

Reflections on a Career of Transport Data, Models, and Policy (59 years and counting)



Dr. Peter Stopher
October 2023

Born in 1943 in Crowborough, Sussex, UK

Where High Explosive Bombs Fell In East Sussex

Crowborough

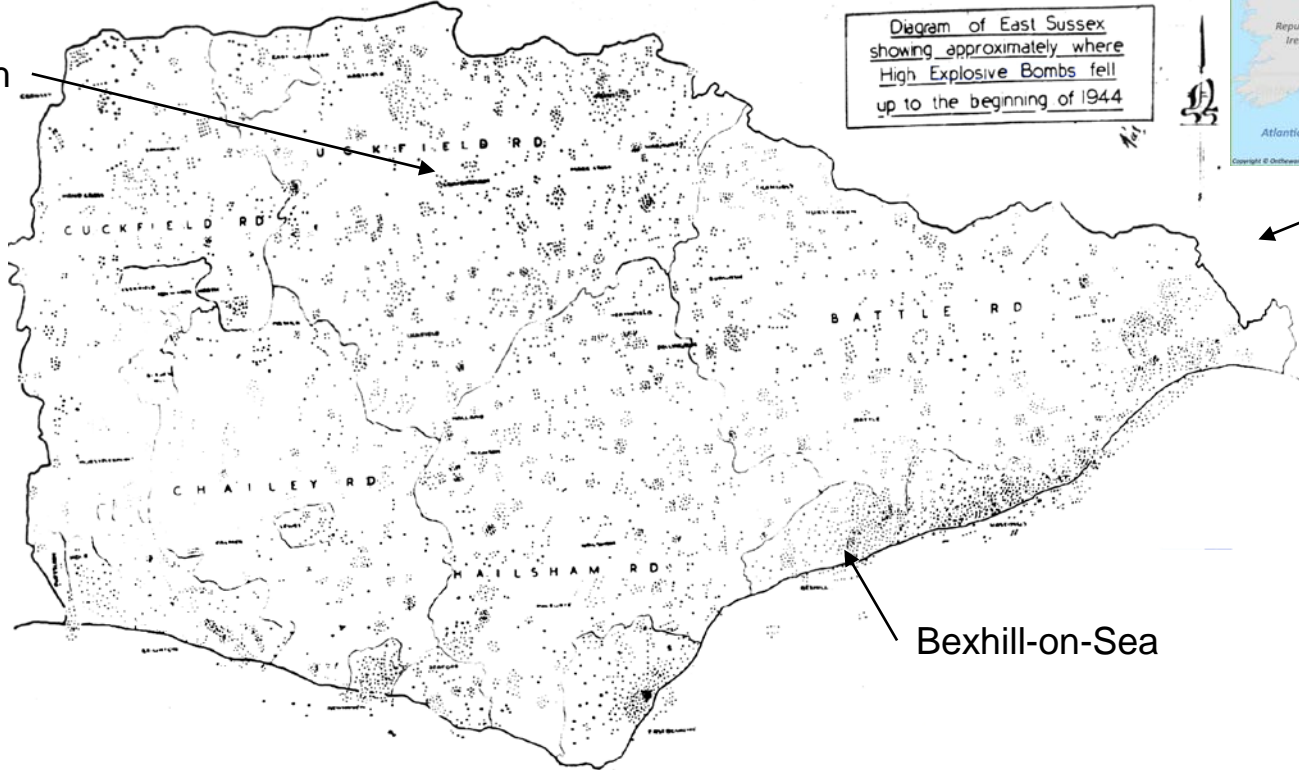
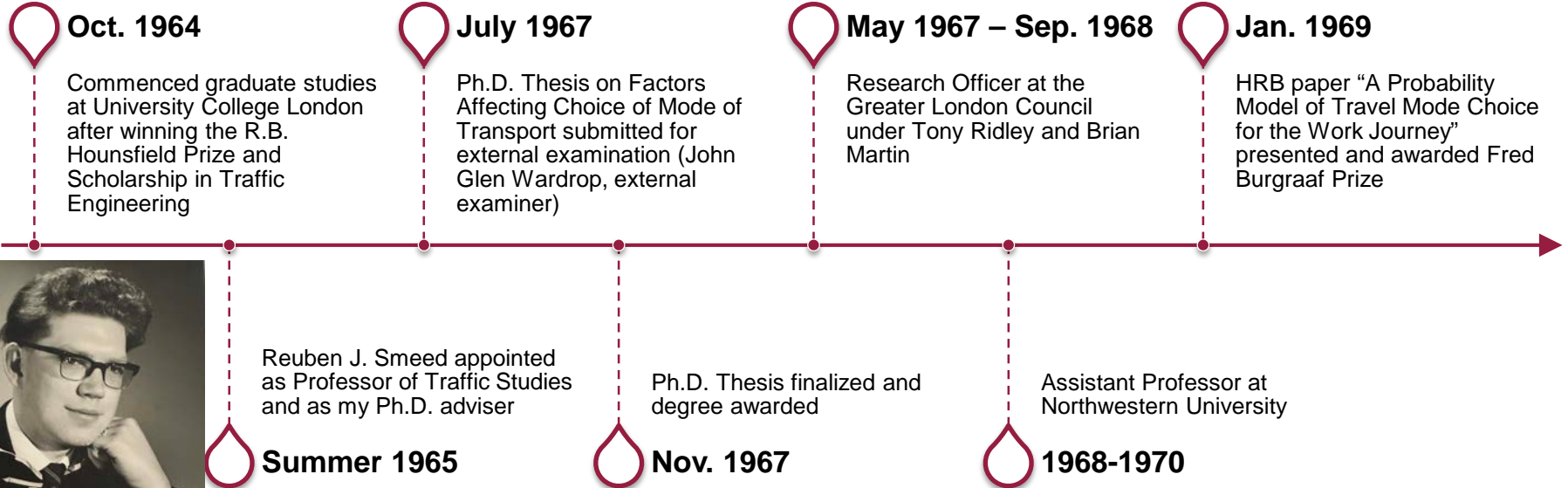


