



Thank You for Your Participation!

Personal One-Day Travel Diary for:

<<First Name>>
of the
<<Last Name>> Household

**Carry your diary with you and record
your travel on:**

<<TDATE>>

OR<<SAMPN>><<NDIARIES>>/<<HHSIZE>><<ASSN>>

If you need help filling out your Travel Diary,
please call the
toll-free Survey Hotline:

1-888-222-7734

**For more information about the survey,
please call:**

Lucia Lanini, NuStats
1-800-447-8287, ext. 2236
llanini@nustats.com

or

Becky Knudson, ODOT
503-986-4113
rebecca.a.knudson@odot.state.or.us

or

visit the project web page at
www.nustats.com/otas

Begin Here:



HINT!

Carry this diary with you during your travel day to record important details like the address of each place, how you travel there, and the exact arrival and departure times.

Please include any quick stops you make like drive-thrus and dropping off or picking up someone.

What is the name and address of your regular workplace?

Name: _____ Not employed
Address: _____ Work at home
City/State/Zip: _____ (for pay)
 Self-employed

What is the name and address of your school?

Name: _____ Not a student
Address: _____ Home school
City/State/Zip: _____

**Survey conducted by NuStats/PTV DataSource
on behalf of:**



**Oregon Modeling
Steering Committee**

Federal Highway Administration
OR Department of Administrative Services
OR Department of Environmental Quality
OR Department of Land Conservation & Development
OR Department of Transportation
Bend Metro Planning Org
Corvallis Area Metro Planning Org

Lane Council of Governments
Mid-Willamette Valley Council of Governments
Portland METRO
Rogue Valley Council of Governments
Port of Portland
Oregon Transportation Research & Education Consortium
Oregon Department of Energy

See the Instructions & Example inside! →



DID YOU REMEMBER TO . . .

- ✓ Record each place you went, even short walks, quick stops, and places you went in the evening?
- ✓ Record the activities that you did at each place?
- ✓ Record exact place names and complete addresses?
- ✓ Record accurate arrival and departure times?

WHAT DO I DO WITH MY COMPLETED DIARIES?



Keep your completed diaries by the phone –

We will call you to collect the information. Or, you can call our toll-free survey hotline (1-888-222-7734) to provide your information.



Mail – Or, return your completed diaries in the postage-paid envelope provided in your packet. We may have to call you to clarify or to collect any missing information.

Questions?
Call the toll-free survey hotline:
1-888-222-7734

← **LISTS 1 & 2 are inside flap**

LIST 1 - MEANS OF TRAVEL

Non-Motorized:

- 1 Walk
- 2 Bicycle

Auto/Van/Truck:

- 3 Driver
- 4 Passenger

Other Modes:

- 5 Public Transit
- 6 Dial-A-Ride/Paratransit
- 7 Taxi
- 8 School bus
- 97 Other (*write code 97 and specify*)

LIST 2 - ACTIVITIES

At My Home:

- 1 Working at home (*for pay*)
- 2 All other activities at home

At My Primary Work/Volunteer Location:

- 3 Work/Job (*for pay or volunteer*)
- 4 All other activities at work

At My School:

- 5 Attending class
- 6 All other activities at school

While Traveling:

- 7 Change type of transportation/transfer (*from car to bus, walk to bus, etc.*)
- 8 Dropped off passenger from car
- 9 Picked up passenger from car
- 10 Other (*write code 10 and specify activity*)

At Other Places:

- 11 Work/Business-related (*meeting, sales call, delivery, etc.*)
- 12 Service private vehicle (*gas, oil, lube, etc.*)
- 13 Routine shopping (*groceries, clothing, convenience store, household maintenance*)
- 14 Shopping for major purchases or specialty items (*appliances, electronics, new vehicle, major household repairs, etc.*)
- 15 Household errands (*bank, dry cleaning, etc.*)
- 16 Personal business (*visit government office, attorney, accountant, etc.*)
- 17 Eat meal outside of home
- 18 Health care (*doctor, dentist*)
- 19 Civic/Religious activities
- 20 Outdoor Recreation/Entertainment
- 21 Indoor Recreation/Entertainment
- 22 Visit friends/relatives
- 97 Other (*write code 97 and specify activity*)

PLACE 1

Begin recording your travel here

For this diary, the day begins at 3 a.m. when most people are home asleep. If this is the case with you, check "My home," then record all the activities you did before leaving and the exact time you leave for the first time.

IF YOU RIDE THE BUS/TRAIN OR CARPOOL/VANPOOL:
Please record each bus stop, train station, or carpool/vanpool meeting place where you got on or off as a separate **PLACE**.

