. Text2 should be used if PROXY>1.
------------------------------------------------------------------------------------------------------------------------------------------

S\_STATUS. (Are you/Is NAME) currently attending any level of school?  
(INTERVIEWER NOTE: From preschool/nursery school to college.)

- 01 Yes
- 02 No - NOT CURRENTLY A STUDENT
  
- 98 Don't Know
- 99 Refused

**(ASK IF S\_STATUS=1)**

S\_TYPE. What type of school (do you/does NAME) attend?  
(DO NOT READ LIST. IF NEEDED, PROMPT WITH CATEGORIES.)

- 01 Pre-school/Nursery school
- 02 K-12 (elementary/grammar school, middle/junior high, high school)
- 03 Vocational/Technical
- 04 FULL-time college student (including graduate or professional school)
- 05 PART-time college student (including graduate or professional school)
  
- 98 Don't Know
- 99 Refused

**(ASK IF S\_STATUS=1)**

S\_NAME. What is the NAME of (your/NAME's) school?  
(PROBE FOR FULL NAME OF SCHOOL)

---

**(ASK IF S\_STATUS=1)**

S\_ADDR. What is the ADDRESS of (your/NAME's) school?  
(IF NEEDED, ASK FOR SPELLING.)  
(IF DK/REF, DO NOT TYPE – HIT ENTER)

(RECORD STREET NUMBER AND NAME)

\_\_\_\_\_

**(ASK IF S\_STATUS=1)**

S\_CITY.

City?

(RECORD CITY NUMBER FROM LIST OF PUGET SOUND AREA CITIES)

\_\_\_\_ \_

9996 Other (Specify \_\_\_\_\_)

9998 Don't Know

9999 Refused

**(ASK IF S\_STATUS=1 AND S\_CITY>9995)**

S\_STATE.

State?

(DO NOT READ LIST)

001 Washington

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

**ASK IF S\_STATUS=1)**

S\_ZIP. Zip Code?

\_\_\_\_\_

99998 Don't Know

99999 Refused

**(ASK IF S\_STATUS=1)**

S\_XSTS. What are the nearest cross streets?  
(RECORD CROSS STREETS)

\_\_\_\_\_

**(ASK IF WRKR\_# =1:2)**

W\_CONF. In our first call to your household, you indicated that (you are/NAME is) currently employed. Is that correct?

01 Yes - employed

02 No - NOT employed

**(ASK IF W\_CONF=2)**

CNOWK. (Are you/Is NAME) looking for paid work?

01 Yes

02 No

98 Don't Know

99 Refused

**(ASK IF WRKR\_# =3:4)**

NW\_CONF. In our first call to your household, you indicated (you are/NAME is) NOT currently employed in paid work. Is that correct?

01 Yes - NOT employed

02 No - employed

**(ASK IF NW\_CONF=2)**

CWRKR\_1. (Are you/Is NAME) a...?  
(READ LIST)

01 Full-time worker

02 Part-time worker

98 Don't Know

99 Refused

**(ASK IF W\_CONF=1 OR NW\_CONF=2)**

MJOB\_# (Do you/Does NAME) have more than one job?

- 01 Yes
- 02 No

**(ASK IF MJOB=1)**

JOB#\_# How many jobs (do you/does NAME) have?

— —

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_NAME. Puget Sound's transportation community is interested in where people work because travel to work often affects other daily travel. What is the name of (your/NAME's) employer?  
(INTERVIEWER: If respondent has more than one job, the following questions refer to the primary job – where the respondent goes to work most often)  
(RECORD FULL COMPANY NAME)

\_\_\_\_\_

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_TYPE. What type of business is that?  
(RECORD TYPE OF COMPANY)

\_\_\_\_\_

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_ADDR. What is the street address of (your/NAME's) workplace?  
(INTERVIEWER NOTE: If respondent works both at home and at work, enter "1" and then enter the work address.)  
(DO NOT READ LIST)

- 01 Workplace
- 02 Works only at home
- 03 No fixed workplace

**(ASK IF W1\_ADDR=1)**

W1\_STR. (RECORD WORKPLACE STREET ADDRESS)  
(INTERVIEWER NOTE: Do NOT enter a Post Office Box!)  
(IF NEEDED: "We are not going to contact the employer.")  
(IF DK/REF, DO NOT TYPE – HIT ENTER)  
(RECORD STREET NUMBER AND STREET NAME)

\_\_\_\_\_

**(ASK IF W1\_ADDR=1)**

W1\_CITY. City?  
(RECORD CITY NUMBER FROM LIST OF WASHINGTON CITIES)

\_\_\_\_ \_

9996 Other (Specify \_\_\_\_\_)

9998 Don't Know

9999 Refused

**(ASK IF W1\_ADDR=1 AND W1\_CITY>9995)**

W1\_STATE. State?  
(DO NOT READ LIST)

001 Washington

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

**(ASK IF W1\_ADDR=1)**

W1\_ZIP. Zip Code?

\_\_\_\_ \_

99998 Don't Know

99999 Refused

**(ASK IF W1\_ADDR=1)**

W1\_XSTS. What are the nearest cross streets?  
(RECORD CROSS STREETS)

\_\_\_\_\_

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_IND. What is (your/NAME's) employer's industry?  
(IF NEEDED: By industry, we mean the employer's principal business or activity.)  
(DO NOT READ LIST)

001 Agriculture, Forestry, Fishing and Hunting

002 Mining

003 Utilities

004 Construction

005 Manufacturing

006 Wholesale Trade

007 Retail Trade

008 Transportation and Warehousing

009 Information

010 Finance and Insurance

011 Real Estate, Rental/Leasing

012 Professional, Scientific and Technical Services

013 Management of Companies and Enterprises

- 014 Administrative and Support and Waste Management and Remediation Services
- 015 Educational Services
- 016 Health Care and Social Services
- 017 Arts, Entertainment, and Recreation
- 018 Accommodation and Food Services
- 019 Public Administration/Government
- 020 Other Services
- 021 Military
- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know
- 999 Refused

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_TIMES. Does (your/NAME's) job involve ...?

- W1\_EVES. A. Evenings
- W1\_ONITE. B. Overnight shifts
- 01 Yes
- 02 No
- 98 Don't Know
- 99 Refused

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_HRS. On average, how many hours per week (do you/does NAME) work at this job?

\_\_\_\_ (PROGRAMMER: Allow 1 to 120.)

- 998 Don't Know
- 999 Refused

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_FLEX. Which of the following statements best describes (your/NAME's) work schedule?

- 01 "I have NO FLEXIBILITY in my work schedule."
- 02 "I have SOME FLEXIBILITY in my work schedule."
- 03 "I'm PRETTY MUCH FREE to adjust my schedule as I like."
- 98 Don't Know
- 99 Refused

**(ASK IF W\_CONF=1 OR CWRKR\_# =1:2)**

W1\_COMP. Does (your/NAME's) employer offer compressed work week options?  
(IF NEEDED: "A compressed work week is working 40 hours in less than 5 days.")

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

W1\_YEARS      How long have you worked at that address? Is it:

- 01      Less than a year
- 02      Between 1 and 2 years
- 03      Between 2 and 3 years
- 04      Between 3 and 5 years
- 05      Between 5 and 10 years
- 06      Between 10 and 20 years
- 07      More than 20 years

**(ASK IF PROXY=01)**

W1\_FREQ.      How many days per week do you typically go to work at that address? (ALLOW 1 THROUGH 7)

\_\_\_\_\_

**(ASK IF PROXY=01)**

W1\_MODE      In the last 10 times you went to work at this address, roughly how many of those times did you travel by...

- \_\_\_\_\_ Car, driving alone
- \_\_\_\_\_ Car, sharing a ride with others
- \_\_\_\_\_ Bus or train using park and ride
- \_\_\_\_\_ Other bus or train
- \_\_\_\_\_ Bicycle
- \_\_\_\_\_ Walking the entire way
- \_\_\_\_\_ Ferry with car
- \_\_\_\_\_ Other Ferry

**(TOTAL=10, ELSE CORRECT)**

**(ASK IF PROXY=01) (SKIP IF W1\_EVES=01 AND/OR W1\_ONITE=01)**

W1\_ARRIVE      And in the last 10 times you went to work at this address, roughly how many of those times did you ARRIVE there....

- \_\_\_\_\_ Before 6 am
- \_\_\_\_\_ Between 6 and 6:30 am
- \_\_\_\_\_ Between 6:30 and 7 am
- \_\_\_\_\_ Between 7 and 7:30 am
- \_\_\_\_\_ Between 7:30 and 8 am
- \_\_\_\_\_ Between 8 and 8:30 am
- \_\_\_\_\_ Between 8:30 and 9 am
- \_\_\_\_\_ After 9 am

**(ASK IF PROXY=01)**

W1\_LEAVE      And in the last 10 times you went to work at this address, roughly how many of those times did you LEAVE there....

- \_\_\_\_\_ Before 3:30 pm
- \_\_\_\_\_ Between 3:30 and 4 pm
- \_\_\_\_\_ Between 4 and 4:30 pm
- \_\_\_\_\_ Between 4:30 and 5 pm
- \_\_\_\_\_ Between 5 and 5:30 pm

- \_\_\_\_\_ Between 5:30 and 6 pm
- \_\_\_\_\_ Between 6 and 6:30 pm
- \_\_\_\_\_ After 6:30 pm

**(ASK IF PROXY=01)**

W1\_CONGT Do you choose the times you go to and from work in order to avoid traffic congestion?

- \_\_\_\_\_ No
- \_\_\_\_\_ Yes, occasionally
- \_\_\_\_\_ Yes, usually

**(ASK IF PROXY=01 AND W1\_YEARS<06)**

INTRO3. Planners know there are relationships between the decisions people make about where they work and where they have to travel. We have a few questions about your previous work location

**(ASK IF PROXY=01 AND W1\_YEARS<06)**

PREV\_WCTY. In what COUNTY was your previous work address located?

- 01 King (city of Seattle)
- 02 King (outside of Seattle)
- 03 Kitsap
- 04 Pierce
- 05 Snohomish
- 06 Other Washington State location
- 07 Other state
- 998 Don't Know **(GO TO AREA\_TM)**
- 999 Refused **(GO TO AREA\_TM)**

**(ASK IF PREV\_WCTY < 07)**

PREVWADD. What was your previous work address?  
(RECORD STREET ADDRESS)  
(BE SURE TO INCLUDE SUITE NUMBER, IF APPLICABLE)

\_\_\_\_\_

**(ASK IF PREV\_WCTY < 07)**

PMAILWCITY. City  
(RECORD NUMBER FOR APPROPRIATE CITY FROM THE CITY LIST)  
(RECORD 9996 FOR OTHER SPECIFY)

\_\_\_\_\_

**(ASK IF PREV\_WCTY < 07)**

PMAILWZIP. Zip code?  
(VERIFY/EDIT ZIP CODE OR RECORD NEW ZIP CODE)

\_\_\_\_\_  
<INSERT ZIP>



**(ASK IF W1\_YEARS < 06)**

PWMOVE1. What was the primary reason you moved from your previous work address? (ASK AS OPEN END. MULTIPLE RESPONSES ALLOWED)

- 01 Changed job
- 02 Transferred
- 03 Employer moved
- 04 Other

**(IF PWMOVE1=01)**

PWMWHY1 Why did you change jobs?