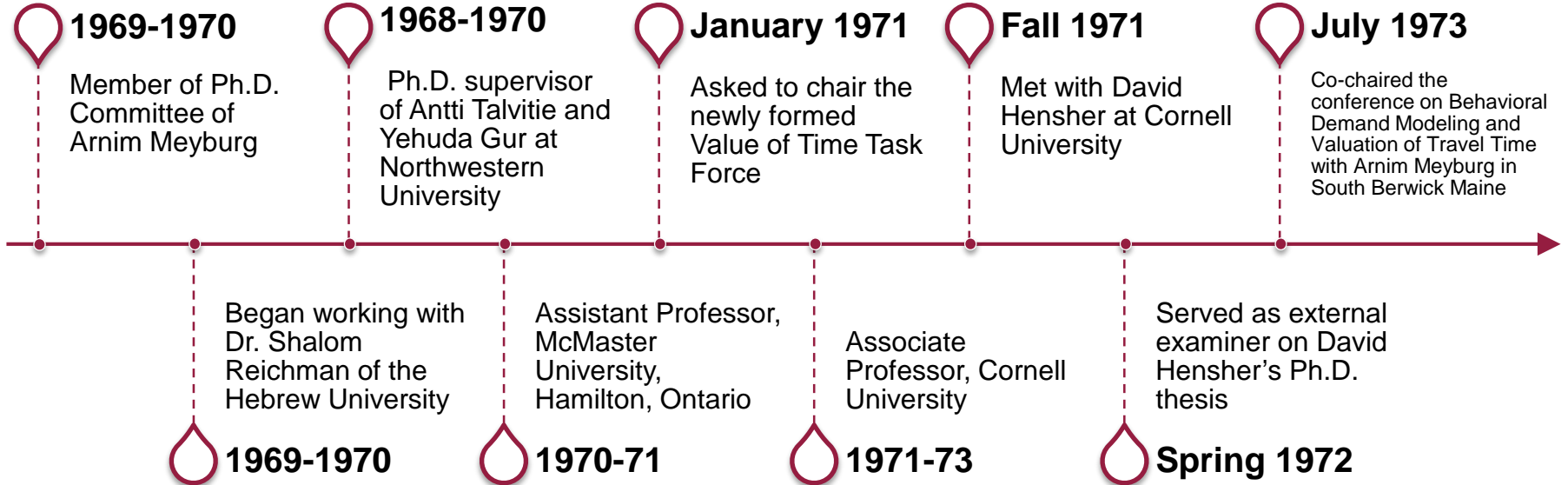
Diagram of East Sussex showing approximately where High Explosive Bombs fell up to the beginning of 1944



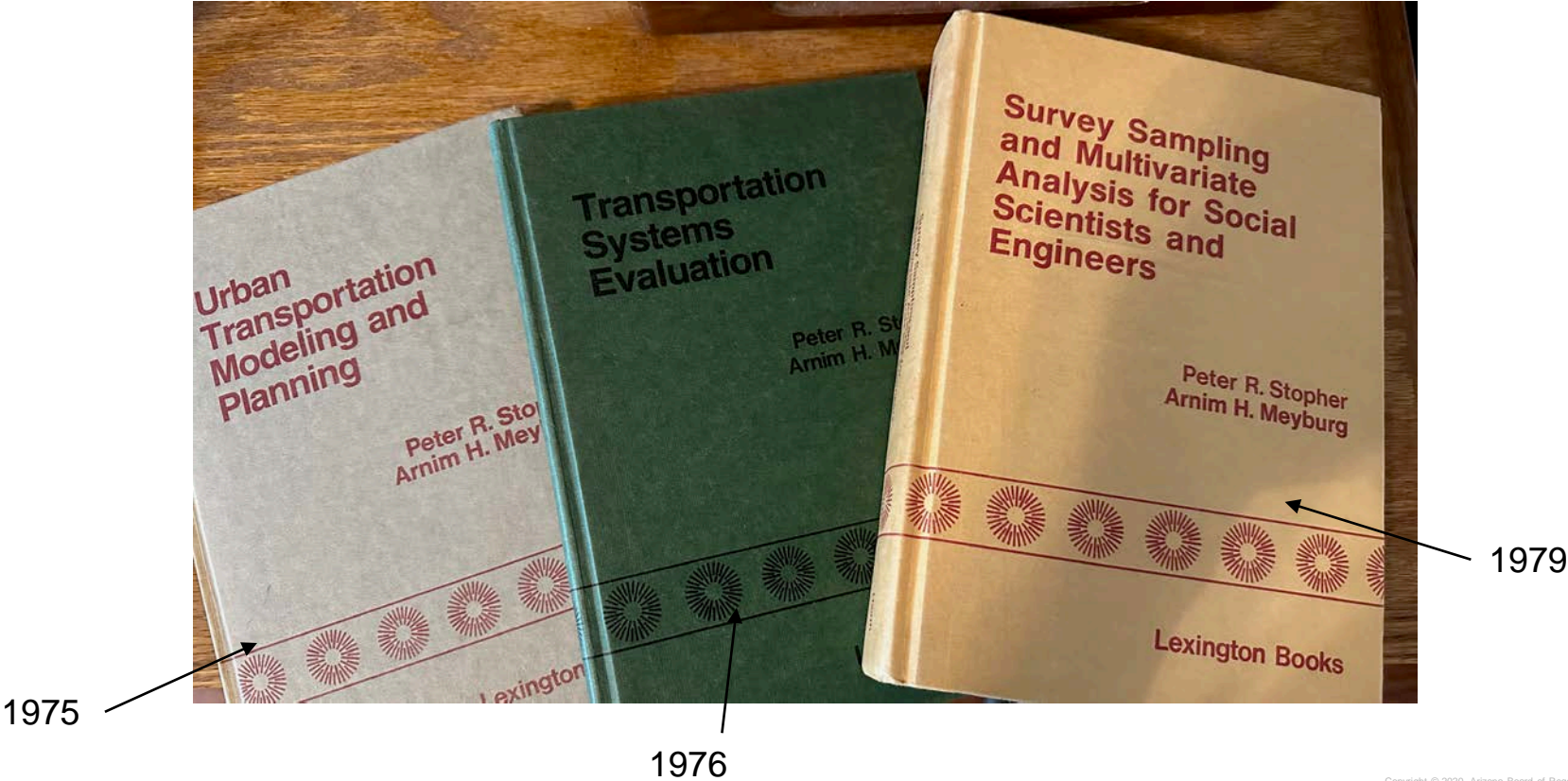
Timeline of My Career



Timeline (2)



