

VEHICLE PAGE

- Please complete the information below for all registered vehicles, owned or used by members of this household, that were parked at or near this dwelling on the night before your Travel Day. This includes motorcycles and company cars
- This section can be left blank if there were no vehicles matching the above description.

Vehicle Number	1	2	3	4	5
Type of vehicle	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)
Make of vehicle (e.g. Toyota)					
Model of vehicle (e.g. Corolla)					
Year of manufacture					
Fuel type <i>Tick as many as apply</i>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>
Number of cylinders					
Who pays for the costs of running this vehicle? <i>Tick as many as apply</i>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>

NEXT STEP – FILLING OUT THE TRAVEL DAY DIARY

Who fills in a blue Travel Day Form?

Each resident in the household **aged 5 and over**.

What does the Person Number refer to?

The person who is numbered 1 on the orange Person Page should enter '1' as the Person Number on the Travel Diary. The person who is numbered 2 on the orange Person Page should enter '2' as the Person Number, and so on.

What if someone makes more than 10 stops on the Travel Day?

Please continue recording travel on a spare blue Travel Day Form, or in the 'additional travel' space near the back of the form.

Which travel should I record?

Blue Travel Day Forms are used to record **all travel made on a single day** by household members aged 5 and above. This Travel Day is:

What if I drive for a living?

(e.g. courier, truck driver, taxi driver, etc)

- If you are a 'professional driver', employed to transport people or goods, please fill in only your personal travel for your Travel Day. This includes travel to and from work.
- If you are **not** a 'professional driver' and sometimes travel for work (e.g. to go to and from meetings), please record any work trips that you make on your Travel Day.

If you have any questions or require assistance with the survey

- Please ring the Travel Survey Office on **1800 290 923** (free-call).
- Information about the survey is also available from the Department of State Growth's website: (www.transport.tas.gov.au/travelsurvey)

A Survey of Day-to-Day Travel



Conducted for the Department of State Growth by Ipsos

YOUR TRAVEL DAY IS:

Read this first

- Please fill in this Household Page first.
- Then... fill in the Person Page (on the inside of this form) for everyone who usually lives in this household, **including children under 5 years of age**.
- Then... fill in details about household vehicles on the Vehicle Page (on the back page of this form).
- Then... each person aged 5 and above should fill in a blue Travel Day Form for your Travel Day.

Note: A household refers to all people who usually live at this address. A household can be just one person.

IN CONFIDENCE

HOUSEHOLD PAGE

How many people **usually live** in this household, including yourself?

How many people, **including visitors**, stayed overnight in this household on the night before your travel day?

In what **type of dwelling** does this household live?

Separate House Terrace or Townhouse

Unit, Flat or Apartment Something else (please write in)

Is the dwelling **owned or rented** by any member of this household?

Fully Owned Being Purchased (e.g. on a mortgage) Occupied Rent-Free

Being Rented Something else (please write in)

How long has this household **lived at this address?** years months

How many **registered vehicles, owned or used by members of this household**, were parked at or near this dwelling on the night before your main Travel Day?

(Include any motorcycles and company cars in this count of household vehicles)

How many **bicycles** (in working condition) are kept in this household? adult bikes child bikes

Can you please provide a **contact phone number** for your household in case we need to confirm or clarify some of your answers.

Home Phone

Mobile

PLEASE TURN THE PAGE AND PROVIDE DETAILS OF THE PEOPLE IN YOUR HOUSEHOLD

PERSON PAGE

Please fill in for everyone who **usually** lives at this address, even if they are away on your Travel Day

	Oldest resident	Second person	Third person
	1	2	3
Person number Please record the Oldest resident as Person 1	First name	First name	First name
Month and year of birth	Month Year	Month Year	Month Year
Gender	Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Relationship to Person 1	This is Person 1 (The oldest resident)	Spouse/partner of person 1 <input type="checkbox"/> Child/stepchild of person 1 <input type="checkbox"/> Brother/sister of person 1 <input type="checkbox"/> Grandchild of person 1 <input type="checkbox"/> Other Relative of person 1 <input type="checkbox"/> Unrelated to person 1 <input type="checkbox"/> Something else (please write in)	Spouse/partner of person 1 <input type="checkbox"/> Child/stepchild of person 1 <input type="checkbox"/> Brother/sister of person 1 <input type="checkbox"/> Grandchild of person 1 <input type="checkbox"/> Other Relative of person 1 <input type="checkbox"/> Unrelated to person 1 <input type="checkbox"/> Something else (please write in)
Country of birth	Australia <input type="checkbox"/> Elsewhere (please write in)	Australia <input type="checkbox"/> Elsewhere (please write in)	Australia <input type="checkbox"/> Elsewhere (please write in)
Driver's Licence Does this person have a licence to drive a vehicle or ride a motorcycle? <i>Tick as many as apply</i>	No Licence <input type="checkbox"/> Car Licence – Full licence <input type="checkbox"/> – P1 probationary licence (Red) <input type="checkbox"/> – P2 probationary licence (Green) <input type="checkbox"/> – Learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/>	No Licence <input type="checkbox"/> Car Licence – Full licence <input type="checkbox"/> – P1 probationary licence (Red) <input type="checkbox"/> – P2 probationary licence (Green) <input type="checkbox"/> – Learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/>	No Licence <input type="checkbox"/> Car Licence – Full licence <input type="checkbox"/> – P1 probationary licence (Red) <input type="checkbox"/> – P2 probationary licence (Green) <input type="checkbox"/> – Learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/>
Current employment, study and other activities <i>Tick as many categories as apply to each person</i>	Current employment Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Casual work <input type="checkbox"/> Current study Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/> Other activities Not yet at primary school <input type="checkbox"/> Keeping house <input type="checkbox"/> Volunteer work <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in)	Current employment Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Casual work <input type="checkbox"/> Current study Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/> Other activities Not yet at primary school <input type="checkbox"/> Keeping house <input type="checkbox"/> Volunteer work <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in)	Current employment Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Casual work <input type="checkbox"/> Current study Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/> Other activities Not yet at primary school <input type="checkbox"/> Keeping house <input type="checkbox"/> Volunteer work <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in)

Employment details – to be completed by those currently employed, for the job in which they work the most hours

Type of employment	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>
Did this person work from home last week? <i>Please tick days worked from home</i>	No <input type="checkbox"/> Yes (please specify)	No <input type="checkbox"/> Yes (please specify)	No <input type="checkbox"/> Yes (please specify)
Occupation What kind of work does this person do?			
Industry In what type of business does this person work?			

	Fourth person	Fifth person	Sixth person
	4	5	6
Person number	First name	First name	First name
Month and year of birth	Month Year	Month Year	Month Year
Gender	Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
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Occupation What kind of work does this person do?			
Industry In what type of business does this person work?			

PLEASE TURN THE PAGE AND PROVIDE DETAILS OF ALL REGISTERED VEHICLES IN YOUR HOUSEHOLD