



## I don't go anywhere much – are you still interested?

Some people think that, if all they did on a Travel Day was to walk across the road to buy a newspaper, this would not be important. In fact, this type of travel is just as important as a trip from one end of the country to the other.

So, whether

- you make a lot of trips
- you only leave the house once or twice
- or even if you don't go anywhere at all ... just record what actually happened on those days.

Every single respondent is important – old, young, car owner, non-car owner, those who walk, those who travel a lot, and those who never go anywhere at all.



## But today is an unusual day for me

It's not only what you usually do that's important. It's what actually happens. If you are a courier driver and usually drive all over the place, but on your Travel Day you have the day off, just write down what you actually did. Or, if you hardly ever go out, but your Travel Day is a special outing day, write that down. Every day in New Zealand lots of people are having 'unusual' days, and we need to include this in our survey.



## Who is conducting the survey?

The Ministry of Transport has commissioned Research International to carry out the survey on its behalf. This information gathered by the Research International interviewers will be used by the Ministry of Transport.



## How was I selected?

You personally were not selected. Rather, your address came out of a random sample of households selected from across New Zealand. People in both urban and rural areas are being surveyed.



## What about privacy?

The information we collect is used for statistical purposes only. Names are only used to help the interviewer make appointments and talk to you. No information from which any individual or household can be identified will be published as a result of this survey.



## Who can I contact about the survey?

You can ask your interviewer any questions you have, or you can phone Research International on 0800 473 732.

# travel survey



**Finding out about the travel activities  
of people in New Zealand**

Survey conducted by  
Research International on behalf  
of the Ministry of Transport



Ministry of **Transport**  
TE MANATŪ WAKA

RESEARCH INTERNATIONAL



## What is the survey about?

This survey is about collecting information regarding our day-to-day travel – how we travel, where we go, when, and so on. The results will give us a picture of the actual travel patterns of all types of people – information which is vital for developing road safety, roading, public transport, pedestrian and cycling policies.



## What information is collected?

We ask for information about the travel made by each person in your household on two chosen days. We call these your Travel Days. The questions we ask each of you are in three parts:

**Before your Travel Days** – you will have been sent a letter by the Ministry of Transport introducing the survey and inviting you to participate.

The letter tells you that an interviewer will visit you to explain the survey and invite you to take part by recording your travel. The letter will give you the name of that person. Your interviewer will ask brief questions about how many people make up the household and the vehicles you all have. They will provide each of you with a travel Memory Jogger and will make an appointment to return after your Travel Days.

**During your Travel Days** – we will ask you to record your travel on the Memory Jogger provided.

**After your Travel Days** – Your interviewer will return at an agreed time and ask you to describe your travel. He or she will also ask you about what you drank and some general background questions. Most people find this interesting .

This interview is all you will be required to do for the survey. Even though the Travel Survey is an on-going process, your address should not be selected again.



## What happens to my information?

The information you give us is added to other people's responses and used to make up a national or regional picture of travel in New Zealand. It is never linked back to you personally.

The information you provide about where, when and how you travel will be used to guide decisions which influence the way New Zealand's roads, cycleways and walkways are developed. It will help in developing our public transport networks, and will be used in developing road safety policy.

For more information on the survey, see [www.transport.govt.nz/ongoing-travel-survey-index/](http://www.transport.govt.nz/ongoing-travel-survey-index/)



## What difference will this make to me?

Because you and the other members of your household have given us information about the various ways you use our road network, we will be able to use it in our planning and design work to help reduce traffic congestion and prevent road accidents. This includes developing safe cycling and pedestrian networks and developing road safety policy.

**This will benefit everyone.**



## What if I drive for a living?

If you are a professional driver, that is someone who is employed to transport goods or people (like a courier, bus or taxi driver, or a truck driver), then you don't need to record the travel done as part of this job. **Please do** record your personal travel, including travel to and from work, and any travel you do as part of another job (such as going to meetings).

If you are not a 'professional driver', please record any travel you do as part of your work, including travelling between work sites, going to meetings and picking up equipment you use for your work.

## What's the survey all about?

The survey will provide essential information on the day-to-day travel of New Zealanders – how people travel, where they go, what times they travel at and so on. The survey results will provide a reliable picture of the actual travel patterns of all types of people – information which is vital to the effective development of future policies for road safety and public transport.

## What does 'Travel' really mean?

Many people in the survey may feel, for example, that just because all they did on a Travel Day was walk across the road to buy a newspaper, that this information would not be important. In fact, this type of person is just as important to the survey as someone who crosses the country.

So, on your Travel Days, it doesn't matter whether

- you make lots of trips
- you only leave the house once or twice
- or, even if you don't go anywhere at all.

Please just record what actually happened on those days.

## What about privacy?

All information obtained through the survey will be treated in the strictest confidence and will be used for statistical purposes only. Your individual responses will be treated in strict confidence and will not be identified in any published results.

## Who can I contact about the survey?

If you have any questions or problems, please don't hesitate to ask your Interviewer or contact the Research International office on 0800 473 732.

If you would like more information about what the survey is used for, see the Travel Survey information on the Ministry of Transport website at [www.transport.govt.nz/ongoing-travel-survey-index/](http://www.transport.govt.nz/ongoing-travel-survey-index/).

## Travel Survey Memory Jogger

\_\_\_\_\_ (First Name)

Please fill this in for

\_\_\_\_\_ (First Travel Day)

and

\_\_\_\_\_ (Second Travel Day)

Appointment for call back: Date: .....

Time: .....

### Sample form:

Where	When	
I began the day at... <i>Home</i>		I left at... <i>7.30am</i>
I went to... <i>Dairy, 28 Smith St, Karori</i>	I arrived at... <i>7.35am</i>	I left at... <i>7.38am</i>
Then I went to... <i>Bus stop Cnr Smith/ Byer St Karori</i>	I arrived at... <i>7.45am</i>	I left at... <i>7.55am</i>

Please note down **exact addresses** including street number or nearest intersecting street.