---

**(ASK IF MJOB=01)**

W2\_NAME. What is the name of (your/NAME's) SECONDARY employer?  
(RECORD FULL COMPANY NAME)

---

**(ASK IF MJOB=01)**

W2\_TYPE. What type of business is that?  
(RECORD TYPE OF COMPANY)

---

**(ASK IF MJOB=01)**

W2\_ADDR. What is the street address of this workplace?  
(INTERVIEWER NOTE: If respondent works both at home and at work, enter "1" and then enter the work address.)  
(DO NOT READ LIST)

- 01 Workplace
- 02 Works only at home
- 03 No fixed workplace

**(ASK IF W2\_ADDR=1)**

W2\_STR. (RECORD WORKPLACE STREET ADDRESS)  
(INTERVIEWER NOTE: Do NOT enter a Post Office Box!)  
(IF NEEDED: "We are not going to contact the employer.")  
(IF DK/REF, DO NOT TYPE – HIT ENTER)  
(RECORD STREET NUMBER AND STREET NAME)

---

**(ASK IF W2\_ADDR=1)**

W2\_CITY. City?  
(RECORD CITY NUMBER FROM LIST OF WASHINGTON CITIES)

---

9996 Other (Specify \_\_\_\_\_)

9998 Don't Know

9999 Refused

**(ASK IF W2\_ADDR=1 AND W2\_CITY=9996)**

W2\_STATE. State?

(DO NOT READ LIST)

001 Washington

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

**(ASK IF W2\_ADDR=1)**

W2\_ZIP. Zip Code?

\_\_\_\_\_

99998 Don't Know

99999 Refused

**(ASK IF W2\_ADDR=1)**

W2\_XSTS. What are the nearest cross streets?

(RECORD CROSS STREETS)

\_\_\_\_\_

**(ASK IF MJOB=01)**

W2\_IND. What is (your/NAME's) employer's industry?

(IF NEEDED: By industry, we mean the employer's principal business or activity.)

(DO NOT READ LIST)

001 Agriculture, Forestry, Fishing and Hunting

002 Mining

003 Utilities

004 Construction

005 Manufacturing

006 Wholesale Trade

007 Retail Trade

008 Transportation and Warehousing

009 Information

010 Finance and Insurance

011 Real Estate, Rental/Leasing

012 Professional, Scientific and Technical Services

013 Management of Companies and Enterprises

014 Administrative and Support and Waste Management and Remediation Services

015 Educational Services

016 Health Care and Social Services

017 Arts, Entertainment, and Recreation

018 Accommodation and Food Services

019 Public Administration/Government

- 020 Other Services
- 021 Military
- 996 Other (Specify \_\_\_\_\_)

**(ASK IF MJOB=01)**

W2\_TIMES. Does this job involve ...?

- W2\_EVES. A. Evenings
- W2\_ONITE. B. Overnight shifts

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

**(ASK IF MJOB=01)**

W2\_HRS. On average, how many hours per week (do you/does NAME) work at this job?

\_\_\_\_ (PROGRAMMER: Allow 1 to 120.)

- 998 Don't Know
- 999 Refused

**(ASK IF MJOB=01)**

W2\_FLEX. Which of the following statements best describes (your/NAME's) work schedule?

- 01 "I have NO FLEXIBILITY in my work schedule."
- 02 "I have SOME FLEXIBILITY in my work schedule."
- 03 "I'm PRETTY MUCH FREE to adjust my schedule as I like."
- 98 Don't Know
- 99 Refused

**(ASK IF MJOB=01)**

W2\_COMP. Does (your/NAME's) employer offer compressed work week options?  
(IF NEEDED: "A compressed work week is working 40 hours in less than 5 days.")

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

TRANSIT\_# Have you used public transit within the last 30 days?  
Has <INSERT NAME-#> used public transit within the last 30 days?

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

TPASS\_1. Do you have a bus or transit pass?  
TPASS\_#. Does <INSERT NAME\_#> have a bus or transit pass?

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

**(ASK IF TPASS\_# =1)**

PTYPE\_1. What bus or transit passes do you have?  
Any others?  
PTYPE\_#. What bus or transit pass does <INSERT NAME\_#> have?  
Any others?  
(MULTIPLE MENTION. UP TO THREE RESPONSES.)

- 01 Puget Pass
- 02 Metro Transit Ticketbooks
- 03 Van/Pool Transit Pass (Metro)
- 04 Reduced Fare Sticker (Metro)
- 05 Ship to Shore PugetPass
- 06 ACCESS Pass (Metro)
- 07 Visitor Pass (Metro)
- 08 Kitsap Transit Regular Routed Monthly Bus Pass
- 09 Kitsap Transit \*ACCESS and \*\*Reduced Fare Monthly Bus Pass
- 10 Bus-Ferry Pass (Auto-Ferry for walk-on passengers)
- 11 Puget Pass (Auto-Ferry for walk-on passengers)
- 12 Kitsap Transit Worker/Driver 40-Ride Punch Ticket
- 13 Kitsap Transit Worker/Driver Monthly Pass
- 14 Transit Ticketbooks (Pierce Transit or Sound Transit)
- 15 U-Pass
- 16 EdPass
- 17 FlexPass
- 18 ET Passes (Everett Transit)
- 19 Ferry Only Passes (Washington State Ferries)
- 20 Ticket Vending Machine Tickets (Sound Transit)
- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know
- 999 Refused

FVALUE1\_#. How much is the face value of this transit pass?  
<INSERT TEXT FROM PTYPE\_# FIRST MENTION ANSWER>  
(DO NOT READ LIST)

- 01 (Amount (to be recorded in next question))
- 98 Don't Know
- 99 Refused

**(ASK IF FVALUE1\_# =1)**

FVCOST1A\_#. (RECORD TRANSIT PASS FACE VALUE - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF FVALUE1\_# =1)**

FVCOST1B\_#. (RECORD TRANSIT PASS FACE VALUE - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF FVALUE1\_# =1)**

FVALUE1C\_#. Is this rate...?  
(READ LIST)

- 001 Weekly
- 002 Monthly
- 003 Annually
- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know
- 999 Refused

**(ASK IF PVALUE1\_# =1 OR 998)**

PCOST1\_1. How much do you personally pay for this transit pass?

PCOST1\_!#. How much does **<INSERT NAME\_#>** personally pay for this transit pass?  
**<INSERT TEXT FROM PTYPE SECOND MENTION ANSWER>**  
(DO NOT READ LIST)

- 01 NOTHING
- 02 Amount (to be recorded in next question)
- 98 Don't Know
- 99 Refused

**(ASK IF PCOST1\_# =2)**

COST1A\_#. (RECORD TRANSIT PASS COST - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PCOST1\_# =2)**

COST1B\_#. (RECORD TRANSIT PASS COST - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF PCOST1\_# =2)**

COST1C\_#. Is this rate...?  
(READ LIST)

- 001 Weekly
- 002 Monthly
- 003 Annually

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

FVALUE2\_#. How much is the face value of this transit pass?  
<INSERT TEXT FROM PTYPE\_# SECOND MENTION ANSWER>  
(DO NOT READ LIST)

01 (Amount (to be recorded in next question))

98 Don't Know

99 Refused

**(ASK IF FVALUE2\_# =1)**

FVCOST2A\_#. (RECORD TRANSIT PASS FACE VALUE - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF FVALUE2\_# =1)**

FVCOST2B\_#. (RECORD TRANSIT PASS FACE VALUE - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF FVALUE2\_# =1)**

FVALUE2C\_#. Is this rate...?  
(READ LIST)

001 Weekly

002 Monthly

003 Annually

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

**(ASK IF PVALUE2\_# =1 OR 998)**

PCOST2\_1. How much do you personally pay for this transit pass?

PCOST2\_!#. How much does <INSERT NAME\_#> personally pay for this transit pass?  
<INSERT TEXT FROM PTYPE SECOND MENTION ANSWER>  
(DO NOT READ LIST)

01 NOTHING

02 Amount (to be recorded in next question)

98 Don't Know

99 Refused

**(ASK IF PCOST2\_# =2)**

COST2A\_#. (RECORD TRANSIT PASS COST - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PCOST2\_# =2)**

COST2B\_#. (RECORD TRANSIT PASS COST - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF PCOST2\_# =2)**

COST2C\_#. Is this rate...?  
(READ LIST)

- 001 Weekly
- 002 Monthly
- 003 Annually
- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know
- 999 Refused

FVALUE3\_#. How much is the face value of this transit pass?  
**<INSERT TEXT FROM PTYPE\_# THIRD MENTION ANSWER>**  
(DO NOT READ LIST)

- 01 (Amount (to be recorded in next question))
- 98 Don't Know
- 99 Refused

**(ASK IF FVALUE3\_# =1)**

FVCOST3A\_#. (RECORD TRANSIT PASS FACE VALUE - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF FVALUE3\_# =1)**

FVCOST3B\_#. (RECORD TRANSIT PASS FACE VALUE - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF FVALUE3\_# =1)**

FVALUE3C\_#. Is this rate...?  
(READ LIST)

- 001 Weekly
- 002 Monthly
- 003 Annually
- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know
- 999 Refused

**(ASK IF PVALUE3\_# =1 OR 998)**

PCOST3\_1. How much do you personally pay for this transit pass?  
PCOST3\_!#. How much does **<INSERT NAME\_#>** personally pay for this transit pass?

**<INSERT TEXT FROM PTYPE SECOND MENTION ANSWER>**  
(DO NOT READ LIST)

- 01     NOTHING
- 02     Amount (to be recorded in next question)
  
- 98     Don't Know
- 99     Refused

**(ASK IF PCOST3\_# =2)**

COST3A\_#.     (RECORD TRANSIT PASS COST - DOLLARS)

\_\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PCOST3\_# =2)**

COST3B\_#.     (RECORD TRANSIT PASS COST - CENTS)

\_\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF PCOST3\_# =2)**

COST3C\_#.     Is this rate...?  
(READ LIST)

- 001     Weekly
- 002     Monthly
- 003     Annually
- 996     Other (Specify \_\_\_\_\_)
  
- 998     Don't Know
- 999     Refused

**DISABL\_#     Do (you?NAME) have any disability that makes it difficult for you to travel?**

- 1     Yes**
- 2     No**
  
- 998     Don't Know**
- 999     Refused**

**(ASK IF COMP\_D=02 OR 03)**

D\_MEM.     Even if (you/NAME) didn't fill out all the diary information, each household member's travel information is important to us. Please try to recall the information as best you can.

