

Commuting and health in Cambridge

Household travel diary 2010

About this travel diary

This booklet has two parts.

Part 1 asks for basic details of all the members of your household and all the cars and vans belonging to your household. By 'household' we mean all the adults and children who have your accommodation as their only or main residence, and who either share at least one meal a day with you or share the living accommodation (living room or sitting room) with you. Visitors do not count as members of your household.

Part 2 asks you to record a diary of all the journeys the members of your household make over the course of a week.

YOUR ANSWERS WILL BE TREATED AS STRICTLY CONFIDENTIAL

How to complete the diary

You can fill in Part 1 at any time prior to starting the travel diary.

Please start filling in Part 2 on the date given in the letter in your survey pack and try to keep it up to date each day. You may prefer to carry the diary with you and note down your journeys as you go along, or you may prefer to fill in the diary each evening while the day's activities are fresh in your memory. Please do not wait until the end of the week to fill it in.

Please read the notes on page 5 before you start filling in the diary. The diary is laid out one day at a time. For each day (numbered 1 to 7), we have given you one page for each member of the household (labelled A to F). You can choose to fill in the diary for each member of the household yourself, to ask them to fill in their own pages, or to do it together. You are welcome to involve children in filling in the diary, but please make sure that all entries are clearly written in blue or black pen and are accurate to the best of your knowledge.

We are interested in all modes of transport: walking and cycling as well as cars and public transport. Use a new line for each journey (e.g. to go to work, to go home). From column F onwards use a new line for each mode of transport you used for each stage of your journey (e.g. car, train, bus, walking).

Even if you live on your own, you can still complete the household travel diary.

If there are more than six people in your household, we can supply extra pages for your travel diary. Please contact us as soon as possible if this is the case.

If you are not sure what to do, if you are unable to start the diary on the date given in your letter, or if you have any other problems with the diary, please do not hesitate to contact the study office by email at commutingstudy@mrc-epid.cam.ac.uk or by telephone on 0800 917 3319. We know that diaries like this can be confusing, so we are keen to help you if you have any questions or problems.

THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY

Part 1
About your household

1 Please list the members of your household

Each day of the travel diary includes a separate page for up to six members of the household. Please list all the members of your household in the table below. We have given you an example in the first row. This will enable us to work out which person is which in the travel diary.

When you come to fill in the travel diary, please make sure that the same person uses the same code letter (A to F) every day.

Code number	First name*	Male or female	Age in years
<i>Example</i>			
A	John	Male	35
A			
B			
C			
D			
E			
F			

*We do not need to know the names of the people. This column is included just for your convenience, for example to help you remember that John should be filling in the diary pages labelled A. You do not have to tell us the names if you do not want to.

2 Please list the cars and vans used by members of your household

Please tell us about the cars and vans used by members of your household. This may include company cars and vans, or vehicles belonging to other people that you use regularly (for example if someone gives you a lift to work or takes your children to school).

For each vehicle, if you know the VED (road tax) band, you can just enter that. If you do not know the VED (road tax) band, please enter the fuel type, engine size and age of the vehicle. If you are not sure about these (for example if the vehicle belongs to someone else), please enter your best estimates. We have given you an example in the first row.

When you come to fill in the travel diary, you need to write down which motor vehicle was used for each journey. You should use the code number from this table to identify each vehicle.

Code number	Vehicle name*	Road tax (VED) band if known (A to M)	Fuel type	Engine size	Age in years
<i>Example</i>					
1	Toyota	C	<input checked="" type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid or other	<input checked="" type="checkbox"/> Less than 1.4 litres <input type="checkbox"/> 1.4 to 2.0 litres <input type="checkbox"/> More than 2.0 litres	3
1			<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid or other	<input type="checkbox"/> Less than 1.4 litres <input type="checkbox"/> 1.4 to 2.0 litres <input type="checkbox"/> More than 2.0 litres	
2			<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid or other	<input type="checkbox"/> Less than 1.4 litres <input type="checkbox"/> 1.4 to 2.0 litres <input type="checkbox"/> More than 2.0 litres	
3			<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid or other	<input type="checkbox"/> Less than 1.4 litres <input type="checkbox"/> 1.4 to 2.0 litres <input type="checkbox"/> More than 2.0 litres	
4			<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid or other	<input type="checkbox"/> Less than 1.4 litres <input type="checkbox"/> 1.4 to 2.0 litres <input type="checkbox"/> More than 2.0 litres	
5			<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid or other	<input type="checkbox"/> Less than 1.4 litres <input type="checkbox"/> 1.4 to 2.0 litres <input type="checkbox"/> More than 2.0 litres	
6			<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid or other	<input type="checkbox"/> Less than 1.4 litres <input type="checkbox"/> 1.4 to 2.0 litres <input type="checkbox"/> More than 2.0 litres	

*We do not need to know the exact make or model of the vehicle. This column is included just for your convenience, for example to help you remember that 'Vehicle 1' refers to your Toyota. You can use this column to describe the vehicles in whatever way is most helpful to you, e.g. 'Toyota', 'estate', 'red car', etc. You do not have to enter anything in this column if you do not want to.

