

HOUSEHOLD DATA FORM 1

Section I. Household Data

Please answer the following questions about your household:

1. Is the label at the right correct? 1. YES 2. NO
2. Is your residence:
 1. a single family detached unit,
 2. a single family attached unit,
 3. an apartment,
 4. a mobile home,
 5. or other?

3. How many people live in this household? _____
4. How many people are 5 years old or older? _____
5. How many visitors from outside the area are staying with you on your travel day? _____
6. How many cars, pickups and vans are available for use by this household? _____

7. What was the combined income from all sources for all members of your household in 1989 (please circle the appropriate letter)?
 - A. Under \$10,000
 - B. \$10,000 - \$14,999
 - C. \$15,000 - \$19,999
 - D. \$20,000 - \$24,999
 - E. \$25,000 - \$29,999
 - F. \$30,000 - \$34,999
 - G. \$35,000 - \$39,999
 - H. \$40,000 - \$49,999
 - I. \$50,000 - \$59,999
 - J. \$60,000 or more

Section II. Person Data

Please fill out the following table. Complete one line for each member of your household. Each line of the table begins with a person number. Please be sure that the person number on this form corresponds to the person number on each persons travel diary.

Person Number	Relation to Head of Household (check one)				Age	Sex		Licensed to Drive?	Employment Status (check as many boxes as apply)					Did you work on travel day?	Did you make any trips while at work?	Did you make any other trips?
	Head of Household	Spouse/ Partner	Other Member of Household	Out-of-Area Visitor		M	F		Full Time	Employed Part Time	Employed 2 or More Jobs	Home Worker	Retired			
01	<input checked="" type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure-1

HOUSEHOLD DATA QUESTIONNAIRE
(Mail Out Version)

TRAVEL DIARY

INSTRUCTIONS:

- Record trips in the order you make them.
- Include the specific information requested for each trip.
- Record your trip even if it is made with another household member.
- Do not record walking or bicycle trips except if you walked or rode your bicycle all the way to work and you are over 16 years old.
- At the end of your travel day, leave all completed diaries in a convenient place at home so they will be available when the interviewer calls.
- Use the back of this card and an extra card, if necessary.
- If you have any questions about completing this travel diary, please call our toll-free number: 1-800-447-8287

TRIPS FOR PERSON NUMBER: _____
(use person number from household data form)

NAME: _____

TRAVEL DAY: _____

My first trip today began at:

Home

Other location as shown below (if not home)

Name of Place _____

Address or Intersecting Streets _____

City _____ State _____ Zip Code _____

WHERE did this trip end?	KIND OF PLACE (Restaurant, doctor's office, grocery store)	PURPOSE of trip (Check one)	TIME of trip (Circle AM or PM)	MODE of travel (Check one)	IF DRIVER, number in vehicle (include self)
<p>1 First I Went To:</p> <p>Name of Place _____</p> <p>Address or Intersecting Streets _____</p> <p>City _____ State _____ Zip Code _____</p>		<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	<p>BEGIN _____ AM/PM</p> <p>END _____ AM/PM</p>	<input type="checkbox"/> Other (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	
<p>2 Then I Went To:</p> <p>Name of Place _____</p> <p>Address or Intersecting Streets _____</p> <p>City _____ State _____ Zip Code _____</p>		<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	<p>BEGIN _____ AM/PM</p> <p>END _____ AM/PM</p>	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	
<p>3 Then I Went To:</p> <p>Name of Place _____</p> <p>Address or Intersecting Streets _____</p> <p>City _____ State _____ Zip Code _____</p>		<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	<p>BEGIN _____ AM/PM</p> <p>END _____ AM/PM</p>	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	

OVER Figure-2

TRAVEL DIARY
(Mail Out Version)