A WHERE were you at 3 a.m.? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?
Name of place (if any) OR Transit stop _____
Street address OR nearest cross-streets _____
City _____ State _____ Zip _____

C What ACTIVITIES did you do there? (Write code from LIST 2 on flap) Main activity (code): _____ Other activity (code): _____

D What TIME did you LEAVE? _____ : _____ am pm → **Next PLACE** (Please record exact time) Did not leave → **CONTINUE BELOW**

E What is the MAIN reason you didn't leave this place today?
 I was sick I am home-bound, elderly, or disabled
 Child was sick Worked at home (for pay)
 Other household member was sick Worked around home (not for pay)
 Other: _____

IF YOU DIDN'T LEAVE THIS PLACE TODAY:
You are done. Thank you.

PLACE 2

A What is this PLACE? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?
Name of place (if any) OR Transit stop _____
Street address OR nearest cross-streets _____
City _____ State _____ Zip _____

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap) Code: _____

E Could you have traveled any other way? (One answer only) Code: _____ (use LIST 1) Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: <OR> If traveled by PUBLIC TRANSIT:

| | |
|---|---|
| <p>Which household vehicle did you use? Year/Make/Model: _____ <input type="checkbox"/> Did not use a household vehicle</p> <p>Did you get out of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No (drive-thru, drop off/pick up)</p> <p>If yes, where did you park? <input type="checkbox"/> Parking lot <input type="checkbox"/> Street <input type="checkbox"/> Parking garage <input type="checkbox"/> Other: _____</p> <p>What are the nearest cross-streets to this parking location? _____</p> <p>How much did you pay to park? \$ _____ per _____ <input type="checkbox"/> Did not pay</p> | <p>Which type of transit did you take? <input type="checkbox"/> Local Bus <input type="checkbox"/> Limited Bus <input type="checkbox"/> Light Rail <input type="checkbox"/> Express Bus <input type="checkbox"/> Bus Rapid Transit (BRT/EmX) <input type="checkbox"/> Other: _____</p> <p>What was the Route/Line? _____</p> <p>How much did you pay for this trip? Cash: \$ _____ <input type="checkbox"/> Pass</p> <p>If you used a pass, what type? _____</p> <p>How much did the pass cost? \$ _____ per _____</p> |
|---|---|

I If you DID NOT travel by Auto/Van/Truck:
What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap) Main activity (code): _____ Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → **Next PLACE** (Please record exact time) Did not leave → **DONE**

**PLACE
3**

A What is this PLACE? My home My school Another place
 My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop

Street address OR nearest cross-streets

City State Zip

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there?
(Write code from LIST 1 on flap)
Code: _____

E Could you have traveled any other way? (One answer only)
Code: _____ (use LIST 1)
 Carpool/Vanpool
 No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street
 Parking garage Other: _____

What are the nearest cross-streets to this parking location?

How much did you pay to park?
\$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus
 Light Rail Express Bus
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?
\$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap)
Main activity (code): _____
Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE
(Please record exact time) Did not leave → DONE

**PLACE
4**

A What is this PLACE? My home My school Another place
 My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop

Street address OR nearest cross-streets

City State Zip

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there?
(Write code from LIST 1 on flap)
Code: _____

E Could you have traveled any other way? (One answer only)
Code: _____ (use LIST 1)
 Carpool/Vanpool
 No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street
 Parking garage Other: _____

What are the nearest cross-streets to this parking location?

How much did you pay to park?
\$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus
 Light Rail Express Bus
 Bus Rapid Transit (BRT/EmX)
 Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost?
\$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap)
Main activity (code): _____
Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE
(Please record exact time) Did not leave → DONE

PLACE 5

A What is this PLACE? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop

Street address OR nearest cross-streets

City State Zip

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap) Code: _____

E Could you have traveled any other way? (One answer only) Code: _____ (use LIST 1) Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street Parking garage Other: _____

What are the nearest cross-streets to this parking location?

How much did you pay to park? \$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus Light Rail Express Bus Bus Rapid Transit (BRT/EmX) Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost? \$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap) Main activity (code): _____ Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE (Please record exact time) Did not leave → DONE

PLACE 6

A What is this PLACE? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop

Street address OR nearest cross-streets

City State Zip

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap) Code: _____

E Could you have traveled any other way? (One answer only) Code: _____ (use LIST 1) Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street Parking garage Other: _____

What are the nearest cross-streets to this parking location?

How much did you pay to park? \$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus Light Rail Express Bus Bus Rapid Transit (BRT/EmX) Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost? \$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap) Main activity (code): _____ Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE (Please record exact time) Did not leave → DONE

PLACE 7

A What is this PLACE? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop _____

Street address OR nearest cross-streets _____

City _____ State _____ Zip _____

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap) Code: _____

E Could you have traveled any other way? (One answer only) Code: _____ (use LIST 1) Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street

Parking garage Other: _____

What are the nearest cross-streets to this parking location? _____

How much did you pay to park?

\$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus

Light Rail Express Bus

Bus Rapid Transit (BRT/EmX)

Other: _____

What was the Route/Line? _____

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type? _____

How much did the pass cost?