First Three Books Published

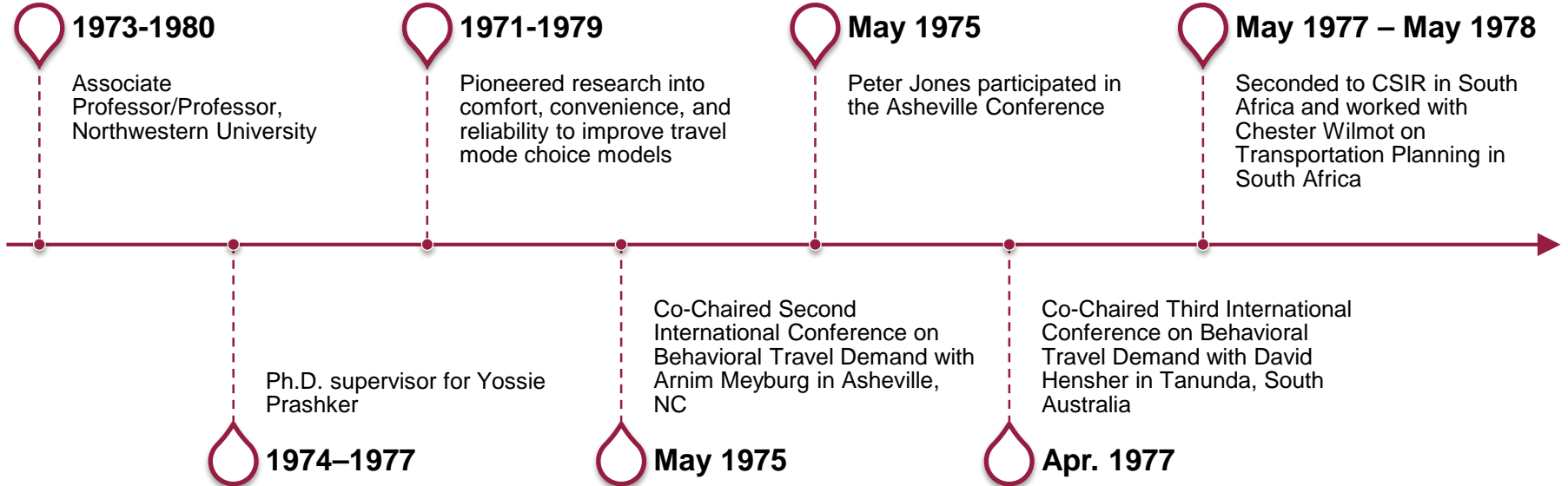


1975

1976

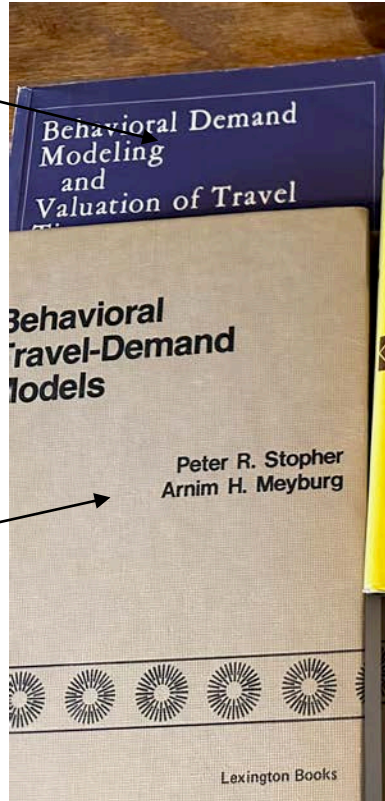
1979

Timeline (3)

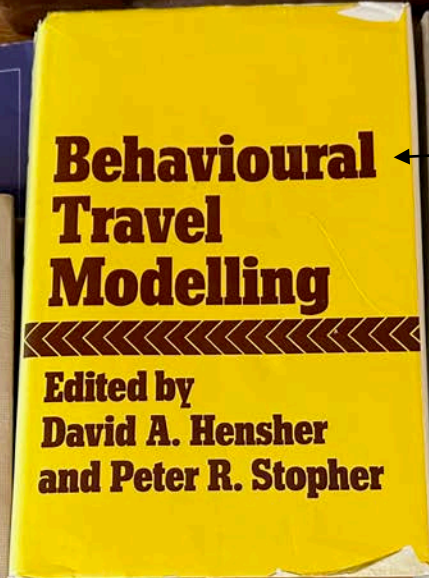


Travel Behavior Conference Books

South Berwick,
ME 1973



Asheville, NC
1975



New Horizons in
Travel-Behavior
Research

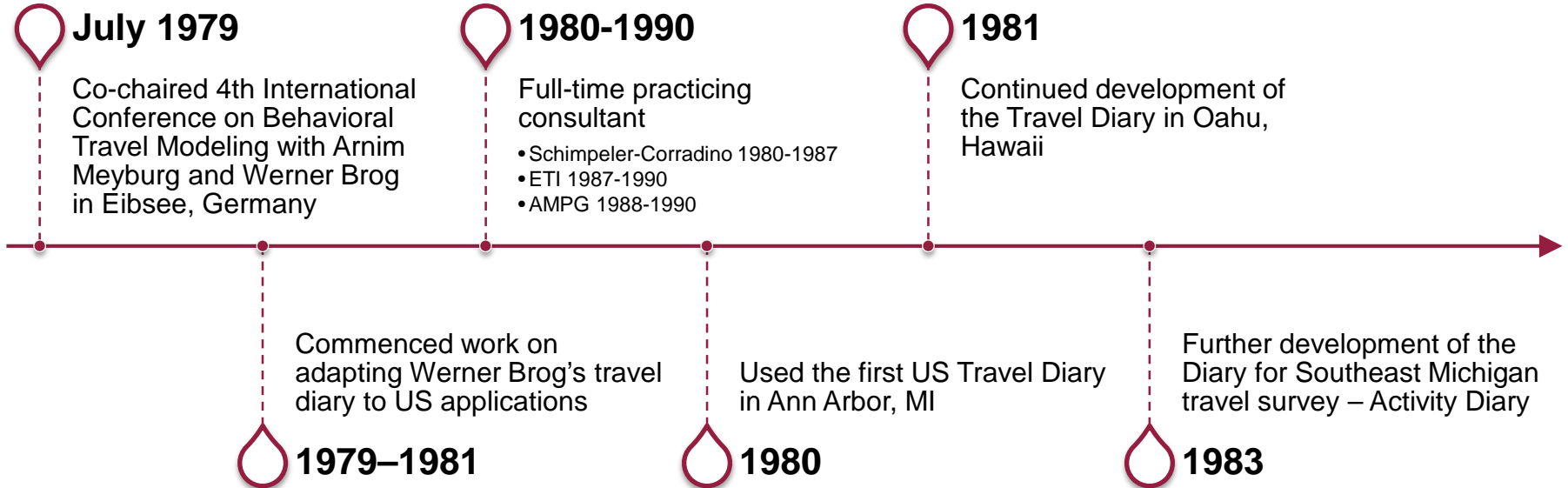
Peter R. Stopher
Arnim H. Meyburg
Werner Brög

Lexington Books

Tanunda,
South
Australia
1977

Eibsee,
Germany
1979

Timeline (4)



The Oahu Travel Diary (1981)

TRAVEL RECORD

★ TO BE FILLED OUT AS YOU TRAVEL ON YOUR TRAVEL-LOGGING DAY ★
 ● IF YOU DID NOT GO OUT AT ALL TODAY, PLEASE CHECK THIS BOX AND RETURN THE FORM.

