

**Dated Material  
Please Open Promptly!**

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State of Vermont  
**OFFICE OF THE GOVERNOR**  
Montpelier 05609

Tel: (802) 828-3333  
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**HOWARD DEAN, M.D.**  
Governor

Dear Vermonter:

We can all be proud of Vermont's many unique resources. To help preserve these treasures, I have asked the Agency of Transportation to develop a strategy for future planning of transportation facilities. To collect the necessary information, we need your help.

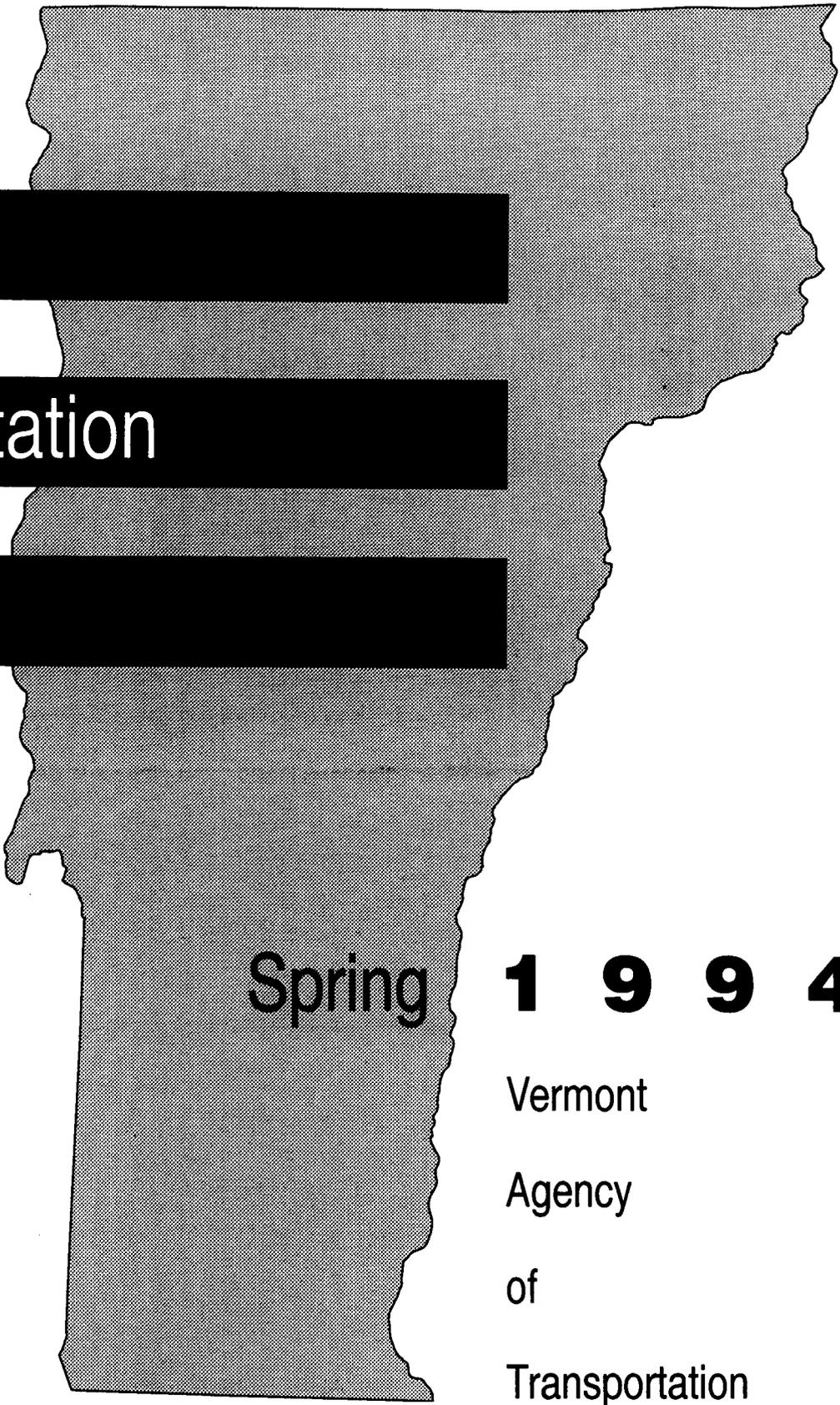
Please take the time to tell us about the trips that you and other members of your household make on a particular weekday by completing the enclosed survey. It will also ask you a few things about your household that pertain to the trip-making process. The information will be combined with responses of thousands of Vermonters from every part of the state. To guarantee that we receive the most accurate information possible, it is very important that you respond as soon as possible.

