

APPENDIX B

The First Questionnaire



MINISTER FOR TRANSPORT
Parliament House,
CANBERRA A.C.T. 2600

Dear Sir/Madam,

Recently I wrote to you about a National Daily Travel Survey that the Department of Transport is conducting. As you may recall, I mentioned that this was one way in which you could help the Government in its attempt to reduce the horrifying number of deaths and casualties on Australian roads.

Your household has been randomly selected to take part in the survey and a questionnaire is enclosed. I would be grateful if you would fill out the forms and return them as soon as you can in the reply paid envelope provided.

To fill out the questionnaire you should follow the instructions on the pink Household form. A brochure explaining the survey has been enclosed for your information.

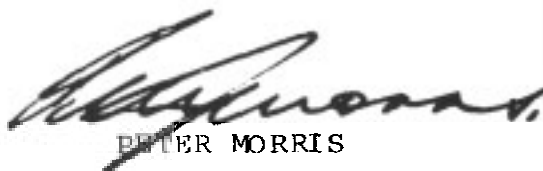
However, if you have any questions, or if there is anything about the questionnaire you don't understand, please don't hesitate to call your local survey office on the number shown on the back of the Household form.

Again, I assure you that all the information you provide will be kept strictly confidential and no names will appear on any permanent records.

The information you provide will be crucial in helping us develop further ways of reducing the road toll.

Thank you for your assistance in this matter.

Yours sincerely,



PETER MORRIS

Nếu Quý vị thấy mẫu đơn này khó hiểu. Xin hãy gọi ngay số điện thoại ghi ở mặt sau mẫu màu hồng.

Se hai difficoltà a capire questo modulo, telefona al numero indicato sul retro del foglio rosa.

Ako imate poteškoća u razumjevanju ovog formulara nazovite telefonski broj koji se nalazi na poledjini ružičastog formulara.

Αν δυσκολεύεστε να καταλάβετε τη φόρμα αυτή, παρακαλείσθε να τηλεφωνήσετε στον αριθμό τηλεφώνου που βρίσκεται στο πίσω μέρος της ροζ φόρμας.

لو وجدت صعوبة بفهم هذا الطلب، فالرجاء الاتصال تلفونياً على الرقم المبين خلف الطلب الزهري اللون.

SURVEY OF DAY-TO-DAY TRAVEL IN AUSTRALIA 1985/86

Conducted by: SOCIALDATA Australia
55 Whaling Road
North Sydney, NSW 2060



— In Confidence —

PLEASE READ THIS FIRST

- Please fill out this Household Form first and then the Person Forms.
- Start by answering the questions below. Then please fill out the inside of this form for every person in your household who is 9 years and over.
- Then please read the instructions on the back of this form.

HOUSEHOLD FORM

A household consists of **all** persons (including you) who live with you **permanently**
A household can also be made up of **one** person (one-person household).

How many persons live **permanently** in this household, including yourself?

Of these: How many are **less than 5 years old**?

How many are **5 to 8 years old**?

How many are **9 years and over**?

Do you have a **telephone** in your household? Yes No

Phone No:

How many of the following types of **vehicles** are there in this household? . . . Please include any company cars that are **usually kept here overnight**.

How many **Bicycles**?

How many **Motor Bikes**?

How many **Cars or Station Wagons**?

How many **Other** types of **Vehicles**?
(eg trucks, utilities, panelvans)

Please answer the questions on the inside of this form
for all persons who are 9 years of age and over.

NOW, PLEASE ANSWER THE FOLLOWING QUESTIONS FOR ALL PERSONS IN THE HOUSEHOLD WHO ARE 9 YEARS OF AGE AND OVER

**PERSONS
9 YEARS OF AGE
AND OVER**

Person
Number

Oldest Person

Second Oldest
Person

Third Oldest
Person

Fourth Oldest
Person

Fifth Oldest
Person

Sixth Oldest
Person

1

2

3

4

5

6

First Name

First Name

First Name

First Name

First Name

First Name

Year of Birth

Year of Birth

Year of Birth

Year of Birth

Year of Birth

Year of Birth

SEX

Male

Female

**COUNTRY
OF BIRTH**

Australia

Other (Please write in)

**HIGHEST
LEVEL OF
SCHOOLING
ATTENDED**

Primary School

Secondary School

University, technical
or business college etc.

Currently
Not Employed

Home Duties

EMPLOYMENT STATUS
Please tick as many boxes as

Currently Studying

Any other.

At school } Full-time
technical }
college or } Part-time
university }

Currently Employed

Part-time or Casual Work
(usually less than 35
hours per week)

Full-time Work
(35 hours or more per
week)

CURRENT OCCUPATION

What kind of work does
this person do? (If more
than one job, please
describe their main job)

DRIVER'S LICENCE

Does this person have
a driver's licence?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Licensed to drive a. . .

Car

Car

Car

Car

Car

Car

Truck

Truck

Truck

Truck

Truck

Truck

Motor
Bike

Motor
Bike

Motor
Bike

Motor
Bike

Motor
Bike

Motor
Bike

PLEASE TURN OVER

There are instructions for what to do next
on the back of this form

IMPORTANT! HOW TO FILL OUT THE PERSON FORMS

- Please give a Person Form to every person in the household who is **9 years of age and over**.
- Could the PERSON who is NUMBER 1 on the HOUSEHOLD FORM, fill out PERSON FORM NUMBER 1 and so on.
- The Person Form asks you to fill in **all the trips** you make on

Your Travel Day is:

- Please include **all trips** over the **whole day — even walking trips or very short trips are important!**
- Also, please write in your **first name** and **the date** on the Person Form.
- Please return the completed HOUSEHOLD and PERSON FORMS in the **enclosed stamped envelope. Please mail** them on **the day after** your household's **Travel Day** as this will save time, effort and costs involved in reminders.

SOME OTHER THINGS YOU MIGHT NEED TO KNOW

- **If there are more than 5 persons in your household aged 9 years and over:**
 - the 6th person can use the un-numbered Person Form
 - for 7 or more persons, please ring your local Survey Office for more forms.
- **If someone makes more than 7 trips:**
 - the un-numbered Person Form can be used
 - if you need more forms, please ring your local Survey Office
 - however, if you make a lot more than 7 trips (e.g. taxi drivers, commercial travellers or people who make lots of deliveries) please ring us because we have a much simpler method for you.
- **If you have any other questions about the survey:**
 - The enclosed information brochure may answer them
 - If not, please don't hesitate to contact:

SOCIALDATA AUSTRALIA
55 Whaling Road
North Sydney
N.S.W. 2060



Telephone: If you live in Sydney — (02) 922 6517

Otherwise, for the cost of a local call: 008 022-263

**MANY THANKS FOR ANSWERING THE QUESTIONNAIRE
AND CONTRIBUTING TO THE SUCCESS OF THE SURVEY**

PERSON Form

1

First Name: Fill out for **MONDAY** the (Please write in the date)

I did not leave the house on this day because (Please write in the reason)

Place where you began your first trip: Home Elsewhere

Please note, for e.g., if you go from home to the shop and back this would be 2 trips.

At what **TIME** did you **begin** this trip?

To which **DESTINATION** or for what **REASON** did you make this trip?

HOW did you get to your destination?

Please mark **all** methods of travel that you used.

Where was this **DESTINATION**?

Please give the best address you can

At what **TIME** did you **arrive** there?

Please estimate the **DISTANCE** of this trip as accurately as possible.

Did you go **ANYWHERE ELSE** after this?

e.g. back home, out to buy home lunch or maybe just to pick up something?

FIRST TRIP	
Time Started	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input type="text"/>
DESTINATION ADDRESS	<input type="text"/> Street/Road <input type="text"/> Suburb/Town
ARRIVAL	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DISTANCE	<input type="text"/> metres <input type="checkbox"/> <input type="text"/> kms <input type="checkbox"/> <input type="text"/> yards <input type="checkbox"/> <input type="text"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/> Yes <input type="checkbox"/>	