**First travel day:**

Where	When	
I began the day at...		I left at...
I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...

**Second travel day:**

Where	When	
I began the day at...		I left at...
I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...
Then I went to...	I arrived at...	I left at...

## What's the survey all about?

The survey will provide essential information on the day-to-day travel of New Zealanders – how people travel, where they go, what times they travel at and so on. The survey results will provide a reliable picture of the actual travel patterns of all types of people – information which is vital to the effective development of future policies for road safety and public transport.

## What does 'Travel' really mean?

Many people in the survey may feel, for example, that just because all they did on a *Travel Day* was walk across the road to buy a newspaper, that this information would not be important. In fact, this type of person is just as important to the survey as someone who crosses the country.

So, on your *Travel Days*, it doesn't matter whether

- you make lots of trips
- you only leave the house once or twice
- or, even if you don't go anywhere at all.

Please just record what actually happened on those days.

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# Travel Survey Memory Jogger Professional Driver version

\_\_\_\_\_ (First Name)

Please fill this in for

\_\_\_\_\_ and \_\_\_\_\_  
(First Travel Day) (Second Travel Day)

Appointment for call back:	Date: .....
	Time: .....

### Sample form:

Where	When	
I began the day at..... <i>Home</i>		I left at... <i>7.30am</i>
I went to..... <i>Dairy, 28 Smith St, Karori</i>	I arrived at... <i>7.35am</i>	I left at... <i>7.38am</i>

Please note down **exact addresses** including street number or nearest intersecting street.

You **do not need** to record travel you do in your job as a professional driver.

Please **do record**:

- All travel to and from work
- All travel as part of other jobs, like going to meetings or travelling between work sites
- All other travel (eg shopping, visiting friends)



Response report — pre-contact	
	<i>Tick</i>
Full response of all 'in survey' people	1 <input type="checkbox"/>

Sample loss:	
All persons in household 'out of survey'	2 <input type="checkbox"/>
Vacant dwelling	3 <input type="checkbox"/>
Dwelling under construction	4 <input type="checkbox"/>
Non-dwelling/Vacant lot/Commercial property	5 <input type="checkbox"/>
Derelict dwelling	6 <input type="checkbox"/>
Dwelling demolished	7 <input type="checkbox"/>
Hotel/motel/rest home or other institution	8 <input type="checkbox"/>

No pre-contact:	
	<i>Tick</i>
No contact with household	9 <input type="checkbox"/>
Refused pre-contact	10 <input type="checkbox"/>
No pre-contact (full non-response) due to	
Language problems	11 <input type="checkbox"/>
Death/illness in household	12 <input type="checkbox"/>

Post-travel interviews incomplete	13 <input type="checkbox"/>
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Response report — post-travel interview	Number
Number of 'in survey' people in household	<input type="text"/>
Number post-travel interviews completed	<input type="text"/>

Refusal report

Comments

**Form 1 Household Form**

Workload number	<input type="text"/> <input type="text"/> <input type="text"/>
Travel dates: Day 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Scheduled interviewer no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Actual interviewer no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Summary of calls made to household				
Before Travel		After Travel		
	Date	Time	Date	Time
1				
2				
3				
4				
5				
6				
7				
8				

Appointments for interview

Observe	
Home structure type	
Separate house	1 <input type="checkbox"/>
2 flats or houses joined together	2 <input type="checkbox"/>
3 or more flats or houses joined together	3 <input type="checkbox"/>
Flat or house attached to a business or shop	4 <input type="checkbox"/>
Retirement village	5 <input type="checkbox"/>
Bach, crib or hut (not a work camp)	6 <input type="checkbox"/>
Caravan, cabin or tent	7 <input type="checkbox"/>
Non private dwelling (hostel, motel etc)	8 <input type="checkbox"/> Do not survey

Observe	
Controlled entry system	
No system	0 <input type="checkbox"/>
Residence with locked gates	1 <input type="checkbox"/>
Apartment block with entry phone	2 <input type="checkbox"/>
Gated community	3 <input type="checkbox"/>
Retirement village with security entry	4 <input type="checkbox"/>
Other (specify)	9 <input type="checkbox"/>

Comments

Good morning, I'm \_\_\_\_\_ from Research International.  
 This is my identification card. The Ministry of Transport has sent you a letter saying I'd be calling.

1. Could you please tell me who usually lives here, including any visitors staying. Starting with you...  
*In survey if in New Zealand on at least one travel day and permanently live at this address or guest staying until interview day.*

Only fill in g + h if using paper Person Form

Person Number	(a) First name/ identifier	(b) Relationship to person 1	(c) Gender	(d) What is your/ _____'s date of birth? <i>If reluctant ask (e)</i>			(e) Do you mind telling me how old you are [roughly?]		(f) In survey? In 1 = HH member 2 = Visitor (surveyed) Out 3 = Visitor (gone by interview day) 4 = Out of NZ on both travel days 5 = HH member moved out before TD1	(g) Post – travel interview completed? 1 = Yes 2 = No 3 = Partial	(h) Reason not completed 1 = Refused 2 = Non-contact 3 = Language difficulties 4 = Death/illness in HH
				M/F	Day	Month	Year	Age			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

Observe

2. Household type

Person living alone	1	<input type="checkbox"/>
Married/de facto couple only	2	<input type="checkbox"/>
Other adults only (eg flatmates)	3	<input type="checkbox"/>
Family (including extended) with children	4	<input type="checkbox"/>
Family with adults only	5	<input type="checkbox"/>
Single adult living with children	7	<input type="checkbox"/>
Family with child(ren) plus flatmates/boarders	10	<input type="checkbox"/>
Other (specify)	8	<input type="checkbox"/>

3. How many bicycles in working order are kept at this household?

*(Include children's bicycles but not tricycles)*

Number of bicycles

4a. Could you give me a list of all vehicles used by your household and usually parked here overnight, whether private or company-owned?

