



Wellington Regional Council

**Household Travel Survey
Questionnaire**

Review of Previous Surveys

April 2015

Wellington Regional Council

Household Travel Survey Questionnaire

Review of Previous Surveys Quality Assurance Statement

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1. Recent NZ Household Interview Surveys

1.1 Introduction

TDG have been tasked by Wellington Regional Council to compare the MoT, Wellington, Auckland, and Waikato Household Travel Surveys (HTS) in order to prepare a set of questions that will form the basis of the next round of surveys in Wellington, Auckland, Waikato, and possibly Christchurch. The intention is to supplement the new MoT surveys with additional samples in the main centres.

From this analysis, this report postulates a new set of questions that could be used nationwide and in discussion with WRC and MoT, form the basis of the new MoT HTS.

The deliverables were to be a short report covering the data collected in each HTS, a comparison of key differences, and a recommended minimum common set of questions that will meet the requirements of the Regional Authorities (WRC in particular) and also those of the MoT, while recognising that the MoT has a wider remit than that of the Regional Councils.

1.2 The Surveys

In recent years, Home Interview Surveys have been undertaken in:

- Wellington 2001
- Auckland 2006
- Christchurch 2007
- Waikato 2008
- Dunedin 2014
- MoT rolling surveys (to 2014)

This review looks at the questions asked in Auckland, Wellington, Waikato and the MoT surveys. Wellington, Auckland and the MoT used traditional paper based survey methods, while the Waikato survey used computer aided interview technology, meaning that there were a minimum of survey forms and the data collected in Waikato has been taken from the final dataset and coding frames.

The Wellington and Auckland surveys were very similar in form and content, and the survey forms used were also similar, although they were carried out by different firms.

The MoT surveys have been carried out for many years, and at one stage Opus were contracted to collect the data. They used computer aided interviews. When their contract ended in 2008, they won the contract to collect the Waikato data. They used the same data collection software, and the Waikato questions are very similar to the MoT questions, although some questions were omitted.

Since the Opus contract ended, Research International have been collecting the MoT data, using computer aided interviews, but with the questions well documented on paper. Their forms have been used in this comparison.

Each survey also included several specific questions which were of interest to general transport planning, but were not necessarily relevant to calibration of transport models

A summary of the questions used in each survey is included as Appendix A.

The Wellington, Auckland and MoT survey forms are included as Appendix B.

The Waikato data fields are included as Appendix C. The questions to obtain that data can be inferred from the MoT forms.

2. Recommended Questions

2.1 General

There are several basic points to bear in mind when designing a household travel survey. In general:

- The sample should be drawn randomly from the households within a model area. That has occurred for the Wellington, Auckland and Waikato surveys, but the MoT chose meshblocks at random throughout the country, and then sampled from within those meshblocks. In subsequent years, additional households were surveyed from the same meshblocks until all households in the meshblock had been surveyed, at which time a new meshblock was chosen. This method prevents a household from being surveyed more than once, but if the MoT survey is to be supplemented in other urban areas then a more random sampling process will be needed.
- The number of questions should be kept to a minimum. Only essential questions should be asked. For example, a question that how many kilometres driven in a lifetime is of little use to a model builder.
- Only questions that have a factual response should be asked.
- The survey day should start at 4:00am.
- It should not be assumed that the first trip of the day begins at home

The questions below are stated generally, but will be made more specific as coding frames are developed. Questions in ***bold italics*** are not currently included in the MoT Research International survey forms.

2.2 Questions Relating to the Household

The questions and data related to the household:

1. ***Household address***
2. The survey day and date
3. Household type (eg. single person, couple, family with children, family adults only)
4. Number of people living in the household including visitors who are staying long term
5. Some form of identification of each person (generally the first name) to relate to the person questions in 2.3
6. The number of vehicles available to household members
7. The number of bikes in working order at the household (optional)

2.3 Questions Relating To People

Questions for each person in the household:

1. **Name**
2. Age
3. Gender
4. Currently a student (eg. full, part, primary, secondary, tertiary)
5. If a student, address of the school/university (optional)
6. Employment status (eg. self-employed, full, part, casual, unemployed, working at home, homemaker, retired)
7. Professional driver (don't collect work related trips)
8. What kind of work do you do
9. **ANZSIC classification of the industry that you work in**
10. Were any trips made on the survey day. If not, record why. If yes, collect the trip related data outlined in 2.5.

2.4 Questions Relating To Motor Vehicles

Each vehicle needs to be uniquely identified. One of the logic checks is to ensure that if a vehicle leaves home, then it returns back to the home unless there a specific reasons why not. Data typically recorded includes:

1. Make
2. Model
3. Plate number or year (to uniquely identify the vehicle)
4. Body type (includes motorcycles)
5. Who owns the vehicle
6. **Who pays for the running costs**
7. **Was the vehicle available for use on the survey day**

2.5 Trip Data

The trip data is arguably the most important part of the survey, and the most difficult to collect accurately. People have a tendency to forget even when they have been given a memory jogger to fill in. Short trips in particular are easily forgotten, such as leaving the office to buy lunch for example.

Data required is:

1. Where were you at 4:00am – detailed address
2. What time did you leave that address
3. Where did you go
4. What time did you arrive there
5. How did you travel
6. ***Why did you go to the destination (eg. work, school, shopping, home, change mode, serve passenger)***
7. ***What sort of place is it (eg. shop, residence, office, bus stop, station)¹***
8. If car driver:
 - (i) ***which vehicle did you use***
 - (ii) where did you park
 - (iii) ***what parking fee did you personally pay***
9. ***If public transport:***
 - (i) ***what was the fare***
 - (ii) ***what fare type did you pay***

Repeat questions 2-9 until the end of all trips in a day up to 4:00am the next day.

¹ The MoT survey has a combination of these two questions as one question

Appendix A

Summary of Questions

NZ HOUSEHOLD TRAVEL SURVEYS				
	Wellington	Auckland	Waikato	MOT
Household Data				
Travel date	✓	✓	✓	✓
Household address	✓		✓	
Household type		✓	✓	✓
How many people live there	✓	✓	✓	✓
How many visitors	✓	✓	✓	✓
House ownership		✓		
How long has the household lived at this address		✓		
Are you planning on moving within 12 months		✓		
Is anyone planning to change job location within 12 months		✓		
How many bicycles that are used regularly	✓			
How many bicycles		✓	✓	✓
How many bikes were used in last 14 days		✓		
How many motor vehicles available	✓		✓	✓
Vehicle Data				
Vehicle type	✓	✓		✓
Make and model	✓			✓
Year				✓
Ownership (private/company)	✓	✓		✓
Payment of running costs (private/company)		✓		
Payment of parking costs if used for work		✓		
Was vehicle available on survey day		✓		
Person Data				
Person Number or name (oldest often person 1)	✓	✓	✓	✓
Year of birth (age)	✓	✓	✓	✓
Gender	✓	✓	✓	✓
Resident or visitor	✓	✓	✓	✓
Relationship to Person 1	✓	✓	✓	✓
Ethnic group			✓	✓
Country of birth		✓		
Drivers licence (currency and type)	✓	✓	✓	✓
Currently employed	✓	✓	✓	✓
Currently studying	✓	✓	✓	✓
More than one job			✓	✓