SECOND TRIP	
Time Started	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input type="text"/>
DESTINATION ADDRESS	<input type="text"/> Street/Road <input type="text"/> Suburb/Town
ARRIVAL	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DISTANCE	<input type="text"/> metres <input type="checkbox"/> <input type="text"/> kms <input type="checkbox"/> <input type="text"/> yards <input type="checkbox"/> <input type="text"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/> Yes <input type="checkbox"/>	

THIRD TRIP	
Time Started	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input type="text"/>
DESTINATION ADDRESS	<input type="text"/> Street/Road <input type="text"/> Suburb/Town
ARRIVAL	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DISTANCE	<input type="text"/> metres <input type="checkbox"/> <input type="text"/> kms <input type="checkbox"/> <input type="text"/> yards <input type="checkbox"/> <input type="text"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/> Yes <input type="checkbox"/>	

Next trip in the next column

Next trip in the next column

Next trip over the page

Please turn over! Fill in any further trips on the back.

**PERSON
Form**

1

TRAVEL DAY

MONDAY

FOURTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

FIFTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SIXTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SEVENTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip in the next column

Next trip in the next column

Next trip in the next column

PERSON Form

2

First Name:

Fill out for

MONDAY

the

(Please write in the date)

I did not leave the house on this day because

(Please write in the reason)

Place where you began your first trip: Home

Elsewhere

Please note, for e.g. if you go from home to the shop and back this would be 2 trips.

At what **TIME** did you **begin** this trip?

To which **DESTINATION** or for what **REASON** did you make this trip?

HOW did you get to your destination?

Please mark all methods of travel that you used.

Where was this **DESTINATION**?

Please give the best address you can

At what **TIME** did you **arrive** there?

Please estimate the **DISTANCE** of this trip as accurately as possible.

Did you go **ANYWHERE ELSE** after this?

e.g. back home, out to buy some lunch or maybe just to pick up something?

FIRST TRIP

Time Started am
pm

DESTINATION/REASON

Work

Education

Shopping

Home

To pick up or drop someone off

Other (Please write in):

METHODS OF TRAVEL

Walk

Bicycle

Bus

Train

Tram

Taxi

Ferry

Motor Bike

Car Driver

Car Passenger

Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
pm

DISTANCE

metres
kms
yards
(approx.) miles

No Yes

Next trip in the next column

SECOND TRIP

Time Started am
pm

DESTINATION/REASON

Work

Education

Shopping

Home

To pick up or drop someone off

Other (Please write in):

METHODS OF TRAVEL

Walk

Bicycle

Bus

Train

Tram

Taxi

Ferry

Motor Bike

Car Driver

Car Passenger

Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
pm

DISTANCE

metres
kms
yards
(approx.) miles

No Yes

Next trip in the next column

THIRD TRIP

Time Started am
pm

DESTINATION/REASON

Work

Education

Shopping

Home

To pick up or drop someone off

Other (Please write in):

METHODS OF TRAVEL

Walk

Bicycle

Bus

Train

Tram

Taxi

Ferry

Motor Bike

Car Driver

Car Passenger

Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
pm

DISTANCE

metres
kms
yards
(approx.) miles

No Yes

Next trip over the page

Please turn over! Fill in any further trips on the back.

**PERSON
Form**

2

TRAVEL DAY

MONDAY

FOURTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

FIFTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SIXTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SEVENTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip in the next column

Next trip in the next column

Next trip in the next column

PERSON Form

3

First Name: Fill out for **MONDAY** the (Please write in the date)

I did not leave the house on this day because (Please write in the reason)

Place where you began your first trip: Home Elsewhere

Please note, for e.g., if you go from home to the shop and back this would be 2 trips.

At what **TIME** did you **begin** this trip?

To which **DESTINATION** or for what **REASON** did you make this trip?

HOW did you get to your destination?

Please mark **all** methods of travel that you used.

Where was this **DESTINATION**?

Please give the best address you can

At what **TIME** did you **arrive** there?

Please estimate the **DISTANCE** of this trip as accurately as possible.

Did you go **ANYWHERE ELSE** after this?

e.g. back home, out to buy some lunch or maybe just to pick up something?

