

This collection of information is voluntary and will be used to gauge potential travel-behavior response to far-reaching improvements in the pedestrian, cycling, and transit environments of neighborhoods. Public reporting burden is estimated to average 1 hour and 45 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-XXXX (state OMB #). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590.

TRAVEL DIARY

Please complete the travel diary on WEEKDAY, MONTH, DAY, YEAR. **If you did not take any trips on the date assigned, please complete the diary on the next weekday that you did commute.**

1. Please start your day at 4:00 A.M. What was the address of your location at that time? Please provide either an address or an intersection.

Street _____

City _____

State _____ ZIP Code _____

2. Please note what this location was—your home, workplace, etc.

- 1 Home
- 2 Workplace
- 3 Some other place → PLEASE SPECIFY: _____

Main Tour—Tour #1

Now think about the main activity of your day. If you went to work on this day, that is probably your main activity. Otherwise, it could be going to school or doing some shopping or leisure activity. For example, if you went to the office for one hour and then spent the rest of the day shopping, your main activity would be shopping.

3. What was the address of your main activity? Please provide either an address or an intersection. If your main activity took place at multiple locations, please choose the address that you consider to be the most important of the day.

Street _____

City _____

State _____ ZIP Code _____

4. What was this location?

- 1 Your workplace
- 2 Other work-related place
- 3 Schools
- 4 Shopping or errands
- 5 Social, entertainment, or dining
- 6 Home
- 7 Some other location → PLEASE SPECIFY: _____

5. How many stops did you make along the way to your main activity?

- 1 0 stops
- 2 1 stop
- 3 2 stops
- 4 More than 2 stops → PLEASE SPECIFY HOW MANY: _____

The following questions address your travel to and from these stops. If you made more than two stops on the way to your main activity, please select the two that you view as the most important for you and discard the rest. For example, if you stopped to drop your kids off at school, to buy some supplies for the office, and to visit your mother, you might select the stop to drop your kids off and the stop to visit your mother and would throw out the stop for supplies.

Please answer the following questions with regard to your main trip of the day, including up to two stops you may have made along the way.

	a. TRIP SEGMENT #1 (First stop) ↓	b. TRIP SEGMENT #2 (Second stop, if applicable) ↓	c. TRIP SEGMENT #3 (Final stop, if applicable) ↓
6. What was the address of this destination? Please provide either an address or an intersection.	Street(s): _____ City: _____ State: _____ ZIP: _____	Street(s): _____ City: _____ State: _____ ZIP: _____	
7. What was this destination?	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination <input type="checkbox"/> SPECIFY: _____	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination <input type="checkbox"/> SPECIFY: _____	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination <input type="checkbox"/> SPECIFY: _____
8. Time you left to go to this location:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
9. Time you arrived at this location:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
10. Please give your best estimate of about how long the trip was in miles.	_____ miles	_____ miles	_____ miles

	a. TRIP SEGMENT #1 (First stop) ↓	b. TRIP SEGMENT #2 (Second stop, if applicable) ↓	c. TRIP SEGMENT #3 (Final stop, if applicable) ↓
11. How did you get there? PLEASE SELECT ALL THAT APPLY.	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 7 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 8 <input type="checkbox"/> Other → SPECIFY: _____	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 7 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 8 <input type="checkbox"/> Other → SPECIFY: _____	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 7 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 8 <input type="checkbox"/> Other → SPECIFY: _____
IF YOU DROVE:			
12. How much did you pay to park there?	\$ _____	\$ _____	\$ _____
13. How much did you spend on highway tolls for this trip segment?	\$ _____	\$ _____	\$ _____

Now please tell us about the return trip from your main activity to your final destination for the day.