NZ HOUSEHOLD TRAVEL SURVEYS				
	Wellington	Auckland	Waikato	MOT
Other activities (not yet at school, homemaker etc)	✓	✓	✓	
Professional driver				✓
Work arrangement (fixed, flexible, work from home etc)	✓	✓		✓
Type of employment (paid, self-employed etc)	✓	✓	✓	
Occupation	✓	✓	✓	
Employment Industry group	✓	✓	✓	
Workplace address				✓
Income	✓	✓	✓	✓
Trip Data				
Where were you at 4am on the survey day	✓	✓		✓
Did you leave this place at all on the survey day	✓	✓		✓
if no, why not	✓	✓		
what day did you last leave this place	✓	✓		
What time did you leave on the survey day	✓	✓	✓	✓
What was your first stop	✓	✓	✓	✓
What did you do there			✓	
Where was that stop	✓	✓	✓	✓
Who travelled with you		✓		
Why did you go there	✓	✓	✓	
How did you get there	✓	✓	✓	✓
About how far was the trip			✓	✓
If More than 10km what route did you take				✓
If car driver:				
how many people in the car				✓
who were the passengers				✓
where did you park				✓
If passenger, who was the driver				✓
If taxi passenger, was mobility voucher used				✓
How many roads did you cross				✓
Travel by Car (driver or passenger):				
was the vehicle one of those available to the household	✓	✓	✓	
how many people were in the vehicle	✓		✓	
where was the vehicle parked at the end of this trip	✓	✓	✓	

NZ HOUSEHOLD TRAVEL SURVEYS				
	Wellington	Auckland	Waikato	MOT
was a park fee paid	✓	✓		
how much was paid			✓	
Travel by Public Transport:				
What type of ticket was used (single/return etc)	✓	✓		
Full fare or concession	✓	✓		
What time did you arrive	✓	✓	✓	✓
Miscellaneous questions on the last trip by public transport (not on survey day):				
When did you last make a PT trip	✓			
What type of PT did you use	✓			
What type of place were you coming from	✓			
Where did the PT part of the trip start	✓			
What time did you start your trip	✓			
What type of place were you going to	✓			
Where did the PT part of the trip finish	✓			
What time did you end your trip	✓			
What type of ticket was used (single/return etc)	✓			
Full fare or concession	✓			
What was the purpose of the trip	✓			
Miscellaneous detailed questions on alcohol				✓
Miscellaneous questions on other travel				
Have you ridden a bike in the last 12 months			✓	✓
In the last 4 weeks, how often have you ridden a bike			✓	✓
In the last 12 months, have you used PT				✓
In the last 4 weeks, how often have you used PT				✓
Estimate of kilometres driven in life			✓	✓
How many kilometres driven in the last 12 months			✓	✓
Miscellaneous personal questions				
Do you live with a partner			✓	✓
Ethnic group			✓	✓

Notes:

Some questions appear to have been included twice, but have been couched differently. Highlighted ticks ✓ are included in the recommended minimum common set.

Appendix B

Wellington, Auckland and MoT Survey Forms

WELLINGTON 2001 HTS FORMS

WELLINGTON REGION HOUSEHOLD TRAVEL SURVEY 2001



HOUSEHOLD QUESTIONNAIRE

Meshblock No.

Questionnaire No.

Address of 'x' dwelling:

Number Street Name

Suburb/Town

TRAVEL DAYS

Day 1:

Date: / /

Day 2:

Date: / /

SUMMARY OF CALLS MADE TO HOUSEHOLD

	Before Travel			After Travel		
	Date	Time	Outcome	Date	Time	Outcome
1						
2						
3						
4						
5						
6						
7						

Q1 Is there a telephone in the household?

Yes No

Phone No.

Is there another telephone number that we could contact you on, e.g. work?

Yes No

Phone No.

OUTCOME SYMBOLS

I = Interview
 R = Refusal
 NR = No reply (call back)
 NA = Not available (make appointment)
 APPT = Appointment
 V = Vacant dwelling
 L = Language
 O = Other (specify)

Interview duration before travel:

Total duration for all after travel interviews:

Q2a. Can you tell me all the registered motor vehicles used by this household, which are usually parked at or near your home overnight? That is, all cars, vans, trucks, motor cycles and any other vehicles. None

Q2b. What is the body type of these vehicles? (Prompt if necessary)

Car/SW	4 wheel drive	Van/Ute
Truck	MotorBike	Other (specify)

Q2c. And the make and model?

No. of vehicle	Body Type	Make & Model	Q2d. Is this a company vehicle?
1		/	Yes - 1 No - 2
2		/	Yes - 1 No - 2
3		/	Yes - 1 No - 2
4		/	Yes - 1 No - 2
5		/	Yes - 1 No - 2
6		/	Yes - 1 No - 2

Q3 How many bicycles which are used regularly, are kept at this household?

1. Could you tell me how many people usually live here, including yourself?
2. How many visitors are likely to be staying at this address on the night before the travel day? Don't know
3. Now we would like a brief profile on everyone who usually lives at this address, even if they will be away on the Travel Day, plus any visitor who may be staying here on the night before the Travel Day. Starting with the oldest person.

