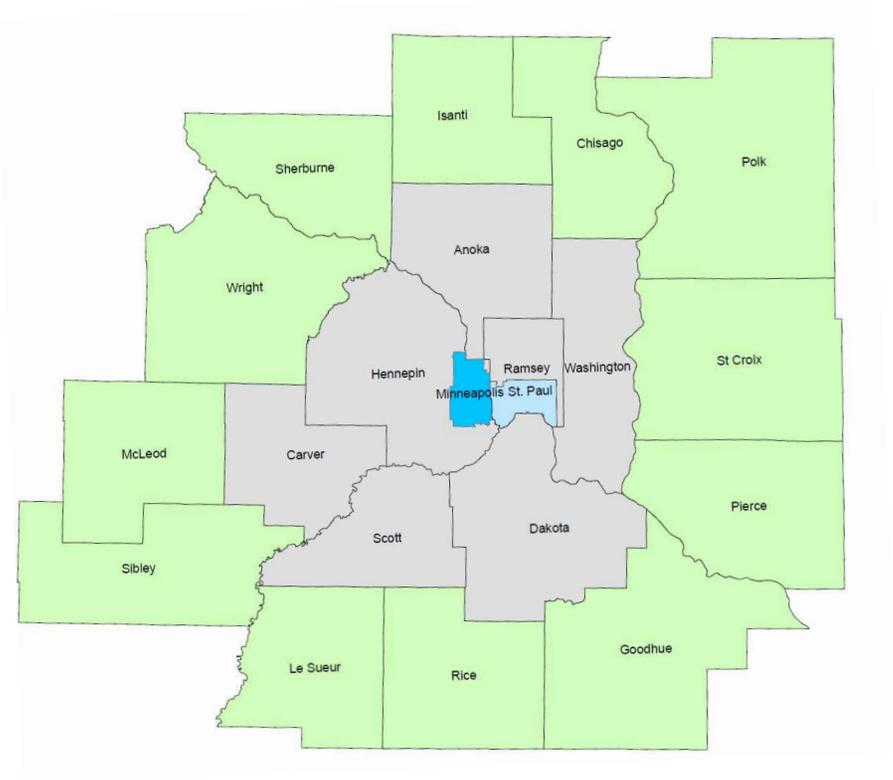


Notes/Additional Locations & Travel



One-Day Travel Diary

<<PLACE PERSON ID LABEL HERE>>



Thank you for your participation in this important study.

Abt SRBI, Inc.
Department 5057
P.O. Box ?????
Chicago, IL 60654

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? (eg 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 and Waste Management and 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
2 Walk 5	Light Rail (Hiawatha) 8	Bicycle 11
3 School Bus 6	Commuter Rail (Northstar) 9	Motorcycle/Moped 12
		Taxi/Shuttle
		Dial-A-Ride
		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. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

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

Location 12

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

5. 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 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. 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 car/van/truck or motorcycle/moped for this trip . . .

A. Were you the . . .? Driver Passenger

B. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

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

Location 11

4. When did you arrive at Location 11? _____ : _____ AM PM

5. 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 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. When did you leave Location 11? _____ : _____ AM PM Did Not Leave

Instructions for One-Day Travel Diary

- Use this diary on your assigned travel days, shown on your cover letter. Begin at 3:00 AM on your first assigned travel day and continue until you go to sleep that night.
- 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 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 20 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.
- An example of a travel day begins on page 3.

**If you have any questions, please call or e-mail:
1-800-631-0702 or surveyhelp@srbi.com**

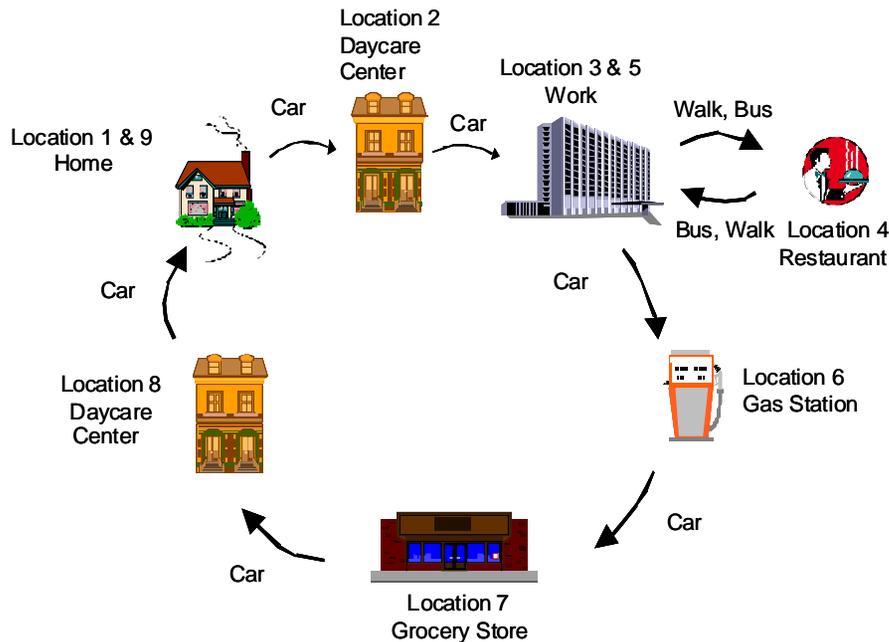
Example of a Travel Day

Chris has a busy day.