JOURNEY NUMBER	I LEFT AT:	TO GO TO: <small>(Please write in the name of the place)</small>	I GOT THERE AT:	
EXAMPLE JOURNEY	7:45 <input checked="" type="checkbox"/> am or <input type="checkbox"/> pm	BISHOP TRUST BUILDING	8:20 <input checked="" type="checkbox"/> am or <input type="checkbox"/> pm	EXAMPLE
JOURNEY 1	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	1
JOURNEY 2	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	2
JOURNEY 3	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	3
JOURNEY 4	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	4
JOURNEY 5	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	5
JOURNEY 6	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	6
JOURNEY 7	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	7
JOURNEY 8	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	8
JOURNEY 9	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	9
JOURNEY 10	: or <input type="checkbox"/> am <input type="checkbox"/> pm		: or <input type="checkbox"/> am <input type="checkbox"/> pm	10

● IF YOU MADE MORE THAN 10 JOURNEYS, PLEASE CONTINUE ON A BLANK PAGE.

THANK YOU

JOURNEY NUMBER

**A. WHY DID YOU GO TO THE PLACE YOU WENT TO?
CHECK ONE ONLY, PLEASE.**

HOME (GO TO C) PERSONAL BUSINESS (BANK, LAWYER, POST OFFICE, ETC.)

WORK VISIT A FRIEND/RELATIVE

WORK-RELATED BUSINESS HEALTH CARE (DOCTOR, DENTIST, HOSPITAL, ETC.)

SCHOOL RECREATION (BEACH, MOVIES, THEATER, GOLF, ETC.)

SHOPPING RESTAURANT/EAT MEAL

RESTAURANT/EAT MEAL PICK UP OR DROP OFF PASSENGER(S)

PICK UP OR DROP OFF PASSENGER(S) OTHER (PLEASE DESCRIBE)

**B. WHAT WAS THE ADDRESS THERE?
PLEASE GIVE THE EXACT ADDRESS OR NEAREST STREET CORNER OR BUILDING NAME**

*For example: 18 Elm Street
OR Elm Street and Maple Street
OR The Elm Street Shopping Center*

STREET/CORNER/BUILDING 1000 BISHOP STREET

CITY/TOWN/VILLAGE HONOLULU

ZIP (IF KNOWN) 96813

**C. WHAT TRAVEL MEANS DID YOU USE?
CHECK ONE ONLY IF YOU USED MORE THAN ONE
CHECK THE ONE USED FOR THE LONGEST DISTANCE, PLEASE!**

<input checked="" type="checkbox"/> DROVE A CAR/VAN/TRUCK <input type="checkbox"/> PASSENGER IN A CAR/VAN/TRUCK <input type="checkbox"/> CARPOOL/VANPOOL <input type="checkbox"/> TAXI (GO TO D)	<input type="checkbox"/> WALKED <input type="checkbox"/> MOTORCYCLE/MOPED <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER (PLEASE DESCRIBE)
---	--

SCHOOL BUS
 EXPRESS BUS
 REGULAR BUS (GO TO F)

(GO TO NEXT PAGE)

**D. HOW MANY OTHER PEOPLE TRAVELED WITH YOU?
CHECK ONE ONLY, PLEASE.**

<input type="checkbox"/> NONE <input checked="" type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE	<input type="checkbox"/> FOUR <input type="checkbox"/> FIVE TO NINE <input type="checkbox"/> TEN OR MORE
--	--

E. HOW MUCH DID PARKING COST?

\$ 2.25 NOTHING

**F. HOW DID YOU GET TO THE BUS?
CHECK ONE ONLY, PLEASE.**

<input type="checkbox"/> WALKED <input type="checkbox"/> BY CAR-DROPPED OFF <input type="checkbox"/> BY CAR-PARKED NEARBY <input type="checkbox"/> BUS <input type="checkbox"/> TAXI	<input type="checkbox"/> MOTORCYCLE/MOPED <input type="checkbox"/> BICYCLE <input type="checkbox"/> OTHER (PLEASE DESCRIBE)
--	---

The SE Michigan Activity Diary (1983)

2nd Activity

4. What was the next thing you did? (Check ONE only)

At Home Activities (including sleeping, working at home)		<input type="checkbox"/>
Pick Up or Drop Off a Person(s)	At Work	<input type="checkbox"/>
	At School/Child Care	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Work		<input type="checkbox"/>
Work-Related		<input type="checkbox"/>
School/College/University		<input type="checkbox"/>
Child Care (Day Care/After-School Care)		<input type="checkbox"/>
Shopping		<input type="checkbox"/>
Social Activities/Recreation/Church/Eating Out		<input type="checkbox"/>
Banking/Personal Business		<input type="checkbox"/>
Bus Stop/Carpool/Vanpool/Park N Ride Activities		<input type="checkbox"/>
Other (Please Specify)		<input type="checkbox"/>

5. What time did you ARRIVE there? : a.m. p.m.

What time did you LEAVE there? : a.m. p.m.

5a. WHERE were you?

Business/Store/Place Name

Address or Nearest Cross-streets

City/Town

7

4. How did you get there? (Please check)

Walk (5 minutes or more)	<input type="checkbox"/>	
Automobile/Minivan:	Driver	<input type="checkbox"/> Including yourself, how many persons were in the vehicle? <input type="checkbox"/>
	Passenger	<input type="checkbox"/>
Van/Light Truck:	Driver	<input type="checkbox"/> Including yourself, how many persons were in the vehicle? <input type="checkbox"/>
	Passenger	<input type="checkbox"/>
Carpool/Vanpool:	Driver	<input type="checkbox"/> Including yourself, how many persons were in the vehicle? <input type="checkbox"/>
	Passenger	<input type="checkbox"/>
Bus (SMART, DDOT, AATA)	<input type="checkbox"/>	
Shuttle/Campus Bus	<input type="checkbox"/>	
School Bus (K-12)	<input type="checkbox"/>	
Taxi	<input type="checkbox"/>	
Bicycle	<input type="checkbox"/>	
Motorcycle/moped	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

5. If you checked Automobile/Minivan, Van/Light Truck or Carpool/Vanpool and you were the driver:

Did you pay to park your vehicle? Yes No

How much did you pay? \$ Is this an

Hourly Rate? Daily Rate?