Person Number	Oldest Person 1	2nd Oldest Person 2	3rd Oldest Person 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Male - 1 Female - 2	Male - 1 Female - 2	Male - 1 Female - 2
Relationship to Person 1		Spouse/Partner 1 Child of Person 1 2 Brother/Sister 3 Grandchild 4 Other relative 5 Unrelated co-tenant 6 Other (Please write in) <input type="text"/>	Spouse/Partner 1 Child of Person 1 2 Brother/Sister 3 Grandchild 4 Other relative 5 Unrelated co-tenant 6 Other (Please write in) <input type="text"/>
Resident or Visitor?	Resident - 1 Visitor - 2	Resident - 1 Visitor - 2	Resident - 1 Visitor - 2
Driver's Licence (Circle as many categories as apply) (SHOW CARD Z)	Learner Car Licence 1 Restricted Car Licence 2 Full Car Licence 3 Learner Motorcycle Licence 4 Restricted Motorcycle Licence 5 Full Motorcycle Licence 6 Other Licence 7 No Licence 8	Learner Car Licence 1 Restricted Car Licence 2 Full Car Licence 3 Learner Motorcycle Licence 4 Restricted Motorcycle Licence 5 Full Motorcycle Licence 6 Other Licence 7 No Licence 8	Learner Car Licence 1 Restricted Car Licence 2 Full Car Licence 3 Learner Motorcycle Licence 4 Restricted Motorcycle Licence 5 Full Motorcycle Licence 6 Other Licence 7 No Licence 8
Employment, studying and other activities (tick as many categories as apply to each person)			
Currently Employed	Paid full time work 1 Paid part time work 2 Paid casual/sporadic work 3	Paid full time work 1 Paid part time work 2 Paid casual/sporadic work 3	Paid full time work 1 Paid part time work 2 Paid casual/sporadic work 3
Currently at Educational Institute	Primary School 1 Intermediate School 2 Secondary School 3 University/Polytech full time 4 University/Polytech part time 5 Other full time study 6 Other part time study 7	Primary School 1 Intermediate School 2 Secondary School 3 University/Polytech full time 4 University/Polytech part time 5 Other full time study 6 Other part time study 7	Primary School 1 Intermediate School 2 Secondary School 3 University/Polytech full time 4 University/Polytech part time 5 Other full time study 6 Other part time study 7
Any other activities	At pre-school 1 Not yet at school 2 Homemaker 3 Currently unemployed 4 Sickness/ACC Beneficiary 5 Retired 6 Other (Please write in) <input type="text"/>	At pre-school 1 Not yet at school 2 Homemaker 3 Currently unemployed 4 Sickness/ACC Beneficiary 5 Retired 6 Other (Please write in) <input type="text"/>	At pre-school 1 Not yet at school 2 Homemaker 3 Currently unemployed 4 Sickness/ACC Beneficiary 5 Retired 6 Other (Please write in) <input type="text"/>
Employment Details (Complete this section only for those "currently employed"; otherwise leave blank)			
Work Arrangements	Fixed hours 1 Flexible hours 2 Rostered shifts 3 Work from home 4	Fixed hours 1 Flexible hours 2 Rostered shifts 3 Work from home 4	Fixed hours 1 Flexible hours 2 Rostered shifts 3 Work from home 4
Type of Employment	Paid Employee 1 Self employed and not employing others 2 Employer of other employees in my own business 3 Family business without pay 4 Volunteer 5	Paid Employee 1 Self employed and not employing others 2 Employer of other employees in my own business 3 Family business without pay 4 Volunteer 5	Paid Employee 1 Self employed and not employing others 2 Employer of other employees in my own business 3 Family business without pay 4 Volunteer 5
Occupation What kind of work does this person do?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industry What type of industry, business or service is carried out where this person works?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person Number	4th Oldest Person 4	5th Oldest Person 5	6th Oldest Person 6
First Name			
Year of Birth			
Gender	Male - 1 Female - 2	Male - 1 Female - 2	Male - 1 Female - 2
Relationship to Person 1	Spouse/Partner 1 Child of Person 1 2 Brother/Sister 3 Grandchild 4 Other relative 5 Unrelated co-tenant 6 Other (Please write in)	Spouse/Partner 1 Child of Person 1 2 Brother/Sister 3 Grandchild 4 Other relative 5 Unrelated co-tenant 6 Other (Please write in)	Spouse/Partner 1 Child of Person 1 2 Brother/Sister 3 Grandchild 4 Other relative 5 Unrelated co-tenant 6 Other (Please write in)
Resident or Visitor?	Resident - 1 Visitor - 2	Resident - 1 Visitor - 2	Resident - 1 Visitor - 2
Driver's Licence (Circle as many categories as apply) (SHOW CARD Z)	Learner Car Licence 1 Restricted Car Licence 2 Full Car Licence 3 Learner Motorcycle Licence 4 Restricted Motorcycle Licence 5 Full Motorcycle Licence 6 Other Licence 7 No Licence 8	Learner Car Licence 1 Restricted Car Licence 2 Full Car Licence 3 Learner Motorcycle Licence 4 Restricted Motorcycle Licence 5 Full Motorcycle Licence 6 Other Licence 7 No Licence 8	Learner Car Licence 1 Restricted Car Licence 2 Full Car Licence 3 Learner Motorcycle Licence 4 Restricted Motorcycle Licence 5 Full Motorcycle Licence 6 Other Licence 7 No Licence 8
Employment, studying and other activities (tick as many categories as apply to each person)			
Currently Employed	Paid full time work 1 Paid part time work 2 Paid casual/sporadic work 3	Paid full time work 1 Paid part time work 2 Paid casual/sporadic work 3	Paid full time work 1 Paid part time work 2 Paid casual/sporadic work 3
Currently at Educational Institute	Primary School 1 Intermediate School 2 Secondary School 3 University/Polytech full time 4 University/Polytech part time 5 Other full time study 6 Other part time study 7	Primary School 1 Intermediate School 2 Secondary School 3 University/Polytech full time 4 University/Polytech part time 5 Other full time study 6 Other part time study 7	Primary School 1 Intermediate School 2 Secondary School 3 University/Polytech full time 4 University/Polytech part time 5 Other full time study 6 Other part time study 7
Any other activities	At pre-school 1 Not yet at school 2 Homemaker 3 Currently unemployed 4 Sickness/ACC Beneficiary 5 Retired 6 Other (Please write in)	At pre-school 1 Not yet at school 2 Homemaker 3 Currently unemployed 4 Sickness/ACC Beneficiary 5 Retired 6 Other (Please write in)	At pre-school 1 Not yet at school 2 Homemaker 3 Currently unemployed 4 Sickness/ACC Beneficiary 5 Retired 6 Other (Please write in)
Employment Details (Complete this section only for those "currently employed"; otherwise leave blank)			
Work Arrangements	Fixed hours 1 Flexible hours 2 Rostered shifts 3 Work from home 4	Fixed hours 1 Flexible hours 2 Rostered shifts 3 Work from home 4	Fixed hours 1 Flexible hours 2 Rostered shifts 3 Work from home 4
Type of Employment	Paid Employee 1 Self employed and not employing others 2 Employer of other employees in my own business 3 Family business without pay 4 Volunteer 5	Paid Employee 1 Self employed and not employing others 2 Employer of other employees in my own business 3 Family business without pay 4 Volunteer 5	Paid Employee 1 Self employed and not employing others 2 Employer of other employees in my own business 3 Family business without pay 4 Volunteer 5
Occupation What kind of work does this person do?			
Industry What type of industry, business or service is carried out where this person works?			

READ OUT:

- A. Each household in the survey has been assigned one or two travel days.
Your household's day(s) is/are _____ and _____.
- B. Will you or anyone in the household be driving for a living on that day/either of those days?
Yes - 1  No - 2  Go to Instructions in box below
- C. Please look at this card X and tell me which category that person would fit into? Category 1 - 1 Category 2 - 2

**HAND OVER MEMORY JOGGERS FOR EACH PERSON IN SURVEY.
MAKE APPOINTMENTS FOR ALL CALLBACK VISITS (PREFERABLY AT THE SAME TIME).
CHECK YOU HAVE PHONE NUMBER(S).**

APPOINTMENTS FOR CALLBACKS: *(Record time/date of any phone contacts)*

Time	Date

Time	Date

Time	Date

RESPONSE REPORT FOR PERSONS AGED 5 YEARS & OVER

(Complete when all Trip Questionnaires are completed)

Number of people in household aged 5 years and over

Number of people in household who completed Trip Questionnaire

Number of people in household who did not complete Trip Questionnaire

COMMENTS ON TRIP QUESTIONNAIRES NOT COMPLETED

Complete boxes and also give name and reason/explanation for refusal or non-completion of Trip Questionnaire, e.g. sickness/death/overseas, etc.

Residents refusing/too ill Person numbers: _____

Visitors refusing/too ill Person numbers: _____

Residents not at this dwelling for any of the 24 hours of Travel Day (i.e. 4am to 4am) Person numbers: _____

Other *(Record)*

CERTIFICATION:

I hereby certify that this is a true and accurate record of an interview conducted by me at the time and place specified.

