

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

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

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

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

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

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

For an employer for wages or salary?..... 1

In your own business

With employees?..... 2

Without employees?..... 3

Without pay in a family business?..... 4

Other 5

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

Identification _____

Street No.

Street _____

Suburb _____

Town/City _____

OR Home 001

OR No fixed place of work 999

TRAVEL DAY 1

SECTION B: TRAVEL DAY 1

First Travel Date

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<p>10. Now I'd like to ask about your travel. This card explains what we mean by travel (Show Card C). That is, any time you left your property, say to go for a walk, buy your lunch, drive somewhere. First, thinking about your/ _____'s travel from 4 o'clock (First Day) morning till 4 o'clock (Second Day) morning.</p>	
<p>11. Do you have your/ _____'s memory jogger handy?</p>	<p>Yes (standard memory jogger) <input type="checkbox"/> 1</p> <p>Yes (Professional driver memory jogger) <input type="checkbox"/> 3</p> <p>No <input type="checkbox"/> 2</p>
<p>12. Did you/ _____ go anywhere at all on (First Day)? Remember this includes even walking down the street to buy some milk or bread...</p>	<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>
<p>14. Where did you/ _____ start the day on (First Day)?</p>	<p>Home (Go to Q.16)..... <input type="checkbox"/> 1</p> <p>Work – Main Job (Go to Q. 16) <input type="checkbox"/> 2</p> <p>Work – Other Job <input type="checkbox"/> 3</p> <p>Social/Recreation <input type="checkbox"/> 4</p> <p>Hospital/Medical <input type="checkbox"/> 5</p> <p>Other _____ <input type="checkbox"/> 6</p>
<p>15. And please could I have the address?</p>	<p>Identification _____</p> <p>Street No. <input style="width: 100px;" type="text"/></p> <p>Street _____</p> <p>Suburb _____</p> <p>Town/City _____</p>
<p>16. SEQUENCE GUIDE:</p> <ul style="list-style-type: none"> • If traveller (Code 1 in Q. 12), go to Q. 17. • If non-traveller (Code 2 in Q. 12), go to Q. 18. 	

17.

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17. Stop No.

When did you/ _____ leave? _____ Next Day

A.

B. What did you/ _____ do next?

Did you/ _____ make any stops on the way?

Off road

Destination Address _____

Identification _____

Street No.

Street name _____

Suburb _____

Town/City _____

C. When did you/ _____ get there?

_____ Next Day

D. What did you/ _____ do there?

Home..... 1

Work

Main Job..... 2

Other Job..... 3

Empl. Bus..... 4

Education..... 5

Shopping..... 6

Social Welfare..... 7

Pers. Bus/ Services..... 8

Medical/ Dental..... 9

Social visits/ entertainment... 10

Recreation..... 11

Change Mode... 12

Accompanied someone..... 13

Left country..... 14

Other.....

E. How did you/ _____ get there?

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

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

Bicycle..... 3

Train..... 4

Bus..... 5

Ferry..... 6

Plane..... 7

Taxi passenger..... 8

Other..... 9

Mobility scooter..... 10

Walk/Run..... 0

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

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

Quickest OR Street number

Street name _____

Suburb _____

Town/City _____

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

Passengers

Person Number	Name	Sex	Age

I. If driver **Where did you/ _____ park?**

Not parked..... 1

Off Street:

Resident's Property..... 2

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

Public..... 4

On Street:

Time limit..... 5

No time limit..... 6

Other (specify)..... 7 Go to next stop

J. If passenger **Who was the driver?**

HH Driver Num OR

Other: Name _____ Sex _____ Age _____ Go to next stop

M. If taxi passenger **Did you use a Total Mobility scheme voucher?** Yes 1
No 2

K. How many roads did you cross?

Stop No.

When did you/ _____ leave? _____ Next Day

A.

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Did you/ _____ make any stops on the way?

Off road

Destination Address _____

Identification _____

Street No.

