

## 2009 EXTERNAL TRAVEL SURVEY

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Location (Station Code): \_\_\_\_\_

Direction:  Northbound  Eastbound  Southbound  Westbound

**OBSERVE** – Do not ask type of vehicle or license plate information. Also do not ask number of occupants unless unclear.

**Vehicle License?**  Ontario  Quebec  Canada - Other  USA

**7. Vehicle Type?**  Personal car/truck/van/SUV  Motorcycle  
 Commercial car/truck/van/SUV  Other (please specify): \_\_\_\_\_

**8. Total Number of occupants in the vehicle, including driver?** \_\_\_\_\_

**READ:** Hello, we are conducting a short survey about travel across the National Capital Region. Could we ask you a few quick questions about your trip today?  
 Completion of the survey is **voluntary**.

**1. Where did your trip start?** (Provide location details in the space below.)

Name of place or nearest major intersection: \_\_\_\_\_  
 \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_

**2. At what time did your trip start?** \_\_\_\_\_  AM  PM

**3. What best describes the location where you started your trip?** (Check one box only.)

Home  Work  School  Other (please specify): \_\_\_\_\_

**4. Where will your trip end?** (Provide location details in the space below.)

Name of place or nearest major intersection: \_\_\_\_\_  
 \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_

**5. At what time do you expect to arrive at your destination?** \_\_\_\_\_  AM  PM

**6. What is the purpose of your trip?** (Check one box only.)

<input type="checkbox"/> Go to work	<input type="checkbox"/> Go to business related to work
<input type="checkbox"/> Go to school	<input type="checkbox"/> Go shopping / go to restaurant
<input type="checkbox"/> Visit friends/family	<input type="checkbox"/> Medical/dental visit
<input type="checkbox"/> Drop someone off / pick someone up	<input type="checkbox"/> Tourism / recreation
<input type="checkbox"/> Return home	<input type="checkbox"/> Other (please specify): _____

**9. Did you use or will you use an OC Transpo/STO Park-and-Ride facility for any part of this trip?**  Yes  No

If yes, which facility? (Name of facility) \_\_\_\_\_

**10. Did you make or will you make a trip on this route in the opposite direction today?**  Yes  No

If yes, at what time was it / will it be made? \_\_\_\_\_  AM  PM

**11. How often do you make this trip?** (Check one box only.)

<input type="checkbox"/> Once daily	<input type="checkbox"/> 2 or more times each day
<input type="checkbox"/> Once weekly	<input type="checkbox"/> 2 or more times per week
<input type="checkbox"/> Other (specify): _____	

**THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY**