

A Survey of Day-to-Day Travel

Conducted for the Department of Transport by Ipsos Social Research Institute



YOUR TRAVEL DAY IS:

Read this first

1. Please fill in this Household Page first.
2. Then... fill in the Person Page (on the inside of this form) for everyone who usually lives in this household, **including children under 5 years of age.**
3. Then... fill in details about household vehicles on the Vehicle Page (on the back page of this form).
4. Then... each person aged 5 and above should fill in a blue Travel Day Form for your Travel Day.

Note: A household refers to all people who usually live at this address.
A household can be just one person.

IN CONFIDENCE

HOUSEHOLD PAGE

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

How many **visitors** stayed overnight in this household on the night before your Travel Day?

In what **type of dwelling** does this household live?

Separate House

Terrace/Townhouse

Flat/Apartment

Something else (please write in)

Is the dwelling **owned or rented** by any member of this household?

Fully Owned

Being Purchased (e.g. on a mortgage)

Occupied Rent-Free

Being Rented

Something else (please write in)

How long has this household **lived at this address**? years months

How many **registered vehicles**, owned or used by members of this household (including motorcycles and company cars), were parked at or near this dwelling on the night before your Travel Day?

How many **bicycles** (in working condition) are kept in this household?

adult bikes

child bikes

Can you please provide a **contact phone number** for your household in case we need to confirm or clarify some of your answers.

Home phone

Mobile

PLEASE TURN THE PAGE AND PROVIDE DETAILS OF THE PEOPLE IN YOUR HOUSEHOLD

PERSON PAGE

Please fill in for everyone who usually lives at this address, even if they are away on your Travel Day

	Oldest resident	Second person	Third person
	1	2	3
Person number Please record the Oldest resident as Person 1	First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>
Month and year of birth	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to Person 1	This is Person 1 (The oldest resident)	Spouse/partner of person 1 <input type="checkbox"/> Child/stepchild of person 1 <input type="checkbox"/> Brother/sister of person 1 <input type="checkbox"/> Grandchild of person 1 <input type="checkbox"/> Other Relative of person 1 <input type="checkbox"/> Unrelated to person 1 <input type="checkbox"/> Something else (please write in) <input type="text"/>	Spouse/partner of person 1 <input type="checkbox"/> Child/stepchild of person 1 <input type="checkbox"/> Brother/sister of person 1 <input type="checkbox"/> Grandchild of person 1 <input type="checkbox"/> Other Relative of person 1 <input type="checkbox"/> Unrelated to person 1 <input type="checkbox"/> Something else (please write in) <input type="text"/>
Country of birth		Australia <input type="checkbox"/> Elsewhere (please write in) <input type="text"/>	Australia <input type="checkbox"/> Elsewhere (please write in) <input type="text"/>
Driver's Licence Does this person have a licence to drive a vehicle or ride a motorcycle? <i>Tick as many as apply</i>	No Licence <input type="checkbox"/> Car Licence – Full licence <input type="checkbox"/> – P1 probationary licence (Red) <input type="checkbox"/> – P2 probationary licence (Green) <input type="checkbox"/> – Learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/>	No Licence <input type="checkbox"/> Car Licence – Full licence <input type="checkbox"/> – P1 probationary licence (Red) <input type="checkbox"/> – P2 probationary licence (Green) <input type="checkbox"/> – Learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/>	No Licence <input type="checkbox"/> Car Licence – Full licence <input type="checkbox"/> – P1 probationary licence (Red) <input type="checkbox"/> – P2 probationary licence (Green) <input type="checkbox"/> – Learner's permit <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/>
Current employment, study and other activities Tick as many categories as apply to each person Please note: - 'Current employment' refers to paid work, or unpaid work in a family business - 'Full-time work' is 35 hours or more per week - 'Part-time work' is less than 35 hours per week	Current employment Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Casual work <input type="checkbox"/> Current study Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/> Other activities Not yet at primary school <input type="checkbox"/> Keeping house <input type="checkbox"/> Volunteer work <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in) <input type="text"/>	Current employment Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Casual work <input type="checkbox"/> Current study Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/> Other activities Not yet at primary school <input type="checkbox"/> Keeping house <input type="checkbox"/> Volunteer work <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in) <input type="text"/>	Current employment Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Casual work <input type="checkbox"/> Current study Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/TAFE <input type="checkbox"/> Part-time University/TAFE <input type="checkbox"/> Something else (e.g. language school) <input type="checkbox"/> Other activities Not yet at primary school <input type="checkbox"/> Keeping house <input type="checkbox"/> Volunteer work <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Something else (please write in) <input type="text"/>
Employment details – to be completed by those currently employed, for the job in which they work the most hours			
Type of employment	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>
Work arrangements <i>Tick as many as apply</i>	Fixed hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Rostered shifts <input type="checkbox"/> Work from home <input type="checkbox"/>	Fixed hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Rostered shifts <input type="checkbox"/> Work from home <input type="checkbox"/>	Fixed hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Rostered shifts <input type="checkbox"/> Work from home <input type="checkbox"/>
Occupation What kind of work does this person do?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industry In what type of business does this person work?	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Fourth person	Fifth person	Sixth person
Person number Please record the Oldest resident as Person 1	4	5	6
	First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>
Month and year of birth	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>
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Employment details – to be completed by those currently employed, for the job in which they work the most hours			
Type of employment	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other people <input type="checkbox"/> Unpaid work in family business <input type="checkbox"/>
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Occupation What kind of work does this person do?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industry In what type of business does this person work?	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE TURN THE PAGE AND PROVIDE DETAILS OF ALL REGISTERED VEHICLES IN YOUR HOUSEHOLD

