

NTS V2



Area Add H CL P

In confidence

National Travel Survey

Travel record of

Travel week

Start day	Finish day
Start date	Finish date

Please use **black** or **blue** ink if possible

Thank you very much for your help

Your interviewer

will call again on

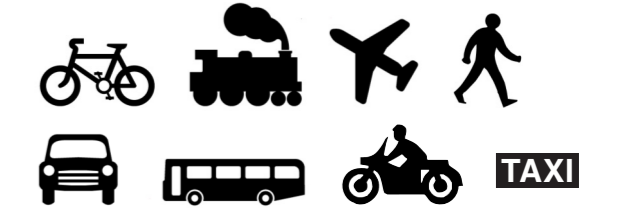
Day	Day
Date	Date
Time	Time

Day1SW

Please see the notes on the reverse of this flap

A few points to remember when filling in the travel record:

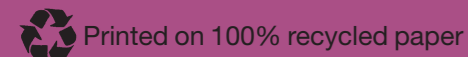
1. We are interested in **all** types of transport; walks and bike journeys as well as cars and public transport.



2. Use a **new line for each journey** (e.g. go to work, go home). From column F use a new line for each **method of travel** you used for each **stage** of your journey (e.g. car, train, bus, walk).
3. On day 1 include all walks. On days 2-7 only include walks of a mile or more (it takes approximately 20 minutes to walk a mile).
4. Drivers: On days 1 and 7 please remember to enter your gauge readings on the Mileage Chart.
5. If you make more than 7 journeys there is space at the end of the record to write down extra journeys.

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Social Research

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www.gov.uk/government/organisations/department-for-transport/series/national-travel-survey-statistics



NOTES

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

B/C What time did you leave/arrive? Write in hours and minutes (e.g. 9.15). Please tick am or pm to show the time of day.

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

F What method of travel did you use for each stage of your journey? Use a different line for the **method of travel** you used at each **stage** of your journey (e.g. car, train, bus, bike). On day 1 include all walks. On days 2-7 only include walks of a mile or more (it takes approximately 20 minutes to walk a mile).

G How far did you travel? (Miles) Please give us the distance you travelled in miles or metres (e.g. 3 miles, 0.5 miles, 300 metres).

H How long did you spend travelling? (Minutes) Please note the amount of time you spent **travelling** and do not include any time you spent waiting for public transport.

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

J Which car or other motor vehicle did you use? Please tell us **which vehicle** was used **if it belongs to your household** (e.g. Toyota). If you travelled in someone else's vehicle, please tell us that (e.g. friend's car).

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

L How much did you pay for parking? Enter how much **you** paid for parking. Please tick the box marked 'Nil' if you did not pay anything.

M What type of ticket did you use? Write here the type of ticket you used. Tell us if it was a **single**, a **return**, a **season ticket** or a **one day travelcard**. If you were able to buy a ticket at a **cheap rate** please write this in too. If you used **reduced or free tickets**, or a **concessionary pass** that allows you to travel for free, please tell us. If you used an **Oyster card** please tell us whether it was a **pre-pay** or a **season ticket**.

N How much did your ticket cost? Please tell us the amount you actually paid. If your journey was covered by a season ticket tick 'Nil'. If you bought a return ticket or travel card write the total amount next to the first journey you used it for.

O How many times did you board? Write here the number of different trains or buses you used at each stage of your journey (e.g. if you used two separate buses enter '2').

HOW TO FILL IN YOUR TRAVEL RECORD

For help with filling in please unfold side flap for notes

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. Include walks if 1 mile or more

A	B	C	D	E
What was the purpose of your journey? <i>See Note A</i>	What time did you leave? <i>See Note B</i>	What time did you arrive? <i>See Note C</i>	Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>
1 Go to work	Time 8:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Time 9:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home Pendleton, Salford
2 Go food shopping	Time 5:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Time 6:12 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home Haydock town centre
3 Go home	Time 6:20 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Time 6:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Home Haydock town centre
4 Go out for meal with friends	Time 7:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Time 8:05 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home Liverpool City Centre
5 Go home	Time 10:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Time 10:55 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Home Liverpool City Centre
6	Time : : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
7	Time : : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

