

# HOW TO FILL IN YOUR TRAVEL RECORD

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

<b>A</b> What was the purpose of your journey? <i>See Note A</i>	<b>B</b> What time did you leave? <i>See Note B</i>	<b>C</b> What time did you arrive? <i>See Note C</i>	<b>D</b> Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	<b>E</b> Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>		<b>F</b> What method of travel did you use for each stage of your journey? <i>See Note F</i>	<b>G</b> How far did you travel? (Miles) <i>See Note G</i>
<b>1</b> 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	1 2 3	Car	18
<b>2</b> 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 Pendleton, Salford	<input type="checkbox"/> Home Haydock town centre	1 2 3	Car	16
<b>3</b> 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 Haydock town centre	<input checked="" type="checkbox"/> Home	1 2 3	Car	4
<b>4</b> 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	1 2 3	walk Train BUS	1 8 1.5
<b>5</b> 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 Liverpool city Centre	<input checked="" type="checkbox"/> Home	1 2 3	Taxi	10
<b>6</b>	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		
<b>7</b>	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

		Only fill in these columns if you used a <b>CAR</b> or <b>OTHER MOTOR VEHICLE</b> 			Only fill in these columns if you used <b>PUBLIC TRANSPORT</b> 		
H	I	J	K	L	M	N	O
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>
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	
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	
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	
18	2		<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil		£ : <input type="checkbox"/> Nil	
27	2		<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil	Single	£ 2:90 <input type="checkbox"/> Nil	1
8	2		<input type="checkbox"/> D <input type="checkbox"/> P	£ : <input type="checkbox"/> Nil	Single	£ 1:00 <input type="checkbox"/> Nil	1
25	2		<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	

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)

**STAGES** These columns are for



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

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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	<b>1</b> <b>2</b> <b>3</b> <b>4</b>	
<b>2</b>	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	<b>1</b> <b>2</b> <b>3</b> <b>4</b>	
<b>3</b>	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	<b>1</b> <b>2</b> <b>3</b> <b>4</b>	
<b>4</b>	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	<b>1</b> <b>2</b> <b>3</b> <b>4</b>	

**USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US**

**Remember to complete your mileage chart**

Turn over for more journeys

Columns are for entering details of each stage of your journey

		Only fill in these columns if you used a <b>CAR</b> or <b>OTHER MOTOR VEHICLE</b> 			Only fill in these columns if you used <b>PUBLIC TRANSPORT</b> 		
<b>H</b> How long did you spend travelling? (Minutes) <i>See Note H</i>	<b>I</b> How many people travelled including you? <i>See Note I</i>	<b>J</b> Which car or other motor vehicle did you use? <i>See Note J</i>	<b>K</b> Were you the driver (D) or a passenger (P)? <i>See Note K</i>	<b>L</b> How much did you pay for parking? <i>See Note L</i>	<b>M</b> What type of ticket did you use? <i>See Note M</i>	<b>N</b> How much did your ticket cost? <i>See Note N</i>	<b>O</b> 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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# DAY 1 continued

Mon Tues Wed Thur Fri Sat Sun

Date



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<b>5</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
					<b>4</b>	
<b>6</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
					<b>4</b>	
<b>7</b>	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	<b>1</b>	
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					<b>3</b>	
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<b>8</b>	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	<b>1</b>	
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<b>9</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
					<b>4</b>	

**Remember to complete your mileage chart**

**Turn over for more journeys** 

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

  		Only fill in these columns if you used a <b>CAR</b> or <b>OTHER MOTOR VEHICLE</b>  			Only fill in these columns if you used <b>PUBLIC TRANSPORT</b>   		
<b>H</b> How long did you spend travelling? (Minutes) <i>See Note H</i>	<b>I</b> How many people travelled including you? <i>See Note I</i>	<b>J</b> Which car or other motor vehicle did you use? <i>See Note J</i>	<b>K</b> Were you the driver (D) or a passenger (P)? <i>See Note K</i>	<b>L</b> How much did you pay for parking? <i>See Note L</i>	<b>M</b> What type of ticket did you use? <i>See Note M</i>	<b>N</b> How much did your ticket cost? <i>See Note N</i>	<b>O</b> How many times did you board? <i>See Note O</i>
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# DAY 1 continued

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.

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>10</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
					<b>4</b>	
<b>11</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
					<b>4</b>	
<b>12</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
					<b>4</b>	
<b>13</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
					<b>4</b>	
<b>14</b>	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	<b>1</b>	
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					<b>4</b>	





# 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

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home or give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home or give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	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	
<b>5</b>	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	
<b>6</b>	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	
<b>7</b>	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**

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

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	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	
<b>5</b>	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	
<b>6</b>	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	
<b>7</b>	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 <b>CAR</b> or <b>OTHER MOTOR VEHICLE</b>			Only fill in these columns if you used <b>PUBLIC TRANSPORT</b>		
<b>H</b> How long did you spend travelling? (Minutes) <i>See Note H</i>	<b>I</b> How many people travelled including you? <i>See Note I</i>	<b>J</b> Which car or other motor vehicle did you use? <i>See Note J</i>	<b>K</b> Were you the driver (D) or a passenger (P)? <i>See Note K</i>	<b>L</b> How much did you pay for parking? <i>See Note L</i>	<b>M</b> What type of ticket did you use? <i>See Note M</i>	<b>N</b> How much did your ticket cost? <i>See Note N</i>	<b>O</b> 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	
			<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	
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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	
			<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	