Filling out this survey will only take a few minutes, and your assistance is greatly appreciated. Thank you very much.

Sincerely,

A handwritten signature in cursive script that reads "Howard Dean".

Howard Dean, M.D.  
Governor



Vermont

Transportation

Survey

Spring

**1 9 9 4**

Vermont

Agency

of

Transportation

# GENERAL INFORMATION

## **What Do We Want To Know?**

Just a few things about your household, plus information on one day's worth of trips made by persons living at your residence.

## **Why Did We Pick You?**

We can't ask everyone. That would take too long and cost too much, so we choose households at random. Yours was one of the lucky ones.

## **Is It Easy To Do?**

Surprisingly easy. It's not as hard as it looks. You check boxes or circle things wherever possible. We even made it easier to record trips by asking you to tell us about an upcoming day rather than one that has already passed. That way you'll be ready for it.

## **How Long Will It Take?**

After becoming familiar with what to do, most families will be able to do this in a few minutes. Larger households or ones that make lots of trips will need a little more time. Regardless, this is a great opportunity to get everyone in the house involved in a project.

## **What About Privacy?**

We don't ask for your name or those of any members of your household. Everything is listed only by person number. The information you give us is **CONFIDENTIAL** and will be combined with responses received from many others all across the state.

## **Is Your Participation Important?**

Yes, it's very important. Since we can only survey a small sample of households statewide, the more responses we get, the better the information we'll have.

## **What's In It For You?**

First, you'll feel good because you did a good deed. Second, you'll know you helped to improve transportation facilities in your area and throughout Vermont. Third, it'll be fun doing something together as a family.

## **How Can You Contact Us?**

If you have questions about the survey, about how to fill out the forms, or if you need more forms, please call us toll free at **1-800-277-6477** anytime between 8:00 A.M. and 5:00 P.M., Monday through Friday. We'd be glad to hear from you.

Now that you've read this preliminary information, please continue with the next section on "Helpful Hints." It'll tell you everything you need to know about how to complete the survey.



# HELPFUL HINTS

## (Stuff That's Kind of Boring But That You Need To Know)

### **What Exactly Is A "Household"?**

A household is one or more people staying in the same house, apartment, condominium, mobile home, or similar accommodation.

It normally includes family members but could also include domestic workers employed by the household who stay overnight (live-in).

Casual guests and visitors, or domestics who work for the household during the day and leave at the end of their work shift, are not included.

Regardless of who makes up your household, it's important to include trips on the survey forms made by all members of the household.

### **What Exactly Is A "Trip"?**

A trip is any one-way travel from one point to another for a particular purpose.

All forms of ground transportation are eligible. This includes walk and bicycle trips but only if made to go to work or to shop.

All stops that affect the route of travel are considered the end of one trip and the start of another. Incidental stops made in going from one point to another, as long as they're generally along the usual route, are not considered separate trips.

### **How About Some Examples?**

- Going directly from home to work is one trip.
- Going from home to work with a stop along the way for coffee or gas is still one trip (home to work). The stop is an incidental one along the usual route.
- Leaving work to eat lunch, then going to a store located somewhere else to shop, then returning to work is three trips (work to eat, eat to shop, shop to work). But if the store is in the same complex where you ate, it would only be two trips (work to eat, eat to work). Going to the store would be incidental to eating lunch. Similarly, going to several locations within the same mall is not counted as separate trips.
- Driving from home to pick up three people in different locations for a car pool, then going to work is one home-to-work trip but is recorded as having four people in the car.
- Neighborhood activities such as jogging, riding your bike, walking the dog, or visiting a nearby friend are not trips to be recorded.

Trips which fit the above definition and the examples given in these instructions are called "reportable trips." Those are the ones we want to know about on the trip diary forms. You don't need to record any other trips.

### **What If I'm A Sales Or Delivery Person And Make Lots Of Trips As Part Of My Job?**

You don't need to record every trip. If you first make a trip between home and an office or base location, record it as a work trip.

Stops made along a delivery or sales route should be considered as two trips--one from the start point of the route to the farthest point out (from "home" or "work" to "other") and another from the farthest point back to the start point (from "other" to "home" or "work").

### **What If I Make The Same Trip As Someone Else?**

Do not report the trip if you are an auto passenger, even if the vehicle is driven by someone who is not a member of your household. If you are the driver, record the trip plus the number of people in the vehicle (including yourself). If two or more people make the same trip by another means (e.g., public bus), each person involved should record the trip separately.

### **What If I Use More Than One Means Of Travel To Get Someplace?**

If you make a short walk to a bus stop on your way to work, for example, report only the primary means of travel, i.e., the bus trip between home and work. You don't have to report walking from home to the bus stop or from the bus stop to work.

