

Area	Address	Person	Interviewer

Cycle Towns Evaluation

Household Survey

ADULT Questionnaire

Section A Physical Activity

- A1** Firstly I would like to ask you some questions about physical activity in your work and leisure time. Just so that I know which questions to ask, could you tell me if you are currently in employment? **INCLUDE ALL EMPLOYMENT, INCLUDING PART-TIME AND TEMPORARY BUT EXCLUDE FULL TIME EDUCATION**

Yes..... 1 **ASK A2**
 No 2 **GO TO A3**

- A2** I would like to know the type and amount of physical activity involved in your work. Please tell me what best corresponds to your present activities from the following four possibilities.
READ OUT STATEMENTS. SINGLE CODE ONLY.
IF RESPONDENT HAS MORE THAN ONE JOB TAKE THE ONE THAT THEY SPEND MOST TIME DOING.

*Sedentary occupation – (You spend most of your time sitting) **PROMPT IF NECESSARY:** Such as in the office..... 1*

*Standing occupation (You spend most of your time standing or walking. However, your work does not require intense physical effort.) **PROMPT IF NECESSARY:** e.g. shop assistant, hairdresser, guard etc..... 2*

*Physical work (This involves some physical effort including handling of heavy objects and use of tools) **PROMPT IF NECESSARY:** e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter, etc..... 3*

*Heavy manual work (this involves very vigorous physical activity including handling of very objects) **PROMPT IF NECESSARY:** e.g. docker, miner, bricklayer, construction worker, etc 4*

I'd now like to ask you some general questions about your lifestyle. Firstly I would like to know about the amount and type of physical activity you do...

- A3** In a typical week during the past 12 months, how many hours did you spend on each of the following activities? Can you tell me this for the winter and the summer? So firstly ...
READ OUT STATEMENTS. ENTER NUMBER, PUT 0 IF NONE, YOU CAN PUT IN ½ HOURS USING 0.5. IF UNSURE PROBE FOR BEST ESTIMATE

	IN WINTER HOURS PER WEEK	IN SUMMER HOURS PER WEEK
<i>Walking, including walking to work, shopping and leisure</i>		
<i>Cycling, including cycling to work and during leisure time</i>		
<i>Gardening</i>		
<i>Housework such as cleaning, washing, cooking, childcare</i>		
<i>Do-it-yourself</i>		
<i>Other physical exercise such as keep fit, aerobics, swimming, jogging and playing sport</i>		

A4 In a typical week during the past year did you practice any of these activities vigorously enough to cause sweating or a faster heartbeat? PUT 'NO' IF UNSURE

Yes 1 ASK A5
No 2 GO TO A6

A5 For how many hours per week in total did you practice such vigorous physical activity? PUT 0 IF NONE. IF UNSURE PROBE FOR BEST ESTIMATE

Hours per week

A6 In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. PUT 0 IF NONE. PROBE FOR BEST ESTIMATE

Days in the last week

A7 In a typical week during the past 12 months, how many hours on average per day did you spend on the following? Can you tell me this for the winter and the summer? Can you tell me this separately for time spent on average per day on weekdays (Monday to Friday) and on weekends? So firstly...
READ OUT STATEMENTS. ENTER NUMBER, PUT 0 IF NONE, YOU CAN PUT IN ½ HOURS USING 0.5. IF UNSURE PROBE FOR BEST ESTIMATE

	IN WINTER HOURS PER DAY	IN SUMMER HOURS PER DAY
<i>Watching TV or DVDs on weekdays (Monday-Friday)</i>		
<i>Watching TV or DVDs on weekends</i>		
<i>Using a computer at home (e.g. internet, email, Nintendo DS, Playstation, Sony PSP, Xbox, etc but not Wii fit) on weekdays</i>		
<i>Using a computer at home (e.g. internet, email, Nintendo DS, Playstation, Sony PSP, Xbox etc but not Wii fit) on weekends</i>		

A8 Compared to others of your age and gender, how would you rate your health during the past four weeks?
CODE ONE ONLY

Excellent.....1
Very good.....2
Good.....3
Fair.....4
Poor.....5
Very poor.....6

A9 Do you have any disability or long standing health problem that makes it difficult for you to do any of the following: CODE ONE ONLY

Go out on foot.....1
Use local buses.....2
Get in or out of the car...3
Ride a bicycle.....4
None of these.....5

A10 And do you have any other disability or long standing health problem that limits your activities in any other way (by 'long standing' I mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months)?

Yes 1
No 2

Section B Travel Behaviour

We would now like to ask you about your travel behaviour

B1 **ASK B1-B3 IF IN EMPLOYMENT; OTHERWISE GO TO B4**
When you go to work do you... READ OUT

...go to the same place every time 1 **ASK B2**
...go to the same place on at least 2 days each week 2 **ASK B2**
...go to different places 3 **GO TO B3**
...or work at home or in the same building as your home? 4 **GO TO B4**

B2 **IF RESPONDENT GOES TO THE SAME WORKPLACE EACH TIME OR AT LEAST 2 DAYS A WEEK:**
Where do you go to work? ADD IF NECESSARY: Can you tell me the town or area?

WRITE IN: _____

B3 **How do you usually travel to work?**
THIS QUESTION APPLIES FOR THE MAIN JOB, THAT IS THE JOB IN WHICH RESPONDENT USUALLY WORKS THE MOST HOURS. CODE ONE ONLY, FOR THE LONGEST PART, BY DISTANCE, OF THE RESPONDENT'S USUAL JOURNEY TO WORK

Underground, metro, light rail, tram 1 **ASK B4**
Train 2 **ASK B4**
Bus, minibus or coach 3 **ASK B4**
Motorcycle, scooter or moped 4 **ASK B4**
Car or van 5 **ASK B4**
Taxi/minicab 6 **ASK B4**
Bicycle 7 **GO TO B6**
On foot 8 **ASK B4**
Other (specify) 9 **ASK B4**

WRITE IN: _____

B4 **ASK IF CODES 1-6 or 8-9 AT B3; IF CODE 7 AT B3 GO TO B6**
Is a bicycle available for your use?