Nil vehicles in household (Go to 4b)

(a) Vehicle Number	(b) Make	(c) Model	(d) Year	(e) Body type 1 = Car/SW 2 = Van/Ute/PVan 3 = SUV/4WD type 4 = Truck 5 = Taxi 6 = Motorbike 7 = Other (specify) Num Write in if other	(f) Engine size/ CCs	(g) Fuel 1 = Petrol 2 = Diesel 3 = LPG/CNG 4 = Dual fuel 5 = Electric 6 = Other (specify) Num Write in if other	(h) Who owns the vehicle? 1 = HH member 2 = Company owned or leased 3 = Rental 5 = Non household member 4 = Other (specify) Num Write in if other
1							
2							
3							
4							
5							
6							
<i>If using paper Person Form, record non-household vehicle details below</i>							
A							
B							
C							

4b. Prompt: Does this include all vehicles used on the road — trucks, vans, motor bikes or motorscooters, tractors...?

5. Appointments

a. Each household in the survey has been assigned two travel days.

Your household's days are \_\_\_\_\_ and \_\_\_\_\_.

b. Is anyone in the household a professional driver? By this I mean someone who is employed to transport goods or people, like couriers, bus and taxi drivers and truck drivers.

Yes   
 No  Go to 5c

*If YES: Who is that?* \_\_\_\_\_  
 (Named person) does not need to record the travel done as part of this job. They still need to record all travel to and from this job and their personal travel, and any travel they do as part of another job (such as going to meetings).

*(Label Professional Driver Memory Jogger with appropriate household member's name and point out instructions).*

c. Are you/Is anyone in the household likely to make more than 10 trips on either of those days?

*(Leave extra memory joggers as required).*

*Make appointments for all post-travel interviews. Record on front page.*

d. If the need arises, may we phone you?

Yes  Phone number \_\_\_\_\_  
 No



## NEW ZEALAND TRAVEL SURVEY

FORM 2 — PERSON FORM

Interview Date \_\_\_\_\_

--- In Confidence ---

Sample No.	<input type="text"/>	Person No.	<input type="text"/>	Person name	<input type="text"/>
Person <input type="checkbox"/> 1	(Go to Q1)	Child 0–9	<input type="checkbox"/>	Translator used	<input type="checkbox"/>
Proxy <input type="checkbox"/> 2	Reason for proxy:	Speech	<input type="checkbox"/>	Insufficient comprehension	<input type="checkbox"/>
		Hearing	<input type="checkbox"/>	Long-term illness	<input type="checkbox"/>

### INTRODUCTION

**Today I'll be asking about your travel on (first travel day) and (second travel day).**

**I also have a few questions about alcohol and some background questions.**

**Please keep your memory jogger, and use it when we get to the travel questions, to help you recall your trips. Here are some show cards I'll refer to as we go.**

<p>1. <b>Looking at card A, please could you tell me which of these activities apply to you/ _____ at the moment.</b> <i>(Show card A)</i> <i>(Respondent may choose more than one)</i></p>	<p>Not yet at school..... <input type="checkbox"/> 1</p> <p><b>Student – Full-time</b>..... <input type="checkbox"/> 2</p> <p style="padding-left: 20px;">– <b>Part-time</b> ..... <input type="checkbox"/> 3</p> <p><b>Work – Full-time</b>..... <input type="checkbox"/> 4</p> <p style="padding-left: 20px;">– <b>Part-time</b> ..... <input type="checkbox"/> 5</p> <p style="padding-left: 20px;">– <b>Casual</b>..... <input type="checkbox"/> 6</p> <p><b>Looking for work/unemployed</b>..... <input type="checkbox"/> 7</p> <p><b>Looking after home and family</b>..... <input type="checkbox"/> 8</p> <p><b>Retired</b> ..... <input type="checkbox"/> 9</p> <p><b>Other beneficiary</b> ..... <input type="checkbox"/> A</p> <p>Other (<i>specify</i>) _____ _____ <input type="checkbox"/> B</p>
<p>2. <b>SEQUENCE GUIDE:</b> • If student (Codes 2 or 3 in Q. 1), go to Q. 3. • Otherwise go to Q. 4.</p>	
<p>3. <b>What school or educational institution do you/does _____ attend?</b></p>	<p>Name _____</p> <p>Street No. <input style="width: 100px;" type="text"/></p> <p>Street _____</p> <p>Suburb _____</p> <p>Town/City _____</p>
<p>OR Home schooled <input type="checkbox"/> 001</p>	

4. **SEQUENCE GUIDE:** • If worker (Codes 4, 5 or 6 in Q. 1), go to Q. 5a.  
 • Otherwise go to Q. 10.

5a. **Do you have more than one paid job?** Yes.....  1  
 No .....  2

5b. **(In any of your jobs) Do you work as a professional driver transporting goods or people?** Yes.....  1  
 No .....  2

6. **I would now like to ask you about the job in which you usually work the most hours.**

7. **What kind of work do you do (in your main job)?** \_\_\_\_\_

8. **Now looking at card B, (in your main job) do you work .....**

- For an employer for wages or salary?.....**  1
- In your own business**
- With employees?.....**  2
- Without employees?.....**  3
- Without pay in a family business?.....**  4
- Other .....**  5

9. **And could I have the exact address where you work (in this job)?**

Identification \_\_\_\_\_  
 Street No.   
 Street \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 Town/City \_\_\_\_\_

