

## 2009 EXTERNAL TRAVEL SURVEY

Dear Motorist:

TRANS, a governmental transportation planning committee, is conducting a survey to identify travel characteristics to, from and through the National Capital Region (NCR), including City of Ottawa and Ville de Gatineau.

**The information you provide is important for future transportation planning in the NCR, eastern Ontario and western Quebec.**

Completion of the survey is **voluntary**.

If you or a member of your household were driving a vehicle at the following location on **TUESDAY, MAY 19, 2009**, please take a few minutes to complete the survey below:

Time: **7:30 AM**  
Location: **HIGHWAY 417 / Rd 29**  
Direction: **EASTBOUND**



Personal information will not be collected during this survey. The information you provide is treated in **confidence** and will be much appreciated. The information will be used only for the purpose of transportation planning. Questions about this survey and data collection can be directed to Ahmad Subhani, City of Ottawa, 4<sup>th</sup> Floor, 110 Laurier Ave West, Ottawa, ON, K1P 1J1, or you can call toll free 1-800-268-4686 or 416-235-4686. Information about the survey is also provided at [www.ncr-trans-rcn.ca](http://www.ncr-trans-rcn.ca)

When you have completed the survey, please place it in the addressed envelope provided and mail it as soon as possible. No postage required.

### ABOUT YOUR TRIP

Station Code – 417W-EB-01

**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?** (Write in the time and check one box.) \_\_\_\_\_  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 did 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 did you arrive?** (Write in the time and check one box.) \_\_\_\_\_  AM  PM

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

Go to work  Go to business related to work  
 Go to school  Go shopping / go to restaurant  
 Visit friends/family  Medical/dental visit  
 Drop someone off / pick someone up  Tourism / recreation  
 Return home  Other (please specify): \_\_\_\_\_

**7. What type of vehicle was used?**

(Check one box only.)  Personal car/truck/van/SUV  Motorcycle  
 Commercial car/truck/van/SUV  Other (please specify): \_\_\_\_\_

**8. How many people were travelling in the vehicle, including yourself?** \_\_\_\_\_ (Write the number in.)

**9. Did you use an OC Transpo Park-and-Ride facility for any part of this trip?** (Check one box only.)  Yes  No

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

**10. If you made a trip along the same route in the opposite direction on this day, at what time was it made?**

(Write in the time and check one box.) \_\_\_\_\_  AM  PM

**11. How often do you make this trip?**

(Check one box only.)  Once daily  2 or more times each day  
 Once weekly  2 or more times per week  
 Other (specify): \_\_\_\_\_

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