WHERE did this trip end?	KIND OF PLACE (Restaurant, doctor's office, grocery store)	PURPOSE of trip (Check one)	TIME of trip (Circle AM or PM)	MODE of travel (Check one)	IF DRIVER, number in vehicle (include self)
④ Then Went To:	Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	BEGIN _____ END _____	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	
⑤ Then Went To:	Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	BEGIN _____ END _____	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	
⑥ Then Went To:	Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	BEGIN _____ END _____	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	
⑦ Then Went To:	Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	BEGIN _____ END _____	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	
⑧ Then Went To:	Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	BEGIN _____ END _____	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	
⑨ Then Went To:	Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal	BEGIN _____ END _____	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	

Figure-2 (Continued)

Sample No. _____

**HOUSEHOLD DATA
RENO TRANSIT STUDY**

Section I. Household Data

Please answer the following questions about your household:

1. Is the address label at the right correct? Yes No
2. How many people live in this household? _____
3. How many people are 5 years old or older? _____
4. How many visitors from outside the area are staying with you on your travel day? _____

Section II. Person Data

Please fill out the following table. Complete one line for each member of your household. Each line of the table begins with a person number. Please be sure that the person number on this form corresponds to the person number on each persons' travel diary.

Person Number	RELATION TO HEAD OF HOUSEHOLD			Age	Sex	Licensed to Drive?	EMPLOYMENT STATUS						Did you work on travel day?	Did you make any trips while at work?	Did you make any other trips?	Interviewed?	Used Diary?	
	Spouse/Partner	Child	Other Household Member				Employed Full Time	Employed Part Time or more jobs	Employed 2 or more jobs	Home-maker	Retired	Student						Other
01	1	HEAD OF HOUSEHOLD			1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
02	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
03	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
04	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
05	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
06	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
07	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
08	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
09	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO
10	2	3	4	5	1 M	1 YES	1	2	3	4	5	6	7	1 YES	1 YES	1 YES	1 YES	1 YES
					2 F	2 NO								2 NO	2 NO	2 NO	2 NO	2 NO

THIS FORM TO BE FILLED OUT BY INTERVIEWER

5. How many cars, pickups and vans are generally available for use by this household? _____
 6. What letter did you circle for the combined income from all sources for all members of your household in 1989? _____
- A. Under \$10,000
 - B. \$10,000 - \$14,999
 - C. \$15,000 - \$19,999
 - D. \$20,000 - \$24,999
 - E. \$25,000 - \$29,999
 - F. \$30,000 - \$34,999
 - G. \$35,000 - \$39,999
 - H. \$40,000 - \$49,999
 - I. \$50,000 - \$59,999
 - J. \$60,000 or more

Section III. Trip Summary

- A. Total vehicular trips _____
- B. Persons age 5 and older making trips _____
- C. Persons 5 and older not making trips _____
- D. Complete or incomplete interview code _____

Section IV. Administrative

A. Telephone contacts

Date	Time	Outcome	Initials

B. Completed interview submitted

Date _____ By _____
I certify that all the information on this form is correct and true

Signature of Interviewer _____

C. If interview submitted incomplete, give reasons _____

D. First edit: FAIL PASS
Date _____ Initials _____

E. Final edit: FAIL PASS
Date _____ Initials _____

**HOUSEHOLD DATA QUESTIONNAIRE
(Data Collection Version)**

Figure-3

TRAVEL DIARY

SAMPLE NUMBER: _____

TRIPS FOR PERSON NUMBER: _____
(use person number from household data form)

NAME: _____ AGE: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD/HEAD: _____

TRAVEL DAY: _____

NOTES: _____

0 My first trip today began at:

Home

Other location as shown below (if not home)