FIRST TRIP	
Time Started	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input type="text"/>
DESTINATION ADDRESS	<input type="text"/> Street/Road <input type="text"/> Suburb/Town
ARRIVAL	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DISTANCE	<input type="text"/> metres <input type="checkbox"/> <input type="text"/> kms <input type="checkbox"/> <input type="text"/> yards <input type="checkbox"/> <input type="text"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/> Yes <input type="checkbox"/>	

Next trip in the next column

SECOND TRIP	
Time Started	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input type="text"/>
DESTINATION ADDRESS	<input type="text"/> Street/Road <input type="text"/> Suburb/Town
ARRIVAL	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DISTANCE	<input type="text"/> metres <input type="checkbox"/> <input type="text"/> kms <input type="checkbox"/> <input type="text"/> yards <input type="checkbox"/> <input type="text"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/> Yes <input type="checkbox"/>	

Next trip in the next column

THIRD TRIP	
Time Started	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input type="text"/>
DESTINATION ADDRESS	<input type="text"/> Street/Road <input type="text"/> Suburb/Town
ARRIVAL	<input type="text"/> am <input type="checkbox"/> <input type="text"/> pm <input type="checkbox"/>
DISTANCE	<input type="text"/> metres <input type="checkbox"/> <input type="text"/> kms <input type="checkbox"/> <input type="text"/> yards <input type="checkbox"/> <input type="text"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/> Yes <input type="checkbox"/>	

Next trip over the page

Please turn over! Fill in any further trips on the back.

**PERSON
Form**

3

TRAVEL DAY

MONDAY

FOURTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

FIFTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SIXTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SEVENTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip in the next column

Next trip in the next column

Next trip in the next column

PERSON Form

4

First Name: Fill out for **MONDAY** the (Please write in the date)

I did not leave the house on this day because (Please write in the reason)

Place where you began your first trip: Home Elsewhere

Please note, for e.g., if you go from home to the shop and back this would be 2 trips.

At what **TIME** did you **begin** this trip?

To which **DESTINATION** or for what **REASON** did you make this trip?

HOW did you get to your destination?

Please mark **all** methods of travel that you used.

Where was this **DESTINATION**?

Please give the best address you can

At what **TIME** did you **arrive** there?

Please estimate the **DISTANCE** of this trip as accurately as possible.

Did you go **ANYWHERE ELSE** after this?

e.g. back home, out to buy some lunch or maybe just to pick up something?

FIRST TRIP

Time Started am pm

DESTINATION/REASON

Work

Education

Shopping

Home

To pick up or drop someone off

Other (Please write in):

METHODS OF TRAVEL

Walk

Bicycle

Bus

Train

Tram

Taxi

Ferry

Motor Bike

Car Driver

Car Passenger

Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am pm

DISTANCE

metres

kms

yards

miles (approx.)

No Yes

Next trip in the next column

SECOND TRIP

Time Started am pm

DESTINATION/REASON

Work

Education

Shopping

Home

To pick up or drop someone off

Other (Please write in):

METHODS OF TRAVEL

Walk

Bicycle

Bus

Train

Tram

Taxi

Ferry

Motor Bike

Car Driver

Car Passenger

Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am pm

DISTANCE

metres

kms

yards

miles (approx.)

No Yes

Next trip in the next column

THIRD TRIP

Time Started am pm

DESTINATION/REASON

Work

Education

Shopping

Home

To pick up or drop someone off

Other (Please write in):

METHODS OF TRAVEL

Walk

Bicycle

Bus

Train

Tram

Taxi

Ferry

Motor Bike

Car Driver

Car Passenger

Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am pm

DISTANCE

metres

kms

yards

miles (approx.)

No Yes

Next trip over the page

Please turn over! Fill in any further trips on the back.

**PERSON
Form**

4

TRAVEL DAY

MONDAY

FOURTH TRIP

Time Started
[] am
[] pm

DESTINATION/REASON

Work
Education
Shopping
Home
To pick up or drop someone off
Other (Please write in):
[]

METHODS OF TRAVEL

Walk
Bicycle
Bus
Train
Tram
Taxi
Ferry
Motor Bike
Car Driver
Car Passenger
Other (Please write in):
[]

DESTINATION ADDRESS

[]
Street/Road
[]
Suburb/Town

ARRIVAL

[] am
[] pm

DISTANCE

[] metres
[] kms
[] yards
[] miles
(approx.)