Interviewer Name: _____
(Please print)

Sign: _____

Date: _____

Supervisor Sign: _____

Audit: _____

TRIP QUESTIONNAIRE

Meshblock No. Questionnaire No. The Travel Day is First, write in the **Person Number**, their **First Name** and the **Date** of the Travel Day.Person
Number First
Name Date of
Travel Day / /

INTERVIEWER: READ OUT

- Include **all travel** over the whole day, from 4 a.m. on the Travel Day till 4 a.m. the next day.
- Even **short trips**, like walking to lunch and back, **are important**.
- Even if you **did not leave the house** on the Travel Day, please tell us why, because this is important information as well.

Now continue here:

1. Where were you at 4 a.m. on this Travel Day?

At this address At work Somewhere else *(Write in the address of the work location in the space below)**(Write in the address of this location in the space below)*Number Street Name Suburb & Town/District/RD No.

2. At what time (after 4 a.m.) did you begin the first trip of the day?

Now turn the page to Stop 1 →

If person did not leave the house at all on this Travel Day, record the reason below.

If the respondent did not leave the house at all on this Travel Day, ask:
 "When did you **last** leave the house prior to the Travel Day?"

Day Date / /

If person did not leave the house at all on this Travel Day, go to page 16 →

STOP 1

A WHAT WAS STOP 1?

WHERE DID YOU GO & HOW?
DID YOU MAKE ANY STOPS
ON THE WAY?

- A bus stop 01
- A ferry terminal 02
- A train station 03

Name of Station/Ferry Terminal

- My workplace 04
- Another workplace 05
- Pre-school/Childcare 06
- Primary School 07
- Secondary School 08
- University/Polytechnic 09
- This home 10
- Some other home 11
- Carpark building/space 12
- Shops/mall/retail 13
- Medical/dental/
personal business place 14
- Sport/recreation/
entertainment/eating venue 15
- Elsewhere (please describe) 16

B WHERE WAS STOP 1?

(Record full address and/or
other details)

Number This home

Street Name

Suburb/Town/District

School/Shop/Business Name/
Type of business

Adjacent Building/Landmark

Nearest Intersection

C WHY DID YOU GO TO STOP 1?

(Circle one only)

- To get on or off a bus,
train or ferry 01
- It's my workplace 02
- Pick up or deliver goods
for work 03
- On employer's/client's
business 04
- For education 05
- Shopping/petrol 06
- For a social visit 07
- For recreation, entertainment,
eating, sport or holiday 08
- Medical/dental or other
personal business 09
- To accompany someone ... 10
- To drop off or pick up
someone 11
- It's home 12
- To park or pick up vehicle .. 13
- Other (Please specify) 14

D HOW DID YOU GET TO STOP 1?

(Circle one only)

- Walking 01
- Bicycle 02
- Taxi (as passenger) 03
- Car - as driver 04
- Car - as passenger 05
- Taxi - as driver 06
- Motorcycle 07
- Truck - as driver 08
- Truck - as passenger 09

- Train 10
- Ferry 11
- School Bus 12
- Public Bus 13

Bus Route Number/Name

Other Method (Please specify) 14

E PRIVATE VEHICLE TRIP DETAILS

Was the vehicle used on
this trip listed on the Red
Household Questionnaire?

Yes - 1 No - 2

If so, what was the number of
that vehicle on the Red
Household Questionnaire?

If the vehicle was not listed
on the Red Household
Questionnaire, was it a...?

- Company Car 1
- Rental Car 2
- Private Car 3
- Something else 4

How many people, including
the driver, were in the vehicle?

From your household

From outside your household

Where was the vehicle parked
at this stop?

- Residential Property 1
- Public unmetered on
street/at kerb 2
- Public unmetered off
street/on lot 3
- Public metered on street 4
- Paid carpark (bldg/lot) 5
- Work/employer's carpark . 6
- Customer Carpark/
Forecourt/Drive-thru 7
- Vehicle not parked/
dropping off and
picking up passengers 8

Was a parking fee paid?

- No fee paid 1
- Short term fee paid (hourly) .. 2
- Daily fee paid 3
- Weekly or longer fee paid 4

Who paid the parking fee?

- A person in the vehicle 1
- An employer 2
- Someone else 3

F PUBLIC TRANSPORT TRIP DETAILS

What type of ticket was used
for this trip?

- Single ticket 1
- Return ticket 2
- Daytripper ticket 3
- Multiple day ticket 4
- Other ticket
(Please specify) 5

Was this ticket a:

- Adult-fare ticket 1
- Child-fare ticket 2
- Student-fare ticket 3
- Concession-fare ticket 4

Type of concession

G WHEN?

When did you arrive at Stop 1?

Did you make any more stops
on the Travel Day?

Yes - 1 No - 2



When did you leave Stop 1?

Go to Stop 2 →

STOP 14

A WHAT WAS STOP 14?

WHERE DID YOU GO & HOW? DID YOU MAKE ANY STOPS ON THE WAY?

- A bus stop 01
- A ferry terminal 02
- A train station 03

Name of Station/Ferry Terminal

- My workplace 04
- Another workplace 05
- Pre-school/Childcare 06
- Primary School 07
- Secondary School 08
- University/Polytechnic 09
- This home 10
- Some other home 11
- Carpark building/space 12
- Shops/mall/retail 13
- Medical/dental/ personal business place 14
- Sport/recreation/ entertainment/eating venue 15
- Elsewhere (please describe) 16

B WHERE WAS STOP 14?

(Record full address and/or other details)

Number This home

Street Name

Suburb/Town/District

School/Shop/Business Name/ Type of business

Adjacent Building/Landmark

Nearest Intersection

C WHY DID YOU GO TO STOP 14?

(Circle one only)

- To get on or off a bus, train or ferry 01
- It's my workplace 02
- Pick up or deliver goods for work 03
- On employer's/client's business 04
- For education 05
- Shopping/petrol 06
- For a social visit 07
- For recreation, entertainment, eating, sport or holiday 08
- Medical/dental or other personal business 09
- To accompany someone ... 10
- To drop off or pick up someone 11
- It's home 12
- To park or pick up vehicle .. 13
- Other (Please specify) 14

D HOW DID YOU GET TO STOP 14?

(Circle one only)

- Walking 01
- Bicycle 02
- Taxi (as passenger) 03
- Car - as driver 04
- Car - as passenger 05
- Taxi - as driver 06
- Motorcycle 07
- Truck - as driver 08
- Truck - as passenger 09
- Train 10
- Ferry 11
- School Bus 12
- Public Bus 13
- Other Method (Please specify) 14

Go to Question G

Go to Question E

Go to Question F

Go to Question G

Bus Route Number/Name

E PRIVATE VEHICLE TRIP DETAILS

Was the vehicle used on this trip listed on the Red Household Questionnaire?

Yes - 1 No - 2

If so, what was the number of that vehicle on the Red Household Questionnaire?

If the vehicle was not listed on the Red Household Questionnaire, was it a...?

- Company Car 1
- Rental Car 2
- Private Car 3
- Something else 4

How many people, including the driver, were in the vehicle?