Name of Place _____

Address or Intersecting Streets _____

City _____ State _____ Zip Code _____

KIND OF PLACE _____

Trip Purpose (if not home) _____

WHERE did this trip end?	KIND OF PLACE (Restaurant, doctor's office, grocery store)	PURPOSE of trip (Circle one)	TIME of trip (Circle AM or PM)	MODE of travel (Circle one)	IF DRIVER, number in vehicle (include self)
<p>1 First Went To:</p> <p>Name of Place _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>0 Return Home</p> <p>1 Go to Work</p> <p>2 Shopping</p> <p>3 School</p> <p>4 Personal</p> <p>5 Social/Recreational</p> <p>6 Eat Meal</p> <p>7 Job Related</p> <p>8 Change Mode (e.g. Auto to bus)</p> <p>9 Pick up/drop off Passenger</p>	<p>BEGIN _____</p> <p>END _____</p>	<p>1 Driver (auto/van/pickup/motorcycle)</p> <p>2 Passenger (auto/van/pickup/motorcycle)</p> <p>3 Public Bus</p> <p>4 Taxi</p> <p>5 School Bus</p> <p>6 Heavy Truck</p> <p>7 Walk or Bike (to work)</p> <p>8 Other: _____</p>	
<p>2 Then Went To:</p> <p>Name of Place _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>0 Return Home</p> <p>1 Go to Work</p> <p>2 Shopping</p> <p>3 School</p> <p>4 Personal</p> <p>5 Social/Recreational</p> <p>6 Eat Meal</p> <p>7 Job Related</p> <p>8 Change Mode (e.g. Auto to bus)</p> <p>9 Pick up/drop off Passenger</p>	<p>BEGIN _____</p> <p>END _____</p>	<p>1 Driver (auto/van/pickup/motorcycle)</p> <p>2 Passenger (auto/van/pickup/motorcycle)</p> <p>3 Public Bus</p> <p>4 Taxi</p> <p>5 School Bus</p> <p>6 Heavy Truck</p> <p>7 Walk or Bike (to work)</p> <p>8 Other: _____</p>	
<p>3 Then Went To:</p> <p>Name of Place _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>0 Return Home</p> <p>1 Go to Work</p> <p>2 Shopping</p> <p>3 School</p> <p>4 Personal</p> <p>5 Social/Recreational</p> <p>6 Eat Meal</p> <p>7 Job Related</p> <p>8 Change Mode (e.g. Auto to bus)</p> <p>9 Pick up/drop off Passenger</p>	<p>BEGIN _____</p> <p>END _____</p>	<p>1 Driver (auto/van/pickup/motorcycle)</p> <p>2 Passenger (auto/van/pickup/motorcycle)</p> <p>3 Public Bus</p> <p>4 Taxi</p> <p>5 School Bus</p> <p>6 Heavy Truck</p> <p>7 Walk or Bike (to work)</p> <p>8 Other: _____</p>	

OVER

Figure-4

TRAVEL DIARY

(Data Collection Version)