No Yes

FIFTH TRIP

Time Started
[] am
[] pm

DESTINATION/REASON

Work
Education
Shopping
Home
To pick up or drop someone off
Other (Please write in):
[]

METHODS OF TRAVEL

Walk
Bicycle
Bus
Train
Tram
Taxi
Ferry
Motor Bike
Car Driver
Car Passenger
Other (Please write in):
[]

DESTINATION ADDRESS

[]
Street/Road
[]
Suburb/Town

ARRIVAL

[] am
[] pm

DISTANCE

[] metres
[] kms
[] yards
[] miles
(approx.)

No Yes

SIXTH TRIP

Time Started
[] am
[] pm

DESTINATION/REASON

Work
Education
Shopping
Home
To pick up or drop someone off
Other (Please write in):
[]

METHODS OF TRAVEL

Walk
Bicycle
Bus
Train
Tram
Taxi
Ferry
Motor Bike
Car Driver
Car Passenger
Other (Please write in):
[]

DESTINATION ADDRESS

[]
Street/Road
[]
Suburb/Town

ARRIVAL

[] am
[] pm

DISTANCE

[] metres
[] kms
[] yards
[] miles
(approx.)

No Yes

SEVENTH TRIP

Time Started
[] am
[] pm

DESTINATION/REASON

Work
Education
Shopping
Home
To pick up or drop someone off
Other (Please write in):
[]

METHODS OF TRAVEL

Walk
Bicycle
Bus
Train
Tram
Taxi
Ferry
Motor Bike
Car Driver
Car Passenger
Other (Please write in):
[]

DESTINATION ADDRESS

[]
Street/Road
[]
Suburb/Town

ARRIVAL

[] am
[] pm

DISTANCE

[] metres
[] kms
[] yards
[] miles
(approx.)

No Yes

Next trip in the next column

Next trip in the next column

Next trip in the next column

PERSON Form

5

First Name:

Fill out for

MONDAY

the

(Please write in the date)

I did not leave the house on this day because

(Please write in the reason)

Place where you began your first trip:

Home

Elsewhere

Please note, for e.g., if you go from home to the shop and back this would be 2 trips.

At what **TIME** did you **begin** this trip?

To which **DESTINATION** or what **REASON** did you make this trip?

HOW did you get to your destination?

*Please mark **all** methods of travel that you used.*

Where was this **DESTINATION**?

Please give the best address you can

At what **TIME** did you **arrive** there?

Please estimate the **DISTANCE** of this trip as accurately as possible.

Did you go **ANYWHERE ELSE** after this?

e.g. back home, out to buy some lunch or maybe just to pick up something?

FIRST TRIP	
Time Started	<input style="width: 60px;" type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input style="width: 100%;" type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input style="width: 100%;" type="text"/>
DESTINATION ADDRESS	<input style="width: 100%; height: 20px;" type="text"/> Street/Road <input style="width: 100%; height: 20px;" type="text"/> Suburb/Town
ARRIVAL	<input style="width: 60px;" type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>
DISTANCE	<input style="width: 60px;" type="text"/> metres <input type="checkbox"/> kms <input type="checkbox"/> yards <input type="checkbox"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Next trip in the next column

SECOND TRIP	
Time Started	<input style="width: 60px;" type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input style="width: 100%;" type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input style="width: 100%;" type="text"/>
DESTINATION ADDRESS	<input style="width: 100%; height: 20px;" type="text"/> Street/Road <input style="width: 100%; height: 20px;" type="text"/> Suburb/Town
ARRIVAL	<input style="width: 60px;" type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>
DISTANCE	<input style="width: 60px;" type="text"/> metres <input type="checkbox"/> kms <input type="checkbox"/> yards <input type="checkbox"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Next trip in the next column

