



# Canadian Vehicle Survey - 2001

Si vous préférez ce questionnaire en français, veuillez nous appeler au 1-800-647-0642.

**Confidential once completed**  
Statistics Act, R.S.C. 1985, c. S19

Attach Label Here

### 1. Do you still own or lease the vehicle described on the label above?



- Yes
- Never owned or leased the identified vehicle
- No → **Was this vehicle,** (check where applicable and record the date in the box provided)
  - sold/traded
  - scrapped
  - returned (end of lease)
  - leased to someone else
  - other: *please specify* \_\_\_\_\_

→ Date from which you no longer owned/leased this vehicle:

|     |       |      |  |  |  |  |  |  |  |
|-----|-------|------|--|--|--|--|--|--|--|
|     |       |      |  |  |  |  |  |  |  |
| day | month | year |  |  |  |  |  |  |  |

**Note: If you do not own or lease this vehicle, please stop at this point and mail back the questionnaire.**

### 2. Which of the following best describes this vehicle?

- car
- station wagon
- van
- sport utility (Bronco, Blazer, Jeep, Pathfinder)
- pick-up
- bus
- straight truck
- truck tractor
- other vehicle: *please specify*: \_\_\_\_\_

### 3. What kind of fuel does this vehicle use? (select all that apply)

- gasoline
- diesel
- natural gas
- propane
- other, *specify*: \_\_\_\_\_

**Please continue on the other side.**

**4. Please enter the date and odometer readings for the next 8 days starting tomorrow.**

**Day 1**

Date: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

kilometres     miles

**Day 2**

Date: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
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**Day 3**

Date: 

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|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**Day 4**

Date: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**Day 5**

Date: 

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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
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**Day 6**

Date: 

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|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**Day 7**

Date: 

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|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**Day 8**

Date: 

|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
          day       month       year

Odometer at **start** of day 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**5. Is there a main driver of this vehicle?**

(The main driver is someone who drove more than half of the distance travelled during the eight days)

Yes

No

**If there is a main driver, please complete the following questions.**

**6. Is the main driver male or female?**

Male

Female

**7. What is the age group of the main driver?**

under 20

55 to 64

20 to 24

65 to 74

25 to 34

75 to 84

35 to 44

85 and over

45 to 54

**Please mail back when completed. Thank you very much for your cooperation.**