Yes 1
No 2

B5 **Have you ridden a bicycle in the last 12 months (since 01/07/2008)? SINGLE CODE ONLY**

Yes 1 **ASK B6**
No 2 **GO TO C1**
Don't know 3 **GO TO C1**

- B6** How frequently do you use a bicycle? Please count each single trip as one journey and the return as two. **NOTE: Only include travel within GB, over the last year or so.**
SINGLE CODE ONLY

Over 10 times a week 1
 9-10 times a week 2
 5-8 times a week 3
 3-4 times a week 4
 Once or twice a week 5
 Less than that but more than twice a month 6
 Once or twice a month 7
 Less than that but more than twice a year 8
 Once or twice a year 9
 Never 10 **GO TO B13**

- B7** Which of the following statements best describes you? Would you say you...
SINGLE CODE ONLY

..are new to cycling (started cycling in the last 12 months) 1 **GO TO B9**
 ..are starting to cycle again after a break of 12 months or more 2 **GO TO B8**
 ..have been cycling for more than 12 months 3 **GO TO B8**

- B8** And would you say that you..
SINGLE CODE ONLY

..cycle **more** frequently than a year ago 1
 ..cycle **as frequently** now as a year ago 2
 ..cycle **less** frequently than a year ago 3

- B9** Thinking about the last seven days, on how many days did you cycle?

Days in the last week

- B10** Which types of journey do you make by bicycle?
CODE ALL THAT APPLY

Go to work 1 **GO TO B11**
 Go to school/college/university 2 **GO TO C1**
 Take child(ren) to nursery/school 3 **GO TO C1**
 To get to bus stop or train station 4 **GO TO C1**
 Go to sports centre/gym/swimming pool etc 5 **GO TO C1**
 Go to meet friends/cinema/other leisure activities 7 **GO TO C1**
 Go to shops 8 **GO TO C1**
 Go to friends' houses 9 **GO TO C1**
OTHER (WRITE IN) 10 **GO TO C1**

- B11** Did you cycle to work at all in the last week? **SINGLE CODE ONLY**

Yes 1 **ASK B12**
 No 2 **GO TO C1**
 Don't know 3 **GO TO C1**

- B12** Thinking about the last seven days, on how many days did you cycle to work?

Days in the last week

Section C Individual Demographics

I would now like to ask you a few questions about you.

C1 Firstly, could you tell me your age? WRITE IN:

C2 Gender (code by observation) CODE ONE ONLY Male.....1 Female.....2

C3 To which group do you consider you belong? SHOWCARD A, CODE ONE ONLY

White – British	1	Bangladeshi.....	10
White – Irish	2	Any other Asian background	11
Another White Background	3	Caribbean	12
White and Black Caribbean.....	4	African	13
White and Black African.....	5	Any other Black background	14
White and Asian	6	Chinese	15
Any other Mixed Background.....	7	Other – specify	16
Indian.....	8		
Pakistani.....	9		

WRITE IN: _____

C4 IF AGED 17 YEARS OR OVER ASK: Do you have a driving licence?
IF YES: Is that a full licence or a provisional licence?

Yes (Full)	1 ASK C5
Yes (Provisional)	2 ASK C5
No, neither.....	3 GO TO C6

C5 IF AGED 17 YEARS OR OVER ASK AND HAS FULL/PROVISIONAL DRIVING LICENCE
(CODES 1 or 2 AT C4) ASK: Is a car/van available for your use?

Yes	1
No.....	2

C6 Please tell me which, if any, is your highest educational or professional qualification you have obtained (if still studying, highest achieved so far) SHOWCARD B
CODE ONE ONLY

GCSE/O-level/CSE.....	1
Vocational qualifications (=NVQ1+2).....	2
A level or equivalent (=NVQ3).....	3
Bachelor degree or equivalent (=NVQ4)	4
Higher degree (Masters, PGCE, PhD)	5
Other.....	6
No formal qualifications	7
Don't know	8

C7 Which of the following best describes your current working status? SHOWCARD C
CODE ONE ONLY

In full-time employment (as an employee or self-employed)	1	GO TO C8
In part-time employment (as an employee or self-employed)	2	GO TO C8
Unemployed and looking for work	3	
Unemployed but not looking for work	4	
Looking after home/family.....	5	
Long term sick or disabled.....	6	
Retired	7	
Student.....	8	
Other (specify)	9	

WRITE IN: _____

C8 Are you working as an employee or are you self-employed? CODE ONE ONLY

Employee 1
Self-employed 2

**HOUSEHOLD REFERENCE PERSON (FIRST ADULT): ASK SECTION D; ALL OTHERS
(SECOND THIRD ADULT ETC IN HOUSE) GO TO SECTION E**

Section D Household Information

D1 What is your occupation?

