



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 (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: Bus (7) Taxi (11) E-scooter  
 (4) Transit: Ferry (8) CarShare (12) School bus

	For each place: Please record the <b>NAME OF THE PLACE</b> you visited And the <b>EXACT ADDRESS</b> or <b>NEAREST INTERSECTION, CITY</b> and <b>POSTAL CODE</b>	What <b>TIME</b> did you <b>ARRIVE/START</b> your activity? <i>(Record exact time)</i>	WHO was travelling with you? <i>(Use List 1)</i>	HOW did you <b>GET</b> there? <i>(Use List 2)</i>	IF <b>AUTO</b> : Which household <b>VEHICLE</b> used? <i>(Make, model &amp; year)</i>	IF <b>TRANSIT</b> , which <b>ROUTE NUMBER?</b>	WHAT did you <b>DO</b> there? <i>(Use List 3)</i>	What <b>TIME</b> did you <b>LEAVE/END</b> your activity? <i>(Record exact time)</i>
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)
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)						:____ (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)						:____ (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)						:____ (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)						:____ (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)						:____ (am/pm)

**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 bus/ferry, walk to bus/ferry*)  
 (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

**Note: If you need additional travel logs, please copy the page or download from [www.dal.ca/sites/daltrac/HaliTRAC.html](http://www.dal.ca/sites/daltrac/HaliTRAC.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: Bus	(7) Taxi	(11) E-scooter	
			(4) Transit: Ferry	(8) CarShare	(12) School bus	

	For each place: Please record the <b>NAME OF THE PLACE</b> you visited And the <b>EXACT ADDRESS</b> or <b>NEAREST INTERSECTION, CITY</b> and <b>POSTAL CODE</b>	What <b>TIME</b> did you <b>ARRIVE/START</b> your activity? <i>(Record exact time)</i>	<b>WHO</b> was travelling with you? <i>(Use List 1)</i>	<b>HOW</b> did you <b>GET</b> there? <i>(Use List 2)</i>	<b>IF AUTO:</b> Which household <b>VEHICLE</b> used? <i>(Make, model &amp; year)</i>	<b>IF TRANSIT,</b> which <b>ROUTE NUMBER?</b>	<b>WHAT</b> did you <b>DO</b> there? <i>(Use List 3)</i>	What <b>TIME</b> did you <b>LEAVE/END</b> your activity? <i>(Record exact time)</i>
Place/Activity 7	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)						__ : __ (am/pm)
Place/Activity 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/Activity 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/Activity 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/Activity 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/Activity 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)

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

- At My Home:**
- Working at home (*for pay*)
  - Online activities at home (*e.g., online banking, online shopping*)
  - Online classes at home
  - All other activities at home (*e.g., sleeping, 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 bus/ferry, walk to bus/ferry*)
  - 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*)
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  - Health care (*e.g., doctor, dentist*)
  - Eat meal outside of home
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  - Recreation/Entertainment (*e.g., park, movies*)
  - Visit friends/relatives
  - Dropped off/picked up kid(s) in child-care/day-care/school
  - Other

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