

NovaTRAC HALIFAX SURVEY QUESTIONNAIRE

Complete the survey online at
daltraclab.com

Access code:

If you choose to mail back the survey, please complete this questionnaire and travel logs for each person, then return them using the enclosed pre-paid envelope.

Submission of this survey constitutes your consent and the consent of each member of the household who provided their information for this study.

Section 1: Household Information

How many vehicles are available for regular use by members of your household?

For the three vehicles that are driven the most, please tell us the make, model and year. (e.g. Honda Civic, 2013)

Vehicle 1: _____

Vehicle 2: _____

Vehicle 3: _____

How many bicycles does your household own and use on a regular basis?

What is your current address of residence?

Street address: _____

City/Town: _____

Postal code: _____

How many years have you lived at this location?

Which best describes your home?

- Single detached house
- Semi-detached house
- Row house
- Apartment building, with 5 storeys or more
- Apartment building, with less than 5 storeys
- Apartment, duplex
- Moveable dwelling
- Other

What is your current home ownership status?

- Owner
- Renter
- Other

How many people, including yourself, currently live in your home?

In which category is your annual gross HOUSEHOLD income (before tax)?

- Less than \$15,000
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- Over \$200,000
- Prefer not to disclose

Section 2: Household Member 1

The questions in this section are for the primary survey respondent.

Do you have a valid driver's license?

- Yes
- No

Do you own a monthly transit pass?

- Yes
- No

What is your gender?

- Male
- Female
- Other
- Prefer not to disclose

What is your age?

What is the highest level of education you have achieved to date?

- No certificate, diploma or degree
- High school certificate or equivalent
- Apprenticeship or trade certificate or diploma
- College, CEGEP or other non-university certificate or diploma
- University certificate or diploma below the bachelor level
- University degree
- Prefer not to disclose
- Not applicable

What is your current employment status?

- Full-time (30+ hours/week)
- Part-time (< 30 hours/week)
- Regular volunteer
- Retired
- Homemaker
- Student
- Unemployed
- Other
- Prefer not to disclose

What is your occupation category?

- Management
- Business, Finance and Administration
- Natural and Applied Sciences and related
- Health
- Education, Law and Social, Community and Government Services
- Art, Culture, Recreation and Sport
- Sales and Service
- Trades, Transport and Equipment Operators and related
- Natural Resources, Agriculture and related Production
- Manufacturing and Utilities
- Other/unsure
- Not applicable
- Prefer not to disclose

Does your workplace offer flexible work hours?

- Yes
- No
- Not applicable

Continued on back

How would you describe your level of physical activity in a given week?

- Very physically active
- Moderately physically active
- A bit physically active
- Not very physically active
- Not at all physically active
- Prefer not to disclose

What is your height, without shoes on?

ft in OR cm

- Prefer not to disclose

What is your weight?

lb OR kg

- Prefer not to disclose

Compared to other people your age, how would you describe your health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to disclose

How would you describe your usual attitude towards life?

- Happy and interested in life
- Somewhat happy
- Indifferent
- Somewhat unhappy
- Unhappy with little interest in life
- Prefer not to disclose

How would you describe your stress levels on a typical weekday?

- Very stressful
- Somewhat stressful
- A bit stressful
- Not very stressful
- Not at all stressful
- Prefer not to disclose

Please indicate whether or not you agree with the following statements regarding your attitudes and lifestyle preferences.

Strongly Disagree	1
Disagree	2
Neither Agree nor Disagree	3
Agree	4
Strongly Agree	5
Not Applicable	N/A

I enjoy riding a bicycle 1 2 3 4 5 N/A

I prefer walking to driving whenever possible 1 2 3 4 5 N/A

I feel happier when riding the bus than driving 1 2 3 4 5 N/A

I take pride in owning a car 1 2 3 4 5 N/A

Driving provides me freedom 1 2 3 4 5 N/A

I am fully satisfied with my commute 1 2 3 4 5 N/A

My commute makes me feel stressed 1 2 3 4 5 N/A

I am happy with where I live 1 2 3 4 5 N/A

I invest a lot of time into the community I live in 1 2 3 4 5 N/A

A suburban environment offers the best quality of life 1 2 3 4 5 N/A

I limit my driving because it's bad for air quality 1 2 3 4 5 N/A

Please complete a travel log enclosed with this survey. Record each place you visited, starting with the location at 3:00 am on the travel day (weekday) and ending with the location at 2:59 am the following day. Please add all places visited as best as you can, even places you were only at for a short time, such as a bus stop or coffee shop.

