

This is your personal diary.

Each person needs to use a diary to record **PLACES** visited (what and where they are) and **TRIPS** made (when and how you travel from place to place). We also ask you to indicate the **PURPOSE** for going to each **PLACE**.

It's quite simple! You just need to keep track of:

- **PLACES** you go to, by name and/or address as exact as possible;
- **TIMES** you arrive at and leave from each place, to the minute if possible;
- **PURPOSE** for going to each place or WHAT YOU DID at each place; and
- **MODES** or methods of travel to get from place to place.

The day after your second travel day, we will phone you to collect the information. We can help deal with any gaps and ask about parking, transit, and other details of how you travel.

For young children and for others who cannot complete a diary by themselves, we ask that a parent or other adult complete the diary for them.

Specific and exact details are very important.

As shown in the blue Sample Diary, you will use **ONE PAGE** for **EACH PLACE** you go to during your 24-hour day.

What is a **PLACE**? It is every different location (different building, different address) you travel to during the day. It can be a school where you stay seven hours, or a gas-line station you stop at for 5 minutes to get gas, or your son's school where you stop for only 30 seconds to drop him off, or a restaurant where you have lunch. A **PLACE** is any location you stop at, even if it's just on your way to work or to somewhere else.

If you start your 24-hour day at home, then **PLACE #1** will be your home. After that, each new **PLACE** you go to will have one new page in your diary. There are 10 pages for **PLACES** and another page for an additional ten. If you need more space, please use additional sheets of paper to record the extra information.

Other important tips:

- Any time you drop someone off or pick someone up, you should record that location as a **PLACE** in YOUR diary.
- Be sure to note that **PURPOSE(S)** for going to each **PLACE**.
- If you make trips as part of your work (mail carrier, delivery person, outside sales representative, etc.), record only the trip to where you start working, and from your last work place to where you went after work.

**If you have any questions,
Feel free to call the Travel Survey Hotline
at 1-888-687-8287 (1-888-NuStats), ext 4055**

Thank you for participating in the Puget Sound Household Travel Survey!

TRAVEL MODES FOR:

**“HOW did you get from
Place to Place?”**

IF MODE IS:	WRITE:
WALK	11
AUTO/VAN/TRUCK DRIVER	12
AUTO/VAN/TRUCK PASSENGER	13
CARPPOOL DRIVER	14
CARPPOOL PASSENGER	15
VANPOOL DRIVER	16
VANPOOL PASSENGER	17
BUS (PUBLIC TRANSIT)	18
FERRY / PASSENGER BOAT	19
SCHOOL BUS	20
TAXI/PAID LIMO	21
BICYCLE	22
MOTORCYCLE/MOPED	23
OTHER	98

DAY 1 | **Place #**
1

Start here for Day 1. For this diary, your day begins at 3:00am. Most people are home asleep at 3:00am. If this is the case with you, then check **“My Home”**, make note of the exact time you left home for the first time on your first diary day, and check all the activities you did before leaving home.

WHAT is this Place?

- My Home My Regular Workplace
- My School Another Place

Name of Place (if any) or nearest landmark (e.g., building name)

Street Address

_____ _____ _____

City *County* *Zip code*

_____ & _____

Nearest Cross Streets

Main Activity
(Check only one)

Other Activity
(Check all that apply)

WHAT did you do at Place #1?

- Personal activities at home
- Work at home
- Work (other than home)
- Work related (location other than regular work or home)
- School (jr. college, college/university, vocation/trade)
- School (day-care, kindergarten, elementary, middle, high)
- Incidental shopping (gas, groceries, etc.)
- Major shopping (clothes, furniture, appliances, etc.)
- Personal business (bank, post office, dentist, dry cleaners)
- Medical
- Other services: _____
- Eat meal
- Social / Recreational (visit friends/family, nightclub, etc.)
- Civic activities (volunteer, jury duty, community service)
- Church activities
- Pick-up / Drop off person at work
- Pick-up / Drop off person at school / day care
- Pick-up / Drop off person at other place
- Change mode of travel
- Other activity: _____

From this place, did you go to another place during Day 1?

NO- This was my LAST place for Day 1.
Check here: DONE
Start Day 2 tomorrow at 3am

YES- What time did you leave this place to go to the next place?