### **What Is My Designated Survey Day?**

The survey day for your household is the first weekday (Monday to Friday) after you get this survey package in the mail.

### **What Part Of The Day Is Covered By The Survey?**

We need information for one entire 24-hour day--midnight to midnight. Record only reportable trips that start during the survey day. Don't forget to record the end time of a trip starting on the survey day and ending after midnight (e.g., if you go to a late movie or work a late shift).

### **What If I Run Out Of Space On The Forms?**

There are extra forms at the end of the booklet to continue listing trips or if your household has more than 6 members. Or call us at our toll-free number and we'll be glad to send you more forms.

### **What's The Best Way To Go About Doing This Survey?**

Make all household members aware of the survey day.

Remind everyone to think about the trips they make on that day so the right information can be recorded.

Record all reportable trips for the survey day (those that fit the instructions given above), even ones you don't normally make.

Record the trips as soon as possible after making them. It might help to jot down reminder notes on a separate piece of paper as you make trips, especially for things like start and end times.

Anyone can do the recording on the survey forms but it's very important that all information provided be neat and readable.

Use common sense and your best judgment.

If in doubt about what is a trip and what isn't, assume it is. We'd rather have too much information than not enough.

### **What Should I Do With The Forms When They're Filled In?**

Please return them right away. Fold the booklet in half so that the return address is showing, then tape or staple it closed and drop it in a mailbox. No postage is necessary. We thank you very much for your cooperation.

**You're done with the hard part.  
Now the fun starts. Please  
check out the "Sample Form"  
on the next page.**



# SAMPLE FORM

This example is for the following trips made by someone during her designated survey day on Wednesday, May 18, 1994 (remember that your designated survey day may be different):

1. drove by herself from her home to her office (Trip No. 1)
2. rode in a car as a passenger with a fellow employee to a business meeting and back (auto passenger trips not reportable)
3. walked to a nearby store to buy a sandwich for lunch, then walked back to the office (short, incidental trips not reportable)
4. stopped to buy gas for her car on her usual route back home (Trip No. 2)
5. drove her husband and two children to a school play after dinner, then drove them back home (Trip Nos. 3 & 4)

## TRIP DIARY FOR HOUSEHOLD MEMBER NO. 1 7-8

(for trips starting after midnight on the first weekday after receiving the survey)

71

On what day of the week were these trips made? Circle one (must be a weekday):

1    2    3    4    5  
 Mon Tue **Wed** Thur Fri

On what date were these trips made?

May 18 1994

Month      Day      Year

1-5 ----- <sup>-2</sup>/<sub>6</sub>

		11	12-16	17-20/21	22/23	24	25-29	30-33/34
		Beginning of Trip				End of Trip		
9-10	Trip No. ↓	General Location (check one)	Specific Location  (write address, place name, or nearest street intersection)	Time  (write time & circle AM or PM)	Trip Method  (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location  (write address, place name, or nearest street intersection)	Time  (write time & circle AM or PM)
	1	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other	123 Maple St. Plymouth, VT	8:35 <b>AM</b> (nearest 5 min.)	<input checked="" type="checkbox"/> Drove car (No. in car, including driver <u>1</u> ) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other _____	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other	The Smith Building Rutland, VT	8:35 <b>AM</b> (nearest 5 min.)
	2	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other	The Smith Building Rutland, VT	5:10 <b>AM</b> (nearest 5 min.)	<input checked="" type="checkbox"/> Drove car (No. in car, including driver <u>1</u> ) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		5:40 <b>AM</b> (nearest 5 min.)
	3	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		7:15 <b>AM</b> (nearest 5 min.)	<input checked="" type="checkbox"/> Drove car (No. in car, including driver <u>4</u> ) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input checked="" type="checkbox"/> Other	Jones Elementary School Elm St. Plymouth, VT	7:25 <b>AM</b> (nearest 5 min.)
	4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input checked="" type="checkbox"/> Other	Jones Elementary School Elm St. Plymouth, VT	8:50 <b>AM</b> (nearest 5 min.)	<input checked="" type="checkbox"/> Drove car (No. in car, including driver <u>4</u> ) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		9:05 <b>AM</b> (nearest 5 min.)

- Notice that her trips to the business meeting as an auto passenger are NOT reported.
- Also note that the short walk trips at lunch are NOT included, nor is the incidental stop for gas on the way home.
- Trip start and end times are filled out to the nearest 5 minutes.
- Trip start and end points are given by address or place name. If not known, the nearest intersection is also acceptable.
- The home address is given only the first time. It is not necessary to repeat it afterward (but DO check the "Home" box).
- Note that the general destination of the trip to the school play is not "School" but "Other." A school trip is going to class.
- The auto passenger trips to the play would NOT be reported by the other family members.
- Finally, notice that all information on the number of persons in a car includes the driver.

