**A Survey of Day-to-Day Travel**Conducted for the Department of Transport by Ipsos Social Research Institute

**YOUR MAIN TRAVEL DAY IS:**

**Read this first**

1. Please fill in this Household Page first.

2. 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**.

3. Then... fill in details about household vehicles on the Vehicle Page (on the back page of this form).

4. Then... each person aged 5 and over should fill in a blue Travel Day Form for your main Travel Day.

5. If you have been given a GPS device as part of the survey remember to **carry this everywhere on your main Travel Day**, as well as the day before and day after your main Travel Day.

**Note:**

– A household refers to all people who usually live at this address.

– A household can be just one person.

– Questions about your ‘dwelling’ relate to the address where the survey was sent (not a holiday house or other property).

**IN CONFIDENCE**

For more information about the survey, or if you wish to complete the survey over the phone, you can call the Travel Survey Team on **1800 816 337** (free call).

**HOUSEHOLD PAGE**

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

In total, how many people (including visitors) stayed at this dwelling on the **night before** your main 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 (For example, on a mortgage)
* Occupied Rent-Free
* Being Rented
* Something else (please write in)

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?

* Number of adult bikes
* Number of 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 - Person number 1**

Please record the **Oldest resident** as Person 1.

First name:

Month and year of birth:

* Month
* Year

What is their sex?

* Male
* Female
* Another term

Relationship to Person 1:

This is person 1 (The oldest resident)

Country of birth:

* Australia
* Elsewhere (please write in)

Driver’s Licence:

Does this person have a licence to drive a vehicle or ride a motorcycle? *Tick as many as apply.*

* No Licence
* Car Licence:
  + Full licence
  + P1 probationary licence *(Red)*
  + P2 probationary licence *(Green)*
  + Learner’s permit
* Motorcycle Licence
* Other Licence

Currentemployment, study and other activities:

*Tick as many categories as apply to each person.*

Please note:

* *‘Current employment’ refers to paid work, or unpaid work in a family business*
* *- ‘Full-time work’ is 35 hours or more per week*
* *- ‘Part-time work’ is less than 35 hours per week*

Current employment:

* Full-time work
* Part-time work
* Casual work

Current study:

* Primary school
* Secondary school
* Full-time University/TAFE
* Part-time University/TAFE
* Something else (For example, language school)

Other activities:

* Not yet at primary school
* Keeping house
* Volunteer work
* Currently unemployed
* Retired
* 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
* Self-employed *(not employing others)*
* An employer of other people
* Unpaid work in family business

Did this person work from home **last week**?

*Please tick days worked from home.*

* No
* Yes (please specify):
  + Monday
  + Tuesday
  + Wednesday
  + Thursday
  + Friday
  + Saturday
  + Sunday

Occupation

What kind of work does this person do?

Industry

In what type of business does this person work?

**Second person - Person number 2**

First name:

Month and year of birth:

* Month
* Year

What is their sex?

* Male
* Female
* Another term

Relationship to Person 1:

* Spouse/partner of person 1
* Child/stepchild of person 1
* Brother/sister of person 1
* Grandchild of person 1
* Other Relative of person 1
* Unrelated to person 1
* Something else (please write in)

Country of birth:

* Australia
* Elsewhere (please write in)

Driver’s Licence:

Does this person have a licence to drive a vehicle or ride a motorcycle? *Tick as many as apply.*

* No Licence
* Car Licence:
  + Full licence
  + P1 probationary licence *(Red)*
  + P2 probationary licence *(Green)*
  + Learner’s permit
* Motorcycle Licence
* Other Licence

Currentemployment, study and other activities:

*Tick as many categories as apply to each person.*

Please note:

* *‘Current employment’ refers to paid work, or unpaid work in a family business*
* *- ‘Full-time work’ is 35 hours or more per week*
* *- ‘Part-time work’ is less than 35 hours per week*

Current employment:

* Full-time work
* Part-time work
* Casual work

Current study:

* Primary school
* Secondary school
* Full-time University/TAFE
* Part-time University/TAFE
* Something else (For example, language school)

Other activities:

* Not yet at primary school
* Keeping house
* Volunteer work
* Currently unemployed
* Retired
* 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
* Self-employed *(not employing others)*
* An employer of other people
* Unpaid work in family business

Did this person work from home **last week**?

*Please tick days worked from home.*

* No
* Yes (please specify):
  + Monday
  + Tuesday
  + Wednesday
  + Thursday
  + Friday
  + Saturday
  + Sunday

Occupation

What kind of work does this person do?

Industry

In what type of business does this person work?

**Third person - Person number 3**

First name:

Month and year of birth:

* Month
* Year

What is their sex?