**WRITE IN FULL TITLE FOR MAIN JOB AND NATURE OF BUSINESS (OR WRITE IN LAST
JOB IF RETIRED/NOT WORKING):**

**D2 What does the firm/organisation you work for mainly make or do (at the place where they
work)?
DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC.
AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC**

WRITE IN: _____

**D5 In your job, do you have formal responsibility for supervising the work of other employees?
CODE ONE ONLY**

Yes 1
No 2

**D6 IF AN EMPLOYEE: How many people work at the place where you work?
IF SELF EMPLOYED: How many people do you employ, if any?
CODE ONE ONLY**

1 to 24..... 1
25 to 499..... 2
500 or more employees..... 3
No employees, work alone (self employed only)..... 4

**D7 Which letter on this card represents your gross household income? By gross income, I
mean from all sources before deductions for income tax, National insurance etc.**

NB CODES ARE RANDOMISED. SHOWCARD D, CODE ONE ONLY

Under £5,000.....	C	£30,001 - £40,000.....	D
£5,001 - £10,000.....	F	£40,001 - £50,000.....	K
£10,001 - £15,000	H	£50,001 - £60,000.....	J
£15,001 - £20,000.....	B	£60,001 - £70,000.....	E
£20,001 - £25,000.....	G	£70,001 - £80,000.....	A
£25,001 - £30,000	I	over £80,000	L

D8 What type of accommodation is this? CODE ONE ONLY, BY OBSERVATION

- Detached house or bungalow* 1
Semi-detached house or bungalow 2
Terraced or end-of-terrace house or bungalow 3
Purpose-built flat or maisonette 4
Converted house (or other building) flat or maisonette 5
A room/rooms 6
Other 7

WRITE IN: _____

D9 In which of these ways do you occupy this accommodation? CODE ONE ONLY

- Own outright* 1
Buying it with the help of a mortgage or loan 2
Pay part rent and part mortgage (shared ownership) 3
Rent it 4
Live here rent-free (including rent-free in relative's/friend's property; excluding squatting) 5
Squatting 6
Other 7

WRITE IN: _____

D10 How long have you lived at this address? CODE ONE ONLY

- Less than 12 months* 1
12 months but less than 2 years 2
2 years but less than 3 years 3
3 years but less than 5 years 4
5 years but less than 10 years 5
10 years but less than 20 years 6
20 years or longer 7

D11 How many motor vehicles are there for use by members of this household?

I would now like to ask you about the vehicles used by this household

IF HOUSEHOLD IS TO RECEIVE TRAVEL DIARIES: ASK RESPONDENTS D12 TO D23 ABOUT ALL VEHICLES AT D11: OTHERS GO TO SECTION E.

D12 VEHICLE 1

What is the make and model of the vehicle?

WRITE IN: _____

D13 What is its engine size?

Cc

D14 What fuel does it run on?

Petrol 1
Diesel 2
Electric/battery 3
LPG 4
Bio-fue(Petrol/Gas) 5
Other (specify) 6

D15 Can you please estimate for me the total miles the vehicle has been driven in the last 12 months?

WRITE IN: _ _ _ _ _

VEHICLE 2

D16 What is the make and model of the vehicle?

WRITE IN: _____

D17 What is its engine size? Cc

D18 What fuel does it run on?

Petrol 1
Diesel 2
Electric/battery 3
LPG 4
Bio-fue(Petrol/Gas) 5
Other (specify) 6

D19 Can you please estimate for me the total miles the vehicle has been driven in the last 12 months?

WRITE IN: _ _ _ _ _

VEHICLE 3

D20 What is the make and model of the vehicle?

WRITE IN: _____

D21 What is its engine size? Cc

D22 What fuel does it run on?

Petrol 1
Diesel 2
Electric/battery 3
LPG 4
Bio-fue(Petrol/Gas) 5
Other (specify) 6

D23 Can you please estimate for me the total miles the vehicle has been driven in the last 12 months?

WRITE IN: _ _ _ _ _

SECTION E: RE-CONTACT AND TRAVEL DIARY

E1 Finally, would you be willing to be recontacted in relation to this research by the Department for Transport or their representatives in the future?

Yes 1
No 2

COMPLETE ALL CONTACT DETAILS (REQUIRED FOR BACK CHECKING):

Respondent's name:

Respondent's home address:

Respondent's home postcode:

Respondent's home telephone number:

Respondent's mobile telephone number:

Respondent's email address:

IF HOUSEHOLD IS TO RECEIVE TRAVEL DIARIES:

As part of the research, we are asking members of selected households to complete a travel diary of all their journeys for a week. It is a very short and simple diary and only requires a few minutes of your time each day. As a thank you for doing this, each household member will receive a £5 voucher for returning a completed diary. Would you be able to complete a travel diary?

- Explain diary in detail (see diary briefing notes), and answer any questions.
- Point out start date, how to complete the diary, and contact details for queries.
- Complete header information for each diary.
- Leave diary with respondent and confirm call back date and time.

THANK AND CLOSE

Area	Address	Person	Interviewer

Cycle Towns Evaluation

Household Survey

CHILD Questionnaire

COMPLETE BY PROXY WITH HRP OR OTHER ADULT ON BEHALF OF EACH CHILD AGED 5-15 IN HOUSEHOLD, WHERE POSSIBLE CHILD SHOULD BE PRESENT TO VERIFY RESPONSES.
Firstly I would like to ask you some questions about *child's* [refer to household member details grid in Section D of adult questionnaire] travel behaviour.

A1 Does *child* have a daily journey to school? CODE ONE ONLY

Yes 1 ASK A2
No 2 GO TO A9

A2 How far is the school from home?

WRITE IN: _____ miles

A3 Who travels with *child* to/from school? CODE ONE ONLY

Always accompanied by parent/another adult 1
Usually accompanied by parent/another adult 2
Sometimes accompanied by adult 3
Usually travels with friend(s) 4
Usually travels alone 5

A4 How does *child* usually travel to school?

CODE ONE ONLY, IF MORE THAN ONE MODE USED, CODE MAIN MODE

On foot 1
Bicycle 2
Car or van 3
Taxi or minicab 4
School or local authority bus, minibus or coach 5
Public bus, minibus or coach 6
Train 7
Underground, metro, tram or light rail 8
Other 9

WRITE IN: _____

A5 How does *child* usually travel home from school?