START.     Now for your travel information, starting at 3:00 am on **<INSERT TRAVEL DAY 1>**, (were you/was NAME) ...?  
(READ LIST)

- 01     Traveling (GO to LOCINFO\_#)
- 02     At a location

LOCINFO\_1     What is the name of this place?

LOCINFO\_#     What is the name of the place you went next?

\_\_\_\_\_



STOP\_# Did you make any stops on the way to <INSERT LOCINFO\_#>

- 01 Yes (GO TO SLOCINFO\_#)
- 02 No (GO TO LOCATE\_#)

IF PREVIOUS STOP\_#=01, ASK)

STOPA\_# Did you stop anywhere else along the way.

- 03 Yes (GO TO SLOCINFO\_#)
- 04 No (GO TO LOCATE\_#)

SLOCINFO\_# What is the name of the place where you stopped?

\_\_\_\_\_

**(ASK IF START=2)**

LOCATE\_S. Where (were you/was NAME) at 3:00 am?

LOCATE\_#. Where is <INSERT LOCINFO\_#>?

SLOCATE\_# Where is this?

(DO NOT READ LIST)

- 01 Home
- 02 New location
- 03 Previously reported location (SHOW IF OTHER LOCATIONS COLLECTED)
- 04 Primary workplace (SHOW IF W1\_ADDR=1)
- 05 Secondary workplace (SHOW IF W2\_ADDR=1)
- 06 School (SHOW IF S\_STATUS=1)
- 07 (SHOW PLACE, START TIME, AND END TIME OF THE **FIRST** TRIP  
ANOTHER HOUSEHOLD MEMBER TOOK WITH THE SUBJECT - IF START  
TIME IS AFTER THE PREVIOUS END TIME)
- 08 (SHOW PLACE, START TIME, AND END TIME OF THE **NEXT** TRIP ANOTHER  
HOUSEHOLD MEMBER TOOK WITH THE SUBJECT - IF START TIME IS  
AFTER THE PREVIOUS END TIME)
- 09 (SHOW PLACE, START TIME, AND END TIME OF THE **NTH** TRIP ANOTHER  
HOUSEHOLD MEMBER TOOK WITH THE SUBJECT - IF START TIME IS  
AFTER THE PREVIOUS END TIME)

**(ASK IF LOCATE\_# OR SLOCATE\_# =03)**

LOC\_PREV\_#. Which location?

(IF NEEDED, READ LIST)

- 01 (SHOW LNAME AND CITY OF THE **FIRST** PREVIOUS LOCATION)
- 02 (SHOW LNAME AND CITY OF THE **NEXT** PREVIOUS LOCATION)
- 03 (SHOW LNAME AND CITY OF THE **NTH** PREVIOUS LOCATION)

**(ASK IF LOCATE\_# OR SLOCATE\_# =02)**

LOC\_NAME\_#. What is the NAME of this location?  
(IF NEEDED, ASK FOR SPELLING.)  
(RECORD NAME OF LOCATION)

---

**(ASK IF LOCATE\_# OR SLOCATE\_# =02)**

ADDR\_#. What is the ADDRESS of this location?  
(IF NEEDED, ASK FOR SPELLING.)  
(INTERVIEWER NOTE: Do NOT enter a Post Office Box!)  
(IF DK/REF, DO NOT TYPE – HIT ENTER)  
(RECORD STREET NUMBER AND NAME)

---

**(ASK IF LOCATE\_# OR SLOCATE\_# =02)**

CITY\_#. City?  
(RECORD CITY NUMBER FROM LIST OF SEATTLE AREA CITIES)

\_\_\_\_\_  
9996 Other (Specify \_\_\_\_\_)

9998 Don't Know  
9999 Refused

(ASK IF CITY\_# >995)

STATE\_#. State?  
(DO NOT READ LIST)

001 Washington  
996 Other (Specify \_\_\_\_\_)

998 Don't Know  
999 Refused

**(ASK IF LOCATE\_# OR SLOCATE\_# =02)**

ZIP\_#. Zip Code?

\_\_\_\_\_  
99998 Don't Know  
99999 Refused

**(ASK IF LOCATE\_# OR SLOCATE\_# =02)**

TYPE\_#. What type of place or business is that?  
(DO NOT READ LIST. IF NEEDED, PROMPT WITH CATEGORIES.)

001 Residential  
002 Automotive Dealer/Repair  
003 Bank/Financial Institution  
004 Barber/Beauty/Nail Salon  
005 Bookstore/Library/Newsstand  
006 Construction Site

- 007 Convenience/Drug Store
- 008 Daycare Facility/Preschool/Nursery School
- 009 Gas Station
- 010 Government/Municipal/City Offices
- 011 Grocery
- 012 Hotel/Motel/Other Lodging Facility
- 013 Indoor Recreation - gym/health club, skating rink
- 014 Industrial Site
- 015 Medical Facility/Hospital
- 016 Movie Theater/Theatre/Concert Venue/Sports Arena
- 017 Museum/Zoo/Historic Site
- 018 Office Building
- 019 Outdoor Recreation - Park, Athletic Field, Beach
- 020 Religious - Church/Synagogue/Houses of Worship
- 021 Restaurant/Fast Food/Bar & Grill
- 022 School - K-12
- 023 School - College/University/Technical/Vocational
- 024 Shopping Mall/Department Store
- 025 Transportation Station, Stop, Terminal (airport, train, or bus)
- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know
- 999 Refused

**(ASK IF LOCATE\_# OR SLOCATE\_# =02)**

XSTS\_#. What are the nearest cross streets?  
(RECORD CROSS STREETS)

---

**(ASK IF LOCATE\_# =02 AND PROXY=01)**

NLOCFREQ\_#. How often have you visited <INSERT LOCINFO\_#>?

**(ASK IF SLOCATE\_# =02 AND PROXY=01)**

SNLOCFREQ\_# How often have you visited this stop?

- 01 Never before
- 02 Very rarely
- 03 1-10 times per year
- 04 1-3 times per month
- 05 Once per week or more

**(ASK IF NLOC\_FREQ OR SNLOCFREQ>02)**

NLOCMODE\_#. Have you ever used any modes of travel to get to this location besides the one you used this time? (ALLOW MULTIPLE RESPONSES)

- 01 No
- 02 Yes, by car
- 03 Yes, by transit
- 04 Yes, by bicycle
- 05 Yes, by foot

**(ASK IF NLOC\_MODE >01)**

NLOC\_MR\_# What is the main reason you did not use that mode (those modes) for this trip?

- 001 Did not have time
- 002 Was not convenient
- 003 Car was not available
- 004 Someone gave me a ride
- 005 Too expensive
- 996 Other (*Please Specify*) \_\_\_\_\_

**( (ASK IF TRAV\_# =1 OR NOTRV\_1=2 OR DDONE\_# =2)**

DHOUR\_#. What time did (you/NAME) LEAVE this location?  
(SELECT HOUR OF DEPARTURE TIME)

- 001 3:00 AM
- 002 4:00 AM
- 003 5:00 AM
- 004 6:00 AM
- 005 7:00 AM
- 006 8:00 AM
- 007 9:00 AM
- 008 10:00 AM
- 009 11:00 AM
- 010 12:00 PM (NOON)
- 011 1:00 PM
- ...
- 020 10:00 PM
- 021 11:00 PM
- 022 12:00 AM (MIDNIGHT)
- 023 1:00 AM
- 024 2:00 AM

**(ASK IF TRAV\_# =1 OR NOTRV\_1=2 OR DDONE\_# =2)**

LOC\_TIME2\_#. (SELECT MINUTE OF DEPARTURE TIME)

- 001 #:01
- 002 #:02
- 003 #:03
- 004 #:04
- 005 #:05
- 006 #:06
- 007 #:07
- 008 #:08
- 009 #:09
- 010 #:10
- ...
- 053 #:53
- 054 #:54
- 055 #:55
- 056 #:56
- 057 #:57
- 058 #:58
- 059 #:59
- 060 #:00

A1\_#.

What was (your/NAME's) PRIMARY activity at this location?  
(DO NOT READ LIST. IF NEEDED, PROMPT WITH CATEGORIES.)

- 001 1 Home – Paid Work (SHOW IF LOCATE\_# =1 AND (W\_CONF=1 OR CWRKR\_# =1:2))
- 002 2 Home – Other (SHOW IF LOCATE\_# =1)
- 003 3 Work
- 004 4 Attend Childcare
- 005 5 Attend School
- 006 6 Attend College
- 007 7 Eat Out
- 008 8 Personal Business
- 009 9 Everyday Shopping
- 010 10 Major Shopping
- 011 11 Religious/Community
- 012 12 Social
- 013 13 Recreation – Participate
- 014 14 Recreation – Watch
- 015 15 Accompany Another Person
- 016 16 Pick-Up/Drop-Off Passenger
- 017 17 Turn Around

A2\_#.

Did (you/NAME) do anything else at this location?  
(MULTIPLE MENTION, UP TO THREE RESPONSES.)  
(DO NOT READ LIST. IF NEEDED, PROMPT WITH CATEGORIES.)  
(PROGRAMMER NOTE: Do not show A1\_# answer.)

- 001 1 Home – Paid Work (SHOW IF LOCATE\_# =1 AND (W\_CONF=1 OR CWRKR\_# =1:2))
- 002 2 Home – Other (SHOW IF LOCATE\_# =1)
- 003 3 Work
- 004 4 Attend Childcare
- 005 5 Attend School
- 006 6 Attend College
- 007 7 Eat Out
- 008 8 Personal Business
- 009 9 Everyday Shopping
- 010 10 Major Shopping
- 011 11 Religious/Community
- 012 12 Social
- 013 13 Recreation – Participate
- 014 14 Recreation – Watch
- 015 15 Accompany Another Person
- 016 16 Pick-Up/Drop-Off Passenger
- 017 17 Turn Around
- 097 97 NO OTHER ACTIVITY

**(ASK IF PROXY=01 AND LOCATE\_# OR SLOCATE\_# =2 AND A1\_# >006 AND NLOCFREQ\_# OR SNLOCFREQ\_# >02)**

NLOC\_WHY\_# Which of the following best describes why you went to this location at the time of day you did? (READ LIST)

- 01 I had an appointment for that time
- 02 I usually go there at that time

- 03 It was the most convenient time to go
- 04 I stopped off on my way to somewhere else
- 05 Other (*Please Specify*) \_\_\_\_\_ -

**(ASK FOR LOCATE\_#1)**

TRAV\_1\_#. Did (you/NAME) LEAVE this location on **(INSERT ASSIGNED TRAVEL DAY 1)**?

