

Person Information

School Information Not a student – Skip to Work Information

- 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 to Page 2

If you have more than one job, please reference the job where you spend the most hours

Where do you work? _____

Name of Employer

Type of Business

Street Address or Closest Intersection

City, State, Zip

Does your job involve...? Evenings (6 PM to 12 AM) Overnight shifts (12 AM to 5 AM)

Does your job usually require you to make 5 or more work-related trips during the course of an average workday?

- No Yes --> If yes, how many trips on average? _____ Trips

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

What is your employer's industry?

- | | |
|--|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> Management of Companies and Enterprises |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Administrative and Support, Waste Management, Remediation Services |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health Care and Social Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Arts, Entertainment and Recreation |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Accommodation and Food Services |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Public Administration/ Government |
| <input type="checkbox"/> Transportation and Warehousing | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Information | <input type="checkbox"/> Military |
| <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Real Estate, Rental/Leasing | |
| <input type="checkbox"/> Professional, Scientific and Technical Services | |

Travel: How did you get to Location 12?

1. What type(s) of transportation did you use to go to Location 12?

1 st		2 nd (if needed)		3 rd (if needed)	
		→			→
1 Car, van, truck	4 Public Bus	7 Amtrak	10 Taxi/Shuttle		
2 Walk	5 Light Rail (Hiawatha)	8 Bicycle	11 Dial-A-Ride		
3 School Bus	6 Commuter Rail (Northstar)	9 Motorcycle/Moped	12 Other (specify) _____		

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . . ? Driver Passenger
 B. Was this vehicle from your household? Yes No
 C. Did you pay a toll? Yes No
 D. How much, in total, did you personally pay for parking? Nothing
 \$ _____ . _____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+

B. Including yourself, how many were household members? 1 2 3 4+

C. Which household members were with you?
 _____ , _____ , _____ , _____

Location 12

5. When did you arrive at Location 12? _____ : _____ AM PM

6. Where is this? _____

Name of Location 12

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 7

City, State, Zip Code

Nearest Cross Streets

7. A. What was your primary activity at Location 12? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 12, if any? _____

8. When did you leave Location 12? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 11?

1. What type(s) of transportation did you use to go to Location 11?

1 st		→	2 nd (if needed)		→	3 rd (if needed)	
1 Car, van, truck	4 Public Bus		7 Amtrak	10 Taxi/Shuttle			
2 Walk	5 Light Rail (Hiawatha)		8 Bicycle	11 Dial-A-Ride			
3 School Bus	6 Commuter Rail (Northstar)		9 Motorcycle/Moped	12 Other (specify) _____			

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ ____ . ____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____, _____, _____, _____

Location 11

5. When did you arrive at Location 11? ____ : ____ AM PM

6. Where is this?

Name of Location 11

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 7

City, State, Zip Code

Nearest Cross Streets

7. A. What was your primary activity at Location 11? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 11, if any? _____

8. When did you leave Location 11? ____ : ____ AM PM Did Not Leave

Instructions for One-Day Travel Diary

- Use this diary on your assigned travel day, shown on your cover letter. Begin at 3:00 AM on your assigned travel day and continue until you go to sleep that night.
- For each stop, even quick stops for coffee or gas, dropping off or picking up someone, or at a drive-thru window, fill out one page for each location. If uncertain whether to include a stop as a location, go ahead and include it.
- 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 Page 4.*)
- 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. (*Refer to Activity Choice 21 on Page 4.*)
- If you park your car and walk AT LEAST five minutes to your destination, record your type of transportation as car first, then walk. If you walk AT LEAST 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. Do not include work-related stops. If you make non-work related stops between work stops, record those locations.
- If children under the age of 6 accompany you on any trip, please include them when reporting on question 4 of each travel section. We want to know about all individuals who travel with you.
- If you make more than 12 trips on your travel day please report all 12 trips in the diary format. For trips 13 and above, please turn to the very last page of the diary and report the additional trips.
- An example of a travel day begins on page 3.