CODE ONE ONLY, IF MORE THAN ONE MODE USED, CODE MAIN MODE

On foot 1
Bicycle 2
Car or van 3
Taxi or minicab 4
School or local authority bus, minibus or coach 5
Public bus, minibus or coach 6
Train 7
Underground, metro, tram or light rail 8
Other 9

WRITE IN: _____

A6 Is a bicycle available for *child's* use?

Yes.....1 **ASK A7**

No.....2 **GO TO A9**

A7 IF CODE 2 AT A4 OR A5, GO TO A8; OTHERWISE ASK A7
Has *child* cycled to school in the past 12 months?

Yes.....1 **ASK A8**

No.....2 **GO TO A9**

A8 How often has *child* cycled to school in the past 12 months? CODE ONE ONLY

5 days a week 1
Three to four times a week 2
Once or twice a week 3
Less than that but more than twice a month..... 4
Once or twice a month..... 5
Less than that but more than twice a year..... 6
Once or twice a year 7
Never 8

Children's physical activity questions

I would now like to ask about how your *child* spends their time in a typical school week.

A9 In a typical school week during the past 12 months, how many hours per day would your child spend on the following? Can you tell me this for the winter and the summer? So firstly...

READ OUT STATEMENTS. ENTER NUMBER, PUT 0 IF NONE, YOU CAN PUT IN ½ HOURS USING 0.5. IF UNSURE PROBE FOR BEST ESTIMATE. PLEASE INCLUDE TIME SPENT OUTSIDE PLAYING, CYCLING, WALKING, RUNNING AROUND AND TAKING PART IN ANY ORGANISED SPORT OR EXERCISE OUTSIDE

	IN WINTER HOURS PER DAY	IN SUMMER HOURS PER DAY
<i>Being outside (including in the garden or street) before and after school on weekdays</i>		
<i>Being outside (including in the garden or street) at the weekend</i>		

A10 In a typical school week during the past 12 months, how many hours per day would your child spend on the following? Can you tell me this for the winter and the summer? So firstly...

READ OUT STATEMENTS. ENTER NUMBER, PUT 0 IF NONE, YOU CAN PUT IN ½ HOURS USING 0.5. IF UNSURE PROBE FOR BEST ESTIMATE.

	IN WINTER HOURS PER DAY	IN SUMMER HOURS PER DAY
<i>Participating in organised exercise or sport (indoors or outdoors) before and after school on weekdays</i>		
<i>Participating in organised exercise or sport (indoors or outdoors) at the weekend</i>		

A11 Is your *child* allowed to go out near where you live on their own?

Always..... 1
Often..... 2
Sometimes..... 3
Never..... 4

A12 In a typical school week during the past 12 months, how many hours per day would your child spend on the following? Can you tell me this for the winter and summer? So firstly...

	IN WINTER HOURS PER DAY	IN SUMMER HOURS PER DAY
<i>Watching TV or DVDs before and after school on weekdays</i>		
<i>Watching TV or DVDs at the weekend</i>		
<i>Using a computer (e.g. internet, email, Nintendo DS, Playstation, Sony PSP, Xbox, etc but not Wii fit) before and after school on weekdays</i>		
<i>Using a computer (e.g. internet, email, Nintendo DS, Playstation, Sony PSP, Xbox, etc but not Wii fit) at the weekend</i>		

Section B Cycling Questions

IF CODE 1 AT A7, GO TO B2, OTHERWISE ASK B1

B1 Has *child* ridden a bicycle in the last 12 months (since 01/07/2008)? SINGLE CODE ONLY

Yes 1 **ASK B2**
No 2 **GO TO C1**
Don't know..... 3 **GO TO C1**

B2 ASK ALL:

**How frequently does *child* use a bicycle? Please count each single trip as one journey and the return as two. NOTE: Only include travel within GB, over the last year or so
SINGLE CODE ONLY**

Over 10 times a week..... 1
9-10 times a week 2
5-8 times a week 3
3-4 times a week 4
Once or twice a week 5
Less than that but more than twice a month 6
Once or twice a month 7
Less than that but more than twice a year 8
Once or twice a year 9
Never 10 **GO TO C1**

**B3 Which of the following statements best describes *child*? Would you say *child*...
SINGLE CODE ONLY**

..is new to cycling (started cycling in the last 12 months) 1 **GO TO B5**
..is starting to cycle again after a break of 12 months or more 2
..has been cycling for more than 12 months 3

B4 And would you say that *child*..

..... 1
..cycles **more** frequently than a year ago.....
..cycles **as frequently** now as a year ago 2
.. cycles **less** frequently than a year ago 3

B5 Has child undertaken any cycle training?

Yes, more than 12 months ago 1
Yes, in the last 12 months 2
No, never 3

B6 Which types of journey does *child* make by bicycle? CODE ALL THAT APPLY

Goes to friends' houses 1
Goes to shops 2
Goes to school 3
Goes to sports centre or swimming pool 4
Goes to meet friends/go to cinema/other leisure activities 5
To get to bus stop or train station 6
Goes on bicycle to play in the street, at the park etc 7
OTHER (WRITE IN) 8

B7 Thinking about the last seven days, on how many days did *child* cycle?

Days in the last week **IF 0 GO TO C1**

Section C Individual Demographics

I would now like to ask you a few questions about *child*.