From your household

From outside your household

Where was the vehicle parked at this stop?

- Residential Property 1
- Public unmetered on street/at kerb 2
- Public unmetered off street/on lot 3
- Public metered on street 4
- Paid carpark (bldg/lot) 5
- Work/employer's carpark . 6
- Customer Carpark/ Forecourt/Drive-thru 7
- Vehicle not parked/ dropping off and picking up passengers 8

Was a parking fee paid?

- No fee paid 1
- Short term fee paid (hourly) .. 2
- Daily fee paid 3
- Weekly or longer fee paid 4

Who paid the parking fee?

- A person in the vehicle 1
- An employer 2
- Someone else 3

Go to Question G

F PUBLIC TRANSPORT TRIP DETAILS

What type of ticket was used for this trip?

- Single ticket 1
- Return ticket 2
- Daytripper ticket 3
- Multiple day ticket 4
- Other ticket (Please specify) 5

Was this ticket a:

- Adult-fare ticket 1
- Child-fare ticket 2
- Student-fare ticket 3
- Concession-fare ticket 4

Type of concession

G WHEN?

When did you arrive at Stop 14?

Did you make any more stops on the Travel Day?

Yes - 1 No - 2



Go to Page 16

When did you leave Stop 14?

Go to another Trip Questionnaire to continue 'stops'

Did you make any trips by Public Transport on either of your Travel Day(s)?

Yes ⇒ GO TO Q.12

No
↓

Q.1 When did you LAST make a trip by Public Transport in the WRC Region that is in the last 12 months? By public transport, we mean bus, school bus, charter bus, train, cable car or ferry. (Please give as accurate a date as you can remember.)

Date Month Year

OR I haven't made a trip by Public Transport in the Wellington Region in the last 12 months. ↓

GO TO Q.12

Q.2 What type of Public Transport did you use on your last trip by public transport in the WRC region?

- Train 1
- Ferry 2
- School Bus 3
- Public Bus 4
- Charter Bus 5
- Cable Car 6

Q.3 What type of place were you coming from?

- Workplace 1
- School/place of education 2
- My home 3
- Other home 4
- Shopping location 5
- Medical/Dental/personal business 6
- Sports/entertainment venue 7
- Other (Please describe) 8

Q.4 Where did the public transport part of that trip start?

Number

Street Name

Suburb/Town

Nearest intersection, place or landmark

Q.5 What time did you start your trip?

Q.6 What type of place were you going to?

- Workplace 1
- School/place of education 2
- My home 3
- Other home 4
- Shopping location 5
- Medical/Dental/personal business 6
- Sports/entertainment venue 7
- Other (Please describe) 8

Q.7 Where did the public transport part of that trip finish?

Number

Street Name

Suburb/Town

Nearest intersection, place or landmark

Q.8 What time did you end your trip?

Q.9 What type of ticket did you use on that trip?

Single ticket - 1

Return ticket - 2

Day tripper ticket - 3

Multiple day ticket - 4

Other - 5 (Specify)

No ticket - 6 → GO TO Q.11

Q.10 Was this ticket a ...?

Adult-fare ticket - 1

Child-fare ticket - 2

Student-fare ticket - 3

Concession-fare ticket - 4

Q.11 What was the purpose of this journey which included public transport?

- To go to work 01
- On employer's business 02
- Education 03
- Shopping 04
- A social visit 05
- Recreation/entertainment/sport/holiday, etc. 06
- Medical/dental or other personal business 07
- To accompany someone 08
- To drop off or pick up someone 09
- To go home 10
- Other (Specify) 11

Check if born prior to 1986 → Ask Q.12

If born 1986, check whether 15 years old → Ask Q.12

If born after 1986 → Thank & Close

Q.12 (HAND OVER INCOME CARD Y)

Finally, the Census earlier this year asked people to say which of these groups their income from all sources fell into for the year ending 31st March, this year.

Would you please call out the number opposite the group yours fell into?

(Circle the number)

- 01 02 03 04 05 06
- 07 08 09 10 11 12
- 13 Declined - 14 Don't know - 15

THANK & CLOSE

AUCKLAND 2006 HTS FORMS

Travel Day Form

How to fill in this form

- This questionnaire is about your travel and activities **on one particular Travel Day**.

Your Travel Day is

MONDAY

First, write in your **Person Number** (from the Red Person Form), your **First Name** and the **Date** of your Travel Day.

Person
Number

First
Name

Date of Travel Day

/ /

- Include **all travel** over the whole day, from 4 a.m. on your Travel Day until 4 a.m. the next day.
- Even **short pieces of travel** like walking to lunch and back, are important and **should be recorded**.
- **If you go somewhere and then return to where you started** - remember to tell us about your travel on the way back.
- Even if you **did not go anywhere** on the Travel Day, please tell us why in the space provided below, because this is important information as well.

Now continue here:

The Travel Day starts at 4.00 a.m. (because most people are not travelling at 4.00 a.m.)

Q1. Where were you at 4.00 a.m. on this Travel Day?

At the address where the survey forms were delivered

Go straight to Question 2

At work

Please write in the address of this location in the spaces below, then go to Question 2

Somewhere else

Number

Street Name

Nearest Intersection or Landmark

Suburb/Town

Q2. Did you leave this place at all on your Travel Day? Yes

Go to Question 3

No

Go to Question 4

Q3. At what time (after 4 a.m.) did you first leave this place on your Travel Day?

: a.m.
 p.m.

Now turn the page to Stop 1



Q4. If you did not leave this place at all on this Travel Day, please give the **reason**

Q5. If you did not leave this place at all on this Travel Day, when did you **last** leave it before the Travel Day?

Day of Week

Date

If you did not go anywhere at all on your Travel Day, please now turn to Page 15



To enable us to compare our sample with the population statistics obtained from the recent 2006 Census, we would like you to answer the same income question that was asked in the Census.

What was the total personal income (before tax) that you received from all sources in the past 12 months?

Count all income including:

- wages, salary, commissions etc from employer
 - personal income from own business
 - interest, dividends, rent, other investments
 - regular payments from ACC
 - NZ Superannuation or Veterans Pension
 - other superannuation, pensions or annuities
 - unemployment benefit
 - sickness benefit
 - domestic purposes benefit
 - invalids benefit
 - student allowance
 - other government benefits
- Zero Income
- \$1 - \$5,000 per year
- \$5,001 - \$10,000 per year
- \$10,001 - \$15,000 per year
- \$15,001 - \$20,000 per year
- \$20,001 - \$25,000 per year
- \$25,001 - \$30,000 per year
- \$30,001 - \$35,000 per year
- \$35,001 - \$40,000 per year
- \$40,001 - \$50,000 per year
- \$50,001 - \$70,000 per year
- \$70,001 - \$100,000 per year
- more than \$100,000 per year

Who in the household actually filled out this Travel Day form?

Person Number
(from Red Person Form)

First Name

Do you have any comments about roads, public transport or the general transport system in the Auckland Region?

Do you have any comments about this survey?

Thank you very much for your time and help

Stop 1

A WHAT was Stop 1?