* Male
* Female
* Another term

Relationship to Person 1:

* Spouse/partner of person 1
* Child/stepchild of person 1
* Brother/sister of person 1
* Grandchild of person 1
* Other Relative of person 1
* Unrelated to person 1
* Something else (please write in)

Country of birth:

* Australia
* Elsewhere (please write in)

Driver’s Licence:

Does this person have a licence to drive a vehicle or ride a motorcycle? *Tick as many as apply.*

* No Licence
* Car Licence:
  + Full licence
  + P1 probationary licence *(Red)*
  + P2 probationary licence *(Green)*
  + Learner’s permit
* Motorcycle Licence
* Other Licence

Currentemployment, study and other activities:

*Tick as many categories as apply to each person.*

Please note:

* *‘Current employment’ refers to paid work, or unpaid work in a family business*
* *- ‘Full-time work’ is 35 hours or more per week*
* *- ‘Part-time work’ is less than 35 hours per week*

Current employment:

* Full-time work
* Part-time work
* Casual work

Current study:

* Primary school
* Secondary school
* Full-time University/TAFE
* Part-time University/TAFE
* Something else (For example, language school)

Other activities:

* Not yet at primary school
* Keeping house
* Volunteer work
* Currently unemployed
* Retired
* 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
* Self-employed *(not employing others)*
* An employer of other people
* Unpaid work in family business

Did this person work from home **last week**?

*Please tick days worked from home.*

* No
* Yes (please specify):
  + Monday
  + Tuesday
  + Wednesday
  + Thursday
  + Friday
  + Saturday
  + Sunday

Occupation

What kind of work does this person do?

Industry

In what type of business does this person work?

**Fourth person - Person number 4**

First name:

Month and year of birth:

* Month
* Year

What is their sex?

* Male
* Female
* Another term

Relationship to Person 1:

* Spouse/partner of person 1
* Child/stepchild of person 1
* Brother/sister of person 1
* Grandchild of person 1
* Other Relative of person 1
* Unrelated to person 1
* Something else (please write in)

Country of birth:

* Australia
* Elsewhere (please write in)

Driver’s Licence:

Does this person have a licence to drive a vehicle or ride a motorcycle? *Tick as many as apply.*

* No Licence
* Car Licence:
  + Full licence
  + P1 probationary licence *(Red)*
  + P2 probationary licence *(Green)*
  + Learner’s permit
* Motorcycle Licence
* Other Licence

Currentemployment, study and other activities:

*Tick as many categories as apply to each person.*

Please note:

* *‘Current employment’ refers to paid work, or unpaid work in a family business*
* *- ‘Full-time work’ is 35 hours or more per week*
* *- ‘Part-time work’ is less than 35 hours per week*

Current employment:

* Full-time work
* Part-time work
* Casual work

Current study:

* Primary school
* Secondary school
* Full-time University/TAFE
* Part-time University/TAFE
* Something else (For example, language school)

Other activities:

* Not yet at primary school
* Keeping house
* Volunteer work
* Currently unemployed
* Retired
* 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
* Self-employed *(not employing others)*
* An employer of other people
* Unpaid work in family business

Did this person work from home **last week**?

*Please tick days worked from home.*

* No
* Yes (please specify):
  + Monday
  + Tuesday
  + Wednesday
  + Thursday
  + Friday
  + Saturday
  + Sunday

Occupation

What kind of work does this person do?

Industry

In what type of business does this person work?

**Fifth person - Person number 5**

First name:

Month and year of birth:

* Month
* Year

What is their sex?

* Male
* Female
* Another term

Relationship to Person 1:

* Spouse/partner of person 1
* Child/stepchild of person 1
* Brother/sister of person 1
* Grandchild of person 1
* Other Relative of person 1
* Unrelated to person 1
* Something else (please write in)

Country of birth:

* Australia
* Elsewhere (please write in)

Driver’s Licence:

Does this person have a licence to drive a vehicle or ride a motorcycle? *Tick as many as apply.*

* No Licence
* Car Licence:
  + Full licence
  + P1 probationary licence *(Red)*
  + P2 probationary licence *(Green)*
  + Learner’s permit
* Motorcycle Licence
* Other Licence

Currentemployment, study and other activities:

*Tick as many categories as apply to each person.*

Please note:

* *‘Current employment’ refers to paid work, or unpaid work in a family business*
* *- ‘Full-time work’ is 35 hours or more per week*
* *- ‘Part-time work’ is less than 35 hours per week*

Current employment:

* Full-time work
* Part-time work
* Casual work

Current study:

* Primary school
* Secondary school
* Full-time University/TAFE
* Part-time University/TAFE
* Something else (For example, language school)

Other activities:

* Not yet at primary school
* Keeping house
* Volunteer work
* Currently unemployed
* Retired
* 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
* Self-employed *(not employing others)*
* An employer of other people
* Unpaid work in family business

Did this person work from home **last week**?

*Please tick days worked from home.*

* No
* Yes (please specify):
  + Monday
  + Tuesday
  + Wednesday
  + Thursday
  + Friday
  + Saturday
  + Sunday

Occupation

What kind of work does this person do?

Industry

In what type of business does this person work?

**Sixth person - Person number 6**

First name:

Month and year of birth:

* Month
* Year

What is their sex?