Weekly Rate? Monthly Rate?

Other _____

6. If you checked bus or taxi:

How much was your fare? \$

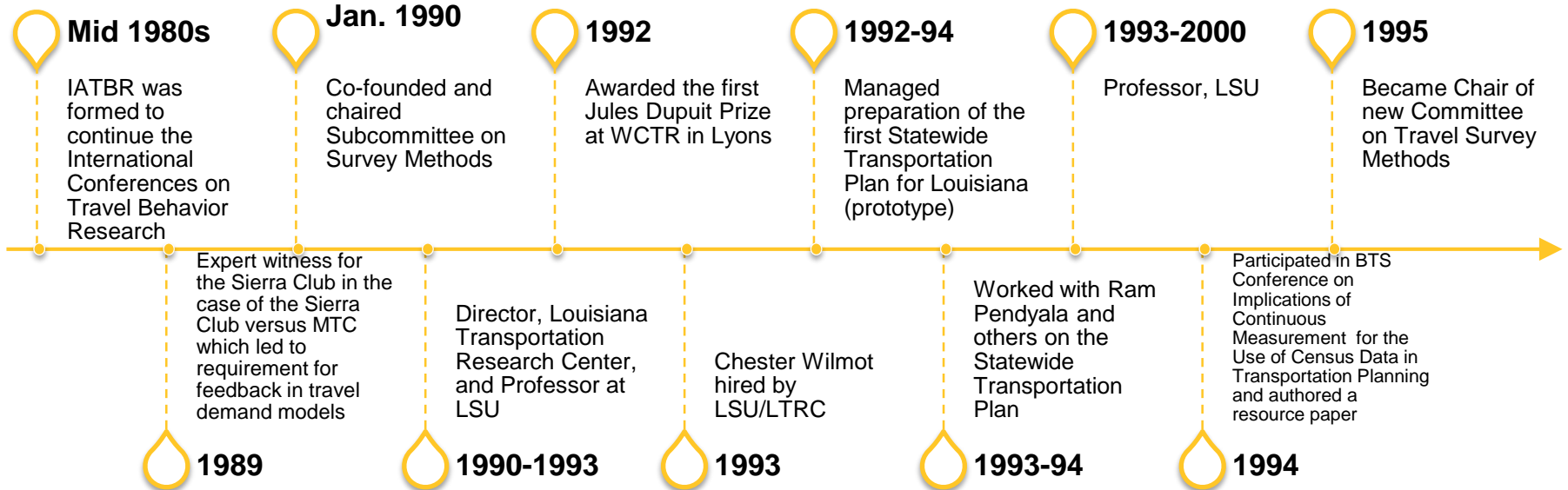
7. Was this the last activity you did today?

Yes STOP! Please turn to the inside back cover

No Please turn to next page ➔

8

Timeline (5)