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Town/City _____

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Home..... 1

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Town/City _____

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

Passengers

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Not parked..... 1

Off Street:

Resident's Property..... 2

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

Public..... 4

On Street:

Time limit..... 5

No time limit..... 6

Other (specify)..... 7 Go to next stop

J. If passenger **Who was the driver?**

HH Driver Num OR

Other: Name _____ Sex _____ Age _____ Go to next stop

M. If taxi passenger **Did you use a Total Mobility scheme voucher?** Yes 1
No 2

K. How many roads did you cross?

17.

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

TRAVEL DAY 2

SECTION C: TRAVEL DAY 2

Second Travel Date

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

25.

Stop No. []	When did you/ _____ leave? Next Day A. [][][][] []	D. What did you/ _____ do there? Home..... [] 1 Work Main Job..... [] 2 Other Job..... [] 3 Empl. Bus..... [] 4 Education..... [] 5 Shopping [] 6 Social Welfare..... [] 7 Pers. Bus/ Services [] 8 Medical/ Dental..... [] 9 Social visits/ entertainment ... [] 10 Recreation [] 11 Change Mode... [] 12 Accompanied someone..... [] 13 Left country..... [] 14 Other _____	E. How did you/ _____ get there? Veh. Driver Veh. Number..... [] 1 Veh. Passenger Veh. Number..... [] 2 Bicycle [] 3 Train [] 4 Bus [] 5 Ferry [] 6 Plane [] 7 Taxi passenger..... [] 8 Other _____ [] 9 _____ _____ _____	F. About how far was it from [][][] to [][][]? [] km [] metres G. If 10 km or more What route did you take? Quickest [] OR Street number [] Street name _____ Suburb _____ Town/City _____ H. If driver How many people were there in the vehicle including yourself?..... [] Passengers <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person Number</th> <th style="width:50%;">Name</th> <th style="width:10%;">Sex</th> <th style="width:10%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> I. If driver Where did you/ _____ park? Not parked..... [] 1 Off Street: Resident's Property..... [] 2 Private (eg business premises) [] 3 Public..... [] 4 On Street: Time limit [] 5 No time limit..... [] 6 Other (specify)..... [] 7 Go to next stop	Person Number	Name	Sex	Age												
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Stop No. <input type="text"/>	When did you/ _____ leave? <div style="text-align:right; font-size:small;">Next Day</div> A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>	D. What did you/ _____ do there? Home..... <input type="checkbox"/> 1 Work Main Job..... <input type="checkbox"/> 2 Other Job..... <input type="checkbox"/> 3 Empl. Bus..... <input type="checkbox"/> 4 Education..... <input type="checkbox"/> 5 Shopping <input type="checkbox"/> 6 Social Welfare..... <input type="checkbox"/> 7 Pers. Bus/ Services <input type="checkbox"/> 8 Medical/ Dental..... <input type="checkbox"/> 9 Social visits/ entertainment ... <input type="checkbox"/> 10 Recreation <input type="checkbox"/> 11 Change Mode... <input type="checkbox"/> 12 Accompanied someone..... <input type="checkbox"/> 13 Left country..... <input type="checkbox"/> 14 Other _____	E. How did you/ _____ get there? Veh. Driver Veh. Number..... <input type="checkbox"/> 1 Veh. Passenger Veh. Number..... <input type="checkbox"/> 2 Bicycle <input type="checkbox"/> 3 Train <input type="checkbox"/> 4 Bus <input type="checkbox"/> 5 Ferry <input type="checkbox"/> 6 Plane <input type="checkbox"/> 7 Taxi passenger..... <input type="checkbox"/> 8 Other _____ <input type="checkbox"/> 9 _____ <input type="checkbox"/> 10 _____ <input type="checkbox"/> 0	F. About how far was it from _____ to _____? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="checkbox"/> metres <input type="checkbox"/>													
	B. What did you/ _____ do next? Did you/ _____ make any stops on the way? Off road <input type="checkbox"/> Destination Address _____ Identification _____ Street No. <input type="text"/> Street name _____ _____ Suburb _____ _____ Town/City _____ _____ _____ C. When did you/ _____ get there? <div style="text-align:right; font-size:small;">Next Day</div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>				G. If 10 km or more What route did you take? Quickest <input type="checkbox"/> OR Street number <input type="text"/> Street name _____ Suburb _____ Town/City _____ H. If driver How many people were there in the vehicle including yourself?..... <input type="checkbox"/> Passengers <table border="1" style="width:100%; border-collapse: collapse; font-size:small;"> <thead> <tr> <th style="width:10%;">Person Number</th> <th style="width:50%;">Name</th> <th style="width:10%;">Sex</th> <th style="width:10%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> I. If driver Where did you/ _____ park? Not parked..... <input type="checkbox"/> 1 Off Street: Resident's Property..... <input type="checkbox"/> 2 Private (eg business premises) <input type="checkbox"/> 3 Public..... <input type="checkbox"/> 4 On Street: Time limit <input type="checkbox"/> 5 No time limit..... <input type="checkbox"/> 6 Other (specify)..... <input type="checkbox"/> 7 Go to next stop	Person Number	Name	Sex	Age								
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				K. How many roads did you cross? <input type="text"/> <input type="text"/>													