THIRD TRIP	
Time Started	<input style="width: 60px;" type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>
DESTINATION/REASON	Work <input type="checkbox"/> Education <input type="checkbox"/> Shopping <input type="checkbox"/> Home <input type="checkbox"/> To pick up or drop someone off <input type="checkbox"/> Other (Please write in): <input style="width: 100%;" type="text"/>
METHODS OF TRAVEL	Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Tram <input type="checkbox"/> Taxi <input type="checkbox"/> Ferry <input type="checkbox"/> Motor Bike <input type="checkbox"/> Car Driver <input type="checkbox"/> Car Passenger <input type="checkbox"/> Other (Please write in): <input style="width: 100%;" type="text"/>
DESTINATION ADDRESS	<input style="width: 100%; height: 20px;" type="text"/> Street/Road <input style="width: 100%; height: 20px;" type="text"/> Suburb/Town
ARRIVAL	<input style="width: 60px;" type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>
DISTANCE	<input style="width: 60px;" type="text"/> metres <input type="checkbox"/> kms <input type="checkbox"/> yards <input type="checkbox"/> miles <input type="checkbox"/> (approx.)
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Next trip over the page

Please turn over! Fill in any further trips on the back.

**PERSON
Form**

5

TRAVEL DAY

MONDAY

FOURTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

FIFTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SIXTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

SEVENTH TRIP

Time Started

am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip in the next column

Next trip in the next column

Next trip in the next column

PERSON Form

First Name:

Fill out for

MONDAY

the

(Please write in the date)

I did not leave the house on this day because

(Please write in the reason)

Place where you began your first trip:

Home

Elsewhere

Please note, for e.g., if you go from home to the shop and back this would be 2 trips.

At what **TIME** did you **begin** this trip?

To which **DESTINATION** or for what **REASON** did you make this trip?

HOW did you get to your destination?

Please mark **all** methods of travel that you used.

Where was this **DESTINATION**?

Please give the best address you can

At what **TIME** did you **arrive** there?

Please estimate the **DISTANCE** of this trip as accurately as possible.

Did you go **ANYWHERE ELSE** after this?

e.g. back home, out to buy some lunch or maybe just to pick up something?

FIRST TRIP

Time Started

am
 pm

DESTINATION/REASON

Work
Education
Shopping
Home
To pick up or drop someone off
Other (Please write in):

METHODS OF TRAVEL

Walk
Bicycle
Bus
Train
Tram
Taxi
Ferry
Motor Bike
Car Driver
Car Passenger
Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip in the next column

SECOND TRIP

Time Started

am
 pm

DESTINATION/REASON

Work
Education
Shopping
Home
To pick up or drop someone off
Other (Please write in):

METHODS OF TRAVEL

Walk
Bicycle
Bus
Train
Tram
Taxi
Ferry
Motor Bike
Car Driver
Car Passenger
Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip in the next column

THIRD TRIP

Time Started

am
 pm

DESTINATION/REASON

Work
Education
Shopping
Home
To pick up or drop someone off
Other (Please write in):

METHODS OF TRAVEL

Walk
Bicycle
Bus
Train
Tram
Taxi
Ferry
Motor Bike
Car Driver
Car Passenger
Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

am
 pm

DISTANCE

metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip over the page

Please turn over! Fill in any further trips on the back.

PERSON Form

TRAVEL DAY

MONDAY

FOURTH TRIP

Time Started

 am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

 am
 pm

DISTANCE

 metres
 kms
 yards
 miles
(approx.)

No Yes

FIFTH TRIP

Time Started

 am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

 am
 pm

DISTANCE

 metres
 kms
 yards
 miles
(approx.)

No Yes

SIXTH TRIP

Time Started

 am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

 am
 pm

DISTANCE

 metres
 kms
 yards
 miles
(approx.)

No Yes

SEVENTH TRIP

Time Started

 am
 pm

DESTINATION/REASON

- Work
- Education
- Shopping
- Home
- To pick up or drop someone off
- Other (Please write in):

METHODS OF TRAVEL

- Walk
- Bicycle
- Bus
- Train
- Tram
- Taxi
- Ferry
- Motor Bike
- Car Driver
- Car Passenger
- Other (Please write in):

DESTINATION ADDRESS

Street/Road

Suburb/Town

ARRIVAL

 am
 pm

DISTANCE

 metres
 kms
 yards
 miles
(approx.)

No Yes

Next trip in the next column

Next trip in the next column

Next trip in the next column