OR Home .....  001  
 OR No fixed place of work .....  999

# TRAVEL DAY 1

SECTION B: TRAVEL DAY 1

First Travel Date

--	--	--	--	--	--

<p>10. <b>Now I'd like to ask about your travel. This card explains what we mean by travel</b> (Show Card C). That is, any time you left your property, say to go for a walk, buy your lunch, drive somewhere. First, thinking about your/ _____'s travel from 4 o'clock (First Day) morning till 4 o'clock (Second Day) morning.</p>	
<p>11. <b>Do you have your/ _____'s memory jogger handy?</b></p>	<p>Yes (standard memory jogger) ..... <input type="checkbox"/> 1</p> <p>Yes (Professional driver memory jogger) ..... <input type="checkbox"/> 3</p> <p>No ..... <input type="checkbox"/> 2</p>
<p>12. <b>Did you/ _____ go anywhere at all on (First Day)?</b> Remember this includes even walking down the street to buy some milk or bread...</p>	<p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p>
<p>14. <b>Where did you/ _____ start the day on (First Day)?</b></p>	<p>Home (Go to Q.16)..... <input type="checkbox"/> 1</p> <p>Work – Main Job (Go to Q. 16) ..... <input type="checkbox"/> 2</p> <p>Work – Other Job ..... <input type="checkbox"/> 3</p> <p>Social/Recreation ..... <input type="checkbox"/> 4</p> <p>Hospital/Medical ..... <input type="checkbox"/> 5</p> <p>Other _____ <input type="checkbox"/> 6</p>
<p>15. <b>And please could I have the address?</b></p>	<p>Identification _____</p> <p>Street No. <input style="width: 100px;" type="text"/></p> <p>Street _____</p> <p>Suburb _____</p> <p>Town/City _____</p>
<p>16. <b>SEQUENCE GUIDE:</b></p> <ul style="list-style-type: none"> <li>• If traveller (Code 1 in Q. 12), go to Q. 17.</li> <li>• If non-traveller (Code 2 in Q. 12), go to Q. 18.</li> </ul>	

17.

Stop No. <input type="text"/>	<b>When did you/ _____ leave?</b> <div style="text-align:right; font-size:small;">Next Day</div> A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>	<b>D. What did you/ _____ do there?</b> Home..... <input type="checkbox"/> 1 Work Main Job..... <input type="checkbox"/> 2 Other Job..... <input type="checkbox"/> 3 Empl. Bus..... <input type="checkbox"/> 4 Education..... <input type="checkbox"/> 5 Shopping ..... <input type="checkbox"/> 6 Social Welfare..... <input type="checkbox"/> 7 Pers. Bus/ Services ..... <input type="checkbox"/> 8 Medical/ Dental..... <input type="checkbox"/> 9 Social visits/ entertainment ... <input type="checkbox"/> 10 Recreation ..... <input type="checkbox"/> 11 Change Mode... <input type="checkbox"/> 12 Accompanied someone..... <input type="checkbox"/> 13 Left country..... <input type="checkbox"/> 14 Other _____	<b>E. How did you/ _____ get there?</b> Veh. Driver Veh. Number..... <input type="checkbox"/> 1 Veh. Passenger Veh. Number..... <input type="checkbox"/> 2 Bicycle ..... <input type="checkbox"/> 3 Train ..... <input type="checkbox"/> 4 Bus ..... <input type="checkbox"/> 5 Ferry ..... <input type="checkbox"/> 6 Plane ..... <input type="checkbox"/> 7 Taxi passenger..... <input type="checkbox"/> 8 Other _____ <input type="checkbox"/> 9 _____ <input type="checkbox"/> 10 _____ <input type="checkbox"/> 0	<b>F. About how far was it from _____ to _____?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="checkbox"/> metres													
	<b>B. What did you/ _____ do next?</b> <b>Did you/ _____ make any stops on the way?</b> Off road <input type="checkbox"/> Destination Address _____ Identification _____ Street No. <input type="text"/> Street name _____ _____ Suburb _____ _____ Town/City _____ _____ _____ C. When did you/ _____ get there? <div style="text-align:right; font-size:small;">Next Day</div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>				<b>G. If 10 km or more What route did you take?</b> Quickest <input type="checkbox"/> OR Street number <input type="text"/> Street name _____ Suburb _____ Town/City _____ <b>H. If driver How many people were there in the vehicle including yourself?.....</b> <input type="checkbox"/> Passengers <table border="1" style="width:100%; border-collapse: collapse; font-size:small;"> <thead> <tr> <th style="width:10%;">Person Number</th> <th style="width:50%;">Name</th> <th style="width:10%;">Sex</th> <th style="width:10%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <b>I. If driver Where did you/ _____ park?</b> Not parked..... <input type="checkbox"/> 1 Off Street: Resident's Property..... <input type="checkbox"/> 2 Private (eg business premises) ..... <input type="checkbox"/> 3 Public..... <input type="checkbox"/> 4 On Street: Time limit..... <input type="checkbox"/> 5 No time limit..... <input type="checkbox"/> 6 Other (specify)..... <input type="checkbox"/> 7 <span style="float:right; font-size:small;">Go to next stop</span>	Person Number	Name	Sex	Age								
Person Number	Name	Sex	Age														
J. If passenger <b>Who was the driver?</b> HH Driver Num <input type="text"/> OR Other: Name _____ Sex _____ Age _____ <span style="float:right; font-size:small;">Go to next stop</span>		M. If taxi passenger <b>Did you use a Total Mobility scheme voucher?</b> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2		K. <b>How many roads did you cross?</b> <input type="text"/> <input type="text"/>													