C1 Firstly, could you tell me *child's* age? WRITE IN:

C2 Gender CODE ONE ONLY Male1 Female2

C3 To which group do you consider they belong? SHOWCARD A, CODE ONE ONLY

White – British.....	1	Bangladeshi.....	10
White – Irish.....	2	Any other Asian background.....	11
Another White Background.....	3	Caribbean.....	12
White and Black Caribbean.....	4	African.....	13
White and Black African.....	5	Any other Black background.....	14
White and Asian.....	6	Chinese.....	15
Any other Mixed Background.....	7	Other – specify.....	16
Indian.....	8		
Pakistani.....	9		

WRITE IN: _____

C4 Does *child* have any disability or long standing health problem that makes it difficult for him/her to do any of the following: CODE ALL THAT APPLY

Go out on foot..... 1
Use local buses 2
Get in or out of the car..... 3
Ride a bicycle 4
None of these 5

C5 And does *child* have any other disability or long standing health problem that limits their activities in any other way (by 'long standing' I mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over a period of at least 12 months)? CODE ONE ONLY

Yes 1
No 2

C6 Compared to others of *child's* age and gender, how would you rate *his/her* health during the past four weeks?
CODE ONE ONLY

Excellent..... 1
Very good 2
Good..... 3
Fair 4
Poor..... 5
Very poor..... 6

Section D Re-contact and Travel Diary

D1 Finally, would you be willing to be recontacted on behalf of *child* in relation to this research by the Department for Transport or their representatives in the future?

Yes 1
No 2

COMPLETE ALL CONTACT DETAILS (REQUIRED FOR BACK CHECKING):

Child's name:

HRP name:

Respondent's home address:

Respondent's home postcode:

Respondent's home telephone number:

Respondent's mobile telephone number:

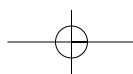
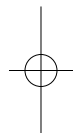
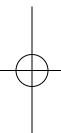
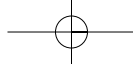
Respondent's email address:

IF HOUSEHOLD IS TO RECEIVE TRAVEL DIARIES:

As part of the research, we are asking members of selected households to complete a travel diary of all their journeys for a week. It is a very short and simple diary and only requires a few minutes of your time each day. As a thank you for doing this, you will receive a £5 voucher for returning a completed diary. Would you be willing to take a diary for *child* and help them to complete it?

- Explain diary in detail (see diary briefing notes), and answer any questions.
- Point out start date, how to complete the diary, and contact details for queries.
- Complete header information for each diary
- Leave diary with respondent and confirm call back date and time.

THANK AND CLOSE



AREA	ADDRESS	PERSON	INTERVIEWER

AECOM

Department for
Transport

.....

Travel Survey

.....

ADULT

In confidence

Travel Record of:

Travel Week:

Start day

Start date

Finish day

Finish date

Include **all walks**, even very short walks.

Enter **every journey** you do using any other method of transport (bus, train, tube, car, bicycle, etc), even very short journeys.

Please use black or blue ink if possible.

The interviewer

will call again on

Day

Date

Time

Day

Date

Time

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Example Day

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F	How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

day please use the extra space towards the back of this booklet

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Example Day

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1 <i>To Work</i>	8:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	8:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home <i>Temple Quay Bristol</i>
2 <i>Go Home</i>	5:45 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:15 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home <i>Temple Quay Bristol</i>	<input checked="" type="checkbox"/> Home
3 <i>Food Shopping</i>	6:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:35 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home <i>Bishopsworth</i>
4 <i>Go Home</i>	6:50 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	6:55 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home <i>Bishopsworth</i>	<input checked="" type="checkbox"/> Home
5 <i>To a friend's house</i>	7:10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	7:25 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home <i>Bedminster</i>
6 <i>Go Home</i>	9:50 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	10:05 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home <i>Bedminster</i>	<input checked="" type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J	Were you the driver (D) or passenger (P) See Note K
						How many people travelled including you? See Note I			
						Adults	Children		
1	Walk	0.5 miles	10 mins		1				<input type="checkbox"/> D <input type="checkbox"/> P
2	Train	6 miles	15 mins		1				<input type="checkbox"/> D <input type="checkbox"/> P
3									<input type="checkbox"/> D <input type="checkbox"/> P
4									<input type="checkbox"/> D <input type="checkbox"/> P
1	Train	6 miles	15 mins		1				<input type="checkbox"/> D <input type="checkbox"/> P
2	Walk	0.5 miles	10 mins		1				<input type="checkbox"/> D <input type="checkbox"/> P
3									<input type="checkbox"/> D <input type="checkbox"/> P
4									<input type="checkbox"/> D <input type="checkbox"/> P
1	Car	1 mile	5 mins		2				<input type="checkbox"/> D <input type="checkbox"/> P
2									<input type="checkbox"/> D <input type="checkbox"/> P
3									<input type="checkbox"/> D <input type="checkbox"/> P
4									<input type="checkbox"/> D <input type="checkbox"/> P
1	Car	1 mile	5 mins		2				<input type="checkbox"/> D <input type="checkbox"/> P
2									<input type="checkbox"/> D <input type="checkbox"/> P
3									<input type="checkbox"/> D <input type="checkbox"/> P
4									<input type="checkbox"/> D <input type="checkbox"/> P
1	Bicycle	2 miles	15 mins		1				<input type="checkbox"/> D <input type="checkbox"/> P
2									<input type="checkbox"/> D <input type="checkbox"/> P
3									<input type="checkbox"/> D <input type="checkbox"/> P
4									<input type="checkbox"/> D <input type="checkbox"/> P
1	Bicycle	2 miles	15 mins		1				<input type="checkbox"/> D <input type="checkbox"/> P
2									<input type="checkbox"/> D <input type="checkbox"/> P
3									<input type="checkbox"/> D <input type="checkbox"/> P
4									<input type="checkbox"/> D <input type="checkbox"/> P

day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Day 1

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F	How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

day please use the extra space towards the back of this booklet

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Day 2

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<div><div>:</div><div><input type="checkbox"/> am <input type="checkbox"/> pm</div></div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F	How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

day please use the extra space towards the back of this booklet

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Day 3

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F	How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Day 4

