

TRAVEL LOG INSTRUCTIONS

This document includes a completed travel log example (see Figure 1) and a blank travel log to complete. If you require additional logs for your household, printable versions are available at www.dal.ca/sites/daltrac/novatrac-info.html

Please carry this log with you on your travel day and record the places you visit and what you do there as you go. This will help you record all the places you visit, what you do there, arrival/departure times and complete addresses.

Step 1: Record which Household Member you are completing the travel log for (Example: *Household Member # 1*).

Step 2: Circle your Day of Travel (Example: *Monday*). Ensure it is a weekday, excluding holidays.

Step 3: Begin your log wherever you are at 3 am on your travel day. Record every PLACE you go, even quick stops on the way to work/school, or after you get home, including walking the dog, biking, or jogging. Please record the address information as complete as possible (Example: *1360 Barrington Street, Halifax, B3H 4R2 or near the intersection of Barrington Street and Spring Garden Road*).

Step 4: Using *List 3* of the *Travel Log Codes*, record the code that best represents what you did at the first place (Example: If you were sleeping at home, record *Code #2 - All other activities at home*).

Step 5: Record the exact time you left the first place (Example: *7:45 AM*), and then the time you arrived at the second place (Example: *7:56 AM*).

Step 6: Using *List 1* of the *Travel Log Codes*, record who was travelling with you to the second place (Example: *Code #1 - Alone*).

Step 7: Using *List 2* of the *Travel Log Codes*, record how you got to the second place (Example: *Code #5 - Walk*).

Step 8: If you traveled in a vehicle owned by your household, record the make and model (Example: *Not Applicable, N/A*).

Step 9: If you took public transit, record which route number or line you used (Example: *Not Applicable, N/A*).

Step 10: Repeat steps 1 - 9 until you record all places you have visited and trips you have made for the day.

Please advise other members of your household, so they too can take advantage of recording their travel log information for you to complete the survey accurately.

Completing the 24-hour travel log constitutes consent to the survey for an adult member of the household. Household members under the age of 18 must seek consent from a parent/guardian. For additional information, please refer household members to our survey information website at www.dal.ca/sites/daltrac/novatrac-info.html

If you have any questions or concerns, please contact the DalTRAC project analyst via email at daltrac@dal.ca

Don't forget to enter to win one \$200 VISA gift card or one of ten \$25 VISA gift cards.

Thank you for your participation!

TRAVEL LOG		Travel Log Codes						
Household Member #1		List 1: WHO was travelling with you?			List 2: How did you GET there? (Travel Mode Code)			
Day of Travel:		(1) Alone	(4) Relative/Family member(s)	(7) Other	(1) Auto Driver	(5) Walk	(9) School Bus	
<input type="radio"/> Mon <input type="radio"/> Tue <input type="radio"/> Wed <input type="radio"/> Thu <input type="radio"/> Fri		(2) Spouse/Partner	(5) Coworker(s)	(6) Friends	(2) Auto Passenger	(6) Bike	(10) Taxi	
		(3) Child(ren) of the household			(3) Transit: Bus	(7) Dial-A-Ride Transit	(11) CarShare	
					(4) Transit: Ferry	(8) Other Community Transit	(12) Other	
Place 1	Your location at 3:00 am: <input checked="" 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: Home Address: 1360 Barrington Street Postal code: B3H 4R2 City: Halifax, NS	These 5 cells do not apply. Please proceed here →					2	7:45 am
Place 2	<input type="checkbox"/> My Home <input type="checkbox"/> My School <input type="checkbox"/> Other Place <input checked="" type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: Halifax City Hall Address: 1841 Argyle Street Postal code: B3J 3A5 City: Halifax, NS	7:56 am	1	5	N/A	N/A	3	5:05 pm
Place 3	<input type="checkbox"/> My Home <input type="checkbox"/> My School <input checked="" type="checkbox"/> Other Place <input type="checkbox"/> My Work <input type="checkbox"/> Bus Stop or Ferry Terminal Place Name: Atlantic Superstore Address: 1075 Barrington Street Postal code: B3H 2P8 City: Halifax, NS	5:15 pm	5	3	N/A	N/A	11	6:18 pm
Place 4	<input checked="" 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: Home Address: 1360 Barrington Street Postal code: B3H 4R2 City: Halifax, NS	6:35 pm	1	5	N/A	N/A	2	N/A
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.

Figure 1: Example of completed travel log

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.

TRAVEL LOG

Household Member # _____

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:**
 (1) Working at home (*for pay*)
 (2) All other activities at home (*e.g. sleeping, meals, etc.*)
- At My Work Location:**
 (3) Work/Job (*for pay or volunteer*)
 (4) All other activities at workplace
- At My School:**
 (5) Attending class
 (6) All other activities at school
- While Traveling:**
 (7) Change type of transportation/transfer (*from car to bus/ferry, walk to bus/ferry, etc.*)
 (8) Dropped off passenger in car
 (9) Picked up passenger in car
 (10) Other
- At Other Places:**
 (11) Routine Shopping (*groceries, clothing, convenience store, household maintenance*)
 (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

	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 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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