



STOP REMEMBER TO RECORD . . .

- ✓ Each STOP you make, even:
 - Bus/rail stops or transit centers where you transfer or get on/off.
 - Quick stops to get food, fuel, or cash from an ATM.
 - Stops where you don't have to get out of your car.
- ✓ All ACTIVITIES you do and TRIPS you make, even those:
 - You make while at work (*going out to lunch, to a meeting or running an errand, etc.*).
 - After 6 p.m. or after work.
- ✓ Exact place names and as complete address information as possible.
- ✓ Accurate arrival and departure times.

WHAT DO I DO WITH MY COMPLETED LOGS?

 **Keep your completed logs by the phone** – We will call you to collect the information. Or, you can call NuStats toll-free (877-261-4621) to provide your information.

 **Mail** – After we collect your information by phone, return your completed logs in the postage-paid envelope provided in your packet.

For assistance, call NuStats toll free at 877-261-4621

 **LISTS 1 & 2 are inside flap**

THANK YOU FOR YOUR PARTICIPATION!

If you need help filling out your Travel Log, please call toll free at:

877-261-4621

For more information about the survey, please call:

Stacey Bricka, NuStats
800-447-8287, ext. 2240
sbricka@nustats.com

or

For more information about CMAP or the Travel Tracker Survey, please call the:

CMAP Survey Hotline
312-386-8833

or visit

www.chicagoareaplanning.org/travelsurvey

SURVEY CONDUCTED BY NUStats ON BEHALF OF:



TRAVEL TRACKER SURVEY



PERSONAL ONE-DAY TRAVEL LOG FOR:

Record each PLACE you go and WHAT you do there beginning at 3:00 a.m. (*or when you wake up*) on your assigned travel day and ending at 2:59 a.m. the following day (*or when you go to sleep on your travel day*).



Carry this log with you on your assigned travel day and record the places you visit and what you do there as you go. *This helps you remember to record all the places you visit, what you do there, and to provide exact arrival/departure times and complete addresses.*



Record each **PLACE** you go, starting with your location at 3:00 a.m. on your travel day and ending with your location at 2:59 a.m. the following day.

FOR EACH PLACE:		What TIME did you ARRIVE?
Please record the NAME OF THE PLACE you visited and the EXACT ADDRESS or NEAREST MAJOR INTERSECTION CITY and ZIP CODE		Record exact time
PLACE 1	Your location at 3:00 a.m.: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	X
PLACE 2	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 3	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 4	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 5	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 6	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm

(Questions? See the Instructions & Example or call the toll-free hotline at 877-261-4621)

HOW did you GET there? <i>Use the LIST 1 CODES</i>	NUMBER of people traveling with you? <i>Don't include yourself</i>	IF AUTO/TRUCK/VAN:		IF TRANSIT:	WHAT did you DO there? <i>Use the LIST 2 CODES</i>	What TIME did you LEAVE? <i>Record exact time</i>
		<i>Which household VEHICLE? Make & Model</i>	<i>Did you GET OUT of your vehicle?</i>	<i>Which ROUTE # or LINE?</i>		
X	X	X	X	X	List ALL codes that apply	:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	:____ am / pm
List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	:____ am / pm

Continue →

LIST 1 CODES: HOW did you GET there?

- 1 Walk
- 2 Bike
- 3 Auto Driver
- 4 Auto Passenger
- 5 CTA Bus
- 6 CTA Train
- 7 Pace Bus
- 8 Metra Train/South Shore Railroad
- 9 Private Shuttle Bus
- 10 Dial-a-Ride/Paratransit
- 11 School Bus
- 12 Taxi
- 97 Other: (write code 97 & how you got there)

LIST 2 CODES: WHAT did you DO there?

- At My Home:**
- 1 Working at home (for pay)
 - 2 All other activities at home
- At My Work/Volunteer Location:**
- 3 Work/Job (for pay or volunteer)
 - 4 All other activities at work
- At My School:**
- 5 Attending class
 - 6 All other activities at school
- While Traveling:**
- 7 Change type of transportation/transfer (from car to bus/train, walk to bus/train, etc.)
 - 8 Dropped-off passenger from car
 - 9 Picked-up passenger in car
 - 10 Other (write code 10 and specify activity)
- At Other Places:**
- 11 Work-related (meeting, sales call, delivery, etc.)
 - 12 Service private vehicle (gas, oil, lube, etc.)
 - 13 Routine shopping (groceries, clothing, convenience store, household maintenance)
 - 14 Shopping for major purchases or specialty items (appliances, electronics, new vehicle, major household repairs, etc.)
 - 15 Household errands (bank, dry cleaning, etc.)
 - 16 Personal business (visit government office, attorney, accountant, etc.)
 - 17 Eat meal outside of home
 - 18 Health care (doctor, dentist)
 - 19 Civic/Religious activities
 - 20 Recreation/Entertainment
 - 21 Visit friends/relatives
 - 97 Other (write code 97 and specify activity)

CONTINUE

If you have more than 12 places, please record them on a separate piece of paper.

(Questions? See the Instructions & Example or call the toll-free hotline at 877-261-4621)

	FOR EACH PLACE: Please record the NAME OF THE PLACE you visited and the EXACT ADDRESS or NEAREST MAJOR INTERSECTION CITY and ZIP CODE	What TIME did you ARRIVE? <i>Record exact time</i>
PLACE 7	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 8	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 9	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 10	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 11	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm
PLACE 12	Next PLACE: <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 Train station <i>Provide the name of the place and as much of the address as possible below:</i>	:____ am / pm

HOW did you GET there? <i>Use the LIST 1 CODES</i>	NUMBER of people traveling with you? <i>Don't include yourself</i>	IF AUTO/TRUCK/VAN:		IF TRANSIT:	WHAT did you DO there? <i>Use the LIST 2 CODES</i>	What TIME did you LEAVE? <i>Record exact time</i>
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List ONE code only			<input type="checkbox"/> Yes <input type="checkbox"/> No		List ALL codes that apply	:____ am / pm
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At My Work/Volunteer Location:

- 3 Work/Job *(for pay or volunteer)*
- 4 All other activities at work

At My School:

- 5 Attending class
- 6 All other activities at school

While Traveling:

- 7 Change type of transportation/transfer *(from car to bus/train, walk to bus/train, etc.)*
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