Tommy
Coaling

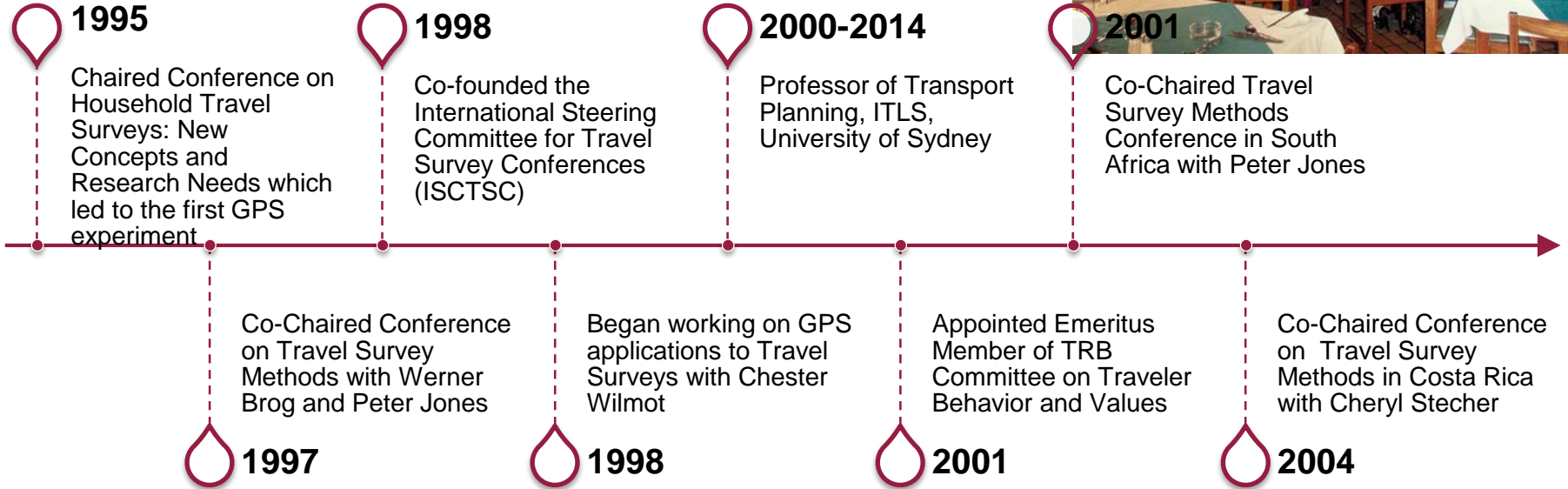


Kerstin
Wasth

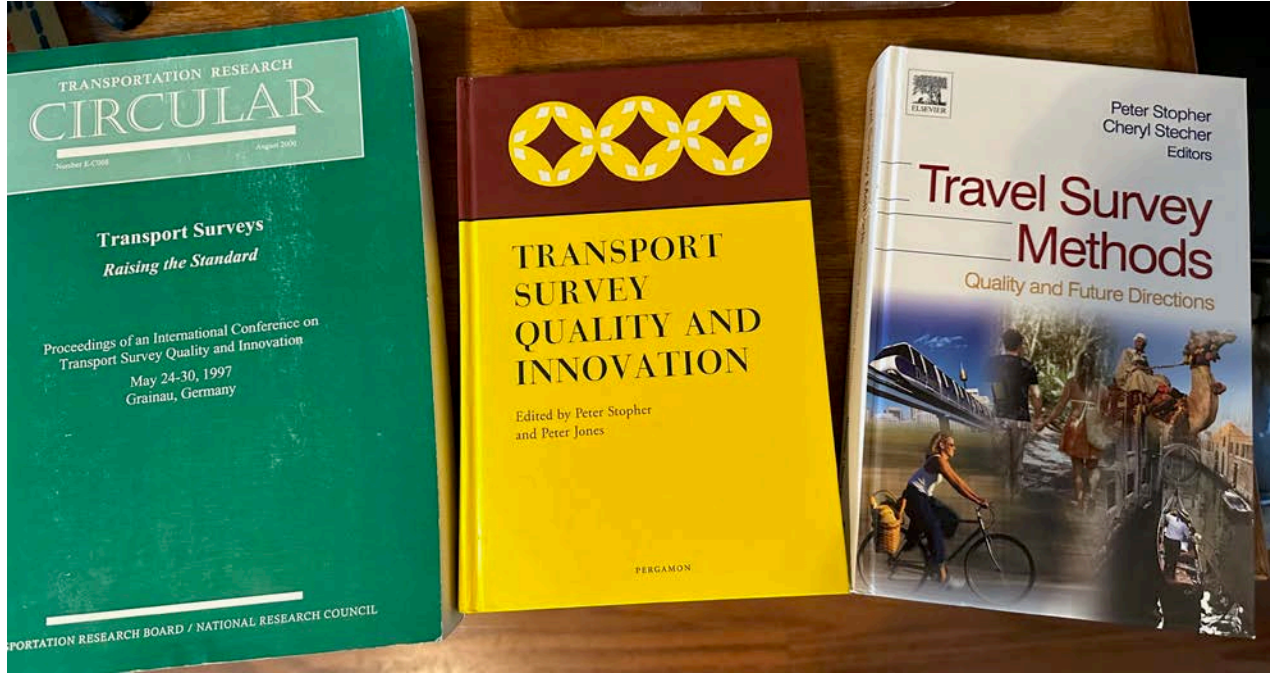
Dan McFadden
 David Herster
 Tom Golob
 Eric Pas
 Andre de Palma
 David Brantow
 Ayuchi Kitanawa
 Sergio Jara
 Chandra Bhas
 Peter Stefan
 Key Anthonson
 Sli Stern
 Hans Makrisani
 Stefan Aigass
 Andrew Dalt
 Alimona Fusiwan
 John Palac
 Thomas Laibla
 Ros Colledge
 Ola Svensson

Travel Choice Modelling
 Stockholm, August 1996

Timeline (6)



Travel Survey Conferences Books



Eibsee,
Germany
1997

Kruger Park, South
Africa 2001

Costa Rica
2004

A More Recent Place-Based Diary (2004)

Travel: How did you get to the next place?

1. What type of transport did you use to go to the next place you went? (circle one number ONLY, please)

1 Car, van, truck	3 School Bus	5 Taxi
2 Motorcycle	4 Public Bus	6 Bicycle/Moped
	7 Walk	8 Other (Specify) _____

2. If you used a car/van/truck or motorcycle --

A. Were you the . . . ? Driver OR Passenger

B. NOT including yourself, how many people were in the vehicle? 0 1 2 3 4 5 6+

NOT including yourself, how many are household members? 0 1 2 3 4 5 6+

C. Was this vehicle from your household? Yes No
GO TO QUESTION 4.

3. If you used a bus (public or school) for this trip, what route did you use? _____ (route number)
GO TO QUESTION 4.

4. How far did you travel? _____ Kms Metres

Place 10

5. When did you arrive there? ____ : ____ AM PM

6. Where is this? Name of Place _____

If address was already reported _____
GO TO QUESTION 7

Street Address _____ Type of Place or Business _____
City, State, Postcode _____ Nearest Cross Streets _____

7. A. What was the main thing you did there? (check only ONE box)

<input type="checkbox"/> 1 Home – Paid Work	<input type="checkbox"/> 7 Eat Out	<input type="checkbox"/> 13 Recreation – Participate
<input type="checkbox"/> 2 Home – Other	<input type="checkbox"/> 8 Personal Business	<input type="checkbox"/> 14 Recreation – Watch
<input type="checkbox"/> 3 Work	<input type="checkbox"/> 9 Everyday Shopping	<input type="checkbox"/> 15 Accompany Another Person
<input type="checkbox"/> 4 Attend Childcare	<input type="checkbox"/> 10 Major Shopping	<input type="checkbox"/> 16 Pick-Ups/Drop-Off Passenger
<input type="checkbox"/> 5 Attend School	<input type="checkbox"/> 11 Religious/Community	<input type="checkbox"/> 17 Turn Around
<input type="checkbox"/> 6 Attend College	<input type="checkbox"/> 12 Social	<input type="checkbox"/> 18 Change Travel Means

B. Did you do anything else there? Yes No – **GO TO QUESTION 8**

IF YES, what else did you do there? _____ [record activity codes from page 2 here]

8. A. Did you go anywhere else in the diary period? Yes – **GO TO QUESTION 8B** No

B. When did you leave there? ____ : ____ AM PM

15

Travel: How did you get to the next place?

1. What type of transport did you use to go to the next place you went? (circle one number ONLY, please)

1 Car, van, truck	3 School Bus	5 Taxi
2 Motorcycle	4 Public Bus	6 Bicycle/Moped
	7 Walk	8 Other (Specify) _____

2. If you used a car/van/truck or motorcycle --

A. Were you the . . . ? Driver OR Passenger

B. NOT including yourself, how many people were in the vehicle? 0 1 2 3 4 5 6+

NOT including yourself, how many are household members? 0 1 2 3 4 5 6+

C. Was this vehicle from your household? Yes No
GO TO QUESTION 4.

3. If you used a bus (public or school) for this trip, what route did you use? _____ (route number)
GO TO QUESTION 4.

4. How far did you travel? _____ Kms Metres

Place 11

5. When did you arrive there? ____ : ____ AM PM

6. Where is this? Name of Place _____

If address was already reported _____
GO TO QUESTION 7

Street Address _____ Type of Place or Business _____
City, State, Postcode _____ Nearest Cross Streets _____

7. A. What was the main thing you did there? (check only ONE box)

<input type="checkbox"/> 1 Home – Paid Work	<input type="checkbox"/> 7 Eat Out	<input type="checkbox"/> 13 Recreation – Participate
<input type="checkbox"/> 2 Home – Other	<input type="checkbox"/> 8 Personal Business	<input type="checkbox"/> 14 Recreation – Watch
<input type="checkbox"/> 3 Work	<input type="checkbox"/> 9 Everyday Shopping	<input type="checkbox"/> 15 Accompany Another Person
<input type="checkbox"/> 4 Attend Childcare	<input type="checkbox"/> 10 Major Shopping	<input type="checkbox"/> 16 Pick-Ups/Drop-Off Passenger
<input type="checkbox"/> 5 Attend School	<input type="checkbox"/> 11 Religious/Community	<input type="checkbox"/> 17 Turn Around
<input type="checkbox"/> 6 Attend College	<input type="checkbox"/> 12 Social	<input type="checkbox"/> 18 Change Travel Means

