

TRAVEL LOG

Household Member # _____

Day of Travel:

Mon
 Tue
 Wed
 Thu
 Fri

Travel Log Codes

List 1: WHO was travelling with you?

- (1) Alone (4) Relative/Family member(s) (7) Other
 (2) Spouse/Partner (5) Co-worker(s)
 (3) Child(ren) of the household (6) Friend(s)

List 2: How did you GET there? (Travel Mode Code)

- (1) Auto Driver (5) Walk (9) School Bus
 (2) Auto Passenger (6) Bike (10) Taxi
 (3) Transit: Bus (7) Dial-A-Ride Transit (11) CarShare
 (4) Transit: Ferry (8) Other Community Transit (12) Other

List 3: What did you do there? (Activity Purpose)

- At My Home:**
- Working at home (for pay)
 - All other activities at home (e.g. sleeping, meals, etc.)
- At My Work Location:**
- Work/Job (for pay or volunteer)
 - All other activities at workplace
- At My School:**
- Attending class
 - All other activities at school
- While Traveling:**
- Change type of transportation/transfer (from car to bus/ferry, walk to bus/ferry, etc.)
 - Dropped off passenger in car
 - Picked up passenger in car
 - Other
- At Other Places:**
- Routine Shopping (groceries, clothing, convenience store, household maintenance)
 - Shopping for major purchases of specialty items (appliances, electronics, new vehicle, major household repairs, etc.)
 - Household errands (bank, dry cleaning, etc.)
 - Work-related errands (pickups, drop-offs, meetings, etc.)
 - Personal business (visit government office, attorney, accountant, etc.)
 - Health care (doctor, dentist)
 - Eat meal outside of home
 - Civic/Religious activities
 - Recreation/Entertainment
 - Visit friends/relatives
 - Other

| For each place: Please record the NAME OF THE PLACE you visited And the EXACT ADDRESS or NEAREST INTERSECTION, CITY and POSTAL CODE | | What TIME did you ARRIVE? (Record exact time) | WHO was travelling with you? (Use List 1) | HOW did you GET there? (Use List 2) | IF AUTO: Which household VEHICLE used? (Make, model & year) | IF TRANSIT, which ROUTE NUMBER? | WHAT did you DO there? (Use List 3) | What TIME did you LEAVE? (Record exact time) |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|----------------------------------------|-------------------------------------------------------------------|------------------------------------|----------------------------------------|-------------------------------------------------|
| Place 1 | Your location at 3:00 am: <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | These 5 cells do not apply. Please proceed here → | | | | | | ____:____ (am/pm) |
| Place 2 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 3 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 4 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 5 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 6 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |

Note: If you need additional travel logs, please copy the page or download from www.dal.ca/sites/daltrac/novatrac-info.html.

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| (2) Spouse/Partner | (5) Co-worker(s) | |
| (3) Child(ren) of the household | (6) Friend(s) | |

List 2: How did you GET there? (Travel Mode Code)

- | | | |
|--------------------|-----------------------------|----------------|
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| (2) Auto Passenger | (6) Bike | (10) Taxi |
| (3) Transit: Bus | (7) Dial-A-Ride Transit | (11) CarShare |
| (4) Transit: Ferry | (8) Other Community Transit | (12) Other |

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 (1) Working at home (*for pay*)
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- At My School:**
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- While Traveling:**
 (7) Change type of transportation/transfer (*from car to bus/ferry, walk to bus/ferry, etc.*)
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- At Other Places:**
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 (12) Shopping for major purchases of specialty items (*appliances, electronics, new vehicle, major household repairs, etc.*)
 (13) Household errands (*bank, dry cleaning, etc.*)
 (14) Work-related errands (*pickups, drop-offs, meetings, etc.*)
 (15) Personal business (*visit government office, attorney, accountant, etc.*)
 (16) Health care (*doctor, dentist*)
 (17) Eat meal outside of home
 (18) Civic/Religious activities
 (19) Recreation/Entertainment
 (20) Visit friends/relatives
 (21) Other

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|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| Place 7 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 8 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 9 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 10 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 11 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |
| Place 12 | <input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | ____:____ (am/pm) | | | | | | ____:____ (am/pm) |

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