(please select one only)

A bus stop

A ferry terminal

A train station

Name of Train Station / Ferry Terminal

A restaurant/café

A petrol station

A shop

Name of Shop/Restaurant/Petrol Station

A pre-school/childcare centre

A primary school

A secondary school

A University/Technical Institute

Name of School/University etc

My usual workplace

Another place to do work

Name of Workplace

My home

Someone else's home

Somewhere else

Please describe

B WHERE was Stop 1?

Number

Street Name

Nearest Intersection/Landmark

Suburb/Town

C WHO travelled with you to Stop 1?

Which other people from your household (if any) travelled with you? (Use person numbers from the Red Person Form)

No one from the household

Person 1 Person 4

Person 2 Person 5

Person 3 Person 6

Go to Section D

D WHY did you go to Stop 1? (please select one only)

On-the-Job Travel [Go to Section E](#)

Personal Travel [Tick the reason](#)

To get on or off a bus, train or ferry

To pick up or drop off someone

To pick up or deliver something

To accompany someone

To eat or drink

To buy something

For education

It's my workplace

To visit someone

To go home

Other reason

Please describe other reason

E HOW did you get to Stop 1? (please select one only)

Private Vehicle

What type of vehicle was used?

Car

4WD/SUV

Motorcycle

Ute

Van

Truck

Other

Were you a driver or a passenger?

Driver

Passenger

How many people, including the driver, were in this vehicle?

Go to Section F

OR

Train

Ferry

Public Bus

Bus Route Number

Go to Section G

OR

School Bus

Taxi

Walking

Bicycle

Other method

Please describe other method

Go to Section H

F Private Vehicle Trip Details

Was the vehicle used on this trip listed on the Red Vehicle Form?

Yes No

If so, what was the number of that vehicle on the Red Vehicle Form?

Where was the vehicle parked at the end of this trip?

Residential property

On-street metered site

On-street non-metered site

Work/customer carpark

Other off-street carpark

Vehicle not parked

Was a parking fee paid?

No fee paid

Short term fee paid

Daily fee paid

Weekly or longer fee paid

How long did it take to walk from the vehicle to Stop 1? minutes

Go to Section H

G Public Transport Ticket Details

What type of ticket was used on this trip?

Single

Return

Daily

Multiple Trip (e.g. 10 trip, 40 trip)

Multiple Day (e.g. weekly, monthly)

Other

Was this ticket:

Adult

Child/School Student

Tertiary Student

Senior Citizen

Other

H WHEN did you arrive at Stop 1?

: a.m.
 : p.m.

Did you make any more Stops (including going home) on the Travel Day?

No [Go to Page 15](#)

Yes

When did you leave Stop 1?

: a.m.
 : p.m.

Go to Stop 2

A Survey of Day-to-Day Travel

Conducted for the Auckland Regional Council by The Urban Transport Institute



Read this First

In Confidence

1. Please fill in this Household Form first.
2. Then...fill out the Person Form on the inside of this form for everyone who usually lives here, and for visitors who stayed here on the night before the Travel Day.
3. Then...fill in details about household vehicles on the Vehicle Form on the back page of this form,
4. Then...each person aged 5 or more should fill in a blue Travel Day Form booklet for your Travel Day.

Household Form

A household is:

- all people who usually live at this address
- any visitors who stayed at this address on the night before the Travel Day
- a household can be just one person

Your Travel Day is:

Now start here:

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

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

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

Separate House or Townhouse

Other (please write in)

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

Owned or partly owned
(with or without mortgage)

Rented

Other

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

Years

Months

Are you **planning to move** from this address in the next 12 months?

Yes

No

Is anyone in this household **planning to change job location** in the next 12 months?

Yes

No

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

How many of these bicycles were **used in the past 14 days**?

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

Please turn the page - and provide details of **People** in your household

Person Form

Please fill in for everyone who usually lives at this address, even if they are away on your Travel Day, plus any visitors who stayed overnight on the night before your Travel Day

	OLDEST PERSON	Second person	Third person
Person Number Please record the Oldest Resident as Person 1	1	2	3
	First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Year of Birth	<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"/>
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"/>
Resident or Visitor?	Resident <input checked="" type="checkbox"/>	Resident <input type="checkbox"/> Visitor <input type="checkbox"/>	Resident <input type="checkbox"/> Visitor <input type="checkbox"/>
Relationship to Person 1		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"/> Other (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"/> Other (please write in) <input type="text"/>
Country of Birth	New Zealand <input type="checkbox"/> Elsewhere (please write in) <input type="text"/>	New Zealand <input type="checkbox"/> Elsewhere (please write in) <input type="text"/>	New Zealand <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? (tick as many as apply)	Car Licence - full licence <input type="checkbox"/> - restricted licence <input type="checkbox"/> - learner's licence <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"/> - restricted licence <input type="checkbox"/> - learner's licence <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"/> - restricted licence <input type="checkbox"/> - learner's licence <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/> No Licence <input type="checkbox"/>
Current Employment, Studying and Other Activities (tick as many categories as apply to each person)			
Currently employed	Full-time work (30 hours or more per week) <input type="checkbox"/> Part-time work (less than 30 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>	Full-time work (more than 35 hours per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>	Full-time work (more than 35 hours per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>
Currently studying	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/Technical Institute <input type="checkbox"/> Part-time University/Technical Institute <input type="checkbox"/> Other (e.g. language school) <input type="checkbox"/>	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/Technical Institute <input type="checkbox"/> Part-time University/Technical Institute <input type="checkbox"/> Other (e.g. language school) <input type="checkbox"/>	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/Technical Institute <input type="checkbox"/> Part-time University/Technical Institute <input type="checkbox"/> Other (e.g. language school) <input type="checkbox"/>
Any other activities	Not yet at primary school <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please write in) <input type="text"/>	Not yet at primary school <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please write in) <input type="text"/>	Not yet at primary school <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please write in) <input type="text"/>
Employment Details (to be completed by those currently employed)			
Work Arrangements	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"/>
Type of Employment	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other persons <input type="checkbox"/> Family business <input type="checkbox"/> Volunteer <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other persons <input type="checkbox"/> Family business <input type="checkbox"/> Volunteer <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other persons <input type="checkbox"/> Family business <input type="checkbox"/> Volunteer <input type="checkbox"/>
Occupation What kind of work does this person do?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industry What type of business is performed where this person works?	<input type="text"/>	<input type="text"/>	<input type="text"/>