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

Despite the busy day Chris diligently records all this 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
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. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?
_____ / _____ / _____ / _____

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

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

Location 10

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

5. Where is this? _____

Name of Location 10

If address already reported, provide location name and
GO TO QUESTION 6

Street Address

Type of Place or Business

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. 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	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. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

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

Location 9

4. When did you arrive at Location 9? _____ : _____ AM PM

5. 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 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. When did you leave Location 9? _____ : _____ AM PM Did Not Leave

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

Activity Choices: What you do at locations

1. HOME – PAID WORK
2. HOME – OTHER (sleeping, eating, chores, watching TV, etc.)
3. HOME – UNPAID WORK
4. WORK (employment and job-related activities)
5. ATTEND CHILDCARE (day care, pre-school, etc.)
6. ATTEND SCHOOL (K-12)
7. ATTEND COLLEGE (college or university, graduate or professional school)
8. OTHER SCHOOL ACTIVITIES (performances, meetings)
9. QUICK STOPS (ATM, a cup of coffee)
10. PERSONAL BUSINESS (banking, medical, salon, etc.)
11. MAJOR SHOPPING (appliances, cars, home furnishings, clothes, etc.)
12. EVERYDAY SHOPPING (grocery, drug store, gas, etc.)
13. SOCIAL (visit friends, relatives, etc.)
14. RECREATION – PARTICIPATE (sports, exercise, park, museum, etc.)
15. RECREATION – WATCH (movies, sports events, etc.)
16. EAT OUT (restaurant, drive-thru, etc.)
17. RELIGIOUS/COMMUNITY (worship, wedding, funeral, meetings, etc.)
18. ACCOMPANY ANOTHER PERSON (child accompanies parent to food store, etc.)
19. PICK-UP PASSENGER(S)
20. DROP-OFF PASSENGER(S)
21. 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. See an example of the beginning of Chris' day beginning a 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 checked="" 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? _____ **7 : 15** AM PM

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	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. Including yourself, how many people were in the vehicle? 1 2 3 4+
- Including yourself, how many are household members? 1 2 3 4+
- Which household members were with you?

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing
 \$ _____ . _____ Was the rate...? Hourly Daily Monthly Other

Location 8

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

5. 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 6

_____ City, State, Zip Code

_____ Nearest Cross Streets

6. 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? _____

7. 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
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. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

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

Location 7

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

5. 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 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. 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 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. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?

Michael

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

\$ _____ . 2 5 Was the rate...? Hourly Daily Monthly Other

Location 2

DIARY EXAMPLE

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

5. 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 6

Anytown, MN 55401

City, State, Zip Code

Main St & Elm Rd

Nearest Cross Streets

6. 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? _____

7. 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 10
2 Walk 5	Light Rail (Hiawatha) 8	Bicycle 11
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. Including yourself, how many people were in the vehicle? 1 2 3 4+
- Including yourself, how many are household members? 1 2 3 4+
- Which household members were with you?
- _____ / _____ / _____ / _____

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

Location 6

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

5. Where is this?

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

6. 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? _____

7. 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	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. Including yourself, how many people were in the vehicle? 1 2 3 4+
Including yourself, how many are household members? 1 2 3 4+
 Which household members were with you?
 _____, _____, _____, _____
- C. Was this vehicle from your household? Yes No
- D. Did you pay a toll? Yes No
- E. How much, in total, did you personally pay for parking? Nothing
 \$ _____. Was the rate...? Hourly Daily Monthly Other

Location 5

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

5. Where is this?

Name of Location 5

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. 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	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. Including yourself, how many people were in the vehicle? 1 2 3 4+
Including yourself, how many are household members? 1 2 3 4+
 Which household members were with you?
 _____, _____, _____, _____
- C. Was this vehicle from your household? Yes No
- D. Did you pay a toll? Yes No
- E. How much, in total, did you personally pay for parking? Nothing
 \$ _____. Was the rate...? Hourly Daily Monthly Other

Location 2

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

5. Where is this?

Name of Location 2

If address already reported, provide location name and

Street Address

Type of Place or Business

GO TO QUESTION 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. 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	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 car/van/truck or motorcycle/moped for this trip . . .

A. Were you the . . .? Driver Passenger

B. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?
_____ / _____ / _____ / _____

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

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

Location 3

4. When did you arrive at Location 3? _____ : _____ AM PM

5. 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 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

7. 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	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. Including yourself, how many people were in the vehicle? 1 2 3 4+

Including yourself, how many are household members? 1 2 3 4+

Which household members were with you?
_____ / _____ / _____ / _____

C. Was this vehicle from your household? Yes No

D. Did you pay a toll? Yes No

E. How much, in total, did you personally pay for parking? Nothing

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

Location 4

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

5. 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 6

City, State, Zip Code

Nearest Cross Streets

6. 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? _____

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