**If you have any questions, please call or e-mail:
1-877-699-4344 or Mctravelsurveyhelp@srbi.com**

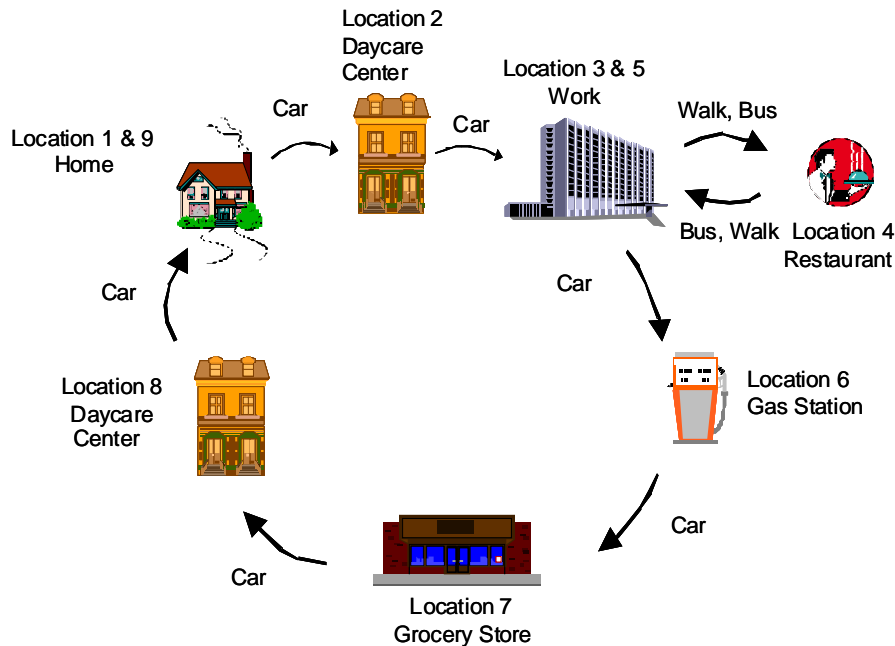
Example of a Travel Day

Chris has a busy day.

In addition to having to work a full day, he needs to drop off and pick up his 3 year old son Michael at daycare, have lunch with his mother-in-law, make sure to get gas, stop at the grocery store, and make it home by 7 pm for his favorite television show.

Despite the busy day, Chris diligently records all his trips, activities, and modes of transportation. This is what it looks like.

Chris' Day of Travel



Travel: How did you get to Location 10?

1. What type(s) of transportation did you use to go to Location 10?

1 st		2 nd (if needed)		3 rd (if needed)	
		→		→	
1 Car, van, truck	4 Public Bus	7 Amtrak	10 Taxi/Shuttle		
2 Walk	5 Light Rail (Hiawatha)	8 Bicycle	11 Dial-A-Ride		
3 School Bus	6 Commuter Rail (Northstar)	9 Motorcycle/Moped	12 Other (specify) _____		

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____
3. If you used a car/van/truck or motorcycle/moped for this trip . . .
- Were you the . . .? Driver Passenger
 - Was this vehicle from your household? Yes No
 - Did you pay a toll? Yes No
 - How much, in total, did you personally pay for parking? Nothing
\$ ____ . ____ ____ Was the rate...? Hourly Daily Monthly Other
4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?

Location 10

5. When did you arrive at Location 10? _____ : _____ AM PM

6. Where is this? _____

Name of Location 10

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 7

City, State, Zip Code

Nearest Cross Streets

7. A. What was your primary activity at Location 10? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 10, if any? _____

8. When did you leave Location 10? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 9?

1. What type(s) of transportation did you use to go to Location 9?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1 Car, van, truck		4 Public Bus		7 Amtrak
2 Walk		5 Light Rail (Hiawatha)		10 Taxi/Shuttle
3 School Bus		6 Commuter Rail (Northstar)		8 Bicycle
		9 Motorcycle/Moped		11 Dial-A-Ride
				12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ ____ . ____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____, _____, _____, _____

Location 9

5. When did you arrive at Location 9? ____ : ____ AM PM

6. Where is this?

Name of Location 9

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 7

City, State, Zip Code

Nearest Cross Streets

7. A. What was your primary activity at Location 9? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 9, if any? _____

8. When did you leave Location 9? ____ : ____ AM PM Did Not Leave

At each location, Chris had to determine his primary activity completed and then any other activities. The list below helped him in making the determination.