: am/pm



WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #2?

: am/pm

HOW did you get from Place #1 to Place #2?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

#

Number of non-household members traveling?

#

From this place, did you go to another place during Day 1?

NO- This was my LAST place for Day 1.

Check here: DONE

Start Day 2 tomorrow at 3am

YES- What time did you leave this place to go to the next place?

WHAT did you do at Place #2?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

: am/pm

**NEXT
 PLACE
 #2**

WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #4?

: am/pm

HOW did you get from Place #1 to Place #4?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

#

Number of non-household members traveling?

#

From this place, did you go to another place during Day 1?

NO- This was my LAST place for Day 1.

Check here: DONE

Start Day 2 tomorrow at 3am

YES- What time did you leave this place to go to the next place?

WHAT did you do at Place #4?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

: am/pm

**NEXT
 PLACE
 #5**

WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #8?

_____ : _____ am/pm

HOW did you get from Place #1 to Place #8?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

_____ #

Number of non-household members traveling?

_____ #

From this place, did you go to another place during Day 1?

NO- This was my LAST place for Day 1.

Check here: DONE

Start Day 2 tomorrow at 3am

YES- What time did you leave this place to go to the next place?

_____ : _____ am/pm

WHAT did you do at Place #8?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

**NEXT
 PLACE
 #9**

WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #10?

: am/pm

HOW did you get from Place #1 to Place #10?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

#

Number of non-household members traveling?

#

From this place, did you go to another place during Day 1?

NO- This was my LAST place for Day 1.

Check here: DONE

Start Day 2 tomorrow at 3am

YES- What time did you leave this place to go to the next place?

WHAT did you do at Place #10?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

: am/pm

**NEXT
 PLACE
 #11**

Was Day 1 a particularly busy day?

If you have used all of the previous pages, use the chart below to keep information on other places you went to. Don't forget to record your times!

PLACE #	WHERE is place?	WHEN did you arrive?	WHAT type of place?	WHAT did you do there?	HOW did you get there? Use list.	# Persons traveling?	WHEN did you leave?
<i>11</i>		: am/pm					: am/pm
<i>12</i>		: am/pm					: am/pm
<i>13</i>		: am/pm					: am/pm
<i>14</i>		: am/pm					: am/pm
<i>15</i>		: am/pm					: am/pm
<i>16</i>		: am/pm					: am/pm
<i>17</i>		: am/pm					: am/pm
<i>18</i>		: am/pm					: am/pm
<i>19</i>		: am/pm					: am/pm
<i>20</i>		: am/pm					: am/pm

Continue with Day 2 ↓

DAY 2 **Place #**
1

Start here for DAY 2. For this diary, your day begins at 3:00am. Most people are home asleep at 3:00am. If this is the case with you, then check **“My Home”**, make note of the exact time you left home for the first time on your first diary day, and check all the activities you did before leaving home.

WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

Name of Place (if any) or nearest landmark (e.g., building name)

Street Address

_____ _____ _____

City *County* *Zip code*

_____ & _____

Nearest Cross Streets

Main Activity
(Check only one)

Other Activity
(Check all that apply)

WHAT did you do at Place #1?

- Personal activities at home
- Work at home
- Work (other than home)
- Work related (location other than regular work or home)
- School (jr. college, college/university, vocation/trade)
- School (day-care, kindergarten, elementary, middle, high)
- Incidental shopping (gas, groceries, etc.)
- Major shopping (clothes, furniture, appliances, etc.)
- Personal business (bank, post office, dentist, dry cleaners)
- Medical
- Other services: _____
- Eat meal
- Social / Recreational (visit friends/family, nightclub, etc.)
- Civic activities (volunteer, jury duty, community service)
- Church activities
- Pick-up / Drop off person at work
- Pick-up / Drop off person at school / day care
- Pick-up / Drop off person at other place
- Change mode of travel
- Other activity: _____

From this place, did you go to another place during Day 2?

NO- I stayed in one place all 24-hours.
Check here: DONE

YES- What time did you leave this place to go to the next place?

_____ : _____ am/pm



WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #4?

_____ : _____ am/pm

HOW did you get from Place #1 to Place #4?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

_____ #

Number of non-household members traveling?