DAY: 1

EXAMPLE

Household Member: A Please circle the day of the week: **Mon** Tue Wed Thu Fri Sat Sun Date 08 March 2010

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if you used a CAR or other MOTOR VEHICLE for any part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1	Go to work	Time: 8.00 [✓] am [] pm	Time: 8.23 [✓] am [] pm	[✓] Home	[] Home Cambridge City Centre	1	Car	3.5	16	2	1	[✓] D [] P
						2	Park & Ride Bus	3	15	2	[] D [] P	
						3	Walk	1	17	1	[] D [] P	
2	Go home	Time: 4.30 [] am [✓] pm	Time: 4.55 [] am [✓] pm	[] Home Cambridge City Centre	[✓] Home	1	Walk	1	16	1	[] D [] P	
						2	Park & Ride Bus	3	15	1	[] D [] P	
						3	Car	3.5	16	1	1	[✓] D [] P
3	Food shopping	Time: 7.30 [] am [✓] pm	Time: 7.42 [] am [✓] pm	[✓] Home	[] Home Tesco, Bar Hill	1	Car	5	12	1	1	[✓] D [] P
						2						[] D [] P
						3						[] D [] P
4	Go home	Time: 8.45 [] am [✓] pm	Time: 8.58 [] am [✓] pm	[] Home Tesco, Bar Hill	[✓] Home	1	Car	5	13	1	1	[✓] D [] P
						2						[] D [] P
						3						[] D [] P
5		Time: [] am [] pm	Time: [] am [] pm	[] Home	[] Home	1						[] D [] P
						2						[] D [] P
						3						[] D [] P
6		Time: [] am [] pm	Time: [] am [] pm	[] Home	[] Home	1						[] D [] P
						2						[] D [] P
						3						[] D [] P

If you made more than six journeys on this day please use the extra space towards the back of the booklet

Notes

A. What was the purpose of your journey? Please give a simple description such as 'go to work', 'take children to school' or 'go home'. If you went shopping please note whether it was 'food shopping' or 'other shopping'.

B and C. What time did you leave (arrive)? Write in hours and minutes (e.g. 9:15). Please tick am or pm to show the time of day.

D and E. Where did you start your journey (go to)? Please write down the name of the place where your journey started and finished. If this was a large town or city give the name of the area. If you went to a shopping centre or visitor attraction please tell us its name. Please be as precise as possible. If your journey started or finished at home, you only need to tick 'Home'.

F. What mode of transport did you use for each stage of your journey? Use a different line for the mode of transport you used for each stage of your journey (e.g. car, train, bus, bike). For example, if you drove to a Park & Ride site, caught a bus and then walked to your final destination, please tell us about the car, bus and walking stages.

G. How far did you travel in miles? Please give us the distance you travelled in miles, separately for each stage of your journey.

H. How long did you spend travelling? Please note the amount of time you spent travelling, separately for each stage of your journey. Do not include any time you spent waiting for public transport.

I. How many people travelled including you? Please write in the number of people, including yourself, who set out together. Only include people who were with you for at least half the distance of your journey.

J. Which car or other motor vehicle did you use? Please tell us the code number (e.g. '1') of the vehicle if it is listed in the table at the front of this booklet. If you travelled in a vehicle not listed in the table, please tell us that (e.g. 'Friend's car').

K. Were you the driver (D) or a passenger (P)? Please tick 'D' if you were the driver or 'P' if you were a passenger in the vehicle.

