Parkmerced Travel Diary

Parkmerced is continually working to improve all forms of transportation at and around Parkmerced. To help us to better understand current travel patterns, and to better plan for the future, we are asking all Parkmerced residents to fill out the Travel Diary on the back of this page. Please return the form using the enclosed postage-paid envelope, fax to (415) 584-8096, or bring it to our October 2 meeting. To be eligible to win $100 check card, entries must be received by October 10, 2007.

How to Complete the Travel Diary

We would like you to fill out the Travel Diary on the back of this form with basic details about all your journeys on a weekday after you receive it.

1. Please select a day that is convenient and relatively typical for you. Enter that date on the reverse side or here: _____
2. Please fill in one row of the table for each journey you make on your chosen day. Include every journey, even short walking journeys.
3. Up to three members of a household can complete the form.
4. Review the example below to see how a typical day would be recorded.

NOTE: A journey is simply a one way trip - for example, from home to shop is one journey. If you stop on way, you should record two journeys ie home to school, school to work.

Travel Diary SAMPLE (Please complete Diary on the reverse side)

What is your employment status (check all that apply)**:**

Employed full time (30 hours or more per week)	X
Employed part time (less than 30 hours per week)	
Self employed	
Retired	
Long term sick or disabled	
Full time looking after home / family	
Full time student	
Part time student	
Unemployed	
Other (please write in)	

Enter to Win $100 Check Card!

Don't forget to provide your name, address and phone number with your completed Travel Diary to be entered to win a $100 check card.

Name:_____

Address: _____

Phone:_____

1. Departure Time	2. Journey Purpose	3. Destination	4. Primary Mode of Travel						
Please write in the **start time** for your journey	Please specify the **purpose of your trip** ie work, education, shopping, leisure, other (specify)	Please specify **name** / **cross street**	**Car Driver** (and number of passengers if applicable)	**Carpool** (and number of passengers)	**Dropped Off by Car** (dropped of at transit stop, by taxi, etc.)	**Transit** (specify mode)	**Walk**	**Bicycle**	**Other** (please specify mode)
Sample 7:45	Drop kid at school	Diane Feinstein School	x (2)						
8:00	Work	101 California	x						
10:30	Coffee	coffee cart					x		
10:45	Return to work						x		
12:30	Lunch	Boulevard (1 Mission)			Taxi cab				
1:15	Shopping	Book store (2nd / Market)				Muni 14 Bus			
1:30	Return to work						x		
5:30	Home		x (1)						
7:30	Movie	Daly City Century	x (3)						
9:30	Home		x (3)						

Household Member 1

What is your survey day?

_____ ,2007
Month Date

What is your employment status (check all that apply)**:**

Employed full time (30+ hours per week) ☐
Employed part time (less than 30 hours/week) ☐
Self employed ☐
Retired ☐
Long term sick or disabled ☐
Full time looking after home / family ☐
Full time student ☐
Part time student ☐
Unemployed ☐
Other (please write in) ☐

1. Departure Time	2. Journey Purpose	3. Destination	4. Primary Mode of Travel						
Please write in the **start time** for your journey	Please specify the **purpose of your trip** ie work, education, shopping, leisure, other (specify)	Please specify **name / cross street**	**Car Driver** (and number of passengers if applicable)	**Carpool** (and number of passengers)	**Dropped Off by Car** (dropped of at transit stop, by taxi, etc.)	**Transit** (specify mode)	**Walk**	**Bicycle**	**Other** (please specify mode)

Household Member 2

What is your employment status (check all that apply)**:**

Employed full time (30+ hours per week) ☐
Employed part time (less than 30 hours/week) ☐
Self employed ☐
Retired ☐
Long term sick or disabled ☐
Full time looking after home / family ☐
Full time student ☐
Part time student ☐
Unemployed ☐
Other (please write in) ☐

1. Departure Time	2. Journey Purpose	3. Destination	4. Primary Mode of Travel						
Please write in the **start time** for your journey	Please specify the **purpose of your trip** ie work, education, shopping, leisure, other (specify)	Please specify **name / cross street**	**Car Driver** (and number of passengers if applicable)	**Carpool** (and number of passengers)	**Dropped Off by Car** (dropped of at transit stop, by taxi, etc.)	**Transit** (specify mode)	**Walk**	**Bicycle**	**Other** (please specify mode)

Household Member 3

What is your employment status (check all that apply)**:**

Employed full time (30+ hours per week) ☐
Employed part time (less than 30 hours/week) ☐
Self employed ☐
Retired ☐
Long term sick or disabled ☐
Full time looking after home / family ☐
Full time student ☐
Part time student ☐
Unemployed ☐
Other (please write in) ☐

1. Departure Time	2. Journey Purpose	3. Destination	4. Primary Mode of Travel						
Please write in the **start time** for your journey	Please specify the **purpose of your trip** ie work, education, shopping, leisure, other (specify)	Please specify **name / cross street**	**Car Driver** (and number of passengers if applicable)	**Carpool** (and number of passengers)	**Dropped Off by Car** (dropped of at transit stop, by taxi, etc.)	**Transit** (specify mode)	**Walk**	**Bicycle**	**Other** (please specify mode)