- 01 Yes
- 02 No

**(ASK IF TRAV\_#1=2)**

NOTRV\_1\_#. Does this mean that (you/NAME) stayed at the same place for all of **(INSERT ASSIGNED TRAVEL DAY 1)**?

- 01 Yes
- 02 No

**(ASK IF NOTRV\_1=1)**

WHYNO\_S1\_#. Why did (you/NAME) stay at the same place for **(INSERT ASSIGNED TRAVEL DAY 1)**?

- 001 Sick/ill
- 002 Other household member sick/ill
- 003 Worked at home
- 004 Vacation
- 996 Other (*Please Specify*) \_\_\_\_\_)

**(ASK if NOTRV\_1\_# =01)**

TRAV\_2\_#. Did (you/NAME) LEAVE this location on **(INSERT ASSIGNED TRAVEL DAY 2)**?

- 01 Yes
- 02 No

**(ASK IF TRAV\_2=2)**

NOTRV\_2\_# Does this mean that (you/NAME) stayed at the same place for all of **(INSERT ASSIGNED TRAVEL DAY 2)**?

- 01 Yes
- 02 No

**(ASK IF NOTRV\_1=1)**

WHYNO\_S2\_#. Why did (you/NAME) stay at the same place?

- 001 Sick/ill
- 002 Other household member sick/ill
- 003 Worked at home
- 004 Vacation
- 996 Other (*Please Specify*) \_\_\_\_\_)

**(IF A1\_1=1 OR A2\_1=1 GO TO WKHM\_S, ELSE GO TO LD\_INT)**  
**[ASK IF NOTRV\_1=1 OR NOTRV\_2=1] AND [A1\_1=1 OR A2\_1=1]**

WKHM\_S. What time did you do paid work at home on Day 1? On Day 2?  
(EXAMPLE: 8 am to 1 pm on Day 1, 10 am to 3:30 pm on Day 2)

---

**(GO TO LD\_INT)**

**(ASK IF DDONE\_# = 01 and LOCATE\_# <>01)**

DDONE\_#. Does this mean that (you/NAME) didn't go anywhere else during the 48-hour travel period?

- 01 Yes – NO MORE TRAVEL
- 02 No – CONTINUE RECORDING TRAVEL

**(ASK IF DDONE\_# = 01 and LOCATE\_# <>01)**

NOTHMEND So, at the end of the 48 hour diary period, you were not at home?

- 01 Yes—Not at home – No more travel
- 02 No – Was at home – Collect last trip home information

<p style="text-align: center;">PROGRAMMER NOTE: DEPARTURE TIME MUST BE LATER THAN PREVIOUS ARRIVAL TIME.</p>
------------------------------------------------------------------------------------------------------------------

<p>IF PREVIOUS STOP_# = 01, GO TO STOPA_#. IF PREVIOUS STOP_# = 02 OR STOPA_# = 1 OR 2 , GO TO LOCINFO_#</p>
------------------------------------------------------------------------------------------------------------------

**(IF TRS\_TYPE\_1, READ:)**

Now we're going to ask you how you got to place 2. We want to know every method of travel you used, including car, bus, train, ferry, bicycle, and walking for more than five minutes.

TRS\_TYPE\_1. What was (your/NAME's) first method of travel to get to the next place? (DO NOT  
TRS\_TYPE\_# What was your next method of travel?

**(IF PREVIOUS STOP\_# = 1 OR STOPOTH\_# = 1, ASK:)**

What method of travel were you using when you left this place?

READ LIST. IF NEEDED, PROMPT WITH CATEGORIES.)

- 001 1 Car, van, truck
- 002 2 Motorcycle/Moped
- 003 3 Bicycle
- 004 4 Walk
- 005 5 School Bus
- 006 6 Taxi/Shuttle
- 007 7 Dial-A-Ride
- 008 8 Train
- 009 9 Public Bus
- 010 10 Ferry
- 011 Other (Specify \_\_\_\_\_)

**(DO NOT SHOW FOR TRS\_TYPE\_1 OR IF PREVIOUS STOP\_# =1 OR PREVIOUS STOPOTH\_# =1)**

997 No other means of travel **(GO TO AHOUR\_#)**

**(ASK IF TRS\_TYPE\_# =7)**

DAR\_#. Which DIAL-A-RIDE provider did (you/NAME) ride?  
(MULTIPLE MENTION, UP TO THREE RESPONSES.)  
(RECORD NUMBER FOR BUS PROVIDER FROM TRANSIT LIST)  
(RECORD 996 FOR OTHER SPECIFY)  
(DO NOT READ LIST. IF NEEDED, PROMPT WITH CATEGORIES.)

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

**(ASK IF TRS\_TYPE\_# =9)**

BUS\_#. Which BUS operator did (you/NAME) ride?  
(MULTIPLE MENTION, UP TO THREE RESPONSES.)  
(RECORD NUMBER FOR BUS OPERATOR FROM TRANSIT LIST)  
(RECORD 996 FOR OTHER SPECIFY)  
(DO NOT READ LIST. IF NEEDED, PROMPT WITH CATEGORIES.)

996 Other (Specify \_\_\_\_\_)

998 Don't Know

999 Refused

**(ASK IF TRS\_TYPE\_# =9)**

BUS\_RTE1\_# What BUS route did you use first?

— — —

**(ASK IF TRS\_TYPE\_# =9)**

BUS\_RTE2\_#. What Bus route did you use next?

--- --- ---

997 No other bus routes used for this trip. **(GO TO PAY9\_#)**

**(ASK IF BUS\_RTE2\_# <> 997)**

BUS\_RTE3\_#. What Bus route did you use next?

--- --- ---

997 No other bus routes used for this trip. **(GO TO TRFS1\_MIN\_#)**

**(ASK IF BUS\_RTE3\_# <> 997)**

BUS\_RTE4\_#. What Bus route did you use next?

--- --- ---

997 No other bus routes used for this trip. **(GO TO TRFS1\_MIN\_#)**



**(ASK IF BUS\_RTE4\_# <> 997)**

BUS\_RTE5\_#. What Bus route did you use next?

--- --- ---

997 No other bus routes used for this trip. **(GO TO TRFS1\_MIN\_#)**

**(ASK IF BUS\_RTE2\_# <> 997)**

TRFS1\_MIN\_# How many minutes did the first transfer take?      \_\_\_ \_\_\_

**(ASK IF BUS\_RTE3\_# <> 997)**

TRFS2\_MIN\_# How many minutes did the second transfer take?      \_\_\_ \_\_\_

**(ASK IF BUS\_RTE4\_# <> 997)**

TRFS3\_MIN\_# How many minutes did the third transfer take?      \_\_\_ \_\_\_

**(ASK IF BUS\_RTE5\_# <> 997)**

TRFS4\_MIN\_# How many minutes did the fourth transfer take?      \_\_\_ \_\_\_

**(ASK IF TRS\_TYPE\_#=6)**

PAY6\_#. How much, in total, did (you/NAME) pay for the TAXI or SHUTTLE?  
(DO NOT READ LIST)

- 01 NOTHING
- 02 Amount (to be recorded in next question)
- 98 Don't Know
- 99 Refused

**(ASK IF PAY6\_# =2)**

PAY6A\_#. (RECORD TAXI/SHUTTLE COST - DOLLARS)

\_\_\_ \_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PAY6\_# =2)**

PAY6B\_#. (RECORD TAXI/SHUTTLE COST - CENTS)

\_\_\_ \_\_\_ (PROGRAMMER: Allow 0 to 99.)

**ASK IF PAY6\_# =7)**

PAY7\_#. How much, in total, did (you/NAME) pay for the DIAL-A-RIDE service, or was a transit pass used?  
(DO NOT READ LIST)

- 01 NOTHING
- 02 Amount (to be recorded in next question)
- 03 Used transit pass
- 98 Don't Know
- 99 Refused

**(ASK IF PAY7\_# =2)**

PAY7A\_#. (RECORD DIAL-A-RIDE COST - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF TRS\_TYPE\_# =8)**

PAY8\_#. How much, in total, did (you/NAME) pay for the TRAIN or was a transit pass used?  
(DO NOT READ LIST)

- 01 NOTHING
- 02 Amount (to be recorded in next question)
- 03 Used transit pass
  
- 98 Don't Know
- 99 Refused

**(ASK IF PAY8\_# =2)**

PAY8A\_#. (RECORD TRAIN COST - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PAY8\_# =2)**

PAY8B\_#. (RECORD TRAIN COST - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF TRS\_TYPE\_# =9)**

PAY9\_#. How much, in total, did (you/NAME) pay for the BUS, or was a bus or transit pass used?  
(DO NOT READ LIST)

- 01 NOTHING
- 02 Amount (to be recorded in next question)
- 03 Used bus or transit pass
  
- 98 Don't Know
- 99 Refused

**(ASK IF PAY9\_# =2)**

PAY9A\_#. (RECORD BUS COST - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PAY9\_# =2)**

PAY9B\_#. (RECORD BUS COST - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF TRS\_TYPE\_# =10)**

PAY10\_#. How much, in total, did (you/NAME) pay for the FERRY, or was a ferry or transit pass used?  
(DO NOT READ LIST)

- 01 NOTHING
- 02 Amount (to be recorded in next question)
- 03 Used ferry or transit pass
- 98 Don't Know
- 99 Refused

**(ASK IF PAY9\_# =2)**

PAY10A\_#. (RECORD FERRY COST - DOLLARS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PAY9\_# =2)**

PAY10B\_#. (RECORD FERRY COST - CENTS)

\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF TRS\_TYPE\_# >2)**

HHM\_WTR\_# How many household members were with you on the (IF TRS\_TYPE\_# =3, "bicycle") (IF TRS\_TYPE\_# =4, "walk") (IF TRS\_TYPE\_# =5, "school bus") (IF TRS\_TYPE\_# =8, "train") (IF TRS\_TYPE\_# =9 "bus") (IF TRS\_TYPE\_#10, "ferry")?

\_\_\_\_

997 None/Zero

**(ASK IF TRS\_TYPE\_# =1 OR 2 AND (SVAGE\_# >15 AND SVAGE\_# <116)**

TRS\_DP\_#. (Were you/was NAME) the driver or passenger?  
(DO NOT READ LIST)

- 01 Driver
- 02 Passenger
- 98 Don't Know
- 99 Refused

**(ASK IF TRS\_TYPE\_# =1 OR 2)**

VTNUM\_#. NOT including (yourself/NAME), how many people were in the vehicle?

- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6+
- 97 0 - ALONE
- 98 Don't Know
- 99 Refused

**(ASK IF VTNUM\_# =1:6 AND HHNUMPPL>1**

VHNUM\_#. How many of these people are members of your household?

- |    |          |                                           |
|----|----------|-------------------------------------------|
| 01 | 1        |                                           |
| 02 | 2        | (DO NOT ALLOW IF VTNUM_#=1 OR HHNUMPPL=2) |
| 03 | 3        | (DO NOT ALLOW IF VTNUM_#=2 OR HHNUMPPL=3) |
| 04 | 4        | (DO NOT ALLOW IF VTNUM_#=3 OR HHNUMPPL=4) |
| 05 | 5        | (DO NOT ALLOW IF VTNUM_#=4 OR HHNUMPPL=5) |
| 06 | 6+       | (DO NOT ALLOW IF VTNUM_#=5 OR HHNUMPPL=6) |
| 97 | 0 – None | (POSTCODE IF VTNUM_#=1 AND HHNUMPPL=1)    |

**(ASK IF (HHM\_WTR\_# =1:996) OR (VHNUM\_# =01:996)**

WHOACC\_#. Which household member(s) was/were with (you/NAME)?  
(MULTIPLE MENTION, UP TO 15 HOUSEHOLD MEMBERS.)

(PROGRAMMER: IF VHNUM\_#=1, ALLOW ONE MENTION.)  
(PROGRAMMER: IF VHNUM\_#=2, ALLOW TWO MENTIONS.)  
(PROGRAMMER: IF VHNUM\_#=N, ALLOW N MENTIONS.)

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

**(ASK IF TRS\_TYPE\_# =1 OR 2 AND (HHNUMVEH NE 0/97OR CORR\_VH# NE 97)**

HHV\_#. Was a vehicle from your household used for this trip?

- |    |                                |
|----|--------------------------------|
| 01 | Yes                            |
| 02 | No (POSTCODE IF HHNUMVEH=0/97) |
| 98 | Don't Know                     |
| 99 | Refused                        |

**(ASK IF HHV\_# =01)**

HHV\_WH\_# Which vehicle was used?

- |    |                       |
|----|-----------------------|
| 01 | (INSERT MAKE/MODEL1)  |
| 02 | (INSERT MAKE/MODEL2)  |
| 03 | (INSERT MAKE/MODEL3)  |
| 04 | (INSERT MAKE/MODEL4)  |
| 05 | (INSERT MAKE/MODEL5)  |
| 06 | (INSERT MAKE/MODEL6)  |
| 07 | (INSERT MAKE/MODEL7)  |
| 08 | (INSERT MAKE/MODEL8)  |
| 09 | (INSERT MAKE/MODEL9)  |
| 10 | (INSERT MAKE/MODEL10) |

**ASK IF PROXY =01 AND TRS\_TYPE\_# =01:10)**

TRACT\_# Which of these activities did you do **for more than 15 minutes** while (IF  
TRS\_TYPE\_#=1, "in the vehicle") (IF TRS\_TYPE\_#=2 OR TRS\_TYPE\_#=3, "riding") (IF  
TRS\_TYPE\_#=4, "walking") (IF TRS\_TYPE\_#=5 OR TRS\_TYPE\_#=9, "on the bus") (IF  
TRS\_TYPE\_#=8, "on the train") (IF "bus") (IF TRS\_TYPE\_#=10, "on the ferry")?

(READ LIST)

- |    |                                                                 |
|----|-----------------------------------------------------------------|
| 1. | Work (IF NEEDED, reading laptop computer use, cell phone, etc.) |
|----|-----------------------------------------------------------------|

2. Eating, Sleeping, or Personal Grooming (IF NEEDED, Maintenance)
3. Recreation, Entertainment, or Visiting (IF NEEDED, radio, DVD, games, cell phone.)
4. None of these activities

**(ASK IF TRS\_TYPE\_# =1 OR 2)**

PARK\_# Where did you park at your next place? (IF NEEDED: "Your trip destination") (DO NOT READ. CATEGORIZE RESPONSE)

- 01 In a parking lot **(GO TO PARK\_LOT\_#)**
- 03 In a parking structure
- 02 On the street
- 03 In a driveway or garage
- 04 Other *(Please Specify)*\_\_\_\_\_

**(ASK IF PARK\_# =1)**

PARK\_LOT\_#. Did (you/NAME) use a park and ride lot?

- 01 Yes
- 02 No

**(ASK IF PARK\_LOT\_# =01)**

LOT\_WH\_#. Which lot did (you/NAME) use?

\_\_\_\_\_ (ENTER NUMBER FROM LIST)

**(ASK IF TRS\_TYPE\_# =1 OR 2)**

PPAY\_#. How much, in total, did (you/NAME) personally pay for parking?

(DO NOT READ LIST)

- 01 NOTHING
- 02 Amount (to be recorded in next question)
- 98 Don't Know
- 99 Refused

**(ASK IF PPAY\_# =2)**

PKA\_#. (RECORD PARKING AMOUNT - DOLLARS)

\_\_\_\_\_ (PROGRAMMER: Allow 0 to 9000.)

**(ASK IF PPAY\_# =2)**

PK2B\_#. (RECORD PARKING AMOUNT - CENTS)

\_\_\_\_\_ (PROGRAMMER: Allow 0 to 99.)

**(ASK IF PPAY\_# =2)**

PK3\_#. Was the rate...?  
(READ LIST)

- 001 Hourly
- 002 Daily
- 003 Monthly
- 996 Other (Specify \_\_\_\_\_)
- 998 Don't Know
- 999 Refused

**(ASK IF PREVIOUS STOP\_# =01 OR PREVIOUS STOPOTH\_# =1)**

AHOUR\_#. What time did (you/NAME) ARRIVE at the place where you stopped?

AHOUR\_#. What time did (you/NAME) ARRIVE at your next place?  
(SELECT HOUR OF ARRIVAL TIME)

- 001 3:00 AM
- 002 4:00 AM
- 003 5:00 AM
- 004 6:00 AM
- 005 7:00 AM
- 006 8:00 AM
- 007 9:00 AM
- 008 10:00 AM
- 009 11:00 AM
- 010 12:00 PM (NOON)
- 011 1:00 PM
- 012 2:00 PM
- 021 11:00 PM
- 022 12:00 AM (MIDNIGHT)
- 023 1:00 AM
- 024 2:00 AM

LOC\_ARR\_#. (SELECT MINUTE OF ARRIVAL TIME)

- 001 #:01
- 002 #:02
- 003 #:03
- 004 #:04
- 005 #:05
- 006 #:06
- 007 #:07
- 008 #:08
- 009 #:09
- 010 #:10
- 056 #:56
- 057 #:57
- 058 #:58
- 059 #:59
- 060 #:00

<p align="center"><b>PROGRAMMER NOTE:</b> ARRIVAL TIME MUST BE LATER THAN DEPARTURE TIME.</p>
---------------------------------------------------------------------------------------------------

(IF [AHOUR\_# + LOC\_ARR\_#] minus [DHOURLS\_# + LOC\_DEP\_#] = or > 1 HOUR, ASK:)  
HOUR\_CHK. Then this trip took over one hour, is that correct?

- 01 Yes (CONTINUE)
- 02 No (CORRECT AHOUR\_ AND LOC\_ARR\_#)
- 98 Don't Know (CONTINUE)
- 99 Refused (CONTINUE)

(AFTER DAY 2 TRAVEL IS COMPLETE, IF HOUR\_CHK=01, ASK:)  
LONGTRIP. Did any of the trips you've reported take significantly longer than usual?

- 01 Yes
- 02 No (GO TO LD\_INT)
- 98 Don't Know (GO TO LD\_INT)
- 99 Refused (Go to LD\_INT)

(IF LONGTRIP=01, ASK:)  
REAS\_LT. Was this due to: (READ LIST)

- 01 Weather (rain or snow)
- 02 Construction
- 03 An accident
- 04 Traffic congestion
  
- 96 Other
- 98 Don't Know
- 99 Refused

<b>ALL GO TO TRS_TYPE_#</b>
-----------------------------

ASKED OF CONTACT PERSON ONLY: HOMEACT, Q1\_NEW, Q2\_NEW, Q3\_NEW, AND FUTURE

HOMEACT. During your assigned travel days did you do any of the following at home activities?

- |    |                                                  |        |       |
|----|--------------------------------------------------|--------|-------|
| 1. | Shopping on the Internet or by phone             | 01 Yes | 02 No |
| 2. | Banking on the Internet or by phone              | 01 Yes | 02 No |
| 3. | Other personal business/services on the Internet | 01 Yes | 02 No |
| 4. | Watching a DVD                                   | 01 Yes | 02 No |

**Q1\_NEW.** Please indicate your level of agreement or disagreement with each statement on a scale of 1 to 10, where 1 means that you strongly disagree, 10 means that you strongly agree.  
**[ROTATE LIST]**

- A. Transit is a viable option for my daily trips to work or school.
- B. I don't mind the delays so much if I can forecast accurately when I'm going to get there.
- C. Existing roads and bridges should be safely and adequately maintained before building new ones.
- D. A transportation system that supports many ways to travel (such as bus, rail, automobile, walking, biking) is more favorable than a transportation system that is built primarily to support travel by private automobile.

- E. State and local governments have adequate financial resources to meet transportation needs.
- F. Future growth should be concentrated in already developed areas.
- G. Supporting freight movement and the region's economy should be an important consideration in deciding what transportation improvements are made.
- H. The city or neighborhood I live in has a good mix of residential and non-residential land uses, which gives me the opportunity to do much of what I want without using a car.
- I. I don't mind paying a toll in exchange for faster and more reliable travel time.
- J. I would be concerned about increasing truck traffic on the roads I use.

**Q2\_NEW.** I'm going to list 6 factors that many people consider when choosing a travel mode. [LIST 6 OPTIONS]. On a scale of 1 to 10, please indicate the importance to you of each of these, where 1 is not important at all and 10 is very important. **[ROTATE LIST]**

- A. Predictable travel
- B. Affordable cost
- C. Comfort
- D. Privacy
- E. Flexibility
- F. Quickest travel time

**Q3\_NEW.** Finally, how many days per week (on average) do you experience only limited traffic delays and therefore get to work or school on time?