Stop No. <input type="text"/>	<b>When did you/ _____ leave?</b> <div style="text-align:right; font-size:small;">Next Day</div> A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>	<b>D. What did you/ _____ do there?</b> Home..... <input type="checkbox"/> 1 Work Main Job..... <input type="checkbox"/> 2 Other Job..... <input type="checkbox"/> 3 Empl. Bus..... <input type="checkbox"/> 4 Education..... <input type="checkbox"/> 5 Shopping ..... <input type="checkbox"/> 6 Social Welfare..... <input type="checkbox"/> 7 Pers. Bus/ Services ..... <input type="checkbox"/> 8 Medical/ Dental..... <input type="checkbox"/> 9 Social visits/ entertainment ... <input type="checkbox"/> 10 Recreation ..... <input type="checkbox"/> 11 Change Mode... <input type="checkbox"/> 12 Accompanied someone..... <input type="checkbox"/> 13 Left country..... <input type="checkbox"/> 14 Other _____	<b>E. How did you/ _____ get there?</b> Veh. Driver Veh. Number..... <input type="checkbox"/> 1 Veh. Passenger Veh. Number..... <input type="checkbox"/> 2 Bicycle ..... <input type="checkbox"/> 3 Train ..... <input type="checkbox"/> 4 Bus ..... <input type="checkbox"/> 5 Ferry ..... <input type="checkbox"/> 6 Plane ..... <input type="checkbox"/> 7 Taxi passenger..... <input type="checkbox"/> 8 Other _____ <input type="checkbox"/> 9 _____ <input type="checkbox"/> 10 _____ <input type="checkbox"/> 0	<b>F. About how far was it from _____ to _____?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="checkbox"/> metres													
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				<b>M. If taxi passenger Did you use a Total Mobility scheme voucher?</b> Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2																
				<b>K. How many roads did you cross?</b> <input type="text"/> <input type="text"/>																

17.

Stop No. <input type="text"/>	<b>When did you/ _____ leave?</b> Next Day A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>	<b>D. What did you/ _____ do there?</b> Home..... <input type="checkbox"/> 1 Work Main Job..... <input type="checkbox"/> 2 Other Job..... <input type="checkbox"/> 3 Empl. Bus..... <input type="checkbox"/> 4 Education..... <input type="checkbox"/> 5 Shopping ..... <input type="checkbox"/> 6 Social Welfare..... <input type="checkbox"/> 7 Pers. Bus/ Services ..... <input type="checkbox"/> 8 Medical/ Dental..... <input type="checkbox"/> 9 Social visits/ entertainment ... <input type="checkbox"/> 10 Recreation ..... <input type="checkbox"/> 11 Change Mode... <input type="checkbox"/> 12 Accompanied someone..... <input type="checkbox"/> 13 Left country..... <input type="checkbox"/> 14 Other _____	<b>E. How did you/ _____ get there?</b> Veh. Driver Veh. Number..... <input type="checkbox"/> 1 Veh. Passenger Veh. Number..... <input type="checkbox"/> 2 Bicycle ..... <input type="checkbox"/> 3 Train ..... <input type="checkbox"/> 4 Bus ..... <input type="checkbox"/> 5 Ferry ..... <input type="checkbox"/> 6 Plane ..... <input type="checkbox"/> 7 Taxi passenger..... <input type="checkbox"/> 8 Other _____ <input type="checkbox"/> 9 _____ <input type="checkbox"/> 10 _____ <input type="checkbox"/> 0	<b>F. About how far was it from _____ to _____?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="checkbox"/> metres <input type="checkbox"/>																
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				<b>K. How many roads did you cross?</b> <input type="text"/> <input type="text"/>																



17. Stop No.

**When did you/ \_\_\_\_\_ leave?**      Next Day

**A.**

**B. What did you/ \_\_\_\_\_ do next?**

**Did you/ \_\_\_\_\_ make any stops on the way?**

Off road

Destination Address \_\_\_\_\_

Identification \_\_\_\_\_

Street No.

Street name \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_

**C. When did you/ \_\_\_\_\_ get there?**      Next Day

**D. What did you/ \_\_\_\_\_ do there?**

Home.....  1

Work

Main Job.....  2

Other Job.....  3

Empl. Bus.....  4

Education.....  5

Shopping.....  6

Social Welfare.....  7

Pers. Bus/ Services.....  8

Medical/ Dental.....  9

Social visits/ entertainment...  10

Recreation.....  11

Change Mode...  12

Accompanied someone.....  13

Left country.....  14

Other.....

**E. How did you/ \_\_\_\_\_ get there?**

Veh. Driver Veh. Number.....  1

Veh. Passenger Veh. Number.....  2

Bicycle.....  3

Train.....  4

Bus.....  5

Ferry.....  6

Plane.....  7

Taxi passenger.....  8

Other.....  9

Mobility scooter.....  10

Walk/Run.....  0

**F. About how far was it from \_\_\_\_\_ to \_\_\_\_\_?**      km  metres

**G. If 10 km or more What route did you take?** Quickest  OR Street number

Street name \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_

**H. If driver How many people were there in the vehicle including yourself?.....**

Passengers

Person Number	Name	Sex	Age

**I. If driver Where did you/ \_\_\_\_\_ park?**

Not parked.....  1

Off Street:

Resident's Property.....  2

Private (eg business premises).....  3

Public.....  4

On Street:

Time limit.....  5

No time limit.....  6

Other (specify).....  7 Go to next stop

**J. If passenger Who was the driver?**

HH Driver Num  OR

Other: Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Go to next stop

**M. If taxi passenger Did you use a Total Mobility scheme voucher?** Yes  1 No  2

**K. How many roads did you cross?**

Stop No.

**When did you/ \_\_\_\_\_ leave?**      Next Day

**A.**

**B. What did you/ \_\_\_\_\_ do next?**

**Did you/ \_\_\_\_\_ make any stops on the way?**

Off road

Destination Address \_\_\_\_\_

Identification \_\_\_\_\_

Street No.

Street name \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_

**C. When did you/ \_\_\_\_\_ get there?**      Next Day

**D. What did you/ \_\_\_\_\_ do there?**

Home.....  1

Work

Main Job.....  2

Other Job.....  3

Empl. Bus.....  4

Education.....  5

Shopping.....  6

Social Welfare.....  7

Pers. Bus/ Services.....  8

Medical/ Dental.....  9

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Other.....

