



Canadian Vehicle Survey

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?

- 1 Yes
- 2 Never owned or leased the identified vehicle
- 3 No **Was this vehicle, (check where applicable and record the date in the box provided)**
- 1 sold/traded
- 2 scrapped
- 3 returned (end of lease)
- 4 leased to someone else
- 5 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?

- 1 car
- 2 station wagon
- 3 van
- 4 sport utility (Bronco, Blazer, Jeep, Pathfinder)
- 5 pick-up
- 6 bus
- 7 straight truck
- 8 truck tractor
- 9 other vehicle: *please specify*: _____

3. What kind of fuel does this vehicle use?

- 1 gasoline
- 2 diesel
- 3 natural gas
- 4 propane
- 5 ethanol
- 6 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

--	--	--	--	--	--	--	--	--	--

Day 3

Date:

--	--	--	--	--	--	--	--

 day month year

Odometer at **start** of day

--	--	--	--	--	--	--	--	--	--

Day 4

Date:

--	--	--	--	--	--	--	--

 day month year

Odometer at **start** of day

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Day 5

Date:

--	--	--	--	--	--	--	--

 day month year

Odometer at **start** of day

--	--	--	--	--	--	--	--	--	--

Day 6

Date:

--	--	--	--	--	--	--	--

 day month year

Odometer at **start** of day

--	--	--	--	--	--	--	--	--	--

Day 7

Date:

--	--	--	--	--	--	--	--

 day month year

Odometer at **start** of day

--	--	--	--	--	--	--	--	--	--

Day 8

Date:

--	--	--	--	--	--	--	--

 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?

1 under 20

6 55 to 64

2 20 to 24

7 65 to 74

3 25 to 34

8 75 to 84

4 35 to 44

9 85 and over

5 45 to 54

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