\_\_\_\_\_ days

98 Don't Know

**(ASK IF FIRST PERSON/CONTACT PERSON FROM RECRUIT)**

**FUTURE.** Would you be willing to be recontacted by THE PUGET SOUND REGIONAL COUNCIL for future studies?

- 01 Yes
- 02 No

98 Don't Know

**([ASK IF FIRST PERSON/CONTACT PERSON FROM RECRUIT AND HHINC=98:99] OR OF EACH RESPONDENT AGE 18+ IN AN HOUSEHOLD NOT RELATED TO OTHER HOUSEHOLD MEMBERS)**  
**HHINC2.**

In order to be sure that the project accurately represents all Washington residents, could you tell me if the total 2005 combined annual income for your HOUSEHOLD is ...?  
(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")  
(READ LIST)

- 01 Below \$50,000, or **(GO TO INC\_U50)**
- 02 \$50,000 to \$100, 000 **(GO TO INC\_O50)**
- 03 **Above \$100,000 (GO TO INC\_0100)**
- 98 Don't Know
- 99 Refused



**(ASK IF HHINC=1)**

INC\_U50. Please stop me when I get to the category that best describes the total 2005 combined income for everyone living in your household. Was it?

(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")

- 01 Less than \$10,000
- 02 \$10,000 to less than \$20,000
- 03 \$20,000 to less than \$30,000
- 04 \$30,000 to less than \$40,000
- 05 \$40,000 to less than \$50,000

- 98 Don't Know
- 99 Refused

**(ASK IF HHINC=2)**

INC\_O50. Please stop me when I get to the category that best describes the total 2005 combined income for everyone living in your household. Was it ...?

(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")

- 01 \$50,000 to less than \$60,000
- 02 \$60,000 to less than \$70,000
- 03 \$70,000 to less than \$80,000
- 04 \$80,000 to less than \$90,000
- 05 \$90,000 to less than \$100,000

**(ASK IF HHINC=3)**

INC\_O50. Please stop me when I get to the category that best describes the total 2005 combined income for everyone living in your household. Was it ...?

(IF NEEDED: "I understand your reluctance to divulge your household income. However, I can assure you that this information is used for classification purposes only. We must be sure that our project accurately represents Washington residents, and income is an important factor in projecting transportation needs.")

- 01 \$100,000 to less than \$110,000
- 02 \$110,000 to less than \$120,000
- 03 \$120,000 to less than \$130,000
- 04 \$130,000 to less than \$140,000
- 05 \$140,000 to less than \$150,000
- 06 \$150,000 OR MORE

- 98 Don't Know
- 99 Refused

END. Thank you very much for your participation in this study.

# Puget Sound Regional Council

---

## PSRC

Dear «MAILATTN»:

Thank you for agreeing to participate in the Puget Sound Household Travel Survey. Whether you travel by car, bus, train, ferry, boat, bike, or on foot—or even if you rarely travel--your participation is essential in helping the State of Washington and your community to create a safer and more efficient transportation system.

**This is why your participation in this Survey is so important, and it's easy!**

This packet contains everything your household needs to record travel.

One Travel Diary for each member of your household is included.

- Please record ALL locations you visit during your assigned 2-day travel period.
- Each household member should complete his or her own diary whenever possible.
- Even if your travel during the assigned period is not typical, we still need it reported.
- A Person Information section is included at the beginning of each diary. Please fill in school and work information.
- Instructions and an example are included in the front of the diary.

The information you provide will only be used for the statistical purposes of this study. It will be kept **confidential** and **secure**.

A few days after your travel period, an interviewer from MORPACE International will call on behalf of the Puget Sound Regional Council to collect your household's travel information. MORPACE would like to speak with each person age 16 or older. Adults will be asked to respond for children less than 16 years of age.

If you have questions about filling out the diary, contact MORPACE International at 1-800-566-6262, or visit [www.psrc.org](http://www.psrc.org). If you have any other questions about the program, please contact Neil Kilgren at the Puget Sound Regional Council at 206-464-7964.

Thank you for helping move the Puget Sound area forward!

Sincerely,



Kevin Murphy  
Director, Data Systems & Analysis  
Puget Sound Regional Council

Place #  
**9**

WHAT is Place #9?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #9? : am/pm

WHAT did you do at Place #9?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #8? Show all the methods of travel you used to make this trip and related travel details

		1st →	2nd →	3rd →	4th →	5th →
If an auto method (1 or 2)	Travel method (See "List of Travel Methods" below)					
	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
If a transit method (6 thru 11)	Parking cost paid	\$	\$	\$	\$	\$
	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)						
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck	5 School Bus	9 Train (Operator)			
	2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)	Rtes		
	3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)			
	4 Walk	8 Ferry				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #9 to go to Place #10

: am/pm

Next  
Place  
#10Place #  
**10**

WHAT is Place #10?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #10? : am/pm

WHAT did you do at Place #10?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #9? Show all the methods of travel you used to make this trip and related travel details

		1st →	2nd →	3rd →	4th →	5th →
If an auto method (1 or 2)	Travel method (See "List of Travel Methods" below)					
	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
If a transit method (6 thru 11)	Parking cost paid	\$	\$	\$	\$	\$
	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)						
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck	5 School Bus	9 Train (Operator)			
	2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)	Rtes		
	3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)			
	4 Walk	8 Ferry				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #10 to go to Place #11

: am/pm

Next  
Place  
#11

Place #  
11

WHAT is Place #11?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #11? : am/pm

WHAT did you do at Place #11?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #10? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st	2nd	3rd	4th	5th
If an auto method (1 or 2)	Vehicle used				
	Driver or passenger				
	Total # of persons in vehicle				
	Parking cost paid	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?				
	Payment method (cash, pass or ticket)				
	If cash or ticket, how much did you pay?	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
While Traveling	Name(s) of household member(s) with you for each segment of the trip				
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator)				
	2 Motorcycle/ 6 Taxi/Shuttle 10 Public Bus (Operators) Rtes				
3 Bicycle 7 Dial-A-Ride/ ACCESS 11 Other (Specify)					
4 Walk 8 Ferry					

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #11 to go to Place #12

: am/pm

Next Place #12

Place #  
8

WHAT is Place #8?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #8? : am/pm

WHAT did you do at Place #8?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #7? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st	2nd	3rd	4th	5th
If an auto method (1 or 2)	Vehicle used				
	Driver or passenger				
	Total # of persons in vehicle				
	Parking cost paid	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?				
	Payment method (cash, pass or ticket)				
	If cash or ticket, how much did you pay?	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
While Traveling	Name(s) of household member(s) with you for each segment of the trip				
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator)				
	2 Motorcycle/ 6 Taxi/Shuttle 10 Public Bus (Operators) Rtes				
3 Bicycle 7 Dial-A-Ride/ ACCESS 11 Other (Specify)					
4 Walk 8 Ferry					

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #8 to go to Place #9

: am/pm

Next Place #9

Place #  
7

WHAT is Place #7?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #7? : am/pm

WHAT did you do at Place #7?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #6? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st →	2nd →	3rd →	4th →	5th →
(See "List of Travel Methods" below)					
If an auto method (1 or 2)					
Vehicle used					
Driver or passenger					
Total # of persons in vehicle					
Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)					
How long did you wait?					
Payment method (cash, pass or ticket)					
If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
While Traveling					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator) _____ 2 Motorcycle/ 6 Taxi/Shuttle _____ Moped 7 Dial-A-Ride/ 10 Public Bus (Operators) _____ Rtes _____ 3 Bicycle ACCESS _____ 4 Walk 8 Ferry 11 Other (Specify) _____				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave  
Place #7 to go to Place #8

: am/pm

Next  
Place  
#8Place #  
12

WHAT is Place #12?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #12? : am/pm

WHAT did you do at Place #12?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #11? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st →	2nd →	3rd →	4th →	5th →
(See "List of Travel Methods" below)					
If an auto method (1 or 2)					
Vehicle used					
Driver or passenger					
Total # of persons in vehicle					
Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)					
How long did you wait?					
Payment method (cash, pass or ticket)					
If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
While Traveling					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator) _____ 2 Motorcycle/ 6 Taxi/Shuttle _____ Moped 7 Dial-A-Ride/ 10 Public Bus (Operators) _____ Rtes _____ 3 Bicycle ACCESS _____ 4 Walk 8 Ferry 11 Other (Specify) _____				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave  
Place #12 to go to Place #13

: am/pm

Next  
Place  
#13

Place #  
13

WHAT is Place #13?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #13? : am/pm

WHAT did you do at Place #13?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                          |                            |                          |
|--------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> | Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> | Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> | Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> | Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> | Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> | Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> | Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> | Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> | Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> | Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> | Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> | Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #12? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st	2nd	3rd	4th	5th
(See "List of Travel Methods" below)					
If an auto method (1 or 2)					
Vehicle used					
Driver or passenger					
Total # of persons in vehicle					
Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)					
How long did you wait?					
Payment method (cash, pass or ticket)					
If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
While Traveling					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator) 2 Motorcycle/ 6 Taxi/Shuttle Moped 7 Dial-A-Ride/ ACES 3 Bicycle 8 Ferry 10 Public Bus (Operators) 4 Walk 11 Other (Specify) Rtes				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #13 to go to Place #14

: am/pm

Next  
Place  
#14Place #  
6

WHAT is Place #6?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #6? : am/pm

WHAT did you do at Place #6?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                          |                            |                          |
|--------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> | Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> | Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> | Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> | Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> | Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> | Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> | Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> | Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> | Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> | Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> | Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> | Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #5? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st	2nd	3rd	4th	5th
(See "List of Travel Methods" below)					
If an auto method (1 or 2)					
Vehicle used					
Driver or passenger					
Total # of persons in vehicle					
Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)					
How long did you wait?					
Payment method (cash, pass or ticket)					
If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
While Traveling					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator) 2 Motorcycle/ 6 Taxi/Shuttle Moped 7 Dial-A-Ride/ ACES 3 Bicycle 8 Ferry 10 Public Bus (Operators) 4 Walk 11 Other (Specify) Rtes				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #6 to go to Place #7

: am/pm

Next  
Place  
#7

Place #  
**5**

WHAT is Place #5?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #5?

: am/pm

WHAT did you do at Place #5?

Main Activity  
(Check only one)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

Other Activities  
(Check all that apply)

HOW did you get here from Place #4? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
	Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
	If walk or bicycle - Time (minutes)					
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck	5 School Bus	9 Train (Operator)			
	2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)			
	3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)			
	4 Walk	8 Ferry				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #5 to go to Place #6

: am/pm

Next  
Place  
#6Place #  
**14**

WHAT is Place #14?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #14?

: am/pm

WHAT did you do at Place #14?

