

Thank you for your  
participation!

SOS II

# TRAVEL LOG

*Please use for 7 days when wearing the GPS.*

**ID #**

---

Planned  
Start Day:

Planned  
End Day:

---

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# Travel Log Instructions

See the example of a completed Log on the following pages.

Use this Log to record **PLACES** visited, **HOW YOU GOT THERE**, and the **FOOD RELATED ACTIVITIES** you did at each place. For each place you go, ask yourself, “Where did I go? What was I doing there? How did I get there? What time did I arrive? What time did I leave?”

**Record the following in as much detail as possible:**

- **Places:** A place is **any location you travel to**, even if it's for only a few minutes. It is very important to record place name, address and/or cross-streets and city. If you know the zip code, please record that also. Places can include bus stops, train stations, or park-and-ride facilities (i.e., places where you change travel modes).
- **Times:** Record the time you arrived at and left each place. Exact times (to the minute) are preferred. For travel log purposes, **each day begins at 3am**.
- **Food Related Activities:** Record what you are doing at each place you go to using the **“What did I Do”** check box. You can record up to 3 activities.
- **Modes:** Record how (e.g. car, bus) you traveled to each place using the **“How I Got Here”** check boxes.

**Starting the Travel Log:**

**Step 1:** Enter the name and address of common places on the next page (home, work, usual bus stops, etc). When you fill out the daily log, you can enter the name of these common places without re-writing the address each time.

**Step 2:** Review the “How I Got Here” and “What Did I Do” check boxes in the example on pages 1-6. Please check the travel and activity for each place.

**Daily Entries:**

- Write in the date and check day of the week.
- Write in the time you put on your GPS\*\*!!!
- The first entry is where you started your day (usually home)
- For each place you go,
  - Check a Common Place *or* write in place name and address.
  - Check an activity = what you did. If you are doing more than one activity, check all activities. Limit to 3 activities at each place.
  - Write in the travel mode = how you got there
  - Enter the time arrived and time left.
- At the end of each day, write in the time you took the GPS off.

\*\*The GPS *must* be charged every night, after you take it off for the day. Refer to your GPS instructions or give us a call if you have any questions.

*We guarantee that the information you provide will be kept confidential. Information you provide will be labeled using your ID#. Your name will not be connected to the information you provide.*



**EXAMPLE (PLEASE DO NOT FILL OUT)**Date (m/d/y) 9/22/11Time you put the GPS on: 8:15 ~~AM~~ PM**Start of Day:**

- 
- Home
- 
- 
- Other:
- 
- 
- Work
- 
- 
- School

Place Name: Home

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- 
- Snack
- 
- Meal
- 
- Beverage
- 
- Food Shopping

**Time Left:**8:50 ~~AM~~ PM**Place #1:**

- 
- Home
- 
- 
- Other:
- 
- 
- Work
- 
- 
- School

Place Name: Work

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**10:00 ~~AM~~ PM**How I got here:**

- 
- Car
- 
- Bus/Transit
- 
- Bicycle
- 
- Walking
- 
- Other \_\_\_\_\_

**What did I do:**

- 
- Snack
- 
- Meal
- 
- Beverage
- 
- Food Shopping

**Time Left:**6:00 AM ~~PM~~**EXAMPLE (PLEASE DO NOT FILL OUT)****Place #2:**

- 
- Home
- 
- 
- Other:
- 
- 
- Work
- 
- 
- School

Place Name: Trader Joes

Full address or two nearest cross streets

45<sup>th</sup> St and Roosevelt AveCity: SeattleZip: 98105**Time Arrived:**6:18 AM ~~PM~~**How I got here:**

- 
- Car
- 
- Bus/Transit
- 
- Bicycle
- 
- Walking
- 
- Other \_\_\_\_\_

**What did I do:**

- 
- Snack
- 
- Meal
- 
- Beverage
- 
- Food Shopping

**Time Left:**6:40 AM ~~PM~~**Place #3:**

- 
- Home
- 
- 
- Other:
- 
- 
- Work
- 
- 
- School

Place Name: Home

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**7:55 AM ~~PM~~**How I got here:**

- 
- Car
- 
- Bus/Transit
- 
- Bicycle
- 
- Walking
- 
- Other \_\_\_\_\_

**What did I do:**

- 
- Snack
- 
- Meal
- 
- Beverage
- 
- Food Shopping

**Time Left:**9:00 AM ~~PM~~

<b>Place #4:</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> AMC Theatre	<b>Time Arrived:</b> 9:20 AM <u>PM</u>	
	Full address or two nearest cross streets Pine Street and 6 <sup>th</sup> Ave		
	City: Seattle		Zip: 98101
<b>How I got here:</b> <input checked="" type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____			
<b>What did I do:</b> <input checked="" type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> 11:30 AM <u>PM</u>	
<b>Place #5:</b> <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Home	<b>Time Arrived:</b> 11:45 AM <u>PM</u>	
	Full address or two nearest cross streets		
	City:		Zip:
<b>How I got here:</b> <input checked="" type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____			
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____ AM / PM	