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F	How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

day please use the extra space towards the back of this booklet

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Day 5

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F	How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Day 6

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F	How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
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Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Day 7

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	G	H	I		J	K
			How many people travelled including you? See Note I			
What method of travel did you use for each stage of your journey? See Note F		How far did you travel (Miles/Metres (m)) See Note G	How long did you spend travelling (Minutes) See Note H	Adults	Children	Were you the driver (D) or passenger (P) See Note K
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P

day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).
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F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Extra Journeys

Day of the Week:

Date:

A What was the purpose of your journey? See Note A	B What time did you leave? See Note B	C What time did you arrive? See Note C	D Where did you start your journey? (Tick Home or give name of area) See Note D	E Where did you go to? (Tick Home or give name of area) See Note E
1	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

Day of the Week:

Date:

1	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F What method of travel did you use for each stage of your journey? See Note F	G How far did you travel (Miles/Metres (m)) See Note G	H How long did you spend travelling (Minutes) See Note H	I How many people travelled including you? See Note I		J Which car or other motor vehicle did you use? See Note J	K Were you the driver (D) or passenger (P) See Note K
			Adults	Children		
1						<input type="checkbox"/> D <input type="checkbox"/> P
2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
1						<input type="checkbox"/> D <input type="checkbox"/> P
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2						<input type="checkbox"/> D <input type="checkbox"/> P
3						<input type="checkbox"/> D <input type="checkbox"/> P
4						<input type="checkbox"/> D <input type="checkbox"/> P
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4						<input type="checkbox"/> D <input type="checkbox"/> P

day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike). Include all walks even if they are very short walks.

Extra Journeys

Day of the Week:

Date:

A What was the purpose of your journey? See Note A	B What time did you leave? See Note B	C What time did you arrive? See Note C	D Where did you start your journey? (Tick Home or give name of area) See Note D	E Where did you go to? (Tick Home or give name of area) See Note E
1	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
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Day of the Week:

Date:

1	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F What method of travel did you use for each stage of your journey? See Note F	G How far did you travel (Miles/Metres (m)) See Note G	H How long did you spend travelling (Minutes) See Note H	I How many people travelled including you? See Note I		J Which car or other motor vehicle did you use? See Note J	K Were you the driver (D) or passenger (P) See Note K
			Adults	Children		
1						<input type="checkbox"/> D <input type="checkbox"/> P
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

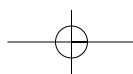
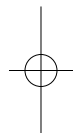
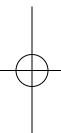
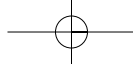
Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

K Were you the driver (D) or passenger (P)?

Please tick 'D' if you were the driver or 'P' if you were the passenger of the vehicle.



AREA	ADDRESS	PERSON	INTERVIEWER

AECOM

Department for
Transport

Travel Survey

CHILD

In confidence

Travel Record of:

Note to parents/other adult household members: This diary is to be completed either by the child it has been assigned to (whose name is on the front of the diary), or by another adult member of the household on behalf of the child named on the front of the diary. Please help your child to complete the diary each day, ensuring that all trips made are recorded.

Travel Week:

Start day	<input type="text"/>	Start date	<input type="text"/>
Finish day	<input type="text"/>	Finish date	<input type="text"/>

Include **all walks**, even very short walks.

Enter **every journey** you do using any other method of transport (bus, train, tube, car, bicycle, etc), even very short journeys.

Please use black or blue ink if possible.

The interviewer will call again on

Day	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>
Day	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Example Day

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<div> <div>:</div> <div> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J
						How many people travelled including you? See Note I		
						Adults	Children	Which car or other motor vehicle did you use? See Note J
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day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Example Day

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1 <i>To School</i>	8 : 15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	8 : 35 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home <i>High School Northolt</i>
2 <i>Go Home</i>	3 : 30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	3 : 45 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home <i>High School Northolt</i>	<input checked="" type="checkbox"/> Home
3 <i>To cinema</i>	7 : 00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	7 : 15 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home <i>Printworks Bristol</i>
4 <i>Go Home</i>	9 : 30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	9 : 45 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home <i>Printworks Bristol</i>	<input checked="" type="checkbox"/> Home
5 <i>Took dog for walk</i>	10 : 00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	10 : 15 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input checked="" type="checkbox"/> Home
6	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F What method of travel did you use for each stage of your journey? See Note F		G How far did you travel (Miles/Metres (m)) See Note G	H How long did you spend travelling (Minutes) See Note H	I How many people travelled including you? See Note I		J Which car or other motor vehicle did you use? See Note J
				Adults	Children	
1	Walk	500m	10 mins		1	
2	Bus	1.5 miles	10 mins		1	
3						
4						
1	Bus	1.5 miles	10 mins		1	
2	Walk	500m	10 mins		1	
3						
4						
1	Car	4 miles	15 mins	1	1	Fiesta
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1	Car	4 miles	15 mins	1	1	Fiesta
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4						
1	Walk	1000m	15 mins		1	
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

day please use the extra space towards the back of this booklet

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Day 1

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F What method of travel did you use for each stage of your journey? See Note F	G How far did you travel (Miles/Metres (m)) See Note G	H How long did you spend travelling (Minutes) See Note H	I How many people travelled including you? See Note I		J Which car or other motor vehicle did you use? See Note J
			Adults	Children	
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Day 2

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J
						How many people travelled including you? See Note I		
						Adults	Children	Which car or other motor vehicle did you use? See Note J
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Day 3