STAGES These columns are for entering details of each stage of your journey															
								Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE 			Only fill in these columns if you used PUBLIC TRANSPORT 				
F	G	H	I	J	K	L	M	N	O						
What method of travel did you use for each stage of your journey? <i>See Note F</i>	How far did you travel? (Miles) <i>See Note G</i>	How long did you spend travelling? (Minutes) <i>See Note H</i>	How many people travelled including you? <i>See Note I</i>	Which car or other motor vehicle did you use? <i>See Note J</i>	Were you the driver (D) or a passenger (P)? <i>See Note K</i>	How much did you pay for parking? <i>See Note L</i>	What type of ticket did you use? <i>See Note M</i>	How much did your ticket cost? <i>See Note N</i>	How many times did you board? <i>See Note O</i>						
1 Car	18				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
2					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
3					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
1 Car	16				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
2					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
3					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
1 Car	4				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
2					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
3					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
1 walk	1				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
2 Train	8				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
3 BUS	1.5				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
1 Taxi	10				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
2					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
3					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
1					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
2					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
3					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
1					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
2					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							
3					<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil							

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

Columns are for entering details of each stage of your journey

			Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE 			Only fill in these columns if you used PUBLIC TRANSPORT 		
G	H How long did you spend travelling? (Minutes) <i>See Note H</i>	I How many people travelled including you? <i>See Note I</i>	J Which car or other motor vehicle did you use? <i>See Note J</i>	K Were you the driver (D) or a passenger (P)? <i>See Note K</i>	L How much did you pay for parking? <i>See Note L</i>	M What type of ticket did you use? <i>See Note M</i>	N How much did your ticket cost? <i>See Note N</i>	O How many times did you board? <i>See Note O</i>
8	45	1	Fiesta	<input checked="" type="checkbox"/> D <input type="checkbox"/> P	£ 2 : 00 <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
6	42	1	Fiesta	<input checked="" type="checkbox"/> D <input type="checkbox"/> P	£ : <input checked="" type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
4	10	1	Fiesta	<input checked="" type="checkbox"/> D <input type="checkbox"/> P	£ : <input checked="" type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
1	18	2		<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
8	27	2		<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil	Single	£ 2:90 <input type="checkbox"/> Nil	1
5	8	2		<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil	Single	£ 1:00 <input type="checkbox"/> Nil	1
0	25	2		<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	

EXAMPLE PAGE

EXTRA JOURNEYS
If you made more than 7 journeys on this day please use the extra space towards the back of the booklet

DAY 1

Mon Tues Wed Thur Fri Sat Sun

Date

For help with filling in please unfold side flap for notes



On this day only, please include all walks (even walks under a mile)

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys.

JOURNEYS					STAGES		
A	B	C	D	E	These columns are for		
What was the purpose of your journey? <i>See Note A</i>	What time did you leave? <i>See Note B</i>	What time did you arrive? <i>See Note C</i>	Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	 What method of travel did you use for each stage of your journey? <i>See Note F</i>	How far did you travel? (Miles) <i>See Note G</i>	How long did it take? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
					4		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
					4		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
					4		
4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
					4		

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

DAY 1

Mon Tues Wed Thur Fri Sat Sun

Date



On this day only, please include all walks (even walks under a mile)

STAGES These columns are for



JOURNEYS Please record each journey on a new row. Include very short ones and return journeys.

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How did you spend your travel? (Minutes) <i>See Note H</i>
5 	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3 4		
6 	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3 4		
7 	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3 4		
8 	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3 4		
9 	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3 4		

DAY 1

Mon Tues Wed Thur Fri Sat Sun

Date



On this day only, please include all walks (even walks under a mile)

STAGES These columns are for



F What method of travel did you use for each stage of your journey?
See Note F

G How far did you travel? (Miles)
See Note G

H How long did you spend traveling? (Minutes)
See Note H

1			
2			
3			
4			
1			
2			
3			
4			
1			
2			
3			
4			
1			
2			
3			
4			

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys.