**E. How did you/ \_\_\_\_\_ get there?**

Veh. Driver Veh. Number.....  1

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Ferry.....  6

Plane.....  7

Taxi passenger.....  8

Other.....  9

Mobility scooter.....  10

Walk/Run.....  0

**F. About how far was it from \_\_\_\_\_ to \_\_\_\_\_?**      km  metres

**G. If 10 km or more What route did you take?** Quickest  OR Street number

Street name \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_

**H. If driver How many people were there in the vehicle including yourself?.....**

Passengers

Person Number	Name	Sex	Age

**I. If driver Where did you/ \_\_\_\_\_ park?**

Not parked.....  1

Off Street:

Resident's Property.....  2

Private (eg business premises).....  3

Public.....  4

On Street:

Time limit.....  5

No time limit.....  6

Other (specify).....  7 Go to next stop

**J. If passenger Who was the driver?**

HH Driver Num  OR

Other: Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Go to next stop

**M. If taxi passenger Did you use a Total Mobility scheme voucher?** Yes  1 No  2

**K. How many roads did you cross?**

17.

Stop No.  A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Next Day	<b>When did you/ _____ leave?</b>	<b>D. What did you/ _____ do there?</b>	<b>E. How did you/ _____ get there?</b>	<b>F. About how far was it from _____ to _____?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="checkbox"/> metres															
	<b>B. What did you/ _____ do next?</b> <b>Did you/ _____ make any stops on the way?</b>	Home..... <input type="checkbox"/> 1	Veh. Driver <input type="checkbox"/> 1 Veh. Number.....	<b>G. If 10 km or more What route did you take?</b> Quickest <input type="checkbox"/> OR Street number <input type="text"/>															
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	Destination Address _____	Empl. Bus..... <input type="checkbox"/> 4	Bicycle ..... <input type="checkbox"/> 3	<b>H. If driver How many people were there in the vehicle including yourself?.....</b> <input type="checkbox"/>															
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	Change Mode... <input type="checkbox"/> 12	Walk/Run ..... <input type="checkbox"/> 0	<b>K. How many roads did you cross?</b> <input type="text"/> <input type="text"/>																
	Accompanied someone..... <input type="checkbox"/> 13																		
	Left country..... <input type="checkbox"/> 14																		
	Other _____																		

Stop No.  A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Next Day	<b>When did you/ _____ leave?</b>	<b>D. What did you/ _____ do there?</b>	<b>E. How did you/ _____ get there?</b>	<b>F. About how far was it from _____ to _____?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="checkbox"/> metres															
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	Accompanied someone..... <input type="checkbox"/> 13																		
	Left country..... <input type="checkbox"/> 14																		
	Other _____																		

# TRAVEL DAY 2

SECTION C: TRAVEL DAY 2

Second Travel Date

--	--	--	--	--	--

<p>18. <b>Now, thinking about your/ _____'s travel from 4 o'clock (Second Day) morning till 4 o'clock (Next Day) morning.</b></p>	
<p>19. <b>Do you have a memory jogger for this day?</b></p>	<p>Yes (standard memory jogger) ..... <input type="checkbox"/> 1</p> <p>Yes (Professional driver memory jogger) ..... <input type="checkbox"/> 3</p> <p>No ..... <input type="checkbox"/> 2</p>
<p>20. <b>Did you/ _____ go anywhere at all on (Second Day)? Remember this includes even walking down the street to buy some milk or bread ...</b></p>	<p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p>
<p>22. <b>Where did you/ _____ start the day on (Second Day)?</b></p>	<p>Home (Go to Q. 24)..... <input type="checkbox"/> 1</p> <p>Work – Main Job (Go to Q. 24) ..... <input type="checkbox"/> 2</p> <p>Work – Other Job ..... <input type="checkbox"/> 3</p> <p>Social/Recreation ..... <input type="checkbox"/> 4</p> <p>Hospital/Medical ..... <input type="checkbox"/> 5</p> <p>Other ..... <input type="checkbox"/> 6</p>
<p>23. <b>And could I have the address?</b></p>	<p>Identification _____</p> <p>Street No. <input style="width: 80px;" type="text"/></p> <p>Street _____</p> <p>Suburb _____</p> <p>Town/City _____</p>
<p>24. <b>SEQUENCE GUIDE:</b></p> <ul style="list-style-type: none"> <li>• If traveller (Code 1 in Q. 20), go to Q. 25.</li> <li>• If non-traveller (Code 2 in Q. 20), go to Q. 26.</li> </ul>	

25.

Stop No. <input type="text"/>	<b>When did you/ _____ leave?</b> Next Day A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>	<b>D. What did you/ _____ do there?</b> Home..... <input type="checkbox"/> 1 Work Main Job..... <input type="checkbox"/> 2 Other Job..... <input type="checkbox"/> 3 Empl. Bus..... <input type="checkbox"/> 4 Education..... <input type="checkbox"/> 5 Shopping ..... <input type="checkbox"/> 6 Social Welfare..... <input type="checkbox"/> 7 Pers. Bus/ Services ..... <input type="checkbox"/> 8 Medical/ Dental..... <input type="checkbox"/> 9 Social visits/ entertainment ... <input type="checkbox"/> 10 Recreation ..... <input type="checkbox"/> 11 Change Mode... <input type="checkbox"/> 12 Accompanied someone..... <input type="checkbox"/> 13 Left country..... <input type="checkbox"/> 14 Other _____	<b>E. How did you/ _____ get there?</b> Veh. Driver Veh. Number..... <input type="checkbox"/> 1 Veh. Passenger Veh. Number..... <input type="checkbox"/> 2 Bicycle ..... <input type="checkbox"/> 3 Train ..... <input type="checkbox"/> 4 Bus ..... <input type="checkbox"/> 5 Ferry ..... <input type="checkbox"/> 6 Plane ..... <input type="checkbox"/> 7 Taxi passenger..... <input type="checkbox"/> 8 Other _____ <input type="checkbox"/> 9 _____ <input type="checkbox"/> 10 Mobility scooter ..... <input type="checkbox"/> 10 Walk/Run ..... <input type="checkbox"/> 0	<b>F. About how far was it from _____ to _____?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="checkbox"/> metres <input type="checkbox"/>																
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ALCOHOL

SEQUENCE GUIDE: • If 15 years or older go to Q. 26.  
• Otherwise go to Q. 78a.