DAY: 1

Household Member: A Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 1

Household Member: B Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 1

Household Member: C Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 1

Household Member: D Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 1

Household Member: E Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 1

Household Member: F Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 2

Household Member: A Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 2

Household Member: **B**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 2

Household Member: C Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am [] pm	[] am [] pm			2					<input type="checkbox"/> D <input type="checkbox"/> P	
						3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am [] pm	[] am [] pm			2					<input type="checkbox"/> D <input type="checkbox"/> P	
						3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am [] pm	[] am [] pm			2					<input type="checkbox"/> D <input type="checkbox"/> P	
						3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am [] pm	[] am [] pm			2					<input type="checkbox"/> D <input type="checkbox"/> P	
						3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am [] pm	[] am [] pm			2					<input type="checkbox"/> D <input type="checkbox"/> P	
						3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am [] pm	[] am [] pm			2					<input type="checkbox"/> D <input type="checkbox"/> P	
						3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 2

Household Member: **D**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 2

Household Member: E Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 2

Household Member: F Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 3

Household Member: A Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 3

Household Member: **B**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 3

Household Member: **C**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 3

Household Member: **D**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 3

Household Member: E Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 3

Household Member: F Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 4

Household Member: A Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 4

Household Member: **B**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 4

Household Member: C Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 4

Household Member: **D**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 4

Household Member: E Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 4

Household Member: F Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 5

Household Member: A Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 5

Household Member: **B**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 5

Household Member: **C**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 5

Household Member: **D**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 5

Household Member: E Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 5

Household Member: F Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 6

Household Member: A Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 6

Household Member: **B**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 6

Household Member: **C**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 6

Household Member: **D**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 6

Household Member: E Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 6

Household Member: F Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		[] am	[] am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		[] pm	[] pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 7

Household Member: A Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
2		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
3		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
4		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
5		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	
6		Time:	Time:	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						<input type="checkbox"/> D <input type="checkbox"/> P
		<input type="checkbox"/> am	<input type="checkbox"/> am			2					<input type="checkbox"/> D <input type="checkbox"/> P	
		<input type="checkbox"/> pm	<input type="checkbox"/> pm			3					<input type="checkbox"/> D <input type="checkbox"/> P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 7

Household Member: **B**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 7

Household Member: C Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 7

Household Member: **D**

Please circle the day of the week: Mon Tue Wed Thu Fri Sat Sun Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am	[] am			2					[] D [] P	
		[] pm	[] pm			3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 7

Household Member: E Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

DAY: 7

Household Member: F Please circle the day of the week: **Mon Tue Wed Thu Fri Sat Sun** Date _____

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys						STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	What was the purpose of your journey? See Note A	What time did you leave? See Note B	What time did you arrive? See Note C	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. See Note D	Where did you go to? Tick 'Home' or give the name of the village, town or area. See Note E		What mode of transport did you use for each stage of your journey? See Note F	How far did you travel in miles? See Note G	How long did you spend travelling in minutes? See Note H	How many people travelled including you? See Note I	Which car or other motor vehicle did you use? See Note J	Were you the driver (D) or a passenger (P)? See Note K
1		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
2		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
3		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
4		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
5		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	
6		Time:	Time:	[] Home	[] Home	1						[] D [] P
		[] am [] pm	[] am [] pm			2					[] D [] P	
						3					[] D [] P	

If you made more than six journeys on this day please use the extra space towards the back of the booklet

Additional space for extra journeys made

JOURNEYS: Please record each journey using a separate row and remember to tell us about return journeys								STAGES: These columns are for entering details of each stage of your journey Only fill in the last two columns if a CAR or other MOTOR VEHICLE was used for part of your journey						
	Household member (A – F)	Journey Day (1 – 7)	What was the purpose of your journey? <i>See Note A</i>	What time did you leave? <i>See Note B</i>	What time did you arrive? <i>See Note C</i>	Where did you start your journey? Tick 'Home' or give the name of the village, town or area. <i>See Note D</i>	Where did you go to? Tick 'Home' or give the name of the village, town or area. <i>See Note E</i>		What mode of transport did you use for each stage of your journey? <i>See Note F</i>	How far did you travel in miles? <i>See Note G</i>	How long did you spend travelling in minutes? <i>See Note H</i>	How many people travelled including you? <i>See Note I</i>	Which car or other motor vehicle did you use? <i>See Note J</i>	Were you the driver (D) or a passenger (P)? <i>See Note K</i>
1				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm			2					[] D [] P	
								3					[] D [] P	
2				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm			2					[] D [] P	
								3					[] D [] P	
3				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm			2					[] D [] P	
								3					[] D [] P	
4				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm			2					[] D [] P	
								3					[] D [] P	
5				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm			2					[] D [] P	
								3					[] D [] P	
6				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm									
7				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm									
8				Time:	Time:	[] Home	[] Home	1						[] D [] P
				[] am [] pm	[] am [] pm			2						[] D [] P
								3						[] D [] P