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>
10	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
11	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
12	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
13	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home
14	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home

DAY 2

Mon Tues Wed Thur Fri Sat Sun

Date

STAGES These columns are for












For help with filling in please unfold side flap for notes

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. **Include walks if 1 mile or more**

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How long did you spend travelling? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
5	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
6	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
7	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

Forms are for entering details of **each stage** of your journey

   			<p><u>Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE</u></p>  			<p><u>Only fill in these columns if you used PUBLIC TRANSPORT</u></p>   		
G	H	I	J	K	L	M	N	O
How far you travelled? (Miles)	How long did you spend travelling? (Minutes)	How many people travelled including you?	Which car or other motor vehicle did you use? <i>See Note J</i>	Were you the driver (D) or a passenger (P)? <i>See Note K</i>	How much did you pay for parking? <i>See Note L</i>	What type of ticket did you use? <i>See Note M</i>	How much did your ticket cost? <i>See Note N</i>	How many times did you board? <i>See Note O</i>
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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EXTRA JOURNEYS
If you made more than 7 journeys on this day please use the extra space towards the back of the booklet

DAY 3

Mon Tues Wed Thur Fri Sat Sun

Date

STAGES These columns are for



For help with filling in please unfold side flap for notes

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. Include walks if 1 mile or more

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How long did you spend travelling? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
5	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
6	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
7	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

Columns are for entering details of each stage of your journey

		TAXI			Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE 		Only fill in these columns if you used PUBLIC TRANSPORT 		
How far did you travel? (Miles)	H How long did you spend travelling? (Minutes) See Note H	I How many people travelled including you? See Note I	J Which car or other motor vehicle did you use? See Note J	K Were you the driver (D) or a passenger (P)? See Note K	L How much did you pay for parking? See Note L	M What type of ticket did you use? See Note M	N How much did your ticket cost? See Note N	O How many times did you board? See Note O	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil		

EXTRA JOURNEYS
 If you made more than 7 journeys on this day please use the extra space towards the back of the booklet

DAY 4

Mon Tues Wed Thur Fri Sat Sun

Date

STAGES These columns are for











For help with filling in please unfold side flap for notes

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. Include walks if 1 mile or more

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How long did you spend travelling? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
5	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
6	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
7	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

Forms are for entering details of **each stage** of your journey

  TAXI 		Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE  			Only fill in these columns if you used PUBLIC TRANSPORT   		
H How long did you spend travelling? (Minutes) See Note H	I How many people travelled including you? See Note I	J Which car or other motor vehicle did you use? See Note J	K Were you the driver (D) or a passenger (P)? See Note K	L How much did you pay for parking? See Note L	M What type of ticket did you use? See Note M	N How much did your ticket cost? See Note N	O How many times did you board? See Note O
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P £ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	

EXTRA JOURNEYS

If you made more than 7 journeys on this day please use the extra space towards the back of the booklet

DAY 5

Mon Tues Wed Thur Fri Sat Sun

Date

For help with filling in please unfold side flap for notes

STAGES These columns are for












JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. Include walks if 1 mile or more

A What was the purpose of your journey? See Note A	B What time did you leave? See Note B	C What time did you arrive? See Note C	D Where did you start your journey? (Tick Home or give the name of the village, town or area) See Note D	E Where did you go to? (Tick Home or give the name of the village, town or area) See Note E	F What method of travel did you use for each stage of your journey? See Note F	G How far did you travel? (Miles) See Note G	H How long did you spend travelling? (Minutes) See Note H
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
5	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
6	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		
7	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1		
					2		
					3		

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

Forms are for entering details of each stage of your journey

   			Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE  			Only fill in these columns if you used PUBLIC TRANSPORT   		
G	H How long did you spend travelling? (Minutes) <i>See Note H</i>	I How many people travelled including you? <i>See Note I</i>	J Which car or other motor vehicle did you use? <i>See Note J</i>	K Were you the driver (D) or a passenger (P)? <i>See Note K</i>	L How much did you pay for parking? <i>See Note L</i>	M What type of ticket did you use? <i>See Note M</i>	N How much did your ticket cost? <i>See Note N</i>	O How many times did you board? <i>See Note O</i>
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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EXTRA JOURNEYS
 If you made more than 7 journeys on this day please use the extra space towards the back of the booklet

DAY 6

Mon Tues Wed Thur Fri Sat Sun

Date

STAGES These columns are for



For help with filling in please unfold side flap for notes

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. Include walks if 1 mile or more

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How long did you spend travelling? (Minutes) <i>See Note H</i>			
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1					
								2		
								3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1					
								2		
								3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1					
								2		
								3		
4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1					
								2		
								3		
5	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1					
								2		
								3		
6	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1					
								2		
								3		
7	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1					
								2		
								3		