* Male
* Female
* Another term

Relationship to Person 1:

* Spouse/partner of person 1
* Child/stepchild of person 1
* Brother/sister of person 1
* Grandchild of person 1
* Other Relative of person 1
* Unrelated to person 1
* Something else (please write in)

Country of birth:

* Australia
* Elsewhere (please write in)

Driver’s Licence:

Does this person have a licence to drive a vehicle or ride a motorcycle? *Tick as many as apply.*

* No Licence
* Car Licence:
  + Full licence
  + P1 probationary licence *(Red)*
  + P2 probationary licence *(Green)*
  + Learner’s permit
* Motorcycle Licence
* Other Licence

Currentemployment, study and other activities:

*Tick as many categories as apply to each person.*

Please note:

* *‘Current employment’ refers to paid work, or unpaid work in a family business*
* *- ‘Full-time work’ is 35 hours or more per week*
* *- ‘Part-time work’ is less than 35 hours per week*

Current employment:

* Full-time work
* Part-time work
* Casual work

Current study:

* Primary school
* Secondary school
* Full-time University/TAFE
* Part-time University/TAFE
* Something else (For example, language school)

Other activities:

* Not yet at primary school
* Keeping house
* Volunteer work
* Currently unemployed
* Retired
* 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
* Self-employed *(not employing others)*
* An employer of other people
* Unpaid work in family business

Did this person work from home **last week**?

*Please tick days worked from home.*

* No
* Yes (please specify):
  + Monday
  + Tuesday
  + Wednesday
  + Thursday
  + Friday
  + Saturday
  + Sunday

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.

**VEHICLE PAGE**

* Please complete the information below for **all household vehicles parked at or near your dwelling** on the night before your main Travel Day.
* Household vehicles are the registered vehicles **owned or used by members of your household (**including motorcycles and company cars).
* *This section can be left blank if there were no household vehicles parked at or near your dwelling.*

**Vehicle number 1**

Type of vehicle:

* Passenger car / van
* 4WD/SUV
* Ute
* Goods van
* Truck
* Motorcycle / Scooter
* Other vehicle type (please write in)

Make of vehicle:

(For example, Toyota. Please write in)

Model of vehicle:

(For example, Corolla. Please write in)

Year of manufacture:

Fuel type:

Tick all that apply.

* Petrol
* Diesel
* LPG
* Electric
* Hybrid

Who pays for the costs of running this vehicle?

Tick all that apply.

* Privately paid
* Work/employer paid

**Vehicle number 2**

Type of vehicle:

* Passenger car / van
* 4WD/SUV
* Ute
* Goods van
* Truck
* Motorcycle / Scooter
* Other vehicle type (please write in)

Make of vehicle:

(For example, Toyota. Please write in)

Model of vehicle:

(For example, Corolla. Please write in)

Year of manufacture:

Fuel type:

Tick all that apply.

* Petrol
* Diesel
* LPG
* Electric
* Hybrid

Who pays for the costs of running this vehicle?

Tick all that apply.

* Privately paid
* Work/employer paid

**Vehicle number 3**

Type of vehicle:

* Passenger car / van
* 4WD/SUV
* Ute
* Goods van
* Truck
* Motorcycle / Scooter
* Other vehicle type (please write in)

Make of vehicle:

(For example, Toyota. Please write in)

Model of vehicle:

(For example, Corolla. Please write in)

Year of manufacture:

Fuel type:

Tick all that apply.

* Petrol
* Diesel
* LPG
* Electric
* Hybrid

Who pays for the costs of running this vehicle?

Tick all that apply.

* Privately paid
* Work/employer paid

**Vehicle number 4**

Type of vehicle:

* Passenger car / van
* 4WD/SUV
* Ute
* Goods van
* Truck
* Motorcycle / Scooter
* Other vehicle type (please write in)

Make of vehicle:

(For example, Toyota. Please write in)

Model of vehicle:

(For example, Corolla. Please write in)

Year of manufacture:

Fuel type:

Tick all that apply.

* Petrol
* Diesel
* LPG
* Electric
* Hybrid

Who pays for the costs of running this vehicle?

Tick all that apply.

* Privately paid
* Work/employer paid

**Vehicle number 5**

Type of vehicle:

* Passenger car / van
* 4WD/SUV
* Ute
* Goods van
* Truck
* Motorcycle / Scooter
* Other vehicle type (please write in)

Make of vehicle:

(For example, Toyota. Please write in)

Model of vehicle:

(For example, Corolla. Please write in)

Year of manufacture:

Fuel type:

Tick all that apply.

* Petrol
* Diesel
* LPG
* Electric
* Hybrid

Who pays for the costs of running this vehicle?

Tick all that apply.

* Privately paid
* Work/employer paid

**NEXT STEP – FILLING OUT THE BLUE TRAVEL DAY FORMS**

**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 blue Travel Day Form. 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 trips on the Travel Day?**

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

**Which travel should I record?**

Blue Travel Day Forms are used to record **all travel made on your main Travel Day**. The main Travel Day for your household is:

**What if I drive for a living? (For example, 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.

**When do I carry my GPS?**

*If you have been given a GPS unit*, you should carry it everywhere during your main Travel Day. You should also carry it on the day before and the day after your main Travel Day.

**If you have any questions or require assistance with the survey.**

Please ring the Travel Survey Office on **1800 816 337** (free-call). Information about the survey is also available from the Department of Transport’s website (transport.vic.gov.au/vista).