

LOG INSTRUCTIONS

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



HINT! Carry this log with you on your assigned survey day and record your activities and trips as you go - this helps you record all the places you visit, the activities you do there, and to provide accurate arrival/ departure times and complete addresses.

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 our toll-free survey hotline (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

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:

Julie Paasche, NuStats
800-447-8287, ext. 2241
jpaasche@nustats.com

or

Whatcom County contact:

Andres Gomez,
Whatcom Council of Governments
360-676-6974
survey@wcog.org

Skagit/Island County contact:

John Everett
Skagit Council of Governments
360-416-6678
survey@scog.net

or

visit the project web page at
www.nustats.com/northsound

Si usted habla Español y necesita ayuda,
por favor comuníquese con
Juana Amieva de NuStats al 800-447-8287, ext 2233

**SURVEY CONDUCTED BY
NUSTATS & PTV DATA SOURCE
ON BEHALF OF:**



Skagit/Island Regional
Transportation Planning Organization



PERSONAL ONE-DAY TRAVEL LOG FOR:

BEGIN HERE:

If you are employed: What is the address of your regular workplace?

Name: _____

Address: _____

City/State/Zip: _____

If you are a student: What is the address of your school?

Name: _____

Address: _____

City/State/Zip: _____

← LISTS 1 & 2 are inside flap

Instructions for recording your travel are on the flap! →



Record each PLACE you go to below, beginning with wherever you are at 3:00 a.m. on your survey day:

Most people are home asleep at 3 a.m. If so, check **“My Home,”** write all the activities you did there and then record the exact time you leave for the first time. Please provide the name and address of each location. If you work as a driver (bus, taxi, commercial vehicle, ambulance, etc.) do not record trips made as part of your job.

	RECORD the following information about each place: <i>Place name: Address City/State/Zip Cross street/Landmark:</i>	What TIME did you ARRIVE? <i>(record exact times)</i>	HOW did you GET there? <i>(use LIST 1 CODES - list all modes)</i>	IF BY TRANSIT: Was PERSONAL VEHICLE available?	NUMBER of people in your travel party? <i>(including yourself)</i>	NUMBER of times per week you make this trip?	WHAT did you DO there? <i>(use LIST 2 CODES - list all activities)</i>	What TIME did you LEAVE? <i>(record exact times)</i>
PLACE 1	WHERE were you at 3:00 a.m.? <i>(tell us place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>							: am/pm
Next, please tell us “WHAT did you DO there?” & “What TIME did you LEAVE?”								
PLACE 2	WHERE did you go next? <i>(tell us the place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>	: am/pm		<input type="checkbox"/> Yes <input type="checkbox"/> No				: am/pm
PLACE 3	WHERE did you go next? <i>(tell us the place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>	: am/pm		<input type="checkbox"/> Yes <input type="checkbox"/> No				: am/pm
PLACE 4	WHERE did you go next? <i>(tell us the place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>	: am/pm		<input type="checkbox"/> Yes <input type="checkbox"/> No				: am/pm
PLACE 5	WHERE did you go next? <i>(tell us the place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>	: am/pm		<input type="checkbox"/> Yes <input type="checkbox"/> No				: am/pm
PLACE 6	WHERE did you go next? <i>(tell us the place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>	: am/pm		<input type="checkbox"/> Yes <input type="checkbox"/> No				: am/pm
PLACE 7	WHERE did you go next? <i>(tell us the place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>	: am/pm		<input type="checkbox"/> Yes <input type="checkbox"/> No				: am/pm
PLACE 8	WHERE did you go next? <i>(tell us the place name & address)</i> <input type="checkbox"/> My Home <input type="checkbox"/> My Work <input type="checkbox"/> My School <input type="checkbox"/> Other place <i>(specify)</i>	: am/pm		<input type="checkbox"/> Yes <input type="checkbox"/> No				: am/pm



Did you record EVERY PLACE you went, even short walks, quick stops, and any place you went after returning home from work? Did you record exact place names, complete addresses and all activities? Did you include your trip home if it was the last trip of the day? If you have more than eight PLACES on your survey day, record the additional PLACES on a separate piece of paper.

LIST 1 CODES: HOW did you GET there?

Non-Motorized

- 1 Walk
- 2 Bicycle

Auto/Van/Truck

- 3 Driver
- 4 Passenger

Other Modes

- 5 Transit
- 6 School bus
- 7 Taxi/Shuttle
- 8 Motorcycle/Scooter
- 9 Ferry
- 10 Vanpool
- 97 Other: *(write code 97 and specify)*

LIST 2 CODES: WHAT did you DO there?

Home

- 1 Working at home *(job related-for pay)*
- 2 At home activities *(eatng, TV, sleeping, housework, etc.)*

Work

- 3 Work *(including regular volunteer work)*
- 4 Work-related *(meeting, errand, etc.)*

School

- 5 School related activities (K-12)
- 6 School related activities (Post Grade 12)

Personal

- 7 Quick stop for: gas, ATM, coffee, etc.
- 8 Shopping
- 9 Visit friends or relatives
- 10 Medical/Dental
- 11 Personal business *(dry cleaning, errands, pay bills, etc.)*

Social/Entertainment/Recreation

- 12 Eat meal outside of home
- 13 Entertainment
- 14 Recreation, fitness
- 15 Civic or religious activities

Other

- 16 Pick up or drop-off passenger
- 17 Change mode of transportation *(board/deboard bus or ferry, etc.)*
- 97 Other: *(write code 97 and specify)*