	Fourth person	Fifth person	Sixth person
Person Number	4	5	6
	First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Year of Birth	<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"/>
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"/>
Resident or Visitor?	Resident <input type="checkbox"/> Visitor <input type="checkbox"/>	Resident <input type="checkbox"/> Visitor <input type="checkbox"/>	Resident <input type="checkbox"/> Visitor <input type="checkbox"/>
Relationship to Person 1	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"/> Other (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"/> Other (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"/> Other (please write in) <input type="text"/>
Country of Birth	New Zealand <input type="checkbox"/> Elsewhere (please write in) <input type="text"/>	New Zealand <input type="checkbox"/> Elsewhere (please write in) <input type="text"/>	New Zealand <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? (tick as many as apply)	Car Licence - full licence <input type="checkbox"/> - restricted licence <input type="checkbox"/> - learner's licence <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"/> - restricted licence <input type="checkbox"/> - learner's licence <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"/> - restricted licence <input type="checkbox"/> - learner's licence <input type="checkbox"/> Motorcycle Licence <input type="checkbox"/> Other Licence <input type="checkbox"/> No Licence <input type="checkbox"/>
Currently employed	Full-time work (more than 35 hours per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>	Full-time work (more than 35 hours per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>	Full-time work (more than 35 hours per week) <input type="checkbox"/> Part-time work (less than 35 hours per week) <input type="checkbox"/> Casual work <input type="checkbox"/>
Currently studying	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/Technical Institute <input type="checkbox"/> Part-time University/Technical Institute <input type="checkbox"/> Other (e.g. language school) <input type="checkbox"/>	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/Technical Institute <input type="checkbox"/> Part-time University/Technical Institute <input type="checkbox"/> Other (e.g. language school) <input type="checkbox"/>	Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Full-time University/Technical Institute <input type="checkbox"/> Part-time University/Technical Institute <input type="checkbox"/> Other (e.g. language school) <input type="checkbox"/>
Any other activities	Not yet at primary school <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please write in) <input type="text"/>	Not yet at primary school <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please write in) <input type="text"/>	Not yet at primary school <input type="checkbox"/> Homemaker <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please write in) <input type="text"/>
Work Arrangements	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"/>
Type of Employment	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other persons <input type="checkbox"/> Family business <input type="checkbox"/> Volunteer <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other persons <input type="checkbox"/> Family business <input type="checkbox"/> Volunteer <input type="checkbox"/>	Paid employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> An employer of other persons <input type="checkbox"/> Family business <input type="checkbox"/> Volunteer <input type="checkbox"/>
Occupation What kind of work does this person do?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industry What type of business is performed where this person works?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please turn the page - and provide details of Vehicles in your household

Vehicle Form

Please provide the following information for **all registered vehicles** owned or used by members of this household (including company cars) which were parked at or near this dwelling on the night before the Travel Day.

Vehicle Number	1	2	3	4	5
Type of Vehicle	Car <input type="checkbox"/>				
	4WD/SUV <input type="checkbox"/>				
	Motorcycle <input type="checkbox"/>				
	Ute <input type="checkbox"/>				
	Van <input type="checkbox"/>				
	Truck <input type="checkbox"/>				
	Other <input type="checkbox"/>				
Ownership of vehicle	Privately owned <input type="checkbox"/>				
	Company owned <input type="checkbox"/>				
Payment of running costs	Privately paid <input type="checkbox"/>				
	Paid by company <input type="checkbox"/>				
Payment of workplace parking costs (if vehicle used to go to and from work)	Privately paid <input type="checkbox"/>				
	Paid by company <input type="checkbox"/>				
	None paid <input type="checkbox"/>				
	Not used for work <input type="checkbox"/>				
Was this vehicle available for use on your Travel Day?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

How to fill out the blue Travel Day Forms

General instructions

- Please use a blue Travel Day Form for every person in the household **aged 5 and above**.
- The person who is numbered 1 on this Red Person Form should enter 1 as the Person Number on the blue Travel Day Form, the person who is numbered 2 on this Red Person Form should enter 2 as the Person Number on the blue Travel Day Form, and so on.
- If you are a "professional driver", please fill in only your personal travel for the Travel Day, including travel to and from work. A "professional driver" is someone *who is employed (self-employed or otherwise) to transport goods or people. This includes courier drivers, taxi drivers and truck drivers.* However, if you are not a "professional driver", and you sometimes travel as part of your work (e.g. to and from meetings), please record any travel you do as part of your work.
- The blue Travel Day Form asks you to fill in all the travel made by that person on your household's Travel Day, which is:

Some other things you might need to know

If someone makes more than 13 stops on the Travel Day

- Please continue recording these stops on a spare blue Travel Day Form.
- If you need more blue Travel Day Forms, please ring the Travel Survey Office on the number given below.

Confidentiality

- Any information that might identify people or households will be kept strictly confidential.
- Your data will be mixed with many other households in any results that are released.
- No individual data, on households or people, will be released to any third parties.

If you have any questions or require assistance with the survey

- Please don't hesitate to ring the Travel Survey Office on **0508-254 458** (free call).

MoT 2008 SURVEY FORMS

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

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

Only fill in g + h if using paper Person Form

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

Observe

2. Household type

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

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

(Include children's bicycles but not tricycles)

Number of bicycles

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

Nil vehicles in household (Go to 4b)

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

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

5. Appointments

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

Your household's days are _____ and _____.

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

Yes
 No Go to 5c

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

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

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

(Leave extra memory joggers as required).

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

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

Yes Phone number _____
 No

NEW ZEALAND TRAVEL SURVEY

FORM 2 — PERSON FORM

Interview Date _____

--- In Confidence ---

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

INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

Identification _____
 Street No.
 Street _____
 Suburb _____
 Town/City _____

OR Home 001
 OR No fixed place of work 999

TRAVEL DAY 1

SECTION B: TRAVEL DAY 1

First Travel Date

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10. **Now I'd like to ask about your travel. This card explains what we mean by travel** (Show Card C). **That is, any time you left your property, say to go for a walk, buy your lunch, drive somewhere. First, thinking about your/ _____'s travel from 4 o'clock (First Day) morning till 4 o'clock (Second Day) morning.**

11. **Do you have your/ _____'s memory jogger handy?**

Yes (standard memory jogger) 1

Yes (Professional driver memory jogger) 3

No 2

12. **Did you/ _____ go anywhere at all on (First Day)?**
Remember this includes even walking down the street to buy some milk or bread...

Yes 1

No 2

14. **Where did you/ _____ start the day on (First Day)?**

Home (Go to Q.16)..... 1

Work – Main Job (Go to Q. 16) 2

Work – Other Job 3

Social/Recreation 4

Hospital/Medical 5

Other _____ 6

<p>15. And please could I have the address?</p>	<p>Identification _____</p> <p>Street No. <input style="width: 100px;" type="text"/></p> <p>Street _____</p> <p>Suburb _____</p> <p>Town/City _____</p>
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16. **SEQUENCE GUIDE:**

- If traveller (Code 1 in Q. 12), go to Q. 17.
- If non-traveller (Code 2 in Q. 12), go to Q. 18.

17.

Stop No. []	When did you/ _____ leave? Next Day A. [][][][] []	D. What did you/ _____ do there?	E. How did you/ _____ get there?	F. About how far was it from [][][] to [][][]? [] km [] metres															
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17. Stop No.

When did you/ _____ leave? Next Day

A.

B. What did you/ _____ do next?

Did you/ _____ make any stops on the way?

Off road

Destination Address _____

Identification _____

Street No.

Street name _____

Suburb _____

Town/City _____

C. When did you/ _____ get there? Next Day

D. What did you/ _____ do there?

Home..... 1

Work

Main Job..... 2

Other Job..... 3

Empl. Bus..... 4

Education..... 5

Shopping..... 6

Social Welfare..... 7

Pers. Bus/ Services..... 8

Medical/ Dental..... 9

Social visits/ entertainment... 10

Recreation..... 11

Change Mode... 12

Accompanied someone..... 13

Left country..... 14

Other.....