Activity Choices: What you do at locations

- HOME – PAID WORK
- HOME – UNPAID WORK (general maintenance, car repair, housekeeping)
- HOME – OTHER (sleeping, eating, watching TV, etc.)
- WORK (employment and job-related activities)
- ATTEND CHILDCARE (daycare, pre-school, etc.)
- ATTEND SCHOOL (K-12)
- ATTEND COLLEGE (college or university, graduate or professional school)
- OTHER SCHOOL ACTIVITIES (performances, meetings)
- QUICK STOPS (ATM, a cup of coffee)
- PERSONAL BUSINESS (banking, medical, salon, etc.)
- MAJOR SHOPPING (appliances, cars, home furnishings, clothes, etc.)
- EVERYDAY SHOPPING (grocery, drug store, gas, etc.)
- SOCIAL (visit friends, relatives, etc.)
- RECREATION – PARTICIPATE (sports, exercise, park, museum, etc.)
- RECREATION – WATCH (movies, sports events, etc.)
- EAT OUT (restaurant, drive-thru, etc.)
- RELIGIOUS/COMMUNITY (worship, wedding, funeral, meetings, volunteer work, etc.)
- ACCOMPANY ANOTHER PERSON (child accompanies parent to food store, etc.)
- PICK-UP PASSENGER(S)
- DROP-OFF PASSENGER(S)
- TURN AROUND (to travel back from furthest point on dog walk, etc.)

Chris recorded each trip made that day: where the trip began, the primary activity, the types of transportation, the times the trip began and ended, and the friends or family that went with him.

See an example of Chris' day beginning at 3:00 A.M.

DIARY EXAMPLE

Where were you at 3:00 AM?

1. Traveling – GO TO NEXT TRAVEL
 At a location

2. Where is this?

Home

Name of Location 1

715 Lovely Lane

Street Address

Anytown, MN 55401

City, State, Zip Code

Residential

Type of Place or Business

Lovely Lane & Sea Way

Nearest Cross Streets

3. A. What was your primary activity at Location 1? (check only ONE box)

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input checked="" type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 1, if any? _____

4. When did you leave Location 1? _____ **7** : **15** AM PM Did Not Leave

Travel: How did you get to Location 8?

1. What type(s) of transportation did you use to go to Location 8?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1 Car, van, truck		4 Public Bus		7 Amtrak
2 Walk		5 Light Rail (Hiawatha)		8 Bicycle
3 School Bus		6 Commuter Rail (Northstar)		9 Motorcycle/Moped
				10 Taxi/Shuttle
				11 Dial-A-Ride
				12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing

\$ _____ . _____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
 _____ , _____ , _____ , _____

Location 8

5. When did you arrive at Location 8? _____ : _____ AM PM

6. Where is this?

Name of Location 8

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 7

City, State, Zip Code

Nearest Cross Streets

7. A. What was your primary activity at Location 8? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 8, if any? _____

8. When did you leave Location 8? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 7?

1. What type(s) of transportation did you use to go to Location 7?

1 st	→	2 nd (if needed)	→	3 rd (if needed)

1 Car, van, truck	4 Public Bus	7 Amtrak	10 Taxi/Shuttle
2 Walk	5 Light Rail (Hiawatha)	8 Bicycle	11 Dial-A-Ride
3 School Bus	6 Commuter Rail (Northstar)	9 Motorcycle/Moped	12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ _____ . _____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____ , _____ , _____ , _____