VEHICLE PAGE

- Please complete the information below for all registered vehicles, owned or used by members of this household, that were parked at or near this dwelling on the night before your Travel Day. This includes motorcycles and company cars.
- This section can be left blank if there were no vehicles matching the above description.

Vehicle Number	1	2	3	4	5
Type of vehicle	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)	Passenger car/van <input type="checkbox"/> 4WD/SUV <input type="checkbox"/> Ute <input type="checkbox"/> Goods van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle/Scooter <input type="checkbox"/> Other vehicle type <input type="checkbox"/> (please write in)
Make of vehicle (e.g. Toyota)					
Model of vehicle (e.g. Corolla)					
Year of manufacture	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fuel type <i>Tick as many as apply</i>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/>
Number of cylinders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who pays for the costs of running this vehicle? <i>Tick as many as apply</i>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>	Privately paid <input type="checkbox"/> Work/employer paid <input type="checkbox"/>

NEXT STEP – FILLING OUT THE BLUE TRAVEL DAY FORMS

Who fills in a blue Travel Day Form?

Each resident in the household aged 5 or above.

What does the Person Number refer to?

The person who is numbered 1 on the orange Person Page should enter '1' as the Person Number on the blue Travel Day Form. The person who is numbered 2 on the orange Person Page should enter '2' as the Person Number, and so on.

What if someone makes more than 12 stops on the Travel Day?

- Please continue recording these stops on a spare blue Travel Day Form. If you need more Travel Day Forms, please ring the Survey Office on **1800 816 337** (free-call).

Which travel should I record?

Blue Travel Day Forms are used to record **all travel made on a single day** by household members aged 5 and above. This Travel Day is:

What if I drive for a living?

(e.g. courier, truck driver, taxi driver, etc)

- If you are a 'professional driver', employed to transport people or goods, please fill in only your personal travel for your Travel Day. This includes travel to and from work.
- If you are **not** a 'professional driver' and sometimes travel for work (e.g. to go to and from meetings), please record any work trips that you make on your Travel Day.

If you have any questions or require assistance with the survey

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