E. How did you/ _____ get there?

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

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

Bicycle..... 3

Train..... 4

Bus..... 5

Ferry..... 6

Plane..... 7

Taxi passenger..... 8

Other..... 9

Mobility scooter..... 10

Walk/Run..... 0

F. About how far was it from _____ to _____? km metres

G. If 10 km or more What route did you take?

Quickest OR Street number

Street name _____

Suburb _____

Town/City _____

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

Passengers

Person Number	Name	Sex	Age

I. If driver Where did you/ _____ park?

Not parked..... 1

Off Street:

Resident's Property..... 2

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

Public..... 4

On Street:

Time limit..... 5

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				K. How many roads did you cross? <input type="text"/> <input type="text"/>													

TRAVEL DAY 2

SECTION C: TRAVEL DAY 2

Second Travel Date

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

25.

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

ALCOHOL

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

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

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

Yes..... 1
 No 2

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

Yes..... 1
 No 2

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

Yes..... 1
 No 2

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

So, thinking about (Day before First Travel Day _____) again,

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

Start
 Finish
 (24 hour clock) hh:mm

Next day
 Next day

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

Code
 OR Some-where else 10

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

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

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

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

27a. **And thinking now about** (*First Travel Day*), **between when and when did you have the drinks?** *Prompt: Any other times (at home?) (Record all times)*

 Start

Next day

 Finish

Next day

(24 hour clock) hh:mm

27b. **And from card D, whereabouts did you have this drink/these drinks?** (*Show card D*)

Code

OR Somewhere else

10

27c. **From these photos, how many of each of these did you have?** (*Show photos*)

No. Type

27d. (*Check back with respondent to clarify, specifying amounts.*)

So let me check I've got that right, that was... (*read back answers, eg 2 glasses of sherry and 4 cans of beer*)

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

28a. **And on** (*Second Travel Day*), **between when and when did you have the drinks?** *Prompt: Any other times (at home?)*

(Record all times)

 Start

Next day

 Finish

Next day

(24 hour clock) hh:mm

28b. **And from card D, whereabouts did you have this drink/these drinks?** (*Show card D*)

Code

OR Somewhere else

10

28c. **From these photos, how many of each of these did you have?** (*Show photos*)

No. Type

28d. (*Check back with respondent to clarify, specifying amounts.*)

So let me check I've got that right, that was ... (*read back answers, eg 2 glasses of sherry and 4 cans of beer*)

CYCLING

78a. **And now, just a few final questions.**
In the last 12 months, that is since _____ last year, have you ridden a bicycle at all?
 Yes..... 1
 No (*Go to Q.79a*)..... 2

78b. **Thinking about just the last four weeks, how often have you ridden a bike?** (*Show card E*)
 Not at all this month..... A
 On 1–4 days this month..... B
 On 5–9 days this month..... C
 On 10–19 days this month..... D
 On 20 days or more this month..... E

PUBLIC TRANSPORT

79a. **And in the last 12 months, have you used public transport to travel in your local area at all? By public transport I mean public buses, trains and ferries that anyone can use to travel in your local area.**
 Yes..... 1
 No (*Go to Q.79c*)..... 2

79b. **Thinking about just the last four weeks, how often have you used public transport to travel in your local area?** (*Show card E*)
 Not at all this month..... A
 On 1–4 days this month..... B
 On 5–9 days this month..... C
 On 10–19 days this month..... D
 On 20 days or more this month..... E
(Read if questioned: We are not asking about school buses, long-distance bus or train journeys over one and a half hours long, or interisland ferries).

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

KILOMETRES DRIVEN

80. **Looking at the broad categories on card F: In your life so far, could you estimate how many kilometres you have done as the driver of any motor vehicle – a car, motorbike, truck or any other vehicle?** (*Show card F*)
(Read if questioned: Anywhere in the world).
 Never Driven (*Go to Q. 83*)..... A
 Less than 2,000 km B
 2,001–20,000 km C
 20,001–200,000 km D
 More than 200,000 km E
 Don't know F

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

<p>In a car, van, truck or bus, as a driver <i>(Show card G)</i></p> <p>And on card H: On a motorbike as a rider</p> <p><i>(Show card H)</i></p>	<p>Category</p> <p><input type="checkbox"/> OR <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	<p>Z</p> <p>Z</p>
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82. Do you currently hold a licence to drive ...

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

DEMOGRAPHIC INFORMATION

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

Yes 1
 No 2
 Object to state 3

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

Code:
 Other (specify) _____ 12
 Object to state 13

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

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

Code:
 Don't know X
 Object to state Z

85a. END OF INTERVIEW. THANK RESPONDENT.

86. Post travel interview completed?

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

87. Reason not completed

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

Household Travel Survey Show Cards

Version D April 2008

Card A

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

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

Card B

In your main job, do you work:

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

Card C

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

For example:

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

Card D

Whereabouts did you have this drink (or drinks)?

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

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

Card E

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

Card F

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

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

Card G

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

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

Card H: Motorbike riders

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

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

Card J

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

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

Card K

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

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

Appendix C

Waikato Data Fields

Sample Number	Live With Partner
Travel Date	Ethnicity
Home St Number	Trip Number
Home St Name	Trip Departure Time
Home Suburb	Departure Next Day?
Home Town or City	Dest Place Name
Response Status	Dest St Number
Num Bicycles	Dest St Name
No Vehicles?	Dest Suburb
Household Type	Dest Town Or City
Person Num	Dest Easting
Household Member?	Dest Northing
Person Name	Trip Arrival Time
Proxy?	Arrival Next Day?
Reason For Proxy	Destinationtype
Relationship	Desttypeother
Sex	Activitydesc
Age	Activity Other
Not Yet At School	Mode Of Transport
Student Full Time	Mode Of Transport Other
Student Part Time	Num People On Trip
Education Level	Driver Person Num
Work Full Time	Alternative
Work Part Time	Quick Route?
Work Casual	Via Route Place Name
Unemployed	Via Route St Number
Homemaker	Via Route St Name
Retired	Via Route Suburb
Other Beneficiary	Via Route Town Or City
Other Activity	Trip Distance
More Than 1 Job?	Vehicle Make
Occupation Desc	Vehicle Model
Anzic	Vehicle Year Of Manufacture
Further Employment Details	Vehicle Type
Income	Vehicle Cc Rating
Ridden Bicycle Last Year?	Fuel Type
Bicycle Ridden In Last 4 Weeks	Parking Location
Kilometres Driven In Life So Far	Parking Location Other
Vehicle Kilometres Driven In Last 12 Months	Parking Cost
Num Roads Crossed	
Car Licence	Num Pedestrian Crossing Used
Car Licence Type	Offroad?
Car Licence Years Held	Paymenttype
Car Licence Months Held	Routeid
Motorbike Licence	Estwait
Motorbike Licence Type	Notes From Interviewer
Motorbike Licence Years Held	
Motorbike Licence Months Held	
Truck Licence	
Truck Licence Type	
Truck Licence Years Held	
Truck Licence Months Held	