Location 7

5. When did you arrive at Location 7? _____ : _____ AM PM

6. Where is this?

Name of Location 7 _____

If address already reported, provide location name and

Street Address _____

Type of Place or Business _____

GO TO QUESTION 7

City, State, Zip Code _____

Nearest Cross Streets _____

7. A. What was your primary activity at Location 7? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 7, if any? _____

8. When did you leave Location 7? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 2?

DIARY EXAMPLE

1. What type(s) of transportation did you use to go to Location 2?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1				

1 Car, van, truck	4 Public Bus	7 Amtrak	10 Taxi/Shuttle
2 Walk	5 Light Rail (Hiawatha)	8 Bicycle	11 Dial-A-Ride
3 School Bus	6 Commuter Rail (Northstar)	9 Motorcycle/Moped	12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ _____ . 2 5 Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____ , _____ , _____ , _____

Michael

Location 2

DIARY EXAMPLE

5. When did you arrive at Location 2? 7 : 4 2 AM PM

6. Where is this? Anytown Daycare

Name of Location 2 _____

If address already reported, provide location name and

123 Main St

Street Address _____

Daycare

Type of Place or Business _____

GO TO QUESTION 7

Anytown, MN 55401

City, State, Zip Code _____

Main St & Elm Rd

Nearest Cross Streets _____

7. A. What was your primary activity at Location 2? (check only ONE box)

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input checked="" type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 2, if any? _____

8. When did you leave Location 2? 7 : 4 5 AM PM Did Not Leave

Start Recording Your Travel Here

Record travel for your assigned travel day.

Where were you at 3:00 AM?

1. Traveling – GO TO QUESTION 1 ON PAGE 8
 At a location

2. Where is this?

Name of Location 1	
_____	_____
Street Address	Type of Place or Business
_____	_____
City, State, Zip Code	Nearest Cross Streets

3. A. What was your primary activity at Location 1? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 1, if any? _____

4. When did you leave Location 1? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 6?

1. What type(s) of transportation did you use to go to Location 6?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1 Car, van, truck		4 Public Bus		7 Amtrak
2 Walk		5 Light Rail (Hiawatha)		8 Bicycle
3 School Bus		6 Commuter Rail (Northstar)		9 Motorcycle/Moped
				10 Taxi/Shuttle
				11 Dial-A-Ride
				12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . . ? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
 \$ _____ . _____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+

B. Including yourself, how many were household members? 1 2 3 4+

C. Which household members were with you?
 _____ , _____ , _____ , _____

Location 6

5. When did you arrive at Location 6? _____ : _____ AM PM

6. Where is this?

Name of Location 6	
If address already reported, provide location name and	_____
Street Address	Type of Place or Business
_____	_____
City, State, Zip Code	Nearest Cross Streets

7. A. What was your primary activity at Location 6? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 6, if any? _____

8. When did you leave Location 6? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 5?

1. What type(s) of transportation did you use to go to Location 5?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1 Car, van, truck		4 Public Bus		7 Amtrak
2 Walk		5 Light Rail (Hiawatha)		10 Taxi/Shuttle
3 School Bus		6 Commuter Rail (Northstar)		8 Bicycle
		9 Motorcycle/Moped		11 Dial-A-Ride
				12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ ____ ____ . ____ ____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____, _____, _____, _____

Location 5

5. When did you arrive at Location 5? _____ : _____ AM PM

6. Where is this? _____
Name of Location 5

If address already reported, provide location name and

Street Address _____ Type of Place or Business _____

City, State, Zip Code _____ Nearest Cross Streets _____

7. A. What was your primary activity at Location 5? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 5, if any? _____

8. When did you leave Location 5? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 2?

1. What type(s) of transportation did you use to go to Location 2?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1 Car, van, truck		4 Public Bus		7 Amtrak
2 Walk		5 Light Rail (Hiawatha)		10 Taxi/Shuttle
3 School Bus		6 Commuter Rail (Northstar)		8 Bicycle
		9 Motorcycle/Moped		11 Dial-A-Ride
				12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ ____ ____ . ____ ____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____, _____, _____, _____

Location 2

5. When did you arrive at Location 2? _____ : _____ AM PM

6. Where is this? _____
Name of Location 2

If address already reported, provide location name and

Street Address _____ Type of Place or Business _____

City, State, Zip Code _____ Nearest Cross Streets _____

7. A. What was your primary activity at Location 2? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 2, if any? _____

8. When did you leave Location 2? _____ : _____ AM PM Did Not Leave

Travel: How did you get to Location 3?

