

TCRPC TRAVEL DEMAND MODEL
HOUSEHOLD CHARACTERISTICS

The Tri-County Regional Planning Commission is conducting this survey to develop plans that deal with past traffic increases and anticipate future changes that will affect transportation. The goal of this survey is to gather more information, specific to Harrisburg and its residents, to manage existing traffic in the area and to plan for future transportation needs.

If you any questions about the purpose of this survey or the procedures for completing it, please call 1-800-225-2821, 8:00 AM - 8:00 PM Monday thru Thursday, 8:00 AM - 4:00 Friday.

Thank you for your assistance and participation.

Q-1. How many people live in your household?

_____ PEOPLE

Q-2. How many members of your household are 16 years of age or older?

_____ PEOPLE

Q-3. How many motor vehicles are operated out of your household (include cars, trucks, vans, and motorcycles)?

_____ VEHICLES

Q-4. What type of building do you live in? (check one)

- SINGLE FAMILY HOME (1)
 MULTI-FAMILY BUILDING (example: Apartment) (2)
 OTHER, please specify _____ (3)

Q-5. What was your approximate total family income before taxes in 1991? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> UNDER \$9,999 (1) | <input type="checkbox"/> \$25,000 to \$34,999 (5) |
| <input type="checkbox"/> \$10,000 to \$14,999 (2) | <input type="checkbox"/> \$35,000 to \$49,999 (6) |
| <input type="checkbox"/> \$15,000 to \$19,999 (3) | <input type="checkbox"/> \$50,000 to \$64,999 (7) |
| <input type="checkbox"/> \$20,000 to \$24,999 (4) | <input type="checkbox"/> \$65,000 OR OVER (8) |

Q-6. Please indicate your current address for verification purposes only.

(Address)

(City/Municipality)

(Zip Code)

Instructions

For Completing the TRIP LOG Forms

1. PURPOSE OF THE TRIP LOG FORMS:

- To record each trip made by every individual in your household 16 years of age or older on the most recent Tuesday, Wednesday, or Thursday.

2. WHO COMPLETES THE TRIP LOGS:

- Each member of the household 16 years of age or older. It is important that each member fill out a separate form. One form is provided for each member.

3. WHEN TO COMPLETE THE TRIP LOGS:

- One day only - the most recent Tuesday, Wednesday, or Thursday ~~prior to receiving the survey.~~

4. INDICATE THE SURVEY DATE:

- Record the date and day of week that corresponds to the recorded trips.

5. RECORD EACH TRIP:

- Fill out one line for each one-way trip you made on the survey date. A trip is traveling one-way from one place to another for some activity. For example, if a person went from home to work in the morning, and from work to home in the afternoon, that is two trips. If he/she stopped at the supermarket on the way home, that is three trips: 1) home to work, 2) work to shopping, and 3) shopping to home.
- For each trip, record your starting time and location on your trip log.
- Record the location of your destination, the type of transportation you used to travel there, and your arrival time. Please record all occupants within the vehicle regardless of age and including the driver.
- Continue to the next trip.
- Each following trip should begin where the previous trip ended.
- If no trips were made, check the box under the survey date.

6. FILL OUT THE FORM ON THE SURVEY DATE

- It may be easiest for each household member to keep a record of their trips on a separate piece of paper as they make them.
- Then at the end of the day while it is still fresh in their minds, transfer the information to the TRIP LOG forms.
- If any household member needs more space than is provided on the TRIP LOG forms, continue on one of the supplemental TRIP LOG forms, or call the number below for additional forms.

7. IF YOU NEED HELP

- If you need help with these forms, call 1-800-225-2821, 8:00 AM - 8:00 PM, Monday thru Thursday; 8:00 AM - 4:00 PM Friday.

TRIP LOG

HOUSEHOLD MEMBER # 1

Licensed Driver: Yes No

Date of Survey: _____
(Check one)

Reminder: A trip is traveling one-way from one place to another for some activity. For example, if a person went from home to work in the morning, and from work to home in the afternoon that is two trips. If he/she stopped at the supermarket on the way home, that is three trips: 1) home to work 2) work to shopping, and 3) shopping to home.

Employment Status: (Check one)

- Tues Wed Thur
 No Trips made on this day

- Full Time Student
 Part Time Unemployed
 Homemaker Other

Trip No.	I left at: (Write time & AM or PM)	My Trip Began at: (Check One)	Where is that located? (Municipality, Address, Nearest Intersection or Name of Facility)	My destination was: (Check One)	Where is that Located? (Municipality, Address, Nearest Intersection or Name of Facility)	I Arrived at: (Write time & AM or PM)	Type of Transportation Used (Check One)
1	7:15 AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) Municipal (City) (Zip Code)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	AM or PM	<input type="checkbox"/> Car Driver; # in car ___ <input type="checkbox"/> Car Rider; # in car ___ <input type="checkbox"/> CAT Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Other; specify _____
2	AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	AM or PM	<input type="checkbox"/> Car Driver; # in car ___ <input type="checkbox"/> Car Rider; # in car ___ <input type="checkbox"/> CAT Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Other; specify _____
3	AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	AM or PM	<input type="checkbox"/> Car Driver; # in car ___ <input type="checkbox"/> Car Rider; # in car ___ <input type="checkbox"/> CAT Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Other; specify _____
4	AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	AM or PM	<input type="checkbox"/> Car Driver; # in car ___ <input type="checkbox"/> Car Rider; # in car ___ <input type="checkbox"/> CAT Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Other; specify _____
5	AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shop <input type="checkbox"/> Social/ Recreation <input type="checkbox"/> Other	(Address) (City) (Zip Code)	AM or PM	<input type="checkbox"/> Car Driver; # in car ___ <input type="checkbox"/> Car Rider; # in car ___ <input type="checkbox"/> CAT Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Other; specify _____