WHERE did this trip end?	KIND OF PLACE (Restaurant, doctor's office, grocery store)	PURPOSE of trip (Circle one)	TIME of trip (Circle AM or PM)	MODE of travel (Circle one)	IF DRIVER number in vehicle (include self)
④ Then Went To: Name of Place _____ Address _____ City _____ State _____ Zip Code _____		0 Return Home 1 Go to Work 2 Shopping 3 School 4 Personal 5 Social/ Recreational 6 Eat Meal 7 Job Related 8 Change Mode (e.g. Auto to bus) 9 Pick up/drop off Passenger	BEGIN AM PM END AM PM	1 Driver (auto/van/pickup/motorcycle) 2 Passenger (auto/van/pickup/motorcycle) 3 Public Bus 4 Taxi 5 School Bus 6 Heavy Truck 7 Walk or Bike (to work) 8 Other: _____	
⑤ Then Went To: Name of Place _____ Address _____ City _____ State _____ Zip Code _____		0 Return Home 1 Go to Work 2 Shopping 3 School 4 Personal 5 Social/ Recreational 6 Eat Meal 7 Job Related 8 Change Mode (e.g. Auto to bus) 9 Pick up/drop off Passenger	BEGIN AM PM END AM PM	1 Driver (auto/van/pickup/motorcycle) 2 Passenger (auto/van/pickup/motorcycle) 3 Public Bus 4 Taxi 5 School Bus 6 Heavy Truck 7 Walk or Bike (to work) 8 Other: _____	
⑥ Then Went To: Name of Place _____ Address _____ City _____ State _____ Zip Code _____		0 Return Home 1 Go to Work 2 Shopping 3 School 4 Personal 5 Social/ Recreational 6 Eat Meal 7 Job Related 8 Change Mode (e.g. Auto to bus) 9 Pick up/drop off Passenger	BEGIN AM PM END AM PM	1 Driver (auto/van/pickup/motorcycle) 2 Passenger (auto/van/pickup/motorcycle) 3 Public Bus 4 Taxi 5 School Bus 6 Heavy Truck 7 Walk or Bike (to work) 8 Other: _____	
⑦ Then Went To: Name of Place _____ Address _____ City _____ State _____ Zip Code _____		0 Return Home 1 Go to Work 2 Shopping 3 School 4 Personal 5 Social/ Recreational 6 Eat Meal 7 Job Related 8 Change Mode (e.g. Auto to bus) 9 Pick up/drop off Passenger	BEGIN AM PM END AM PM	1 Driver (auto/van/pickup/motorcycle) 2 Passenger (auto/van/pickup/motorcycle) 3 Public Bus 4 Taxi 5 School Bus 6 Heavy Truck 7 Walk or Bike (to work) 8 Other: _____	
⑧ Then Went To: Name of Place _____ Address _____ City _____ State _____ Zip Code _____		0 Return Home 1 Go to Work 2 Shopping 3 School 4 Personal 5 Social/ Recreational 6 Eat Meal 7 Job Related 8 Change Mode (e.g. Auto to bus) 9 Pick up/drop off Passenger	BEGIN AM PM END AM PM	1 Driver (auto/van/pickup/motorcycle) 2 Passenger (auto/van/pickup/motorcycle) 3 Public Bus 4 Taxi 5 School Bus 6 Heavy Truck 7 Walk or Bike (to work) 8 Other: _____	
⑨ Then Went To: Name of Place _____ Address _____ City _____ State _____ Zip Code _____		0 Return Home 1 Go to Work 2 Shopping 3 School 4 Personal 5 Social/ Recreational 6 Eat Meal 7 Job Related 8 Change Mode (e.g. Auto to bus) 9 Pick up/drop off Passenger	BEGIN AM PM END AM PM	1 Driver (auto/van/pickup/motorcycle) 2 Passenger (auto/van/pickup/motorcycle) 3 Public Bus 4 Taxi 5 School Bus 6 Heavy Truck 7 Walk or Bike (to work) 8 Other: _____	

Figure-4 (Continued)

TRAVEL DIARY

INSTRUCTIONS:

TRIPS FOR PERSON NUMBER: 01
(use person number from household data form)

NAME: John Doe

TRAVEL DAY: October 5

My first trip today began at:

Home

Other location as shown below (if not home)

Name of Place _____

Address or Intersecting Streets _____

City _____ State _____ Zip Code _____

- Record trips in the order you make them.
- Include the specific information requested for each trip.
- Record your trip even if it is made with another household member.
- Do not record walking or bicycle trips except if you walked or rode your bicycle all the way to work and you are over 16 years old.
- At the end of your travel day, leave all completed diaries in a convenient place at home so they will be available when the interviewer calls.
- Use the back of this card and an extra card, if necessary.
- If you have any questions about completing this travel diary, please call our toll-free number: 1-800-447-8287