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

ALCOHOL

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

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

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

Yes..... 1
No 2

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

Yes..... 1
No 2

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

Yes..... 1
No 2

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

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

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

Start
 Finish
(24 hour clock) hh:mm

Next day
Next day

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

Code
OR Some-
where else 10 _____

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

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

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

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

<p>27a. And thinking now about (<i>First Travel Day</i>), between when and when did you have the drinks? <i>Prompt: Any other times (at home?) (Record all times)</i></p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Start Next day <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Finish Next day <input type="checkbox"/> <small>(24 hour clock) hh:mm</small> </p>	<p>27b. And from card D, whereabouts did you have this drink/these drinks? (<i>Show card D</i>)</p> <p>Code <input type="text"/> OR Somewhere else <input type="text"/> 10</p>	<p>27c. From these photos, how many of each of these did you have? (<i>Show photos</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">No.</th> <th style="width: 25%;">Type</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		No.	Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>27d. (<i>Check back with respondent to clarify, specifying amounts.</i>) So let me check I've got that right, that was... (<i>read back answers, eg 2 glasses of sherry and 4 cans of beer</i>)</p>																							

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

<p>28a. And on (<i>Second Travel Day</i>), between when and when did you have the drinks? <i>Prompt: Any other times (at home?) (Record all times)</i></p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Start Next day <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Finish Next day <input type="checkbox"/> <small>(24 hour clock) hh:mm</small> </p>	<p>28b. And from card D, whereabouts did you have this drink/these drinks? (<i>Show card D</i>)</p> <p>Code <input type="text"/> OR Somewhere else <input type="text"/> 10</p>	<p>28c. From these photos, how many of each of these did you have? (<i>Show photos</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">No.</th> <th style="width: 25%;">Type</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		No.	Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>28d. (<i>Check back with respondent to clarify, specifying amounts.</i>) So let me check I've got that right, that was ... (<i>read back answers, eg 2 glasses of sherry and 4 cans of beer</i>)</p>																							

CYCLING

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

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

PUBLIC TRANSPORT

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

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

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

KILOMETRES DRIVEN

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

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

<p>In a car, van, truck or bus, as a driver (<i>Show card G</i>)</p> <p>And on card H: On a motorbike as a rider</p> <p>(<i>Show card H</i>)</p>	<p>Category</p> <p><input type="checkbox"/> OR <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>	<p>Z</p> <p>Z</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

82. Do you currently hold a licence to drive ...

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

DEMOGRAPHIC INFORMATION

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

Yes 1
 No 2
 Object to state 3

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

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

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

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

Code:
 Don't know X
 Object to state Z

85a. END OF INTERVIEW. THANK RESPONDENT.

86. Post travel interview completed?

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

87. Reason not completed

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