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div><input type="text"/> : <input type="text"/></div> <div><input type="checkbox"/> am <input type="checkbox"/> pm</div>	<div><input type="text"/> : <input type="text"/></div> <div><input type="checkbox"/> am <input type="checkbox"/> pm</div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
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EXTRA JOURNEYS: If you made more than six journeys on this

F What method of travel did you use for each stage of your journey? See Note F	G How far did you travel (Miles/Metres (m)) See Note G	H How long did you spend travelling (Minutes) See Note H	I How many people travelled including you? See Note I		J Which car or other motor vehicle did you use? See Note J
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Day 4

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
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3	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J
						How many people travelled including you? See Note I		
						Adults	Children	Which car or other motor vehicle did you use? See Note J
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Day 5

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
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EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J
						How many people travelled including you? See Note I		
						Adults	Children	Which car or other motor vehicle did you use? See Note J
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Day 6

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
2	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
4	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
5	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
6	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="text"/> : <input type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F What method of travel did you use for each stage of your journey? See Note F	G How far did you travel (Miles/Metres (m)) See Note G	H How long did you spend travelling (Minutes) See Note H	I How many people travelled including you? See Note I		J Which car or other motor vehicle did you use? See Note J
			Adults	Children	
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Day 7

A	B	C	D	E
What was the purpose of your journey?	What time did you leave?	What time did you arrive?	Where did you start your journey? (Tick Home or give name of area)	Where did you go to? (Tick Home or give name of area)
See Note A	See Note B	See Note C	See Note D	See Note E
1	<div><input type="text"/> : <input type="text"/></div> <div><input type="checkbox"/> am <input type="checkbox"/> pm</div>	<div><input type="text"/> : <input type="text"/></div> <div><input type="checkbox"/> am <input type="checkbox"/> pm</div>	<input type="checkbox"/> Home	<input type="checkbox"/> Home
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EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J
						How many people travelled including you? See Note I		
						Adults	Children	Which car or other motor vehicle did you use? See Note J
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Extra Journeys

Day of the Week:

Date:

A What was the purpose of your journey? See Note A	B What time did you leave? See Note B	C What time did you arrive? See Note C	D Where did you start your journey? (Tick Home or give name of area) See Note D	E Where did you go to? (Tick Home or give name of area) See Note E
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EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J
						How many people travelled including you? See Note I		
						Adults	Children	Which car or other motor vehicle did you use? See Note J
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How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

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How to fill in your travel record:

A What was the purpose of your journey?

Please give a simple description such as 'go to school', 'go home', 'go to cinema', 'go to friend's house', 'go to dentist' etc. If you are unsure, make a note and the interviewer will be happy to advise.

B/C What time did you leave/arrive?

Write in hours and minutes (e.g. 9:15). Please circle am or pm to show the time of day.

D/E Where did you start/go to?

Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'. (0.5 miles).

F What method of travel did you use for each stage of your journey?

Use a different line for the method of travel you used at each stage of your journey (e.g. car, train, bus, bike).

Extra Journeys

Day of the Week:

Date:

A What was the purpose of your journey? See Note A	B What time did you leave? See Note B	C What time did you arrive? See Note C	D Where did you start your journey? (Tick Home or give name of area) See Note D	E Where did you go to? (Tick Home or give name of area) See Note E
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2	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
3	: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

EXTRA JOURNEYS: If you made more than six journeys on this

F	What method of travel did you use for each stage of your journey? See Note F	G	How far did you travel (Miles/Metres (m)) See Note G	H	How long did you spend travelling (Minutes) See Note H	I		J
						How many people travelled including you? See Note I		
						Adults	Children	Which car or other motor vehicle did you use? See Note J
1								
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day please use the extra space towards the back of this booklet

How to fill in your travel record:

G How far did you travel (Miles/Metres)

Please give us the distance you travelled in miles (e.g. 3 miles, or 0.5 miles) or in metres (e.g. 300 metres).

H How long did you spend travelling? (Minutes)

Please note the amount of time you spent travelling and do not include any time you spent waiting for public transport.

I How many people travelled including you?

Please write in the number of adults and children, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J Which car or other motor vehicle did you use?

Please tell us which vehicle was used if it belongs to your household (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

Your Thoughts about Cycling

About This Questionnaire

This questionnaire is to help us find out your thoughts about cycling and living in a cycling town or city. We would like to have your thoughts whether or not you have access to a bicycle. There is a separate questionnaire for each adult (aged 16 and over) in your household to complete.

The questionnaire should take no more than 10 minutes to complete.

There is a **PRIZE DRAW** of a **£500 High Street Voucher** for returning the questionnaire. Please complete and return the questionnaire to us **as soon as possible** using the free post pre-paid envelope provided (no stamp needed).

How to Complete the Questionnaire

Please use a **black or blue pen** to complete the questionnaire. Please tick boxes or write in your answers as instructed.

Please complete the questionnaire from start to finish. Not all questions will be relevant and you may be indicated to skip some questions.

Your answers will be treated in strict confidence in accordance with the 1998 Data Protection Act.

If you have any questions about the questionnaire or need assistance, please talk to the interviewer or contact us by free phone on **0800 652 8646** or by e-mail at susan.green@aecom.com.

SECTION A: VIEWS ON CYCLING IN THE NEIGHBOURHOOD WHERE YOU LIVE AND IN GENERAL

How familiar are you with the following in the neighbourhood where you live...

PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT		Very familiar	Partly familiar	Unfamiliar	None in my neighbourhood
A1	Cycle routes for getting around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	Where to park bicycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	Location of shops for new bicycles, parts and repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with following statements about the neighbourhood where you live?

PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
A4	There are places that people need to go that are within easy reach by bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	There are places that people need to go that have somewhere convenient to park a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6	There are safe routes for cycling (using normal roads or cycle paths/lanes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7	The routes for cycling are direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8	Cycle paths and/or lanes are well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
A9	It is safe to leave a bicycle locked on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10	Cycling is quicker than driving during some periods of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A11	Most cyclists are considerate of other road users in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A12	If more people cycled in my neighbourhood, it would be a nicer place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A13	Most drivers are considerate of cyclists in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with following statements about cycling in general?

	PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
A14	Cycling is not at all practical for the journeys I make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A15	More people should use bicycles for short journeys instead of using the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A16	It is too dangerous to cycle on the road with other motor traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A17	More should be done to reduce the speed of motor traffic in built up areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A18	Cyclists should be provided with separate cycle tracks away from motor traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A19	More road space should be allocated to cyclists even if this means taking space away from cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A20	I see more people cycling than I did two years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21	Conditions for cycling have improved over the last two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A22	Cycling should form part of a modern transport system for UK towns and cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: OWNING AND USING A BICYCLE

B1	Did you ride a bicycle as a child?	Yes, often <input type="checkbox"/>	Yes, occasionally <input type="checkbox"/>	Yes, rarely <input type="checkbox"/>	No <input type="checkbox"/>
B2	Did you ever undertake any cycle skills training as a child (e.g. cycle proficiency, Bikeability)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
B3	Have you ever undertaken any cycle skills training as an adult?	Yes <input type="checkbox"/> GO TO B4	No <input type="checkbox"/> GO TO B5		

B4**Did you do this training within the last 12 months?**

Yes

☐

No

☐**B5****Have you heard about opportunities to undertake adult cycle skills training in the last 12 months?**

Yes

☐

No

☐**B6****Do you know how to ride a bicycle?**

Yes

☐

No

☐**GO TO C30****B7****Do you have access to a bicycle (that is the right size for you and is in a working condition and is not an exercise bike)?** **TICK ONE OPTION ONLY**

I have my own bicycle

☐

I have regular use of a bicycle owned by someone else

☐

I have a bicycle but it is not currently in working order

☐

I have no regular use of a bicycle

☐**GO TO B9****B8****Have you bought or been given a bicycle in the last 12 months?**

Yes

☐

No

☐**B9****Where does most of your cycling take place?** **TICK ONE BOX ONLY**

Mainly on the road

☐

Mainly on pavements, cycle paths or cycle lanes that were not part of a road

☐

Mainly off the road in parks, open country, or private land

☐

On a variety of different surfaces

☐

Do not cycle

☐**B10****How comfortable are you/would you be riding a bicycle on roads used by cars and other motor vehicles?**

Very comfortable

☐

Quite comfortable

☐

Neither comfortable nor uncomfortable

☐

Quite uncomfortable

☐

Very uncomfortable

☐**B11****Which one of the following statements about regular cycling most closely matches you? ('Regular cycling' is cycling once a week or more on any kind of journey and for any kind of purpose)** **TICK ONE BOX ONLY**

I already cycle regularly and have done so for more than 6 months

☐

I already cycle regularly and started doing so in the last 6 months

☐

I plan to become a regular cyclist in the next month

☐

I plan to become a regular cyclist in the next 6 months

☐

From time to time I cycle regularly and then stop again

☐

There is a possibility that I will become a regular cyclist at some point in the future

☐

There is no chance at all of my becoming a regular cyclist in the future

☐

SECTION C: MAKING A LOCAL JOURNEY BY BICYCLE

Please think about a local journey you sometimes make (such as going to visit somebody 2 miles away). Consider you are making the journey on a dry, sunny day in the next 4 weeks.

Read the following statements and tick the box that best expresses your viewpoint.

How much do you agree or disagree with the following statements about making the local journey by bicycle?

	PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
C1	I plan to make a journey like this by bicycle within the next 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2	I would feel embarrassed to be on a bicycle for a journey like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3	It would be possible for me to make a journey like this by bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4	I feel it would be my duty to the environment to use a bicycle for a journey like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5	Cycling is something I would do automatically for a journey like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6	Not using an environmentally friendly method of transport like a bicycle for a journey like this would be against my principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7	Most of my friends and family would use a bicycle for a journey like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8	It would be good to make a journey like this by bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9	I will try to make a journey like this by bicycle within the next 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	It would be enjoyable to make a journey like this by bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	It is mostly up to me whether or not I make a journey like this by bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	I am the type of person who would cycle for a journey like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	In my neighbourhood I see many people cycling for journeys like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	If I used a bicycle for a journey like this, most of my friends and family would support this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15	It is expected of me that I would use a bicycle for a journey like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16	Making a journey like this by bicycle is something I would do without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C17	It would be beneficial to make a journey like this by bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How far do you agree or disagree that if you made the local journey by bicycle it would...

	PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
C18	Reduce my travel time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C19	Improve my health, fitness and general well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C20	Be a relaxing experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C21	Save me money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C22	Be impractical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C23	Be unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important are the following to you for a journey like this...?

	PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT	Very Important	Important	Neither Important nor unimportant	Unimportant	Very Unimportant
C24	Reducing my travel time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C25	Improving my health, fitness and general well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C26	Having a relaxing experience whilst travelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C27	Saving money on travel costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C28	Using transport that is practical for my purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C29	Using transport that is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C30	Finally – do you have any further thoughts about cycling?					

Please write your comments here.

If you would like to be entered in the prize draw being offered by AECOM, please write in your name and address below. Your address will only be used to notify you in the event of your winning the prize draw. One prize of a £500 High Street Voucher is to be given to one respondent drawn at random from all returned questionnaires. The prize draw will take place on 9 November 2009, and the winner will be notified by post. The name of the prize draw winner can be obtained by calling freephone 0800 652 8646.

Name.....

Address.....

.....Postcode.....

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