Main Activity  
(Check only one)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

Other Activities  
(Check all that apply)

HOW did you get here from Place #13? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
	Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
	If walk or bicycle - Time (minutes)					
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck	5 School Bus	9 Train (Operator)			
	2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)			
	3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)			
	4 Walk	8 Ferry				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #14 to go to Place #15

: am/pm

Next  
Place  
#15



Place #  
15

WHAT is Place #15?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #15? : am/pm

WHAT did you do at Place #15?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #14? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
	Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
	If walk or bicycle - Time (minutes)					
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					

List of Travel Methods

1 Car, van, truck	5 School Bus	9 Train (Operator)
2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)
3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)
4 Walk	8 Ferry	

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave  
Place #15 to go to Place #16

: am/pm

Next  
Place  
#16Place #  
4

WHAT is Place #4?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #4? : am/pm

WHAT did you do at Place #4?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #3? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
	Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
	If walk or bicycle - Time (minutes)					
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					

List of Travel Methods

1 Car, van, truck	5 School Bus	9 Train (Operator)
2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)
3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)
4 Walk	8 Ferry	

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave  
Place #4 to go to Place #5

: am/pm

Next  
Place  
#5



Place #  
3

WHAT is Place #3?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #3? : am/pm

WHAT did you do at Place #3?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #2? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st	2nd	3rd	4th	5th
(See "List of Travel Methods" below)					
If an auto method (1 or 2)					
Vehicle used					
Driver or passenger					
Total # of persons in vehicle					
Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)					
How long did you wait?					
Payment method (cash, pass or ticket)					
If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
While Traveling					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator) 2 Motorcycle/ 6 Taxi/Shuttle Moped 7 Dial-A-Ride/ ACES 3 Bicycle 8 Ferry 10 Public Bus (Operators) 4 Walk 11 Other (Specify) Rtes				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #3 to go to Place #4

: am/pm

Next  
Place  
#4Place #  
16

WHAT is Place #16?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #16? : am/pm

WHAT did you do at Place #16?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #15? Show all the methods of travel you used to make this trip and related travel details

Travel method	1st	2nd	3rd	4th	5th
(See "List of Travel Methods" below)					
If an auto method (1 or 2)					
Vehicle used					
Driver or passenger					
Total # of persons in vehicle					
Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)					
How long did you wait?					
Payment method (cash, pass or ticket)					
If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
While Traveling					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck 5 School Bus 9 Train (Operator) 2 Motorcycle/ 6 Taxi/Shuttle Moped 7 Dial-A-Ride/ ACES 3 Bicycle 8 Ferry 10 Public Bus (Operators) 4 Walk 11 Other (Specify) Rtes				

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #16 to go to Place #17

: am/pm

Next  
Place  
#17

Place #  
17

WHAT is Place #17?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #17? : am/pm

WHAT did you do at Place #17?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #16? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
	Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
	If walk or bicycle - Time (minutes)					
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					

List of Travel Methods

1 Car, van, truck	5 School Bus	9 Train (Operator)
2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)
3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)
4 Walk	8 Ferry	

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #17 to go to Place #18

: am/pm

Next  
Place  
#18Place #  
2

WHAT is Place #2?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place		
Street Address		
City	State	Zip
Nearby Cross Streets		

At WHAT TIME did you ARRIVE at Place #2? : am/pm

WHAT did you do at Place #2?

Main Activity (Check only one)	Other Activities (Check all that apply)
<input type="checkbox"/> Home – Paid Work	<input type="checkbox"/>
<input type="checkbox"/> Home – Other	<input type="checkbox"/>
<input type="checkbox"/> Work	<input type="checkbox"/>
<input type="checkbox"/> Attend Childcare	<input type="checkbox"/>
<input type="checkbox"/> Attend School	<input type="checkbox"/>
<input type="checkbox"/> Attend College	<input type="checkbox"/>
<input type="checkbox"/> Eat Out	<input type="checkbox"/>
<input type="checkbox"/> Personal Business	<input type="checkbox"/>
<input type="checkbox"/> Everyday Shopping	<input type="checkbox"/>
<input type="checkbox"/> Major Shopping	<input type="checkbox"/>
<input type="checkbox"/> Religious/Community	<input type="checkbox"/>
<input type="checkbox"/> Social	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Participate	<input type="checkbox"/>
<input type="checkbox"/> Recreation – Watch	<input type="checkbox"/>
<input type="checkbox"/> Accompany Another Person	<input type="checkbox"/>
<input type="checkbox"/> Pick-Up/Drop-Off Passenger	<input type="checkbox"/>
<input type="checkbox"/> Turn Around	<input type="checkbox"/>

HOW did you get here from Place #1? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
	Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
	If walk or bicycle - Time (minutes)					
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					

List of Travel Methods

1 Car, van, truck	5 School Bus	9 Train (Operator)
2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)
3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)
4 Walk	8 Ferry	

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #2 to go to Place #3

: am/pm

Next  
Place  
#3

Place #

1

## START HERE

WHAT is Place #1? ☐ My Home☐ My Regular School Location ☐ My Primary Workplace☐ Another Place (Complete the information below.)WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place

Street Address

City

State

Zip

&  
Nearby Cross Streets

Diary start time at place #1

3:00 am

WHAT did you do at Place #1?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                          |                            |                          |
|--------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> | Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> | Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> | Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> | Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> | Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> | Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> | Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> | Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> | Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> | Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> | Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> | Turn Around                | <input type="checkbox"/> |

For this diary, your day begins at 3:00 a.m. Many people are home asleep at 3:00 a.m. If this is the case, then under "START HERE" check "My Home" and check the "Home" activities you did before leaving home. Then record the exact time you left home below and continue with the diary.

At what time did you leave  
Place #1 to go to Place #2

: am/pm

Next  
Place  
#2

Place #

18

WHAT is Place #18?

☐ Day 1 ☐ Day 2☐ My Home☐ My Primary Workplace☐ My Regular School Location☐ Another Place (Complete the information below.)WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place

Street Address

City

State

Zip

&  
Nearby Cross Streets

At WHAT TIME did you ARRIVE at Place #18?

: am/pm

WHAT did you do at Place #18?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                          |                            |                          |
|--------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> | Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> | Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> | Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> | Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> | Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> | Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> | Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> | Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> | Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> | Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> | Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> | Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> | Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> | Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #17? Show all the methods of travel you used to make this trip and related travel details

		1st →	2nd →	3rd →	4th →	5th →
If an auto method (1 or 2)	Travel method (See "List of Travel Methods" below)					
	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
If a transit method (6 thru 11)	Parking cost paid	\$	\$	\$	\$	\$
	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)						
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					

**List of Travel Methods**

1 Car, van, truck	5 School Bus	9 Train (Operator)
2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)
3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)
4 Walk	8 Ferry	

**List of Activities**

1 Work (reading, laptop computer, cell phone, etc.)
2 Maintenance (eating, sleeping, personal grooming, etc.)
3 Recreation (games, visiting, cell phone, DVD, etc.)
4 None

At what time did you leave  
Place #18 to go to Place #19

: am/pm

Next  
Place  
#19

Place #  
19

WHAT is Place #19?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place

Street Address

City

State

Zip

Nearby Cross Streets

At WHAT TIME did you ARRIVE at Place #19?

: am/pm

WHAT did you do at Place #19?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #18? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
	Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
	If walk or bicycle - Time (minutes)					
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					
	List of Travel Methods	1 Car, van, truck	5 School Bus	9 Train (Operator)		
		2 Motorcycle/Moped	6 Taxi/Shuttle	10 Public Bus (Operators)	Rtes	
3 Bicycle		7 Dial-A-Ride/ACCESS	11 Other (Specify)			
4 Walk	8 Ferry					

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #19 to go to Place #20

: am/pm

Next  
Place  
#20Place #  
2

WHAT is Place #2?

☒ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☒ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Health Club

Health Happy Fitness Club

Name of Place

314 Pleasant Rd.

Street Address

Anytown

WA

98000

City

State

Zip

Lovely Lane

Sea Way

Nearby Cross Streets

At WHAT TIME did you ARRIVE at Place #2?

7 : 45 am/pm

WHAT did you do at Place #2?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                              |                                     |
|--------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Home – Paid Work                    | <input type="checkbox"/>            |
| <input type="checkbox"/> Home – Other                        | <input type="checkbox"/>            |
| <input type="checkbox"/> Work                                | <input type="checkbox"/>            |
| <input type="checkbox"/> Attend Childcare                    | <input type="checkbox"/>            |
| <input type="checkbox"/> Attend School                       | <input type="checkbox"/>            |
| <input type="checkbox"/> Attend College                      | <input type="checkbox"/>            |
| <input type="checkbox"/> Eat Out                             | <input type="checkbox"/>            |
| <input type="checkbox"/> Personal Business                   | <input type="checkbox"/>            |
| <input type="checkbox"/> Everyday Shopping                   | <input type="checkbox"/>            |
| <input type="checkbox"/> Major Shopping                      | <input type="checkbox"/>            |
| <input type="checkbox"/> Religious/Community                 | <input type="checkbox"/>            |
| <input type="checkbox"/> Social                              | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Recreation – Participate | <input type="checkbox"/>            |
| <input type="checkbox"/> Recreation – Watch                  | <input type="checkbox"/>            |
| <input type="checkbox"/> Accompany Another Person            | <input type="checkbox"/>            |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger          | <input type="checkbox"/>            |
| <input type="checkbox"/> Turn Around                         | <input type="checkbox"/>            |

HOW did you get here from Place #1? Show all the methods of travel you used to make this trip and related travel details

Travel method (See "List of Travel Methods" below)	1st →	2nd →	3rd →	4th →	5th →	
If an auto method (1 or 2)	1	8	4	10	4	
	Vehicle used	Honda Civic				
	Driver or passenger	Driver				
	Total # of persons in vehicle	2				
If a transit method (6 thru 11)	Parking cost paid	\$ 0	\$	\$	\$	
	How long did you wait?		10 min	15 min		
	Payment method (cash, pass or ticket)		Puget Pass	Puget Pass		
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	
If walk or bicycle - Time (minutes)			5 min		7 min	
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)		1, 2	1, 3		
	Name(s) of household member(s) with you for each segment of the trip	Mary	Mary			
	List of Travel Methods	1 Car, van, truck	5 School Bus	9 Train (Operator)		
		2 Motorcycle/Moped	6 Taxi/Shuttle	10 Public Bus (Operators)	Metro Rtes 30	
3 Bicycle		7 Dial-A-Ride/ACCESS	11 Other (Specify)			
4 Walk	8 Ferry					

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #2 to go to Place #3

8 : 45 am/pm

Next  
Place  
#3

Place #

1

## START HERE

WHAT is Place #1? ☒ My Home☐ My Regular School Location ☐ My Primary Workplace☐ Another Place (Complete the information below.)WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place

Street Address

City

State

Zip

&  
Nearby Cross Streets

Diary start time at place #1

3:00 am

WHAT did you do at Place #1?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                     |                                     |
|-----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Home – Other    | <input type="checkbox"/>            |
| <input type="checkbox"/> Work                       | <input type="checkbox"/>            |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/>            |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/>            |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/>            |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/>            |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/>            |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/>            |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/>            |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/>            |
| <input type="checkbox"/> Social                     | <input type="checkbox"/>            |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/>            |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/>            |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/>            |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/>            |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/>            |

For this diary, your day begins at 3:00 a.m. Many people are home asleep at 3:00 a.m. If this is the case, then under "START HERE" check "My Home" and check the "Home" activities you did before leaving home. Then record the exact time you left home below and continue with the diary.