1. What type(s) of transportation did you use to go to Location 3?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1 Car, van, truck		4 Public Bus		7 Amtrak
2 Walk		5 Light Rail (Hiawatha)		10 Taxi/Shuttle
3 School Bus		6 Commuter Rail (Northstar)		8 Bicycle
		9 Motorcycle/Moped		11 Dial-A-Ride
				12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ ____ ____ . ____ ____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____, _____, _____, _____

Location 3

5. When did you arrive at Location 3? ____ : ____ AM PM

6. Where is this?

Name of Location 3

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 7

City, State, Zip Code

Nearest Cross Streets

7. A. What was your primary activity at Location 3? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 3, if any? ____ ____ ____

8. When did you leave Location 3? ____ : ____ AM PM Did Not Leave

Travel: How did you get to Location 4?

1. What type(s) of transportation did you use to go to Location 4?

1 st	→	2 nd (if needed)	→	3 rd (if needed)
1 Car, van, truck		4 Public Bus		7 Amtrak
2 Walk		5 Light Rail (Hiawatha)		10 Taxi/Shuttle
3 School Bus		6 Commuter Rail (Northstar)		8 Bicycle
		9 Motorcycle/Moped		11 Dial-A-Ride
				12 Other (specify) _____

2. If you used a bus/train for this trip, did you use a pass? Yes No --> How much did you pay? _____

3. If you used a car/van/truck or motorcycle/moped for this trip . . .

- A. Were you the . . .? Driver Passenger
- B. Was this vehicle from your household? Yes No
- C. Did you pay a toll? Yes No
- D. How much, in total, did you personally pay for parking? Nothing
\$ ____ ____ . ____ ____ Was the rate...? Hourly Daily Monthly Other

4. A. Including yourself, how many people were with you on this trip? 1 2 3 4+
- B. Including yourself, how many were household members? 1 2 3 4+
- C. Which household members were with you?
_____, _____, _____, _____

Location 4

5. When did you arrive at Location 4? ____ : ____ AM PM

6. Where is this?

Name of Location 4

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 7

City, State, Zip Code

Nearest Cross Streets

7. A. What was your primary activity at Location 4? (check only ONE box)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home – Paid Work | <input type="checkbox"/> 8 Other School Activities | <input type="checkbox"/> 15 Recreation–Watch |
| <input type="checkbox"/> 2 Home – Unpaid Work | <input type="checkbox"/> 9 Quick Stops | <input type="checkbox"/> 16 Eat Out |
| <input type="checkbox"/> 3 Home – Other | <input type="checkbox"/> 10 Personal Business | <input type="checkbox"/> 17 Religious/Community |
| <input type="checkbox"/> 4 Work | <input type="checkbox"/> 11 Major Shopping | <input type="checkbox"/> 18 Accompany Another Person |
| <input type="checkbox"/> 5 Attend Childcare | <input type="checkbox"/> 12 Everyday Shopping | <input type="checkbox"/> 19 Pick-Up Passenger |
| <input type="checkbox"/> 6 Attend School | <input type="checkbox"/> 13 Social | <input type="checkbox"/> 20 Drop-Off Passenger |
| <input type="checkbox"/> 7 Attend College | <input type="checkbox"/> 14 Recreation–Participate | <input type="checkbox"/> 21 Turn Around |

B. Other activities at Location 4, if any? ____ ____ ____

8. When did you leave Location 4? ____ : ____ AM PM Did Not Leave