B. Did you do anything else there? Yes No – **GO TO QUESTION 8**

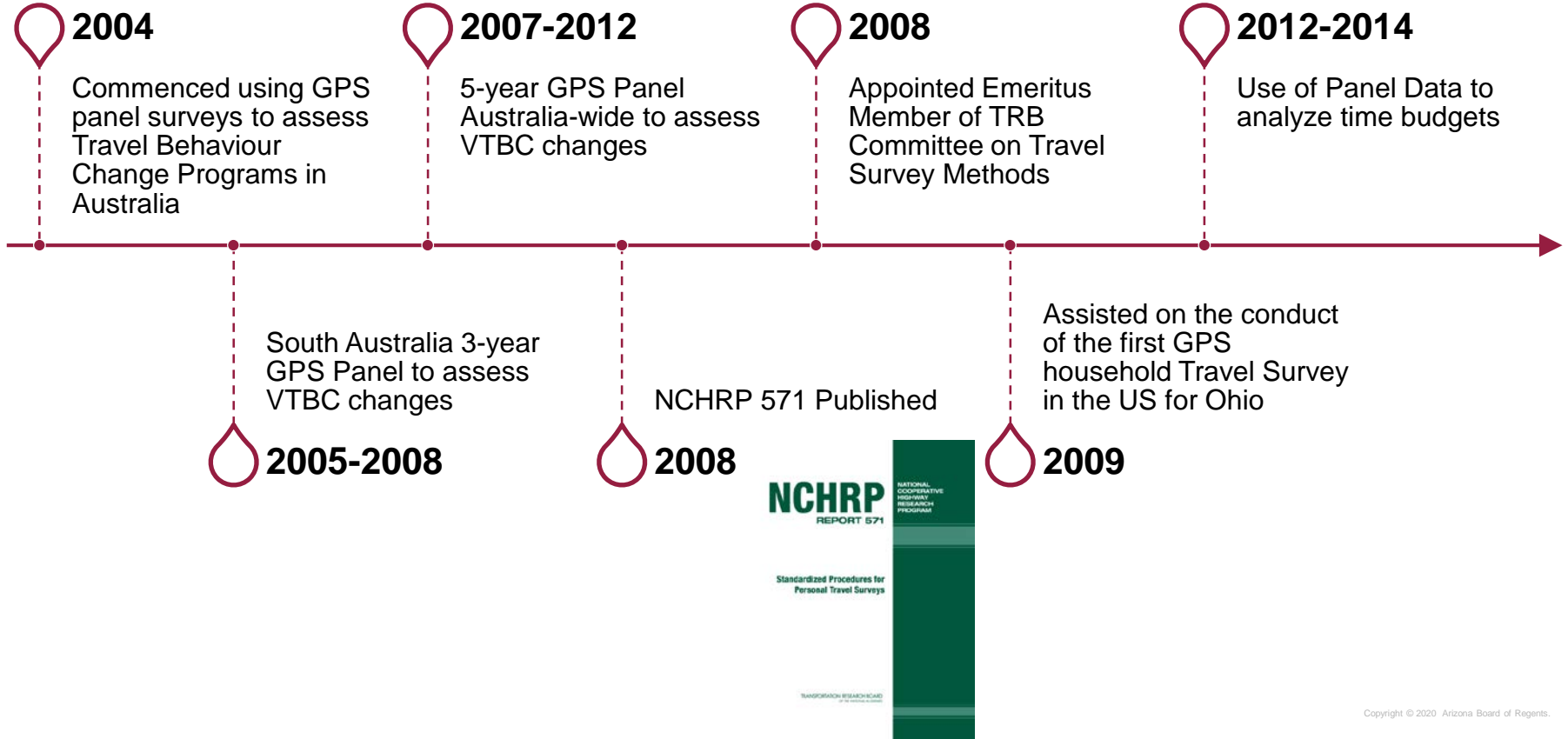
IF YES, what else did you do there? _____ [record activity codes from page 2 here]

8. A. Did you go anywhere else in the diary period? Yes – **GO TO QUESTION 8B** No

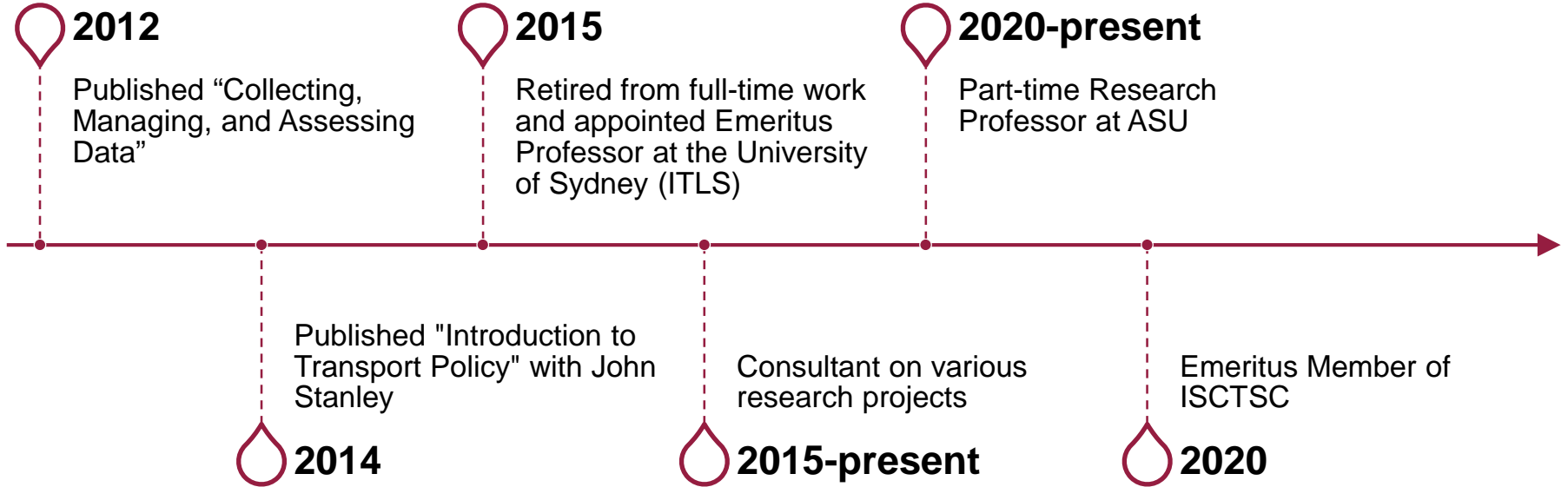
B. When did you leave there? ____ : ____ AM PM

16

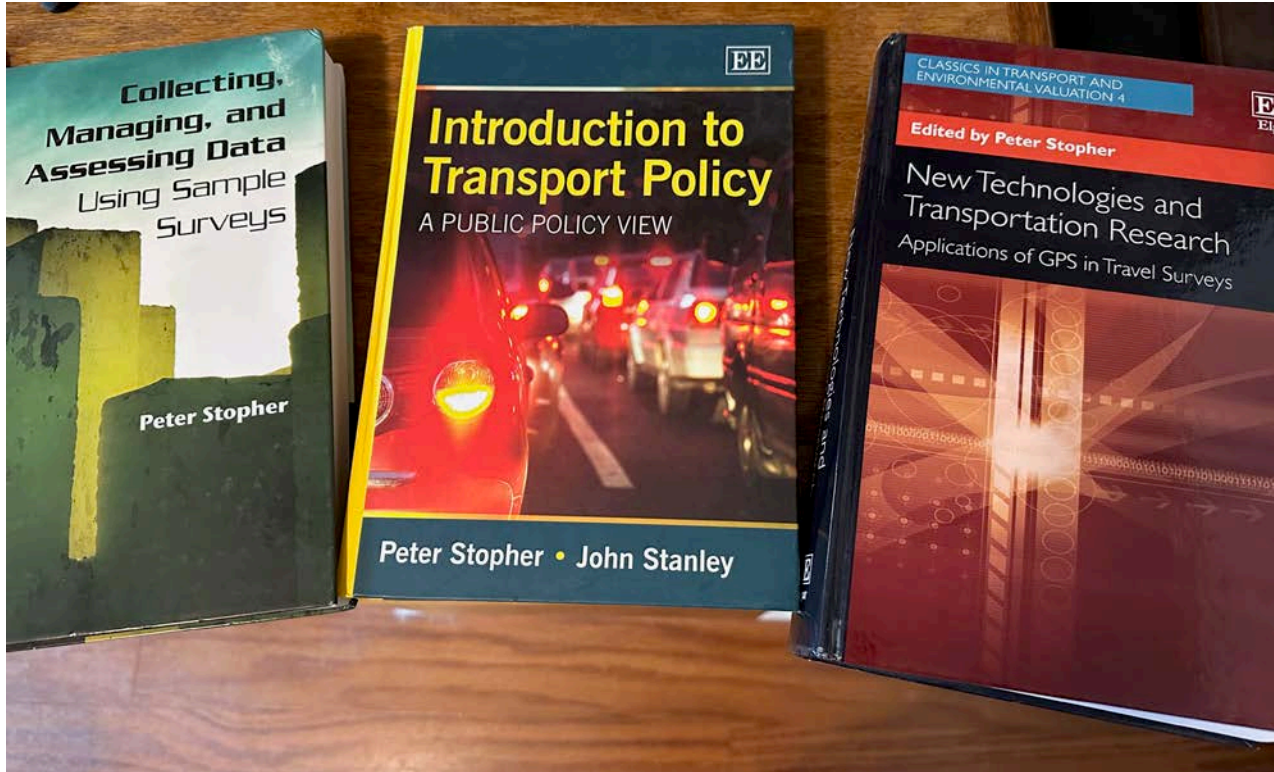
Timeline (7)

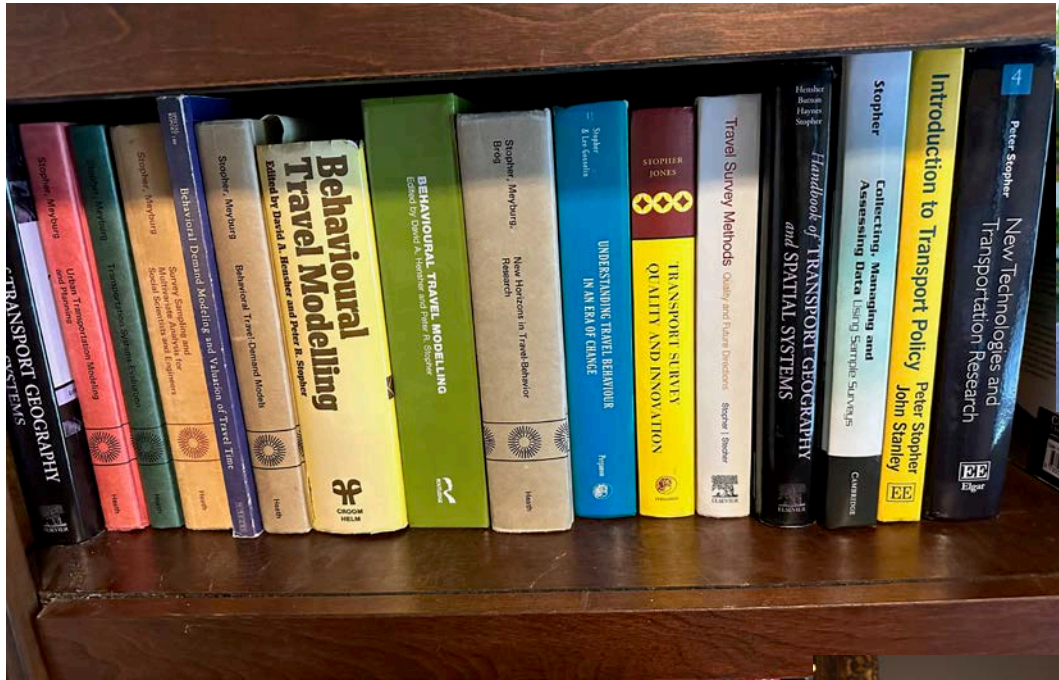


Timeline (8)



Three Latest Books





Some Closing Thoughts

Do not accept current knowledge/opinions without question

- Aggregate models -- "people travel, not zones"
- Changing survey techniques
- Road widening and congestion
- Voluntary Travel Behavior Change

Keep balance in your life between work, family, and other commitments

Read widely, not just in your professional literature, but also in good general literature

Work on communication skills, especially writing

Those wishing to pursue an academic career, note the value of spending a period of time in practice

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