**EXAMPLE (PLEASE DO NOT FILL OUT)**

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b>	<b>Time Arrived:</b> _____ AM / PM	
	Full address or two nearest cross streets		
	City:		Zip:
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____			
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____ AM / PM	
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b>	<b>Time Arrived:</b> _____ AM / PM	
	Full address or two nearest cross streets		
	City:		Zip:
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____			
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____ AM / PM	

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

**EXAMPLE (PLEASE DO NOT FILL OUT)**

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
Time you took the GPS off: <u>12:00</u> <u>AM</u> / PM			
<b>BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!</b>			
Time(s) removed GPS and reason: <b>8:15-8:30 PM Shower</b>			

# DAY 1

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM



<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City: _____ Zip: _____		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City: _____ Zip: _____		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City: _____ Zip: _____		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City: _____ Zip: _____		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
--	-----------------------------------

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**  
 Time(s) removed GPS and reason: \_\_\_\_\_

## DAY 2

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**  
 Time(s) removed GPS and reason:

## DAY 3

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**

Time(s) removed GPS and reason:

## DAY 4

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM



<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**  
 Time(s) removed GPS and reason: \_\_\_\_\_

# DAY 5

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	_____		

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**  
 Time(s) removed GPS and reason: \_\_\_\_\_

# DAY 6

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**  
 Time(s) removed GPS and reason:



# DAY 7

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**  
 Time(s) removed GPS and reason:

# EXTRA DAY 1

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

<b>Start of Day:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> <hr/> Full address or two nearest cross streets <hr/> City: _____ Zip: _____	
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<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____ AM / PM
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<b>Place #1:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> <hr/> Full address or two nearest cross streets <hr/> City: _____ Zip: _____	<b>Time Arrived:</b> _____ AM / PM
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<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____	
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<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____ AM / PM
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<b>Place #2:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> <hr/> Full address or two nearest cross streets <hr/> City: _____ Zip: _____	<b>Time Arrived:</b> _____ AM / PM
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<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____	
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<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____ AM / PM
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<b>Place #3:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> <hr/> Full address or two nearest cross streets <hr/> City: _____ Zip: _____	<b>Time Arrived:</b> _____ AM / PM
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<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____	
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<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____ AM / PM
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<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	_____ City:                      Zip:		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**

Time(s) removed GPS and reason:

## EXTRA DAY 2

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home
- Other:
- Work
- School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car
- Bus/Transit
- Bicycle
- Walking
- Other \_\_\_\_\_

**What did I do:**

- Snack
- Meal
- Beverage
- Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____AM / PM



<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM
<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> Full address or two nearest cross streets City:                      Zip:	<b>Time Arrived:</b> _____AM / PM
<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping		<b>Time Left:</b> _____AM / PM

Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**  
 Time(s) removed GPS and reason: \_\_\_\_\_

## EXTRA DAY 3

Date (m/d/y) \_\_\_\_\_

Time you put the GPS on: \_\_\_\_\_ AM / PM

**Start of Day:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #1:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #2:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

**Place #3:**

- Home  
 Other:  
 Work  
 School

**Place Name:**

Full address or two nearest cross streets

City:

Zip:

**Time Arrived:**

\_\_\_\_\_ AM / PM

**How I got here:**

- Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

**What did I do:**

- Snack  Meal  Beverage  Food Shopping

**Time Left:**

\_\_\_\_\_ AM / PM

<b>Place #4:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #5:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #6:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM
<b>Place #7:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b> _____ Full address or two nearest cross streets		<b>Time Arrived:</b> _____ AM / PM
	City: _____ Zip: _____		
	<b>How I got here:</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus/Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Other _____		
<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping			<b>Time Left:</b> _____ AM / PM

<b>Place #8:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b>		<b>Time Arrived:</b> _____AM / PM
	Full address or two nearest cross streets		
	City:	Zip:	

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #9:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b>		<b>Time Arrived:</b> _____AM / PM
	Full address or two nearest cross streets		
	City:	Zip:	

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #10:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b>		<b>Time Arrived:</b> _____AM / PM
	Full address or two nearest cross streets		
	City:	Zip:	

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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<b>Place #11:</b> <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="checkbox"/> Work <input type="checkbox"/> School	<b>Place Name:</b>		<b>Time Arrived:</b> _____AM / PM
	Full address or two nearest cross streets		
	City:	Zip:	

**How I got here:**  
 Car  Bus/Transit  Bicycle  Walking  Other \_\_\_\_\_

<b>What did I do:</b> <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Beverage <input type="checkbox"/> Food Shopping	<b>Time Left:</b> _____AM / PM
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Time you took the GPS off: \_\_\_\_\_AM / PM  
**BE SURE TO PLUG IN YOUR GPS TO CHARGE AND PUT RECEIPTS IN ENVELOPE!!!**

Time(s) removed GPS and reason:

