



# TRAVEL & ACTIVITY DIARY

*This diary belongs to:*

Person Name or Initials

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Thank you for your participation in the Edmonton Household Travel Survey. Please see the Travel Survey Guidebook for instructions on completing and returning forms.

### Form B Part 1 - Personal Information

Name or Initials	Age	Gender <input type="radio"/> Male <input type="radio"/> Female	Valid Driver's License? <input type="radio"/> Yes <input type="radio"/> No
Please choose the <u>MAIN</u> Employment or Student Status  <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Student <input type="radio"/> Stay at Home <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Younger than school age <input type="radio"/> Other _____		Please choose a <u>SECONDARY</u> Employment or Student Status  <input type="radio"/> Not applicable <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Student <input type="radio"/> Stay at Home <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Other _____	
Highest level of education completed: <input type="radio"/> Less than High School <input type="radio"/> High School <input type="radio"/> Technical/Trade School <input type="radio"/> College certificate/diploma <input type="radio"/> Undergraduate degree <input type="radio"/> Graduate degree <input type="radio"/> Other _____			
If currently a student, select school type <input type="radio"/> Preschool <input type="radio"/> Kindergarten to Grade 6 <input type="radio"/> Grade 7 to 9 <input type="radio"/> Grade 10 to 12 <input type="radio"/> Technical/ Trade School <input type="radio"/> College <input type="radio"/> University, undergraduate <input type="radio"/> University, graduate <input type="radio"/> Other _____			
Do you own a transit pass? <input type="radio"/> yes <input type="radio"/> no  <input type="radio"/> Adult Monthly <input type="radio"/> ETS@Work <input type="radio"/> U-Pass <input type="radio"/> Post Secondary <input type="radio"/> Youth Monthly <input type="radio"/> Senior Monthly <input type="radio"/> Senior Annual <input type="radio"/> Senior Low Income <input type="radio"/> AISH Pass <input type="radio"/> Airport Pass <input type="radio"/> Other, _____ How much did the pass cost you? _____  If you don't have a pass, is a subsidized pass available to you? <input type="radio"/> yes, specify _____ <input type="radio"/> no			

Your personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta) to complete pilot testing of a Household Travel Survey, understand travel patterns, and to plan a transportation system for the City of Edmonton and surrounding region. The personal information is being collected by a private consultant Advanis, acting on behalf of the City of Edmonton, and the City and the Province of Alberta will share information as required to deal with the regional components of this study. Only as much of your personal information as necessary will be collected for this purpose, and it will only be used or disclosed for that purpose, a purpose closely related to it, or as otherwise required or permitted by the Freedom of Information and Protection of Privacy Act (Alberta).

If you have any questions regarding the collection, use, disclosure or destruction of the personal information collected, please contact the General Supervisor of the Policy Implementation Group, 13th Floor Century Place, 9803 102A Avenue, Edmonton, AB, T5J 3A3, 780-442-1510, and Ainsley.Brown@edmonton.ca.

## Form B Part 2 - Work and School Locations

### MAIN Location for Work or School

Name of <u>MAIN</u> employer or school  Address or Location  City or Town	Where does your work or school take place? <input type="radio"/> One Location outside home <input type="radio"/> Work / school only at home <input type="radio"/> Changes from day to day <input type="radio"/> Several locations each day <input type="radio"/> Telecommute  How many hours per week is your work or school? _____
What is your usual mode of travel to work or school? <input type="radio"/> Driver <input type="radio"/> Walk <input type="radio"/> Passenger <input type="radio"/> Bicycle <input type="radio"/> Transit <input type="radio"/> Other _____ <input type="radio"/> School Bus	If that mode was not available, how would you travel? <input type="radio"/> Driver <input type="radio"/> Walk <input type="radio"/> Passenger <input type="radio"/> Bicycle <input type="radio"/> Transit <input type="radio"/> Would not travel <input type="radio"/> School Bus <input type="radio"/> Other _____
If this is a place of employment, please complete the following section: <b>Please see page 7 and 8 from the Guidebook for a list of Occupation and Industry codes to choose from</b>  What is your occupation? Occupation Code: _____ In what industry do you work? Industry Code _____ Do you need your personal vehicle for the work you do? <input type="radio"/> frequently <input type="radio"/> infrequently <input type="radio"/> never  How many days per month do you need your vehicle? _____ Does your employer offer you parking at work? <input type="radio"/> yes, and I use it <input type="radio"/> yes, but I don't use it <input type="radio"/> no  What is, or would be, the cost of parking? \$_____ hourly / daily / monthly / other (please circle) Does this job require regular deliveries or driving as part of the job? <input type="radio"/> yes <input type="radio"/> no Does this job offer flexible work hours? <input type="radio"/> yes <input type="radio"/> no	

### SECONDARY Location for Work or School

Name of <u>MAIN</u> employer or school  Address or Location  City or Town	Where does your work or school take place? <input type="radio"/> One Location outside home <input type="radio"/> Work / school only at home <input type="radio"/> Changes from day to day <input type="radio"/> Several locations each day <input type="radio"/> Telecommute  How many hours per week is your work or school? _____
What is your usual mode of travel to work or school? <input type="radio"/> Driver <input type="radio"/> Walk <input type="radio"/> Passenger <input type="radio"/> Bicycle <input type="radio"/> Transit <input type="radio"/> Other _____ <input type="radio"/> School Bus	If that mode was not available, how would you travel? <input type="radio"/> Driver <input type="radio"/> Walk <input type="radio"/> Passenger <input type="radio"/> Bicycle <input type="radio"/> Transit <input type="radio"/> Would not travel <input type="radio"/> School Bus <input type="radio"/> Other _____
If this is a place of employment, please complete the following section: <b>Please see page 7 and 8 from the Guidebook for a list of Occupation and Industry codes to choose from</b>  What is your occupation? Occupation Code: _____ In what industry do you work? Industry Code _____ Do you need your personal vehicle for the work you do? <input type="radio"/> frequently <input type="radio"/> infrequently <input type="radio"/> never  How many days per month do you need your vehicle? _____ Does your employer offer you parking at work? <input type="radio"/> yes, and I use it <input type="radio"/> yes, but I don't use it <input type="radio"/> no  What is, or would be, the cost of parking? \$_____ hourly / daily / monthly / other (please circle) Does this job require regular deliveries or driving as part of the job? <input type="radio"/> yes <input type="radio"/> no Does this job offer flexible work hours? <input type="radio"/> yes <input type="radio"/> no	

# Form C - Travel and Activity Diary, Part 1

Please complete a box on Part 2 for each travel activity

ACTIVITY CODES	
<b>Travel Related</b>	
1	Travel
2	Waiting (e.g. for the bus or to be picked up by someone)
3	Picking up or dropping someone off for Transit (e.g. Kiss and Ride)
<b>Quick Stops</b>	
4	Picking Someone Up
5	Dropping Someone Off
6	Stop at gas station / convenience store
7	Drive-through Errands (ATM, fast food)
<b>Personal Activities</b>	
8	Household and Personal Care (chores, child care, eating, sleeping, bathing)
9	Eat a meal (at a restaurant, diner)
10	Medical, Veterinary or Financial visit
11	Running Errands
<b>Work Related</b>	
12	Working
13	Volunteering
<b>School Related</b>	
14	Attending School
15	Schoolwork/School related activities
16	Daycare or Before-After School Care
<b>Shopping</b>	
17	Routine shopping for groceries, clothing or household items
18	Specialty shopping or major purchases (electronics, appliances, new vehicle)
<b>Recreation and Social</b>	
19	Extracurricular/ Hobby (piano, hockey)
20	With someone at their activity
21	Entertainment activities
22	Exercising
23	Social activities
24	Religious or Civic activities
<b>Other</b>	
25	Out of Town
26	Other 1: _____
27	Other 2: _____
28	Other 3: _____

Please record all activities on your assigned travel day beginning at 4:00 am on the assigned travel day and ending at 4:00 am the next day.

