

# Record extra places here.

	What is the NAME OF THE PLACE?	What is the ADDRESS? <i>Address City, State Zip Nearest Cross street &amp; Landmark</i>	What TIME did you ARRIVE? <i>Record exact time</i>	NUMBER of people traveling with you? <i>Don't include self</i>	HOW did you GET there? <i>use LIST 1 CODES</i>	IF AUTO/TRUCK/VAN:			IF TRANSIT:	WHAT did you DO there? <i>use LIST 2 CODES</i>	What TIME did you LEAVE? <i>Record exact time</i>
						Which household VEHICLE?	Where did you PARK?	COST of Parking	Was a PERSONAL VEHICLE available?		
PLACE 9	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 10	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 11	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 12	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 13	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 14	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 15	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 16	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm
PLACE 17	Next PLACE NAME:		____ : ____ am/pm	Total #: ____ # of Household members: ____				\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ : ____ am/pm