26. Thank you. Now I have some questions about drinking alcohol — beer, wine, spirits, RTDs or any alcoholic drinks.

Thinking about the day before your first travel day, that is \_\_\_\_\_ . Did you drink any alcohol at all after 6 pm on this day? This includes at home, while visiting, or anywhere else, like work, a club, pub or café.

Yes.....  1  
No .....  2

27. And did you drink any alcohol at all on (First Travel Day)? Anywhere at all?

Yes.....  1  
No .....  2

28. Did you drink any alcohol at all on (Second Travel Day)? Anywhere at all?

Yes.....  1  
No .....  2

29. SEQUENCE GUIDE: • If yes to Q26, go to Q. 26a.  
• Otherwise go to box 30.

So, thinking about (Day before First Travel Day \_\_\_\_\_ ) again,

26a. Between when and when did you have those drinks? Prompt: Any other times (at home?) (Record all times)

Start  
 Finish  
(24 hour clock) hh:mm

Next day   
Next day

26b. And from card D, whereabouts did you have this drink/these drinks? (Show card D)

Code   
OR Some-where else  10

26c. Now turn the page to the photos. From these photos, how many of each of these did you have? (Show photos)

No.	Type
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

26d. (Check back with respondent to clarify, specifying amounts.)  
**So let me check I've got that right, that was...** (read back answers, eg 2 glasses of sherry and 4 cans of beer)

30. SEQUENCE GUIDE: • If drank on TD 1 (Yes to Q. 27), go to Q. 27a.  
• Otherwise go to box 31.

<p>27a. <b>And thinking now about</b> (<i>First Travel Day</i>), <b>between when and when did you have the drinks?</b> <i>Prompt: Any other times (at home?) (Record all times)</i></p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Start    Next day <input type="checkbox"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Finish    Next day <input type="checkbox"/>  <small>(24 hour clock) hh:mm</small> </p>	<p>27b. <b>And from card D, whereabouts did you have this drink/these drinks?</b> (<i>Show card D</i>)</p> <p>Code <input type="text"/>  OR Somewhere else <input type="text"/> 10</p>	<p>27c. <b>From these photos, how many of each of these did you have?</b> (<i>Show photos</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">No.</th> <th style="width: 25%;">Type</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		No.	Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>27d. (<i>Check back with respondent to clarify, specifying amounts.</i>)  <b>So let me check I've got that right, that was...</b> (<i>read back answers, eg 2 glasses of sherry and 4 cans of beer</i>)</p>																							

31. *SEQUENCE GUIDE:* • *If drank on TD 2 (Yes to Q. 28), go to Q. 28a.*  
• *Otherwise go to Q. 78a.*

<p>28a. <b>And on</b> (<i>Second Travel Day</i>), <b>between when and when did you have the drinks?</b> <i>Prompt: Any other times (at home?) (Record all times)</i></p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Start    Next day <input type="checkbox"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Finish    Next day <input type="checkbox"/>  <small>(24 hour clock) hh:mm</small> </p>	<p>28b. <b>And from card D, whereabouts did you have this drink/these drinks?</b> (<i>Show card D</i>)</p> <p>Code <input type="text"/>  OR Somewhere else <input type="text"/> 10</p>	<p>28c. <b>From these photos, how many of each of these did you have?</b> (<i>Show photos</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">No.</th> <th style="width: 25%;">Type</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		No.	Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CYCLING

78a. **And now, just a few final questions.**  
**In the last 12 months, that is since \_\_\_\_\_ last year, have you ridden a bicycle at all?**

Yes.....  1  
 No (*Go to Q.79a*).....  2

78b. **Thinking about just the last four weeks, how often have you ridden a bike?** (*Show card E*)

Not at all this month.....  A  
 On 1–4 days this month.....  B  
 On 5–9 days this month.....  C  
 On 10–19 days this month.....  D  
 On 20 days or more this month.....  E

PUBLIC TRANSPORT

79a. **And in the last 12 months, have you used public transport to travel in your local area at all? By public transport I mean public buses, trains and ferries that anyone can use to travel in your local area.**

Yes.....  1  
 No (*Go to Q.79c*).....  2

79b. **Thinking about just the last four weeks, how often have you used public transport to travel in your local area?** (*Show card E*)

(*Read if questioned: We are not asking about school buses, long-distance bus or train journeys over one and a half hours long, or interisland ferries.*)

Not at all this month.....  A  
 On 1–4 days this month.....  B  
 On 5–9 days this month.....  C  
 On 10–19 days this month.....  D  
 On 20 days or more this month.....  E

79c. **SEQUENCE GUIDE:** • If UNDER 15 YEARS, go to Q. 84.  
 • Otherwise go to Q. 80.

KILOMETRES DRIVEN

80. **Looking at the broad categories on card F: In your life so far, could you estimate how many kilometres you have done as the driver of any motor vehicle – a car, motorbike, truck or any other vehicle?** (*Show card F*)  
 (*Read if questioned: Anywhere in the world.*)

Never Driven (*Go to Q. 83*).....  A  
 Less than 2,000 km .....  B  
 2,001–20,000 km .....  C  
 20,001–200,000 km .....  D  
 More than 200,000 km .....  E  
 Don't know .....  F

81. **Now looking at card G. In the last 12 months, that is since \_\_\_\_\_ last year, how many kilometres have you driven:**  
 (*Read if questioned: Anywhere in the world.*)