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

Forms are for entering details of each stage of your journey

			TAXI			Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE			Only fill in these columns if you used PUBLIC TRANSPORT		
G	H How long did you spend travelling? (Minutes) <i>See Note H</i>	I How many people travelled including you? <i>See Note I</i>	J Which car or other motor vehicle did you use? <i>See Note J</i>	K Were you the driver (D) or a passenger (P)? <i>See Note K</i>	L How much did you pay for parking? <i>See Note L</i>	M What type of ticket did you use? <i>See Note M</i>	N How much did your ticket cost? <i>See Note N</i>	O How many times did you board? <i>See Note O</i>			
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil				
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil				
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EXTRA JOURNEYS
If you made more than 7 journeys on this day please use the extra space towards the back of the booklet

DAY 7

Mon Tues Wed Thur Fri Sat Sun

Date

STAGES These columns are for












For help with filling in please unfold side flap for notes

JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. Include walks if 1 mile or more

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How long did you spend travelling? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
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4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
5	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
6	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
7	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		

USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

Forms are for entering details of each stage of your journey

   			 			  		
Only fill in these columns if you used a CAR or OTHER MOTOR VEHICLE			Only fill in these columns if you used PUBLIC TRANSPORT					
G	H How long did you spend travelling? (Minutes) <i>See Note H</i>	I How many people travelled including you? <i>See Note I</i>	J Which car or other motor vehicle did you use? <i>See Note J</i>	K Were you the driver (D) or a passenger (P)? <i>See Note K</i>	L How much did you pay for parking? <i>See Note L</i>	M What type of ticket did you use? <i>See Note M</i>	N How much did your ticket cost? <i>See Note N</i>	O How many times did you board? <i>See Note O</i>
				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
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				<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	

EXTRA JOURNEYS
If you made more than 7 journeys on this day please use the extra space towards the back of the booklet

EXTRA JOURNEYS

Day of week

Date

For help with filling in please unfold side flap for notes

STAGES These columns are for



JOURNEYS Please record each journey on a new row. Include very short ones and return journeys.

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>			G How far did you travel? (Miles) <i>See Note G</i>	H How did you spend your travel? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1				
						2			
						3			
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1				
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3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1				
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EXTRA JOURNEYS

Day of week

Date

1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1			
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2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1			
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						3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1			
						2		
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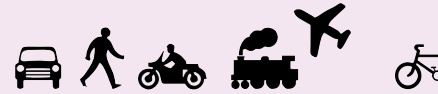
EXTRA JOURNEYS

Day of week

Date

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JOURNEYS Please record each journey on a new row. Include very short ones and return journeys.

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How long did you spend travelling? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		

EXTRA JOURNEYS

Day of week

Date

1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		

EXTRA JOURNEYS

Day of week

Date

For help with filling in please unfold side flap for notes

STAGES These columns are for



JOURNEYS Please record each journey on a new row. Include very short ones and return journeys.

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>			G How far did you travel? (Miles) <i>See Note G</i>	H How did you spend your time? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1				
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2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1				
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3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1				
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EXTRA JOURNEYS

Day of week

Date

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2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1			
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3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1			
					2			
					3			

EXTRA JOURNEYS

Day of week

Date

For help with filling in please unfold side flap for notes

STAGES These columns are for



JOURNEYS Please record each journey on a new row. Include very short ones and return journeys.

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>			G How far did you travel? (Miles) <i>See Note G</i>	H How did you spend your travel? (Minutes) <i>See Note H</i>		
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						
									2		
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2	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						
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3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						
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EXTRA JOURNEYS

Day of week

Date

1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						
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3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1						
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PRACTICE PAGE

For help with filling in please unfold side flap for notes

STAGES These columns are for



JOURNEYS Please record each journey on a new row. Include very short ones and return journeys. Include walks if 1 mile or more

A What was the purpose of your journey? <i>See Note A</i>	B What time did you leave? <i>See Note B</i>	C What time did you arrive? <i>See Note C</i>	D Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	E Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	F What method of travel did you use for each stage of your journey? <i>See Note F</i>	G How far did you travel? (Miles) <i>See Note G</i>	H How long did it take? (Minutes) <i>See Note H</i>
1	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
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3	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
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	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home			
4	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
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	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home			
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7	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Home	<input type="checkbox"/> Home	1 2 3		
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USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US