



<HHPERSONID>

<Travel Date 1 >

One-Day Travel Booklet

«NAME»'S

Greater Cincinnati Area Household Travel Survey

One Day Travel

END

1. Did «NAME» travel to any more places on this travel day?

Yes

No

END

IF «NAME» ANSWERED YES TO END, PLEASE USE THE LINES BELOW TO RECORD ADDITIONAL PLACES.

Record Notes/Additional Comments Below:

Please go back over this travel booklet to make sure that you didn't forget to report anything.

**If you have any questions, please call or email:
1-877-284-7879
survey@oki.org**

Instructions for One-Day Travel Booklet

- Please fill-out this Travel Booklet for «NAME».
- On page 2, please answer a few basic questions about «NAME»'s overall travel during the assigned travel day and provide the name and address for their school/daycare if they attend.
- Travel will START at the PLACE «NAME» was at 3:00 AM on <travel date 1> and end at the PLACE «NAME» will be at 3:00 AM on <travel date 2>.
- Next, fill out one PLACE box for each place «NAME» goes to on <travel date 1>. If uncertain whether to include a place, include it.
- Remember to record the type of transportation used to travel to each place and indicate if another household member traveled with «NAME».
- Try to record the time «NAME» goes to each place to the NEAREST FIVE MINUTES.
- You can complete this form online by logging on to: <http://survey.oki.org> and entering your password.

Your password is: «PASSWORD»

If you have any questions, please call or email:
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survey@oki.org

One Day Travel

PLACE 6	1. What is the next place «NAME» went to? (Check only ONE box)	PLACE 6
	<input type="checkbox"/> Home <input type="checkbox"/> Friend's or Relative's Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Sitter's House <input type="checkbox"/> School <input type="checkbox"/> Daycare/Daycamp <input type="checkbox"/> Store <input type="checkbox"/> Other (Specify): _____	
	2. How did «NAME» travel there? (Check only ONE box)	
	<input type="checkbox"/> Household car, van, truck <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Someone else's car, van, truck <input type="checkbox"/> Walk <input type="checkbox"/> Other (Specify): _____	
	3. Did «NAME» travel with other Household Members?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. What time did «NAME» get to Place 6? <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO PLACE 7.

PLACE 7	1. What is the next place «NAME» went to? (Check only ONE box)	PLACE 7
	<input type="checkbox"/> Home <input type="checkbox"/> Friend's or Relative's Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Sitter's House <input type="checkbox"/> School <input type="checkbox"/> Daycare/Daycamp <input type="checkbox"/> Store <input type="checkbox"/> Other (Specify): _____	
	2. How did «NAME» travel there? (Check only ONE box)	
	<input type="checkbox"/> Household car, van, truck <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Someone else's car, van, truck <input type="checkbox"/> Walk <input type="checkbox"/> Other (Specify): _____	
	3. Did «NAME» travel with other Household Members?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. What time did «NAME» get to Place 7? <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO END.

One Day Travel

1. What is the next place «NAME» went to? (Check only ONE box)

Home Friend's or Relative's Home Restaurant Sitter's House

School Daycare/Daycamp Store Other (Specify): _____

2. How did «NAME» travel there? (Check only ONE box)

Household car, van, truck School Bus Bicycle

Someone else's car, van, truck Walk Other (Specify): _____

3. Did «NAME» travel with other Household Members?

Yes No

4. What time did «NAME» get to Place 4? _____ : _____ : _____ a.m. p.m.

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO PLACE 5.

PLACE 4

PLACE 4

1. What is the next place «NAME» went to? (Check only ONE box)

Home Friend's or Relative's Home Restaurant Sitter's House

School Daycare/Daycamp Store Other (Specify): _____

2. How did «NAME» travel there? (Check only ONE box)

Household car, van, truck School Bus Bicycle

Someone else's car, van, truck Walk Other (Specify): _____

3. Did «NAME» travel with other Household Members?

Yes No

4. What time did «NAME» get to Place 5? _____ : _____ : _____ a.m. p.m.

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO PLACE 6.

PLACE 5

PLACE 5

1. Check the category that best describes what happened on <travel date 1>.

Yes! «NAME» went out today - *SKIP TO SCHOOL INFORMATION SECTION*

«NAME» didn't go out at all today - *CONTINUE TO QUESTION 2*

2. What was the reason why <NAME> did not go out today?

Sick

Holiday/Vacation

Home Schooled

Other (Specify): _____

School Information Section

If NAME attends school or daycare/preschool full-time or part-time, please complete this School Information Section.

Enter school/daycare/preschool address in the box below.

Name of School/Daycare/Preschool, etc. _____

Street Address (if known) _____

Or Street and Nearest Cross Streets _____

City _____ State _____ Zip Code _____

Record travel for <name> on <travel date 1>.

One Day Travel

START	1. Where was «NAME» at 3:00 AM on this day? (Check only ONE box)	START
	<input type="checkbox"/> Home <input type="checkbox"/> Friend's or Relative's Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Sitter's House <input type="checkbox"/> School <input type="checkbox"/> Daycare/Daycamp <input type="checkbox"/> Store <input type="checkbox"/> Other (Specify): _____	
2. Did «NAME» travel to another place on this travel day? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO PLACE 1.

PLACE 1	1. What is the next place «NAME» went to? (Check only ONE box)	PLACE 1
	<input type="checkbox"/> Home <input type="checkbox"/> Friend's or Relative's Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Sitter's House <input type="checkbox"/> School <input type="checkbox"/> Daycare/Daycamp <input type="checkbox"/> Store <input type="checkbox"/> Other (Specify): _____	
	2. How did «NAME» travel there? (Check only ONE box)	
	<input type="checkbox"/> Household car, van, truck <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Someone else's car, van, truck <input type="checkbox"/> Walk <input type="checkbox"/> Other (Specify): _____	
3. Did «NAME» travel with other Household Members?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What time did «NAME» get to Place 1? <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO PLACE 2.

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One Day Travel

PLACE 2	1. What is the next place «NAME» went to? (Check only ONE box)	PLACE 2
	<input type="checkbox"/> Home <input type="checkbox"/> Friend's or Relative's Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Sitter's House <input type="checkbox"/> School <input type="checkbox"/> Daycare/Daycamp <input type="checkbox"/> Store <input type="checkbox"/> Other (Specify): _____	
	2. How did «NAME» travel there? (Check only ONE box)	
	<input type="checkbox"/> Household car, van, truck <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Someone else's car, van, truck <input type="checkbox"/> Walk <input type="checkbox"/> Other (Specify): _____	
3. Did «NAME» travel with other Household Members?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What time did «NAME» get to Place 2? <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO PLACE 3.

PLACE 3	1. What is the next place «NAME» went to? (Check only ONE box)	PLACE 3
	<input type="checkbox"/> Home <input type="checkbox"/> Friend's or Relative's Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Sitter's House <input type="checkbox"/> School <input type="checkbox"/> Daycare/Daycamp <input type="checkbox"/> Store <input type="checkbox"/> Other (Specify): _____	
	2. How did «NAME» travel there? (Check only ONE box)	
	<input type="checkbox"/> Household car, van, truck <input type="checkbox"/> School Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Someone else's car, van, truck <input type="checkbox"/> Walk <input type="checkbox"/> Other (Specify): _____	
3. Did «NAME» travel with other Household Members?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What time did «NAME» get to Place 3? <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

IF «NAME» WENT TO ANOTHER PLACE, CONTINUE TO PLACE 4.

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