



IF YOU HAVE READ THE ATTACHED LETTER AND AGREE TO PARTICIPATE IN THE SURVEY, PLEASE CONFIRM THAT YOU ARE 18 YEARS OF AGE OR OLDER AND PROCEED WITH THE TRAVEL LOG. Submission of this travel log constitutes your consent to use your travel information for this study.

# TRAVEL LOG

Household Member # \_\_\_\_\_

Day of Travel:  Mon  Tue  Wed  Thu  Fri

## Travel Log Codes

### List 1: WHO was travelling with you?

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

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

- (1) Auto Driver
- (2) Auto Passenger
- (3) Transit
- (4) Dial-A-Ride
- (5) Walk
- (6) Bike
- (7) Taxi
- (8) CarShare
- (9) Paid Ride Share (e.g., UBER)
- (10) Motorcycle
- (11) E-scooter
- (12) School bus
- (13) other
- (14) N/A

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

- At My Home:**
- (1) Working at home (*for pay*)
  - (2) Online activities at home (e.g., *online banking, online shopping.*)
  - (3) Online classes at home
  - (4) All other activities at home (e.g., *sleeping, meals*)
- At My Work Location:**
- (5) Work/Job (*for pay or volunteer*)
  - (6) All other activities at workplace
- At My School:**
- (7) Attending class
  - (8) All other activities at school
- While Traveling:**
- (9) Change type of transportation/transfer (e.g., *from car to transit*)
  - (10) Dropped off passenger (s) in car
  - (11) Picked up passenger (s) in car
  - (12) Other
- At Other Places:**
- (13) Routine Shopping (e.g., *groceries, clothing, convenience store*)
  - (14) Shopping for major purchases of specialty items (e.g., *appliances, electronics, new vehicle*)
  - (15) Household errands (e.g., *bank, dry cleaning*)
  - (16) Work-related errands (e.g., *pickups, drop-offs, meetings*)
  - (17) Personal business (e.g., *visit government office, attorney, accountant*)
  - (18) Health care (e.g., *doctor, dentist*)
  - (19) Eat meal outside of home
  - (20) Civic/Religious activities
  - (21) Recreation/Entertainment (e.g., *park, movies*)
  - (22) Visit friends/relatives
  - (23) Dropped off/picked up kid(s) in child-care/day-care/school
  - (24) 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/START your activity? (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)	WHAT did you DO there? (Use List 3)	What TIME did you LEAVE/ END your activity? (Record exact time)
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____						____:____ (am/pm)
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)
Place/ Activity 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 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.html](http://www.dal.ca/sites/daltrac/NovaTRAC.html)



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# TRAVEL LOG

Household Member # \_\_\_\_\_

Day of Travel: (Mon) (Tue) (Wed) (Thu) (Fri)

## Travel Log Codes

List 1: WHO was travelling with you?			List 2: How did you GET there? (Travel Mode Code)			
(1) Alone	(4) Relative/Family member(s)	(7) Other	(1) Auto Driver	(5) Walk	(9) Paid Ride Share (e.g., UBER)	(13) other
(2) Spouse/Partner	(5) Co-worker(s)	(8) N/A	(2) Auto Passenger	(6) Bike	(10) Motorcycle	(14) N/A
(3) Child(ren) of the household	(6) Friend(s)		(3) Transit	(7) Taxi	(11) E-scooter	
			(4) Dial-A-Ride	(8) CarShare	(12) School bus	

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/START your activity? (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)	WHAT did you DO there? (Use List 3)	What TIME did you LEAVE/ END your activity? (Record exact time)	List 3: What did you do there? (Activity Purpose)
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____						____:____ (am/pm)	<b>At My Home:</b> (1) Working at home (for pay) (2) Online activities at home (e.g., online banking, online shopping.) (3) Online classes at home (4) All other activities at home (e.g., sleeping, meals) <b>At My Work Location:</b> (5) Work/Job (for pay or volunteer) (6) All other activities at workplace <b>At My School:</b> (7) Attending class (8) All other activities at school <b>While Traveling:</b> (9) Change type of transportation/transfer (e.g., from car to transit) (10) Dropped off passenger (s) in car (11) Picked up passenger (s) in car (12) Other <b>At Other Places:</b> (13) Routine Shopping (e.g., groceries, clothing, convenience store) (14) Shopping for major purchases of specialty items (e.g., appliances, electronics, new vehicle) (15) Household errands (e.g., bank, dry cleaning) (16) Work-related errands (e.g., pickups, drop-offs, meetings) (17) Personal business (e.g., visit government office, attorney, accountant) (18) Health care (e.g., doctor, dentist) (19) Eat meal outside of home (20) Civic/Religious activities (21) Recreation/Entertainment (e.g., park, movies) (22) Visit friends/relatives (23) Dropped off/picked up kid(s) in child-care/day-care/school (24) Other
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)	
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)	
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)	
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)	
Place/ Activity 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 Place Name: _____ Address: _____ Postal code: _____ City: _____	____:____ (am/pm)					____:____ (am/pm)	

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