



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.

CanTRAC TRAVEL LOG

Travel Log Codes

Household Member # _____

Day of Travel: Mon Tue Wed Thu Fri

List 1: WHO was travelling with you?

- | | | |
|---------------------------------|-------------------------------|-----------|
| (1) Alone | (4) Relative/Family member(s) | (7) Other |
| (2) Spouse/Partner | (5) Co-worker(s) | (8) N/A |
| (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) Paid Ride Share (e.g., UBER) | (13) other |
| (2) Auto Passenger | (6) Bike | (10) Motorcycle | (14) N/A |
| (3) Transit | (7) Taxi | (11) E-scooter | |
| (4) Dial-A-Ride | (8) CarShare | (12) School bus | |

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

- At My Home:**
- Working at home (*for pay*)
 - Online classes at home
 - Online shopping (e.g., grocery, clothes)
 - Personal/Family case (e.g., attending children, cooking)
 - All other activities at home (e.g., sleeping, eating meals)
- 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 (e.g., from car to transit)
 - Dropped off passenger(s) in car
 - Picked up passenger(s) in car
 - Other
- At Other Places:**
- Routine Shopping (e.g., groceries, clothing, convenience store)
 - Shopping for major purchases of specialty items (e.g., appliances, electronics, new vehicle)
 - Household errands (e.g., bank, dry cleaning)
 - Work-related errands (e.g., pickups, drop-offs, meetings)
 - Personal business (e.g., visit government office, attorney, accountant)
 - Health care (e.g., doctor, dentist)
 - Eat meal outside of home
 - Civic/Religious activities
 - Recreation/Entertainment (e.g., park, movies)
 - Visit friends/relatives
 - Dropped off/picked up kid(s) in child-care/day-care/school
 - Working at other places (for pay)
 - 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) | Did you use any electronic devices to complete this activity? (Yes/No) | 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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (am/pm) |

Note: If you need additional travel logs, please copy the page or download from www.CARTNetwork.org/CanTRAC.



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| 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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (am/pm) |
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| 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 or Ferry Terminal Place Name: _____ Address: _____ Postal code: _____ City: _____ | __ : __ (am/pm) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | __ : __ (am/pm) |
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