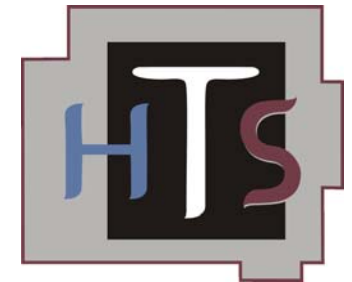


Household#: _____

Questions: Call 1-888-801-5368

WAMPO INDIVIDUAL TRAVEL DIARY

W A M P O
Wichita Area Metropolitan Planning Organization



1. Your Travel Date: _____ Monday Tuesday Wednesday Thursday
2. What is your age? _____
3. Your gender? Male Female
4. Your race? (1) American Indian/Alaskan Native (2) Asian (3) Black/African American (4) Native Hawaiian/Pacific Islander
(5) White/Caucasian (6) Other _____
5. Are you of Hispanic, Latino, or other Spanish heritage? YES NO
6. Do you have a physical or mental disability that causes you to be dependent on others for transportation? YES NO
7. Are you a student? YES NO
8. Are you employed? YES NO

Answer Questions 9-17 only if YOU are currently employed

9. Which of the following BEST describes the type of industry in which you work? (circle one)
(01) Agriculture, forestry, hunting, or mining (06) Transportation, warehousing, utilities (11) Professional Services, Scientific Services, Technical Services
(02) Arts, entertainment, recreation, accommodation, food services (07) Construction (12) Education, health, social services
(03) Manufacturing (08) Finance, insurance, real estate, rental/leasing (13) Retail trade
(04) Other services (09) Wholesale trade (14) Other - please describe: _____
(05) Public administration (10) Information
10. What is the name and exact address of your primary place of employment?
Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____
11. Are you employed full or part time? Full-time Part-time
12. Are you self-employed? YES NO
13. Do you hold more than one job? YES NO
14. How many hours do you work per week? (include hours worked at all jobs) _____
15. Do you regularly work AT HOME for your employer? YES NO
- 15a. [If yes to #14] Did you work at home today? YES NO
16. Are you required to drive a commercial vehicle as part of your job? YES NO
17. On average, how much do you pay PER DAY to park at your primary place of employment (if NONE write "0")? \$_____ per day

Where were you at 2:00 am today? Street Address: _____

START HERE

City: _____ State: _____ Zip: _____

Type of Place (e.g., Your Home, Other Person's Home, Work, Hotel, Store): _____

Trip #	WHERE did this trip END?	TYPE OF PLACE (circle one)	PURPOSE of Trip (Circle one)	TIME (to the nearest minute)	MODE of travel (Circle one)	NUMBER IN VEHICLE (include yourself)
#1 The First Place I Went	Name or Description of Place Address (or nearest intersection) include suffix (St., Ave., lane, etc.) City _____ State _____ Zip (if known) _____	01 Your Home 02 Your Workplace <u>Other destinations</u> 03 Store/Retail 04 Restaurant 05 School/Daycare 06 Hospital/Doctor 07 Recreation Place 08 Bank/other office 09 Residential 10 Place of Worship 11 College/University 12 Hotel 13 Bus stop 14 Airport 15 Other: _____	01 Return Home 02 Work/Work Related 03 Shopping Retail (clothing store, mall, etc.) 04 Shopping for Food (grocery store) 05 Personal Business (post office, bank, etc.) 06 Attend School/School Related/Daycare 07 Eat Meal (restaurant/drive thru, take-out) 08 Pick up/Drop off passenger, child 09 Medical Appointment/Doctor visit 10 Social/Civic/Religious 11 Recreation/Entertainment/Health-Fitness Club 12 Change Vehicle Type (car to bus; car to plane) 13 Accompanied another person to their activity 99 Other: _____	<i>What time did this trip START?</i> Time: _____ Circle one: _____ AM PM <i>What time did this trip END?</i> Time: _____ Circle one: _____ AM PM	01 Drove privately-owned car/pickup/SUV 02 Drove a commercial vehicle with 4 tires 03 Drove a commercial vehicle with 6+ tires 04 Was a passenger in a car/truck/SUV 05 Bicycle 06 School bus 07 Public bus: which route? _____ fare? _____ 08 Walked 09 Taxi 10 Motorcycle 11 Other: _____ <i>If you parked a car and then walked to this destination, how far did you walk from the place you parked?</i> _____ blocks (if less than 1 block write "0")	Number in vehicle _____ Did you pay to park? YES NO How much? \$ _____
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#8 The Next Place I Went	_____ Name or Description of Place _____ Address (or nearest intersection) include suffix (St., Ave., lane, etc.) _____ City _____ State _____ _____ Zip (if known)	01 Your Home 02 Your Workplace <u>Other destinations</u> 03 Store/Retail 04 Restaurant 05 School/Daycare 06 Hospital/Doctor 07 Recreation Place 08 Bank/other office 09 Residential 10 Place of Worship 11 College/University 12 Hotel 13 Bus stop 14 Airport 15 Other: _____	01 Return Home 02 Work/Work Related 03 Shopping Retail (clothing store, mall, etc.) 04 Shopping for Food (grocery store) 05 Personal Business (post office, bank, etc.) 06 Attend School/School Related/Daycare 07 Eat Meal (restaurant/drive thru, take-out) 08 Pick up/Drop off passenger, child 09 Medical Appointment/Doctor visit 10 Social/Civic/Religious 11 Recreation/Entertainment/Health-Fitness Club 12 Change Vehicle Type (car to bus; car to plane) 13 Accompanied another person to their activity 99 Other: _____	<i>What time did this trip START?</i> Time: _____ Circle one: _____ AM PM <i>What time did this trip END?</i> Time: _____ Circle one: _____ AM PM	01 Drove privately-owned car/pickup/SUV 02 Drove a commercial vehicle with 4 tires 03 Drove a commercial vehicle with 6+ tires 04 Was a passenger in a car/truck/SUV 05 Bicycle 06 School bus 07 Public bus: which route? _____ fare? _____ 08 Walked 09 Taxi 10 Motorcycle 11 Other: _____ <i>If you parked a car and then walked to this destination, how far did you walk from the place you parked?</i> _____ blocks (if less than 1 block write "0")	Number in vehicle _____ Did you pay to park? YES NO How much? \$ _____
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