# HOUSEHOLD INFORMATION & TRANSPORTATION QUESTIONS

Please tell us the following about your household:

Telephone No.: (802) \_\_\_\_\_ (if we have to clarify something about your survey response)

Town in which you live: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

If no street address, give best information to locate residence geographically  

P.O. Box No. or RFD Route No.: \_\_\_\_\_ 7-11

12 Type of residence (check one)  1 Single family  3 Apartment  5 Other (specify): \_\_\_\_\_  
 2 Condominium  4 Mobile home

13 This residence is (check one):  1 Permanent  2 Seasonal

14 How many members make up this household (including live-in domestic workers)?: \_\_\_\_\_

15-16 What are the ages of each member?: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

17 Show which are male (M) or female (F): 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

18-1 Check the primary status category for each member:  -- employed: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

-2  -- homemaker: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

-3  -- student: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

-4  -- not working: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

-5  -- retired: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

19 Check which are licensed drivers: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

60 How many vehicles are normally available for use at this address?: \_\_\_\_\_

61-62 Total annual household income range (circle one group):  1 Under 10,000  4 20,000—29,999  7 50,000—59,999  10 80,000—89,999  
 2 10,000—14,999  5 30,000—39,999  8 60,000—69,999  11 90,000—99,999  
 3 15,000—19,999  6 40,000—49,999  9 70,000—79,999  12 100,000 or over

Please answer the following questions:

63 1. Most of Vermont's transportation funds come from a tax on gasoline. Would you favor a 5 cent/gallon increase in that tax to adequately fund maintenance of existing transportation facilities?  
Strongly favor  1 Somewhat favor  2 No opinion  3 Somewhat oppose  4 Strongly oppose  5

64 2. What about a 5-cent/gallon increase in the gasoline tax to adequately fund new projects designed to relieve traffic congestion?  
Strongly favor  1 Somewhat favor  2 No opinion  3 Somewhat oppose  4 Strongly oppose  5

65 3. How important is recreational bicycling to your family?  
Very important  1 Moderately important  2 Not important  3

66 4. About how many recreational bicycle trips do members of your family make in a week? \_\_\_\_\_

Please use this space to tell us anything you wish about transportation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 1 7-8

(for trips starting after midnight on the first weekday after receiving the survey)

71

**On what day of the week were these trips made? Circle one (must be a weekday):**

1      2      3      4      5  
 Mon Tue Wed Thur Fri

**On what date were these trips made?**

1994

Month      Day      Year

1-5 -2  
6

11                      12-16                      17-20 /21                      22 /23                      24                      25-29                      30-33/34

	Beginning of Trip				End of Trip		
Trip No. ↓	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
2	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
3	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
4	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
5	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
6	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
7	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
8	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
9	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
10	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver_____) 2 <input type="checkbox"/> Public bus    5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked        6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)

**If this household member made more trips, please continue on one of the extra forms at the end of the booklet**

## TRIP DIARY FOR HOUSEHOLD MEMBER NO. 2

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention! The date of these trips should be the same as that shown on the sheet for Household Member No. 1**

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 3

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention!** The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

## TRIP DIARY FOR HOUSEHOLD MEMBER NO. 4

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention!** The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM) (nearest 5 min.)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM) (nearest 5 min.)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 5

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention!** The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No.	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM) (nearest 5 min.)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM) (nearest 5 min.)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 6

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention!** The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No.	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver_____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		:_____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

EXTRA TRIP DIARY FOR HOUSEHOLD MEMBER NO. 

(insert number)

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention!** The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)

EXTRA TRIP DIARY FOR HOUSEHOLD MEMBER NO.  (insert number)

(for trips starting after midnight on the first weekday after receiving the survey)

Attention! The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No.	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM) (nearest 5 min.)	Trip Method (check one, specify if other) Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM) (nearest 5 min.)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)



MONTPELIER, VT 05602-9922

133 STATE STREET

V A O T

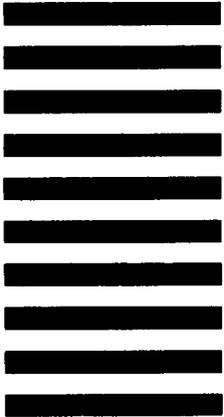
PLANNING DIVISION

VERMONT TRANSPORTATION SURVEY

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▲ To Mail: Fold in half so return address is visible. Staple or tape closed. ▲