

Household#: \_\_\_\_\_

Questions: Call 1-888-801-5368

**Quad Cities Regional Household Survey TRAVEL DIARY**

Your Travel Date (Month/Day): \_\_\_\_\_

Your Travel Day: Monday Tuesday Wednesday Thursday

What is your age? \_\_\_\_\_

Your gender? Male Female

**Where were you at 3:00 am today?** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Place (e.g., Your Home, Other Person's Home, Work, Hotel, Store): \_\_\_\_\_

What time did you DEPART this place? \_\_\_\_\_ AM PM

Trip #	Where Did You Go?	What About Your Route?	What Did You Do?	What Was The Time?	How Did You Get There?	How Many Traveled?
#1  The First Place I Went	_____ Name or Description of Place  _____ Address (or nearest intersection) include suffix (St., Ave., lane, etc.)  _____ City _____ State _____  _____ Zip (if known)	<b>On your way to this location did you cross the Mississippi River?</b> YES NO  <b>If YES: Which highway/road bridge did you use to cross the river?</b> _____	<b>What did you do at this location?</b> (check all that apply) 01 Working at Home 02 Other Home activities 03 Work/Job (at work location) 04 Work/Business related 05 School 06 Change Mode (e.g., car to bus) 07 Dropped off passenger from car 08 Picked up passenger from car 09 Personal business 10 Health care (doctor, dentist) 11 Civic/Religious activities 12 Eat meal outside of home 13 Recreation/Entertainment 14 Visit friends/Relatives 15 Other, Specify	<b>What time did you ARRIVE at this location?</b> Time: _____ Circle one: AM PM  <b>What time did you DEPART this location?</b> (enter NA if you ended your travels for the day here)  Time: _____ Circle one: AM PM	<b>What was the primary type of transportation you used?</b> <input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Bike <input type="radio"/> Auto, Van, truck <input type="radio"/> Transit Bus: Route #? _____ Which Transit System? _____ <input type="radio"/> Other _____  <b>If you used a car, van, or truck for this trip . . .</b> <b>Were you the . . . ?</b> Driver OR Passenger  <b>Please indicate the following about the vehicle:</b> Year _____ Make/Model _____  <b>Was this your household's vehicle? YES NO</b>	Including you, how many people made this trip? _____  Including you, how many people from YOUR HOUSEHOLD were on this trip? _____  What were the ages of the other household members traveling with you? _____
#2  The Next Place I Went	_____ Name or Description of Place  _____ Address (or nearest intersection) include suffix (St., Ave., lane, etc.)  _____ City _____ State _____  _____ Zip (if known)	<b>On your way to this location did you cross the Mississippi River?</b> YES NO  <b>If YES: Which highway/road bridge did you use to cross the river?</b> _____	<b>What did you do at this location?</b> (check all that apply) 01 Working at Home 02 Other Home activities 03 Work/Job (at work location) 04 Work/Business related 05 School 06 Change Mode (e.g., car to bus) 07 Dropped off passenger from car 08 Picked up passenger from car 09 Personal business 10 Health care (doctor, dentist) 11 Civic/Religious activities 12 Eat meal outside of home 13 Recreation/Entertainment 14 Visit friends/Relatives 15 Other, Specify	<b>What time did you ARRIVE at this location?</b> Time: _____ Circle one: AM PM  <b>What time did you DEPART this location?</b> (enter NA if you ended your travels for the day here)  Time: _____ Circle one: AM PM	<b>What was the primary type of transportation you used?</b> <input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Bike <input type="radio"/> Auto, Van, truck <input type="radio"/> Transit Bus: Route #? _____ Which Transit System? _____ <input type="radio"/> Other _____  <b>If you used a car, van, or truck for this trip . . .</b> <b>Were you the . . . ?</b> Driver OR Passenger  <b>Please indicate the following about the vehicle:</b> Year _____ Make/Model _____  <b>Was this your household's vehicle? YES NO</b>	Including you, how many people made this trip? _____  Including you, how many people from YOUR HOUSEHOLD were on this trip? _____  What were the ages of the other household members traveling with you? _____