14. How many stops did you make from your main activity location to your final destination for the day?

- 1 0 stops
 2 1 stop
 3 2 stops
 4 More than 2 stops → PLEASE SPECIFY HOW MANY: _____

The following questions address your travel to and from these destinations. If you made more than two stops on the way to your final destination, please select two of the stops and discard the rest. For example, if you stopped to get gas, to buy some supplies for the office, and to visit your mother, you might select the stop for gas and the stop to visit your mother and would throw out the stop for supplies.

	a. TRIP SEGMENT #1 (First stop) ↓	b. TRIP SEGMENT #2 (Second stop, if applicable) ↓	c. TRIP SEGMENT #3 (Final stop, if applicable) ↓
15. What was the address of this destination? Please provide either an address or an intersection.	Street(s): _____ _____ City: _____ State: _____ ZIP: _____	Street(s): _____ _____ City: _____ State: _____ ZIP: _____	Street(s): _____ _____ City: _____ State: _____ ZIP: _____

	a. TRIP SEGMENT #1 (First stop) ↓	b. TRIP SEGMENT #2 (Second stop, if applicable) ↓	c. TRIP SEGMENT #3 (Final stop, if applicable) ↓
16. What was this destination?	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination <input type="checkbox"/> SPECIFY: _____ _____	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination <input type="checkbox"/> SPECIFY: _____ _____	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination <input type="checkbox"/> SPECIFY: _____ _____
17. Time you left to go to this location:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
18. Time you arrived at this location:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
19. Please give your best estimate of about how long the trip was in miles.	_____ miles	_____ miles	_____ miles
20. How did you get there? PLEASE SELECT ALL THAT APPLY.	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 7 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 8 <input type="checkbox"/> Other → SPECIFY: _____ _____	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 7 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 8 <input type="checkbox"/> Other → SPECIFY: _____ _____	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 7 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 8 <input type="checkbox"/> Other → SPECIFY: _____ _____
IF YOU DROVE:			
21. How much did you pay to park there?	\$ _____	\$ _____	\$ _____
22. How much did you spend on highway tolls for this trip segment?	\$ _____	\$ _____	\$ _____

If the only travel you did on this day was to and from your main activity, then you are finished completing the travel diary. Thank you!

If you took any trips either before or after your travel to your main activity, we would like you to tell us about them in the sections on Tours #2 and #3.

Tours #2 and #3

23. Other than this tour to and from your main activity for the day, did you go out before or after that trip on this day?

- 1 Yes
- 2 No → END. Thank you!

24. How many times did you go out besides your trips to and from your main activity?....._____times

If you went out more than two times aside from your main activity, please select two of these tours that include the most important activities you did to tell us about.

	Tour #2 ↓	Tour #3 ↓
25. What was your destination?	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination → SPECIFY: _____ _____ _____	1 <input type="checkbox"/> Your workplace 2 <input type="checkbox"/> Other work-related place 3 <input type="checkbox"/> Schools 4 <input type="checkbox"/> Shopping or errands 5 <input type="checkbox"/> Social, entertainment, or dining 6 <input type="checkbox"/> Home 7 <input type="checkbox"/> Some other destination → SPECIFY: _____ _____ _____
26. What modes of transportation did you use to get there and back? PLEASE SELECT ALL THAT APPLY.	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 7 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 8 <input type="checkbox"/> Other → SPECIFY: _____ _____	1 <input type="checkbox"/> Car or other private vehicle as a driver 2 <input type="checkbox"/> Car or other private vehicle as a passenger 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Train 5 <input type="checkbox"/> Walking 6 <input type="checkbox"/> Cycling 6 <input type="checkbox"/> Car sharing (e.g., ZipCar, I-GO car) 7 <input type="checkbox"/> Other → SPECIFY: _____ _____
27. Time you left to go to this location:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
28. Time you arrived at this location:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
29. Time you arrived back at your final destination:	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
30. How many total stops did you make on your way there and back? (For example, if you made one stop on the way there and two stops on the way back, then you made three stops total.)	_____ stops	_____ stops

Thank you for completing the travel diary! This diary will be used to answer questions during your phone interview.