Section 3: Household Member 2

Please add the information of another household member and complete a travel log for this person.

Do they have a valid driver's license?

- Yes No

Do they own a monthly transit pass?

- Yes No

What is their gender?

- Male Female Other
- Prefer not to disclose

What is their age?

What is the highest level of education they have achieved to date?

- No certificate, diploma or degree
- High school diploma or equivalent
- Apprenticeship or trade certificate or diploma
- College, CEGEP or other non-university certificate or diploma
- University certificate or diploma below the bachelor level
- University degree
- Prefer not to disclose
- Not applicable

What is their current employment status?

- Full-time (30+ hours/week)
- Part-time (<30 hours/week)
- Regular volunteer Retired Homemaker
- Student Unemployed Other
- Prefer not to disclose

To include more household members or travel logs, make a photocopy or download from www.dal.ca/sites/daltrac/novatrac-info.html.

Thank you for your participation! If you would like to be entered into a draw for the chance to win a \$200 VISA gift card or one of ten \$50 VISA gift cards please enter your name and email address and/or phone number below.

Full name: _____

Email/phone number: _____

TRAVEL LOG

Household Member #1

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 #1

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

- List 2: How did you GET there? (Travel Mode Code)**
- (1) Auto Driver
 - (2) Auto Passenger
 - (3) Transit: Bus
 - (4) Transit: Ferry
 - (5) Walk
 - (6) Bike
 - (7) Dial-A-Ride Transit
 - (8) Other Community Transit
 - (9) School Bus
 - (10) Taxi
 - (11) CarShare
 - (12) 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? <i>(Record exact time)</i>	WHO was travelling with you? <i>(Use List 1)</i>	HOW did you GET there? <i>(Use List 2)</i>	IF AUTO: Which household VEHICLE used? <i>(Make, model & year)</i>	IF TRANSIT, which ROUTE NUMBER?	WHAT did you DO there? <i>(Use List 3)</i>	What TIME did you LEAVE? <i>(Record exact time)</i>	List 3: What did you do there? (Activity Purpose)
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)	<p>At My Home:</p> <ul style="list-style-type: none"> (1) Working at home <i>(for pay)</i> (2) All other activities at home <i>(e.g. sleeping, meals, etc.)</i> <p>At My Work Location:</p> <ul style="list-style-type: none"> (3) Work/Job <i>(for pay or volunteer)</i> (4) All other activities at workplace <p>At My School:</p> <ul style="list-style-type: none"> (5) Attending class (6) All other activities at school <p>While Traveling:</p> <ul style="list-style-type: none"> (7) Change type of transportation/transfer <i>(from car to bus/ferry, walk to bus/ferry, etc.)</i> (8) Dropped off passenger in car (9) Picked up passenger in car (10) Other <p>At Other Places:</p> <ul style="list-style-type: none"> (11) Routine Shopping <i>(groceries, clothing, convenience store, household maintenance)</i> (12) Shopping for major purchases of specialty items <i>(appliances, electronics, new vehicle, major household repairs, etc.)</i> (13) Household errands <i>(bank, dry cleaning, etc.)</i> (14) Work-related errands <i>(pickups, drop-offs, meetings, etc.)</i> (15) Personal business <i>(visit government office, attorney, accountant, etc.)</i> (16) Health care <i>(doctor, dentist)</i> (17) Eat meal outside of home (18) Civic/Religious activities (19) Recreation/Entertainment (20) Visit friends/relatives (21) Other
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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TRAVEL LOG

Household Member # _____

Day of Travel:

Mon
 Tue
 Wed
 Thu
 Fri

Travel Log Codes

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- At Other Places:**
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 - Household errands (*bank, dry cleaning, etc.*)
 - Work-related errands (*pickups, drop-offs, meetings, etc.*)
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TRAVEL LOG

Household Member # _____

Travel Log Codes

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