\$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main activity (code): _____

Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE (Please record exact time)

Did not leave → DONE

PLACE 8

A What is this PLACE? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop _____

Street address OR nearest cross-streets _____

City _____ State _____ Zip _____

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap) Code: _____

E Could you have traveled any other way? (One answer only) Code: _____ (use LIST 1) Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street

Parking garage Other: _____

What are the nearest cross-streets to this parking location? _____

How much did you pay to park?

\$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus

Light Rail Express Bus

Bus Rapid Transit (BRT/EmX)

Other: _____

What was the Route/Line? _____

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type? _____

How much did the pass cost?

\$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap)

Main activity (code): _____

Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE (Please record exact time)

Did not leave → DONE

PLACE 9

A What is this PLACE? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop

Street address OR nearest cross-streets

City State Zip

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap) Code: _____

E Could you have traveled any other way? (One answer only) Code: _____ (use LIST 1) Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street Parking garage Other: _____

What are the nearest cross-streets to this parking location?

How much did you pay to park? \$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus Light Rail Express Bus Bus Rapid Transit (BRT/EmX) Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost? \$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap) Main activity (code): _____ Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE (Please record exact time) Did not leave → DONE

PLACE 10

A What is this PLACE? My home My school Another place My work Transit stop

B What is the NAME and ADDRESS of this PLACE?

Name of place (if any) OR Transit stop

Street address OR nearest cross-streets

City State Zip

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap) Code: _____

E Could you have traveled any other way? (One answer only) Code: _____ (use LIST 1) Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:

Which household vehicle did you use?

Year/Make/Model: _____

Did not use a household vehicle

Did you get out of your vehicle?

Yes No (drive-thru, drop off/pick up)

If yes, where did you park?

Parking lot Street Parking garage Other: _____

What are the nearest cross-streets to this parking location?

How much did you pay to park? \$ _____ per _____ Did not pay

Which type of transit did you take?

Local Bus Limited Bus Light Rail Express Bus Bus Rapid Transit (BRT/EmX) Other: _____

What was the Route/Line?

How much did you pay for this trip?

Cash: \$ _____ Pass

If you used a pass, what type?

How much did the pass cost? \$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:

What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap) Main activity (code): _____ Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE (Please record exact time) Did not leave → DONE

PLACE 11

A What is this PLACE? My home My school Another place
 My work Transit stop

B What is the NAME and ADDRESS of this PLACE?
 Name of place (if any) OR Transit stop _____
 Street address OR nearest cross-streets _____
 City _____ State _____ Zip _____

C What TIME did you ARRIVE? (Exact time) _____ : _____ am pm

D HOW did you travel there? (Write code from LIST 1 on flap)
 Code: _____

E Could you have traveled any other way? (One answer only)
 Code: _____ (use LIST 1)
 Carpool/Vanpool No other options

F How many people traveled with you? (DON'T include yourself) _____

G Of those, how many were household members? _____

H If traveled by AUTO/VAN/TRUCK: ◀OR▶ If traveled by PUBLIC TRANSIT:
Which household vehicle did you use?
 Year/Make/Model: _____
 Did not use a household vehicle
Did you get out of your vehicle?
 Yes No (drive-thru, drop off/pick up)
If yes, where did you park?
 Parking lot Street
 Parking garage Other: _____
What are the nearest cross-streets to this parking location?

How much did you pay to park?
 \$ _____ per _____ Did not pay

Which type of transit did you take?
 Local Bus Limited Bus
 Light Rail Express Bus
 Bus Rapid Transit (BRT/EmX)
 Other: _____
What was the Route/Line?

How much did you pay for this trip?
 Cash: \$ _____ Pass
If you used a pass, what type?

How much did the pass cost?
 \$ _____ per _____

I If you DID NOT travel by Auto/Van/Truck:
 What would you have had to pay for parking if you had driven to this place? \$ _____ per _____

J What ACTIVITIES did you do there? (Write code from LIST 2 on flap)
 Main activity (code): _____
 Other activity (code): _____

K What TIME did you LEAVE? _____ : _____ am pm → Next PLACE (Please record exact time)
 Did not leave → DONE

EXTRA PLACES

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

| PLACE # | A WHAT is this PLACE? B WHAT is the NAME and ADDRESS? | C What TIME did you ARRIVE? (record exact times) | D HOW did you travel there? (use LIST 1) | J What ACTIVITIES? (use LIST 2) | K What TIME did you LEAVE? (record exact times) |
|---------|--|--|--|---------------------------------|---|
| 12 | | : am/pm | | | : am/pm |
| 13 | | : am/pm | | | : am/pm |
| 14 | | : am/pm | | | : am/pm |
| 15 | | : am/pm | | | : am/pm |
| 16 | | : am/pm | | | : am/pm |
| 17 | | : am/pm | | | : am/pm |
| 18 | | : am/pm | | | : am/pm |
| 19 | | : am/pm | | | : am/pm |
| 20 | | : am/pm | | | : am/pm |
| 21 | | : am/pm | | | : am/pm |