WHERE did this trip end?	KIND OF PLACE (restaurant, doctor's office, grocery store)	PURPOSE of trip (check one)	TIME of trip (circle AM or PM)	MODE of travel (check one)	IF DRIVER, number in vehicle (include self)
<p>①</p> <p>First Went To:</p> <p>Name of Place: <u>Little Rascals</u></p> <p>Address or Intersecting Streets: <u>1880 Rader Way</u></p> <p>City: <u>Sparks NV</u> State: <u>NV</u> Zip Code: <u>89504</u></p>	<p>DAYCARE CENTER</p>	<input type="checkbox"/> Return Home <input type="checkbox"/> go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input type="checkbox"/> Return Home <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input checked="" type="checkbox"/> Pick up/drop off Passenger	<p>BEGIN <u>7:50 AM</u></p> <p>END <u>8:05 AM</u></p>	<input checked="" type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	2
<p>②</p> <p>Then Went To:</p> <p>Name of Place: <u>Farmers Insurance</u></p> <p>Address or Intersecting Streets: <u>T-80 + E Street</u></p> <p>City: <u>Sparks NV</u> State: <u>NV</u> Zip Code: <u>89502</u></p>	<p>OFFICE BUILDING</p>	<input type="checkbox"/> Return Home <input type="checkbox"/> go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input type="checkbox"/> Return Home <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	<p>BEGIN <u>8:10 AM</u></p> <p>END <u>8:25 AM</u></p>	<input checked="" type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	1
<p>③</p> <p>Then Went To:</p> <p>Name of Place: <u>Jeremiah's</u></p> <p>Address or Intersecting Streets: <u>880 E. Pumb Lane</u></p> <p>City: <u>Reno NV</u> State: <u>NV</u> Zip Code: <u>89502</u></p>	<p>RESTAURANT</p>	<input type="checkbox"/> Return Home <input type="checkbox"/> go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input checked="" type="checkbox"/> Eat Meal <input type="checkbox"/> Return Home <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	<p>BEGIN <u>11:52 AM</u></p> <p>END <u>12:05 AM</u></p>	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input checked="" type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other: _____	

OVER Figure-11

EXAMPLE COMPLETED TRAVEL DIARY
(Included in Survey Packet)

WHERE did this trip end?	KIND OF PLACE (restaurant, doctor's office, grocery store)	PURPOSE of trip (check one)	TIME of trip (Circle AM or PM)	MODE of travel (check one)	IF DRIVER, number of vehicles purchased solo
(4) Then Went To: FARMER'S INSURANCE Name of Place: 1-80-4-E Street Address or Intersecting Streets: Sparks Av City: Sparks NV State: 89504 Zip Code:	OFFICE BUILDING	<input checked="" type="checkbox"/> Return Home <input checked="" type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	BEGIN 12:45 PM END 1:00 PM	<input checked="" type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other:	
(5) Then Went To: LITTLE RASCALS Name of Place: 1880 Raker Way Address or Intersecting Streets: Sparks NV City: Sparks NV State: 89504 Zip Code:	DAYCARE CENTER	<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input checked="" type="checkbox"/> Return Home <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	BEGIN 5:15 PM END 5:30 PM	<input checked="" type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other:	1
(6) Then Went To: HOME Name of Place: Address or Intersecting Streets: City: State: Zip Code:	HOME	<input checked="" type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	BEGIN 5:40 PM END 5:55 PM	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other:	2
(7) Then Went To: Name of Place: Address or Intersecting Streets: City: State: Zip Code:		<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	BEGIN AM PM END AM PM	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other:	
(8) Then Went To: Name of Place: Address or Intersecting Streets: City: State: Zip Code:		<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	BEGIN AM PM END AM PM	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other:	
(9) Then Went To: Name of Place: Address or Intersecting Streets: City: State: Zip Code:		<input type="checkbox"/> Return Home <input type="checkbox"/> Go to Work <input type="checkbox"/> Shopping <input type="checkbox"/> School <input type="checkbox"/> Personal <input type="checkbox"/> Social/Recreational <input type="checkbox"/> Eat Meal <input type="checkbox"/> Job Related <input type="checkbox"/> Change Mode (e.g. Auto to bus) <input type="checkbox"/> Pick up/drop off Passenger	BEGIN AM PM END AM PM	<input type="checkbox"/> Driver (auto/van/pickup/motorcycle) <input type="checkbox"/> Passenger (auto/van/pickup/motorcycle) <input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Walk or Bike (to work) <input type="checkbox"/> Other:	

Figure-11 (Continued)