**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

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	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	
<b>5</b>	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	
<b>6</b>	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	
<b>7</b>	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 <b>CAR</b> or <b>OTHER MOTOR VEHICLE</b>		Only fill in these columns if you used <b>PUBLIC TRANSPORT</b>					
H	I	J	K	L	M	N	O
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>
			<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	
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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	
			<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	

**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

## 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

<b>A</b> What was the purpose of your journey? See Note A	<b>B</b> What time did you leave? See Note B	<b>C</b> What time did you arrive? See Note C	<b>D</b> Where did you start your journey? (Tick Home or give the name of the village, town or area) See Note D	<b>E</b> Where did you go to? (Tick Home or give the name of the village, town or area) See Note E		<b>F</b> What method of travel did you use for each stage of your journey? See Note F	<b>G</b> How far did you travel? (Miles) See Note G
<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	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	
<b>5</b>	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	
<b>6</b>	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	
<b>7</b>	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

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

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

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home or give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home or give the name of the village, town or area) <small>See Note E</small>		<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	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	
<b>5</b>	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	
<b>6</b>	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	
<b>7</b>	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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USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US



# 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

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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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<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	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	
<b>5</b>	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	
<b>6</b>	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	
<b>7</b>	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**

**Remember to complete your mileage chart**

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

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

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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	<b>1</b>	
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					<b>3</b>	
<b>2</b>	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	<b>1</b>	
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					<b>3</b>	
<b>3</b>	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	<b>1</b>	
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					<b>3</b>	

# EXTRA JOURNEYS

Day of week

Date

<b>1</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
<b>2</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	
<b>3</b>	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	<b>1</b>	
					<b>2</b>	
					<b>3</b>	



# 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.

<b>A</b> What was the purpose of your journey? See Note A	<b>B</b> What time did you leave? See Note B	<b>C</b> What time did you arrive? See Note C	<b>D</b> Where did you start your journey? (Tick Home or give the name of the village, town or area) See Note D	<b>E</b> Where did you go to? (Tick Home or give the name of the village, town or area) See Note E		<b>F</b> What method of travel did you use for each stage of your journey? See Note F	<b>G</b> How far did you travel? (Miles) See Note G
<b>1</b>	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	<b>1</b> <b>2</b> <b>3</b>		
<b>2</b>	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	<b>1</b> <b>2</b> <b>3</b>		
<b>3</b>	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	<b>1</b> <b>2</b> <b>3</b>		

# EXTRA JOURNEYS

Day of week

Date

<b>1</b>	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	<b>1</b> <b>2</b> <b>3</b>		
<b>2</b>	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	<b>1</b> <b>2</b> <b>3</b>		
<b>3</b>	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	<b>1</b> <b>2</b> <b>3</b>		





# EXTRA JOURNEYS

Day of week

Date

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**STAGES** These columns are for



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

<b>A</b> What was the purpose of your journey? See Note A	<b>B</b> What time did you leave? See Note B	<b>C</b> What time did you arrive? See Note C	<b>D</b> Where did you start your journey? (Tick Home or give the name of the village, town or area) See Note D	<b>E</b> Where did you go to? (Tick Home or give the name of the village, town or area) See Note E	<b>F</b> What method of travel did you use for each stage of your journey? See Note F	<b>G</b> How far did you travel? (Miles) See Note G
<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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

<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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.

<b>A</b> What was the purpose of your journey? <small>See Note A</small>	<b>B</b> What time did you leave? <small>See Note B</small>	<b>C</b> What time did you arrive? <small>See Note C</small>	<b>D</b> Where did you start your journey? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note D</small>	<b>E</b> Where did you go to? (Tick Home <b>or</b> give the name of the village, town or area) <small>See Note E</small>	<b>F</b> What method of travel did you use for each stage of your journey? <small>See Note F</small>	<b>G</b> How far did you travel? (Miles) <small>See Note G</small>
<b>1</b>	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	<b>1</b>	
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<b>2</b>	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	<b>1</b>	
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# EXTRA JOURNEYS

Day of week

Date

<b>1</b>	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	<b>1</b>	
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<b>3</b>	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	<b>1</b>	
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# PRACTICE PAGE

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

**STAGES** These columns are for



<b>A</b> What was the purpose of your journey? <i>See Note A</i>	<b>B</b> What time did you leave? <i>See Note B</i>	<b>C</b> What time did you arrive? <i>See Note C</i>	<b>D</b> Where did you start your journey? (Tick Home or give the name of the village, town or area) <i>See Note D</i>	<b>E</b> Where did you go to? (Tick Home or give the name of the village, town or area) <i>See Note E</i>	<b>STAGES</b> These columns are for		
					<b>F</b>	<b>G</b>	
					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>	
<b>1</b>	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	<b>1</b>		
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<b>2</b>	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	<b>1</b>		
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<b>3</b>	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	<b>1</b>		
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<b>4</b>	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	<b>1</b>		
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<b>5</b>	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	<b>1</b>		
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<b>6</b>	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	Time : <input type="checkbox"/> am <input type="checkbox"/> pm	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Home	<b>1</b>		
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USE THIS SPACE FOR ANYTHING ELSE YOU WANT TO TELL US

mins are for entering details of each stage of your journey

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

PRACTICE PAGE