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#3  The Next Place I Went	_____ Name or Description of Place  _____ Address (or nearest intersection) include suffix (St., Ave., lane, etc.)  _____ City State  _____ Zip (if known)	<b>On your way to this location did you cross the Mississippi River?</b> YES NO  <b>If YES: Which highway/road bridge did you use to cross the river?</b> _____	<b>What did you do at this location?</b> (check all that apply) 01 Working at Home 02 Other Home activities 03 Work/Job (at work location) 04 Work/Business related 05 School 06 Change Mode (e.g., car to bus) 07 Dropped off passenger from car 08 Picked up passenger from car 09 Personal business 10 Health care (doctor, dentist) 11 Civic/Religious activities 12 Eat meal outside of home 13 Recreation/Entertainment 14 Visit friends/Relatives 15 Other (Specify): _____	<b>What time did you ARRIVE at this location?</b> Time: _____ Circle one: AM PM  <b>What time did you DEPART this location?</b> (enter NA if you ended your travels for the day here) Time: _____ Circle one: AM PM	<b>What was the primary type of transportation you used?</b> <input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Bike <input type="radio"/> Auto, Van, truck <input type="radio"/> Transit Bus: Route #? _____ Which Transit System? _____ <input type="radio"/> Other _____ <b>If you used a car, van, or truck for this trip . . .</b> <b>Were you the . . . ?</b> Driver OR Passenger <b>Please indicate the following about the vehicle:</b> Year _____ Make/Model _____ <b>Was this your household's vehicle?</b> YES NO	<b>Including you, how many people made this trip?</b> _____ <b>Including you, how many people from YOUR HOUSEHOLD were on this trip?</b> _____ <b>What were the ages of the other household members traveling with you?</b> _____
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#6  The Next Place I Went	_____ Name or Description of Place  _____ Address (or nearest intersection) include suffix (St., Ave., lane, etc.)  _____ City _____ State _____  _____ Zip (if known)	<b>On your way to this location did you cross the Mississippi River?</b> YES NO  <b>If YES: Which highway/road bridge did you use to cross the river?</b>  _____	<b>What did you do at this location?</b> (check all that apply) 01 Working at Home 02 Other Home activities 03 Work/Job (at work location) 04 Work/Business related 05 School 06 Change Mode (e.g., car to bus) 07 Dropped off passenger from car 08 Picked up passenger from car 09 Personal business 10 Health care (doctor, dentist) 11 Civic/Religious activities 12 Eat meal outside of home 13 Recreation/Entertainment 14 Visit friends/Relatives 15 Other (Specify): _____	<b>What time did you ARRIVE at this location?</b>  Time: _____ Circle one: AM PM  <b>What time did you DEPART this location?</b> (enter NA if you ended your travels for the day here)  Time: _____ Circle one: AM PM	<b>What was the primary type of transportation you used?</b> <input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Bike <input type="radio"/> Auto, Van, truck <input type="radio"/> Transit Bus: Route #? _____ Which Transit System? _____ <input type="radio"/> Other _____  <b>If you used a car, van, or truck for this trip . . .</b> <b>Were you the . . . ?</b> Driver OR Passenger <b>Please indicate the following about the vehicle:</b> Year _____ Make/Model _____ <b>Was this your household's vehicle?</b> YES NO	<b>Including you, how many people made this trip?</b>  _____  <b>Including you, how many people from YOUR HOUSEHOLD were on this trip?</b>  _____  <b>What were the ages of the other household members traveling with you?</b>  _____
#7  The Next Place I Went	_____ Name or Description of Place  _____ Address (or nearest intersection) include suffix (St., Ave., lane, etc.)  _____ City _____ State _____  _____ Zip (if known)	<b>On your way to this location did you cross the Mississippi River?</b> YES NO  <b>If YES: Which highway/road bridge did you use to cross the river?</b>  _____	<b>What did you do at this location?</b> (check all that apply) 01 Working at Home 02 Other Home activities 03 Work/Job (at work location) 04 Work/Business related 05 School 06 Change Mode (e.g., car to bus) 07 Dropped off passenger from car 08 Picked up passenger from car 09 Personal business 10 Health care (doctor, dentist) 11 Civic/Religious activities 12 Eat meal outside of home 13 Recreation/Entertainment 14 Visit friends/Relatives 15 Other (Specify): _____	<b>What time did you ARRIVE at this location?</b>  Time: _____ Circle one: AM PM  <b>What time did you DEPART this location?</b> (enter NA if you ended your travels for the day here)  Time: _____ Circle one: AM PM	<b>What was the primary type of transportation you used?</b> <input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Bike <input type="radio"/> Auto, Van, truck <input type="radio"/> Transit Bus: Route #? _____ Which Transit System? _____ <input type="radio"/> Other _____  <b>If you used a car, van, or truck for this trip . . .</b> <b>Were you the . . . ?</b> Driver OR Passenger <b>Please indicate the following about the vehicle:</b> Year _____ Make/Model _____ <b>Was this your household's vehicle?</b> YES NO	<b>Including you, how many people made this trip?</b>  _____  <b>Including you, how many people from YOUR HOUSEHOLD were on this trip?</b>  _____  <b>What were the ages of the other household members traveling with you?</b>  _____
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#9  The Next Place I Went	_____ Name or Description of Place  _____ Address (or nearest intersection) include suffix (St., Ave., lane, etc.)  _____ City State  _____ Zip (if known)	<b>On your way to this location did you cross the Mississippi River?</b> YES NO  <b>If YES: Which highway/road bridge did you use to cross the river?</b> _____	<b>What did you do at this location?</b> (check all that apply) 01 Working at Home 02 Other Home activities 03 Work/Job (at work location) 04 Work/Business related 05 School 06 Change Mode (e.g., car to bus) 07 Dropped off passenger from car 08 Picked up passenger from car 09 Personal business 10 Health care (doctor, dentist) 11 Civic/Religious activities 12 Eat meal outside of home 13 Recreation/Entertainment 14 Visit friends/Relatives 15 Other (Specify): _____	<b>What time did you ARRIVE at this location?</b> Time: _____ Circle one: AM PM  <b>What time did you DEPART this location?</b> (enter NA if you ended your travels for the day here) Time: _____ Circle one: AM PM	<b>What was the primary type of transportation you used?</b> <input type="radio"/> Walk <input type="radio"/> School Bus <input type="radio"/> Bike <input type="radio"/> Auto, Van, truck <input type="radio"/> Transit Bus: Route #? _____ Which Transit System? _____ <input type="radio"/> Other _____ <b>If you used a car, van, or truck for this trip . . .</b> <b>Were you the . . . ?</b> Driver OR Passenger <b>Please indicate the following about the vehicle:</b> Year _____ Make/Model _____ <b>Was this your household's vehicle?</b> YES NO	<b>Including you, how many people made this trip?</b> _____ <b>Including you, how many people from YOUR HOUSEHOLD were on this trip?</b> _____ <b>What were the ages of the other household members traveling with you?</b> _____
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