**In a car, van, truck or bus, as a driver**  OR **Don't know**  Z  
 (*Show card G*)

**And on card H: On a motorbike as a rider** .....  OR **Don't know**  Z  
 (*Show card H*)

82. Do you currently hold a licence to drive ...

<b>A car</b>		Yes <input type="checkbox"/> 1	→	<b>Is it full</b>	<input type="checkbox"/> 1	<b>How long have you had a car licence?</b>
	No <input type="checkbox"/> 2			<b>restricted</b>	<input type="checkbox"/> 2	<i>Read if questioned: How long have you been licensed to drive without a supervisor in any country?</i>
				<b>or learner's</b>	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months <i>(If less than 3 years)</i>
						<i>(Do not read: Disqualified <input type="checkbox"/> 1)</i>
<b>A motorbike</b>		Yes <input type="checkbox"/> 1	→	<b>Is it full</b>	<input type="checkbox"/> 1	<b>How long have you had a motorbike licence?</b>
	No <input type="checkbox"/> 2			<b>restricted</b>	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months <i>(If less than 3 years)</i>
				<b>or learner's</b>	<input type="checkbox"/> 3	
<b>A truck</b>		Yes <input type="checkbox"/> 1	→	<b>Is it full</b>	<input type="checkbox"/> 1	<b>How long have you had a truck licence?</b>
	No <input type="checkbox"/> 2			<b>or learner's</b>	<input type="checkbox"/> 3	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months <i>(If less than 3 years)</i>

DEMOGRAPHIC INFORMATION

83. *(If 16 years or older)* Do you have a husband/wife or partner who you live with?

Yes  1  
 No  2  
 Object to state  3

84. *(All ages)* Looking at card J, which of these ethnic groups do you belong to?  
*(Show card J)*

Code: .....     
 Other (specify) \_\_\_\_\_  12  
 Object to state .....  13

SEQUENCE GUIDE: • If UNDER 16 YEARS, end interview and thank respondent  
 • Otherwise go to Q. 85.

85. *(If 16 years or older)* And from card K, which of these categories best represents your personal income before deductions like tax and superannuation?  
*(Show card K)*

Code: .....   
 Don't know .....  X  
 Object to state .....  Z

85a. END OF INTERVIEW. THANK RESPONDENT.

86. Post travel interview completed?

Yes  1  
 No  2  
 Partial  3 } Go to Q. 87

87. Reason not completed

Refusal  1  
 Non-contact  2  
 Language problems  3  
 Death/illness/disability  4







# **Household Travel Survey Show Cards**

*Version D April 2008*

## Card A

**Which of these activities apply to you at the moment? (You may choose more than one).**

Child not yet at school .....	1
Student- Full time .....	2
- Part time .....	3
Worker - Full time .....	4
- Part time .....	5
- Casual.....	6
Looking for work/ unemployed.....	7
Looking after home and family.....	8
Retired .....	9
Other beneficiary .....	A
Something else?	

## Card B

**In your main job, do you work:**

For an employer for wages or salary .....	1
In your own business with employees .....	2
In your own business without employees .....	3
Without pay in a family business .....	4
Something else? .....	5

## Card C

By **travel** we mean  
any time you left your property, home, school,  
workplace etc.

For example:

- To go for a walk
- To drive somewhere
- To buy your lunch
- To catch a bus, plane, ferry or train
- Any other time you left your house or workplace

## Card D

**Whereabouts did you have this drink (or drinks)?**

In your own home .....	1
In someone else's home.....	2
At a hotel, bar or tavern .....	3
At a sports club.....	4
At a nightclub.....	5
At another type of club.....	6
At a restaurant, café or coffee shop .....	7
At work, or a workplace .....	8
At a sports event or outdoors like a beach or park .....	9
Somewhere else?	

*[insert alcohol show cards as facing pages, backing on to  
Card D]*

## Card E

Not at all this month.....	A
On 1 – 4 days this month .....	B
On 5 – 9 days this month .....	C
On 10 – 19 days this month .....	D
On 20 days or more this month .....	E

## Card F

**Looking at these broad categories, in your life so far, could you estimate how many kilometres you have driven in any vehicle?**

Never driven .....	A
Less than 2000 km .....	B
2001 – 20 000 km.....	C
20 001 – 200 000 km.....	D
More than 200 000 km .....	E



## Card G

**In the last 12 months, how many kilometres have you driven in a car, van, truck or bus?**

Under 100 km .....	A
100 – 2000 km .....	B
2000 – 5000 km .....	C
5000 – 10 000 km .....	D
10 000 – 15 000 km .....	E
15 000 – 20 000 km .....	F
20 000 – 30 000 km .....	G
30 000 – 50 000 km .....	H
50 000 – 100 000 km .....	J
100 000 km or more.....	K

## Card H: Motorbike riders

**And in the last 12 months, how many kilometres have you driven on a motorbike as the rider?**

Under 100 km .....	A
100 – 1000 km .....	B
1000 – 2000 km .....	C
2000 – 3000 km .....	D
3000 – 5000 km .....	E
5000 – 10 000 km .....	F
10 000 km or more.....	G

## Card J

**Which of these ethnic groups do you belong to?  
(You may choose one, two or more ethnic groups)**

Maori .....	1
NZ European .....	2
Other European descent .....	3
Samoan / NZ Samoan.....	4
Cook Island / NZ Cook Island.....	5
Tongan / NZ Tongan .....	6
Niuean / NZ Niuean.....	7
Other Pacific.....	8
Chinese / NZ Chinese .....	9
Indian or Pakistani / NZ Indian, NZ Pakistani .....	10
Other South East Asian.....	11
Something else?.....	12

## Card K

**Which of these categories best represents your personal income before tax?**

<i>Per week</i>	<i>Per year</i>	
\$1 - \$192	\$1 – \$10,000	M
\$193 - \$288	\$10,001 - \$15,000	N
\$289 - \$385	\$15,001 - \$20,000	P
\$386 - \$577	\$20,001 - \$30,000	R
\$578 - \$769	\$30,001 - \$40,000	S
\$770 - \$962	\$40,001 - \$50,000	T
\$963 - \$1150	\$50,001 - \$60,000	J
\$1151 - \$1346	\$60,001 - \$70,000	K
\$1347 - \$1923	\$70,001 - \$100,000	W
Over \$1923	over \$100,000	Q
No income		L