Activity Number	Start Time	End Time	Activity Code	Travel	Not Travel	Location and Address	City or Town
1	4:00 am pm	am pm		<input type="radio"/>	<input type="radio"/>		
2	am pm	am pm		<input type="radio"/>	<input type="radio"/>		
3	am pm	am pm		<input type="radio"/>	<input type="radio"/>		
4	am pm	am pm		<input type="radio"/>	<input type="radio"/>		
5	am pm	am pm		<input type="radio"/>	<input type="radio"/>		
6	am pm	am pm		<input type="radio"/>	<input type="radio"/>		
7	am pm	am pm		<input type="radio"/>	<input type="radio"/>		
8	am pm	am pm		<input type="radio"/>	<input type="radio"/>		
9	am pm	am pm		<input type="radio"/>	<input type="radio"/>		

## Form C - Travel and Activity Diary Part 2

Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
<i>If you traveled by personal vehicle:</i> How many people traveled with you? Household Members: <input type="text"/> Co-worker: <input type="text"/> Non-household Relative: <input type="text"/> Friend: <input type="text"/> Visitor: <input type="text"/> Other: <input type="text"/> What is the parking location? <input type="radio"/> Surface Lot <input type="radio"/> Driveway or Garage <input type="radio"/> Parkade / Underground <input type="radio"/> Park and Ride Lot <input type="radio"/> On Street <input type="radio"/> Other _____ How much did you pay to park? <input type="radio"/> No charge for parking <input type="radio"/> Have a parking pass <input type="radio"/> Paid \$_____ hourly      daily (circle one)      monthly      annual		Which vehicle did you use? Vehicle Number _____ (Form A)  Parking Location and Address: _____  <i>If you traveled by Transit:</i> Which Route did you take? _____ <input type="radio"/> School Special How did you pay? <input type="radio"/> Ticket <input type="radio"/> Cash <input type="radio"/> Transit Pass <input type="radio"/> Other, _____				

Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
<i>If you traveled by personal vehicle:</i> How many people traveled with you? Household Members: <input type="text"/> Co-worker: <input type="text"/> Non-household Relative: <input type="text"/> Friend: <input type="text"/> Visitor: <input type="text"/> Other: <input type="text"/> What is the parking location? <input type="radio"/> Surface Lot <input type="radio"/> Driveway or Garage <input type="radio"/> Parkade / Underground <input type="radio"/> Park and Ride Lot <input type="radio"/> On Street <input type="radio"/> Other _____ How much did you pay to park? <input type="radio"/> No charge for parking <input type="radio"/> Have a parking pass <input type="radio"/> Paid \$_____ hourly      daily (circle one)      monthly      annual		Which vehicle did you use? Vehicle Number _____ (Form A)  Parking Location and Address: _____  <i>If you traveled by Transit:</i> Which Route did you take? _____ <input type="radio"/> School Special How did you pay? <input type="radio"/> Ticket <input type="radio"/> Cash <input type="radio"/> Transit Pass <input type="radio"/> Other, _____				

Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
<i>If you traveled by personal vehicle:</i> How many people traveled with you? Household Members: <input type="text"/> Co-worker: <input type="text"/> Non-household Relative: <input type="text"/> Friend: <input type="text"/> Visitor: <input type="text"/> Other: <input type="text"/> What is the parking location? <input type="radio"/> Surface Lot <input type="radio"/> Driveway or Garage <input type="radio"/> Parkade / Underground <input type="radio"/> Park and Ride Lot <input type="radio"/> On Street <input type="radio"/> Other _____ How much did you pay to park? <input type="radio"/> No charge for parking <input type="radio"/> Have a parking pass <input type="radio"/> Paid \$_____ hourly      daily (circle one)      monthly      annual		Which vehicle did you use? Vehicle Number _____ (Form A)  Parking Location and Address: _____  <i>If you traveled by Transit:</i> Which Route did you take? _____ <input type="radio"/> School Special How did you pay? <input type="radio"/> Ticket <input type="radio"/> Cash <input type="radio"/> Transit Pass <input type="radio"/> Other, _____				

Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
<i>If you traveled by personal vehicle:</i> How many people traveled with you? Household Members: <input type="text"/> Co-worker: <input type="text"/> Non-household Relative: <input type="text"/> Friend: <input type="text"/> Visitor: <input type="text"/> Other: <input type="text"/> What is the parking location? <input type="radio"/> Surface Lot <input type="radio"/> Driveway or Garage <input type="radio"/> Parkade / Underground <input type="radio"/> Park and Ride Lot <input type="radio"/> On Street <input type="radio"/> Other _____ How much did you pay to park? <input type="radio"/> No charge for parking <input type="radio"/> Have a parking pass <input type="radio"/> Paid \$_____ hourly      daily (circle one)      monthly      annual		Which vehicle did you use? Vehicle Number _____ (Form A)  Parking Location and Address: _____  <i>If you traveled by Transit:</i> Which Route did you take? _____ <input type="radio"/> School Special How did you pay? <input type="radio"/> Ticket <input type="radio"/> Cash <input type="radio"/> Transit Pass <input type="radio"/> Other, _____				

## Form C - Travel and Activity Diary, Part 1

Please complete a box on Part 2 for each travel activity

### ACTIVITY CODES

#### Travel Related

- 1 Travel
- 2 Waiting (e.g. for the bus or to be picked up by someone)
- 3 Picking up or dropping someone off for Transit (e.g. Kiss and Ride)

#### Quick Stops

- 4 Picking Someone Up
- 5 Dropping Someone Off
- 6 Stop at gas station / convenience store
- 7 Drive-through Errands (ATM, fast food)

#### Personal Activities

- 8 Household and Personal Care (chores, child care, eating, sleeping, bathing)
- 9 Eat a meal (at a restaurant, diner)
- 10 Medical, Veterinary or Financial visit
- 11 Running Errands

#### Work Related

- 12 Working
- 13 Volunteering

#### School Related

- 14 Attending School
- 15 Schoolwork/School related activities
- 16 Daycare or Before-After School Care

#### Shopping

- 17 Routine shopping for groceries, clothing or household items
- 18 Specialty shopping or major purchases (electronics, appliances, new vehicle)

#### Recreation and Social

- 19 Extracurricular/ Hobby (piano, hockey)
- 20 With someone at their activity
- 21 Entertainment activities
- 22 Exercising
- 23 Social activities
- 24 Religious or Civic activities

#### Other

- 25 Out of Town
- 26 Other 1: \_\_\_\_\_
- 27 Other 2: \_\_\_\_\_
- 28 Other 3: \_\_\_\_\_

Activity Number

10

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

11

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

12

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

13

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

14

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

15

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

16

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

17

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

18

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

Please record all activities on your assigned travel day beginning at 4:00 am on the assigned travel day and ending at 4:00 am the next day.

## Form C - Travel and Activity Diary Part 2

Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
<i>If you traveled by personal vehicle:</i> How many people traveled with you? Household Members: <input type="text"/> Co-worker: <input type="text"/> Non-household Relative: <input type="text"/> Friend: <input type="text"/> Visitor: <input type="text"/> Other: <input type="text"/> What is the parking location? <input type="radio"/> Surface Lot <input type="radio"/> Driveway or Garage <input type="radio"/> Parkade / Underground <input type="radio"/> Park and Ride Lot <input type="radio"/> On Street <input type="radio"/> Other _____ How much did you pay to park? <input type="radio"/> No charge for parking <input type="radio"/> Have a parking pass <input type="radio"/> Paid \$_____		Which vehicle did you use? Vehicle Number _____ (Form A)  Parking Location and Address: _____  hourly    daily (circle one) monthly    annual		<i>If you traveled by Transit:</i> Which Route did you take? _____ <input type="radio"/> School Special How did you pay? <input type="radio"/> Ticket <input type="radio"/> Cash <input type="radio"/> Transit Pass <input type="radio"/> Other, _____		

Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
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Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
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## Form C - Travel and Activity Diary, Part 1

Please complete a box on Part 2 for each travel activity

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Activity Number

19

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

20

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

21

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

22

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

23

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

24

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

25

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

26

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

27

Start Time	am pm	End Time	am pm	Activity Code	<input type="radio"/> Travel <span style="float: right;">→</span> <input type="radio"/> Not Travel <span style="float: right;">↘</span>
Location and Address					City or Town

## Form C - Travel and Activity Diary Part 2

Activity Number	How did you travel?	<input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Bus	<input type="radio"/> LRT <input type="radio"/> DATS <input type="radio"/> Bicycle	<input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Taxi	<input type="radio"/> Special Shuttle <input type="radio"/> Airplane <input type="radio"/> Intercity Bus	<input type="radio"/> Other, please specify: _____
<i>If you traveled by personal vehicle:</i> How many people traveled with you? Household Members: <input type="text"/> Co-worker: <input type="text"/> Non-household Relative: <input type="text"/> Friend: <input type="text"/> Visitor: <input type="text"/> Other: <input type="text"/> What is the parking location? <input type="radio"/> Surface Lot <input type="radio"/> Driveway or Garage <input type="radio"/> Parkade / Underground <input type="radio"/> Park and Ride Lot <input type="radio"/> On Street <input type="radio"/> Other _____ How much did you pay to park? <input type="radio"/> No charge for parking <input type="radio"/> Have a parking pass <input type="radio"/> Paid \$_____ hourly      daily (circle one)      monthly      annual		Which vehicle did you use? Vehicle Number _____ (Form A)  Parking Location and Address: _____  <i>If you traveled by Transit:</i> Which Route did you take? _____ <input type="radio"/> School Special How did you pay? <input type="radio"/> Ticket <input type="radio"/> Cash <input type="radio"/> Transit Pass <input type="radio"/> Other, _____				

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# Form C - Travel and Activity Diary, Part 1

## ACTIVITY CODES

### Travel Related

- 1 Travel
- 2 Waiting (e.g. for the bus or to be picked up by someone)
- 3 Picking up or dropping someone off for Transit (e.g. Kiss and Ride)

### Quick Stops

- 4 Picking Someone Up
- 5 Dropping Someone Off
- 6 Stop at gas station / convenience store
- 7 Drive-through Errands (ATM, fast food)

### Personal Activities

- 8 Household and Personal Care (chores, child care, eating, sleeping, bathing)
- 9 Eat a meal (at a restaurant, diner)
- 10 Medical, Veterinary or Financial visit
- 11 Running Errands

### Work Related

- 12 Working
- 13 Volunteering

### School Related

- 14 Attending School
- 15 Schoolwork/School related activities
- 16 Daycare or Before-After School Care

### Shopping

- 17 Routine shopping for groceries, clothing or household items
- 18 Specialty shopping or major purchases (electronics, appliances, new vehicle)

### Recreation and Social

- 19 Extracurricular/ Hobby (piano, hockey)
- 20 With someone at their activity
- 21 Entertainment activities
- 22 Exercising
- 23 Social activities
- 24 Religious or Civic activities

### Other

- 25 Out of Town
- 26 Other 1: \_\_\_\_\_
- 27 Other 2: \_\_\_\_\_
- 28 Other 3: \_\_\_\_\_

Please complete a box on Part 2 for each travel activity

Activity Number  
28

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

29

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

30

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

31

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

32

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

33

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

34

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

35

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

36

Start Time am pm	End Time am pm	Activity Code	<input type="radio"/> Travel <input type="radio"/> Not Travel
Location and Address		City or Town	

Please record all activities on your assigned travel day beginning at 4:00 am on the assigned travel day and ending at 4:00 am the next day.

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Thank you for participating  
in the Edmonton Household  
Travel Survey.

You are helping to provide  
insight into travel patterns  
that will shape our future.

[www.edmonton.ca/TravelSurvey](http://www.edmonton.ca/TravelSurvey)