At what time did you leave  
Place #1 to go to Place #2

7 : 00 am/pm

Next  
Place  
#2

Place #

20

WHAT is Place #20?

☐ Day 1 ☐ Day 2

- ☐
- My Home
- 
- ☐
- My Primary Workplace
- 
- ☐
- My Regular School Location
- 
- ☐
- Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place

Street Address

City

State

Zip

&  
Nearby Cross Streets

At WHAT TIME did you ARRIVE at Place #20?

: am/pm

WHAT did you do at Place #20?

Main Activity  
(Check only one)Other Activities  
(Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #19? Show all the methods of travel you used to make this trip and related travel details

		1st →	2nd →	3rd →	4th →	5th →
If an auto method (1 or 2)	Travel method (See "List of Travel Methods" below)					
	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
If a transit method (6 thru 11)	Parking cost paid	\$	\$	\$	\$	\$
	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)						
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					

List of Travel Methods

- Car, van, truck
- Motorcycle/ Moped
- Bicycle
- Walk

List of Activities

- Work (reading, laptop computer, cell phone, etc.)
- Maintenance (eating, sleeping, personal grooming, etc.)
- Recreation (games, visiting, cell phone, DVD, etc.)
- None

5 School Bus

6 Taxi/Shuttle

7 Dial-A-Ride/ ACCESS

8 Ferry

9 Train (Operator)

10 Public Bus (Operators)

11 Other (Specify)

At what time did you leave  
Place #20 to go to Place #21

: am/pm

Next  
Place  
#21



Place #  
**21**

WHAT is Place #21?

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
 (bank, grocery, park, etc.)

Name of Place \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ & \_\_\_\_\_  
 Nearby Cross Streets

At WHAT TIME did you ARRIVE at Place #21? \_\_\_\_\_ : \_\_\_\_\_ am/pm

WHAT did you do at Place #21?

Main Activity  
 (Check only one)

Other Activities  
 (Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #20? Show all the methods of travel you used to make this trip and related travel details

		1st →	2nd →	3rd →	4th →	5th →
If an auto method (1 or 2)	Travel method (See "List of Travel Methods" below)					
	Vehicle used					
	Driver or passenger					
	Total # of persons in vehicle					
If a transit method (6 thru 11)	Parking cost paid	\$	\$	\$	\$	\$
	How long did you wait?					
	Payment method (cash, pass or ticket)					
	If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)						
While Traveling	Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
	Name(s) of household member(s) with you for each segment of the trip					

List of Travel Methods

- |                     |                       |                           |
|---------------------|-----------------------|---------------------------|
| 1 Car, van, truck   | 5 School Bus          | 9 Train (Operator)        |
| 2 Motorcycle/ Moped | 6 Taxi/Shuttle        | 10 Public Bus (Operators) |
| 3 Bicycle           | 7 Dial-A-Ride/ ACCESS | 11 Other (Specify)        |
| 4 Walk              | 8 Ferry               |                           |

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #21 to go to Place #22

\_\_\_\_\_ : \_\_\_\_\_ am/pm

Next Place #22

## Instructions for Two-Day Travel Diary

- Use this diary on your assigned travel days, shown on the cover. Begin at 3:00 AM on your first travel day and continue for 48 hours, ending at 3:00 AM.
- Fill out one page for EACH location you go to. If uncertain whether to include a location at which you stop, include it.
- Record ALL locations visited, even short stops for coffee or gas.
- Record the EXACT time that you arrive and leave each location.
- Provide as much address information as you can. Include:
  - street address
  - type of place or business
  - nearest cross streets
- Record your primary activity (what you did) at each location. (Refer to Activity Choices on each page.)
- If you take a round-trip without stopping at a location (walk the dog or ride around in the car), record the furthest point of the trip as the location and what you do there as TURN AROUND.
- If you park your car and walk MORE than five minutes to your destination, record your type of transportation as car first, then walk. If you walk more than five minutes from a bus to your destination, record your transportation as bus first, then walk.
- If your work involves frequent travel - truck driver, sales person, taxi driver, etc. - record where and when you start work and where and when you end work. If you make non-work related stops between work stops, record those locations. Do not report your frequent work-related stops.

## Example of Travel Day



If you have any questions,  
 please call or e-mail:  
**1-800-294-9668**  
**surveyhelp@morpace.com**

## Person Information

### School Information

☐ Not a student - Skip this section

- ☐ In pre-school/nursery school  
☐ K-12 student  
☐ Vocational/Technical  
☐ Full-time college/graduate student  
☐ Part-time college/graduate student

School/College Name: \_\_\_\_\_

Location: \_\_\_\_\_

Street Address or Closest Intersection

City, State, Zip

### Work Information

☐ Not currently employed - Skip this section

Do you have more than one job? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

**If you have more than one job, please refer to the place you go to work at most often for the following questions**

Your primary work place?

Name of Employer

Street Address

City, State, Zip

Closest Intersection

Does your job involve...? ☐ Evenings ☐ Overnight Shifts

Average hours worked per week? \_\_\_\_\_ hours

Which of the following best describes your work schedule?

☐ "I have no flexibility in my work schedule."

☐ "I have some flexibility in my work schedule."

☐ "I'm pretty much free to adjust my schedule as I like."

Does your employer offer compressed workweek options? (e.g. 40 hrs in less than 5 days)

☐ Yes ☐ No ☐ Don't know

How long have you worked at this address? \_\_\_\_\_

What is your employer's industry? (Please see categories on back) \_\_\_\_\_

### Transit Pass Information

☐ Do not currently have a transit pass - Skip this section

Pass 1

Pass 2

Pass 3

What transit passes do you have? \_\_\_\_\_

What is the face value of the pass? \_\_\_\_\_

How much did you personally pay for the pass? \_\_\_\_\_

Place #  
**22**

WHAT is Place #22?

☐ Day 1 ☐ Day 2

- ☐ My Home  
☐ My Primary Workplace  
☐ My Regular School Location  
☐ Another Place (Complete the information below.)

WHAT kind of place is this?  
(bank, grocery, park, etc.)

Name of Place

Street Address

City

State

Zip

&  
Nearby Cross Streets

At WHAT TIME did you ARRIVE at Place #22?

: am/pm

WHAT did you do at Place #22?

Main Activity  
(Check only one)

Other Activities  
(Check all that apply)

- |                                                     |                          |
|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> Home – Paid Work           | <input type="checkbox"/> |
| <input type="checkbox"/> Home – Other               | <input type="checkbox"/> |
| <input type="checkbox"/> Work                       | <input type="checkbox"/> |
| <input type="checkbox"/> Attend Childcare           | <input type="checkbox"/> |
| <input type="checkbox"/> Attend School              | <input type="checkbox"/> |
| <input type="checkbox"/> Attend College             | <input type="checkbox"/> |
| <input type="checkbox"/> Eat Out                    | <input type="checkbox"/> |
| <input type="checkbox"/> Personal Business          | <input type="checkbox"/> |
| <input type="checkbox"/> Everyday Shopping          | <input type="checkbox"/> |
| <input type="checkbox"/> Major Shopping             | <input type="checkbox"/> |
| <input type="checkbox"/> Religious/Community        | <input type="checkbox"/> |
| <input type="checkbox"/> Social                     | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Participate   | <input type="checkbox"/> |
| <input type="checkbox"/> Recreation – Watch         | <input type="checkbox"/> |
| <input type="checkbox"/> Accompany Another Person   | <input type="checkbox"/> |
| <input type="checkbox"/> Pick-Up/Drop-Off Passenger | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Around                | <input type="checkbox"/> |

HOW did you get here from Place #21? Show all the methods of travel you used to make this trip and related travel details

	1st →	2nd →	3rd →	4th →	5th →
Travel method (See "List of Travel Methods" below)					
If an auto method (1 or 2)					
Vehicle used					
Driver or passenger					
Total # of persons in vehicle					
Parking cost paid	\$	\$	\$	\$	\$
If a transit method (6 thru 11)					
How long did you wait?					
Payment method (cash, pass or ticket)					
If cash or ticket, how much did you pay?	\$	\$	\$	\$	\$
If walk or bicycle - Time (minutes)					
While Traveling					
Which activities did you do for more than 15 minutes? (See "List of Activities" below)					
Name(s) of household member(s) with you for each segment of the trip					
List of Travel Methods	1 Car, van, truck	5 School Bus	9 Train (Operator)		
	2 Motorcycle/ Moped	6 Taxi/Shuttle	10 Public Bus (Operators)		
	3 Bicycle	7 Dial-A-Ride/ ACCESS	11 Other (Specify)		
	4 Walk	8 Ferry			

List of Activities

- 1 Work (reading, laptop computer, cell phone, etc.)
- 2 Maintenance (eating, sleeping, personal grooming, etc.)
- 3 Recreation (games, visiting, cell phone, DVD, etc.)
- 4 None

At what time did you leave Place #22

: am/pm

Next Place

### List of Employer Industries

- 1 - Agriculture, Forestry, Fishing and Hunting
- 2 - Mining
- 3 - Utilities
- 4 - Construction
- 5 - Manufacturing
- 6 - Wholesale Trade
- 7 - Retail Trade
- 8 - Transportation and Warehousing
- 9 - Information
- 10 - Finance and Insurance
- 11 - Real Estate, Rental/Leasing
- 12 - Professional, Scientific and Technical Services
- 13 - Management of Companies and Enterprises
- 14 - Administrative and Support and Waste  
Management and Remediation Services
- 15 - Educational Services
- 16 - Health Care and Social Services
- 17 - Arts, Entertainment and Recreation
- 18 - Accommodation and Food Services
- 19 - Public Administration/Government
- 20 - Other Services
- 21 - Military
- Other (Please Specify) \_\_\_\_\_

Notes/Additional Travel Locations:

---

---

---

---

---

---

---

---

Thank you for your participation in this important study.  
If you have any questions, please call or e-mail:

**1-800-294-9668 - OR - [surveyhelp@morpace.com](mailto:surveyhelp@morpace.com)**

**MORPACE International, Inc.  
Department M060100  
31700 Middlebelt Road, Suite 200  
Farmington Hills, MI 48334**

## Puget Sound Travel Survey



**Two-Day Travel Diary For:**