_____ #

From this place, did you go to another place during Day 2?

NO- I stayed in one place all 24-hours.

Check here: DONE

YES- What time did you leave this place to go to the next place?

WHAT did you do at Place #4?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

_____ : _____ am/pm

**NEXT
 PLACE
 #5**

WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #6?

_____ : _____ am/pm

HOW did you get from Place #1 to Place #6?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

_____ #

Number of non-household members traveling?

_____ #

From this place, did you go to another place during Day 2?

NO- I stayed in one place all 24-hours.

Check here: DONE

YES- What time did you leave this place to go to the next place?

_____ : _____ am/pm

**NEXT
 PLACE
 #7**

WHAT did you do at Place #6?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #8?

: am/pm

HOW did you get from Place #1 to Place #8?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

#

Number of non-household members traveling?

#

From this place, did you go to another place during Day 2?

NO- I stayed in one place all 24-hours.

Check here: DONE

YES- What time did you leave this place to go to the next place?

WHAT did you do at Place #8?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

: am/pm

**NEXT
 PLACE
 #9**

WHAT is this Place?

- My Home My Regular Workplace
 My School Another Place

 Name of Place (if any) or nearest landmark (e.g., building name)

 Street Address

 City

 County

 Zip code

 Nearest Cross Streets

&

At WHAT TIME did you ARRIVE at Place #10?

_____ : _____ am/pm

HOW did you get from Place #1 to Place #10?

(Use list of TRAVEL MODES on page 3 of the diary)

If you rode a bus to this place, how did you get to the bus stop?

(Check one) I walked I drove I was dropped off

If you rode a bus to this place, how did you get from the bus stop to your

final destination? (Check one) I walked I drove I was dropped off

Number of other household members traveling, other than you?

#

Number of non-household members traveling?

#

From this place, did you go to another place during Day 2?

NO- I stayed in one place all 24-hours.

Check here: DONE

YES- What time did you leave this place to go to the next place?

WHAT did you do at Place #10?

Main Activity
 (Check only one)

Other Activity
 (Check all that apply)

- Personal activities at home
 Work at home
 Work (other than home)
 Work related (location other than regular work or home)
 School (jr. college, college/university, vocation/trade)
 School (day-care, kindergarten, elementary, middle, high)
 Incidental shopping (gas, groceries, etc.)
 Major shopping (clothes, furniture, appliances, etc.)
 Personal business (bank, post office, dentist, dry cleaners)
 Medical
 Other services: _____
 Eat meal
 Social / Recreational (visit friends/family, nightclub, etc.)
 Civic activities (volunteer, jury duty, community service)
 Church activities
 Pick-up / Drop off person at work
 Pick-up / Drop off person at school / day care
 Pick-up / Drop off person at other place
 Change mode of travel
 Other activity: _____

_____ : _____ am/pm

**NEXT
 PLACE
 #11**

Was Day 2 a particularly busy day?

If you have used all of the previous pages, use the chart below to keep information on other places you went to. Don't forget to record your times!

PLACE #	WHERE is place?	WHEN did you arrive?	WHAT type of place?	WHAT did you do there?	HOW did you get there? Use list.	# Persons traveling?	WHEN did you leave?
<i>11</i>		: am/pm					: am/pm
<i>12</i>		: am/pm					: am/pm
<i>13</i>		: am/pm					: am/pm
<i>14</i>		: am/pm					: am/pm
<i>15</i>		: am/pm					: am/pm
<i>16</i>		: am/pm					: am/pm
<i>17</i>		: am/pm					: am/pm
<i>18</i>		: am/pm					: am/pm
<i>19</i>		: am/pm					: am/pm
<i>20</i>		: am/pm					: am/pm

Thank You!

Keep your completed 2-day diary near the phone and we'll call you
The day after your second travel day.

You can also call us at 1-888-687-8287 (1-888-NuStats), ext. 4055
To provide your diary information, Monday through Friday
Between 3pm and 8pm or Saturday between 11am and 4pm PST.

Don't Forget!

Please return your completed diaries in the enclosed envelope after
we have called and collected your information.

Checklist

Please remember to:

- Write down all places visited.
- Write complete addresses for all places visited.
- Record accurate start and end times.
- Record vehicle odometer readings.