

## Sample Tally Question List and Tally Form

You can print all the tally questions on a single sheet of paper. Interviewers should read from this sheet to administer the interview, and record responses on a “tally sheet”. Samples of these materials are provided. You should, of course, customize them to meet your needs.

Sample tally questions are provided for **gated** and **ungated** events, as noted.

### FOR GATED EVENTS

<b>Stint Identification</b>	Every assigned stint in your study should have a unique number. This number should be recorded on each Tally sheet and each set of materials provided for counting entrants.
<b>Interviewer Identification</b>	The interviewer’s name should be recorded on each Tally sheet for quality control.
<b>Tally Box</b>	<b>Refusals</b> you must be able to measure the response rate to the Tally Process. Thus, you must have a mechanism in the Tally process to record the number of people who decline/refuse your efforts to interview them as they enter the site.
<b>Introduction</b>	Hi, my name is XXXX INTERVIEWER’S FIRST NAME. Welcome to NAME EVENT. Before you start your visit here today, I’d like to ask you just a few questions so we can learn more about who is coming to this event. (TO TAKE RESPONDENT OUT OF TRAFFIC FLOW: Could you and others who are here with you today just step aside for a couple of minutes?)
<b>Questions</b>	
<b>1-a)</b>	Have you already been stopped to answer questions about NAME EVENT <b>today</b> ? No <span style="float: right;">[   ]</span> Yes <span style="float: right;">[   ]</span> IF YES, THANK RESPONDENT & TERMINATE
<b>1-b)</b>	<b>THIS QUESTION IS REQUIRED ONLY FOR TALLY INTERVIEWS CONDUCTED AT ON-SITE LOCATIONS (REFRESHMENT KIOSKS, WASHROOM LINE-UPS, BLEACHERS, ETC. Q.1-b) is <u>not</u> included in the sample Tally Sheet.</b>  At which location and time did you first enter the site today? Location <span style="float: right;">(pre-list to correspond to entry gates)</span> Time Period <span style="float: right;">(pre-list to correspond to stint time periods)</span>
<b>2.</b>	Is XXXX (NAME CITY/TOWN IN WHICH EVENT IS TAKING PLACE) your permanent place of residence (SHOW MAP*)?  Yes <span style="float: right;">[   ]</span> LOCAL: SKIP TO Q. No <span style="float: right;">[   ]</span> NON-LOCAL: ASK Q.3 *The map should display clear boundaries of what the event has defined to be the “local area”.
<b>Optional 3-a)</b>	<b>Question 3 is required if you plan to segment your information by various origin groups.</b> <b>IF RESPONDENT LIVES OUTSIDE CITY/TOWN OF EVENT, ASK: In which city/town, province/ state/country is your permanent residence?</b> IF CANADA OR USA, ASK: And what is your postal/zip code?  City/Town _____ Province/State _____ Country _____  IF CANADA/USA: Postal/Zip Code _____
<b>3-b)</b>	<b>IF RESPONDENT LIVES OUTSIDE CITY/TOWN OF EVENT, ASK:</b> Are you on an out-of-town trip from your permanent place of residence?  No <span style="float: right;">[   ]</span> Yes <span style="float: right;">[   ]</span> IF YES, ASK 3-c)
<b>3-c)</b>	Have you or will you be spending at least one night away from home on this trip?

No ☐ [ ]  
 Yes ☐ [ ]

- 4-a) How many people who live in your household came to NAME EVENT with you today?  
**IF MORE THAN ONE PERSON IN PARTY, ASK:** And how many, if any, of these people are under [XX] years of age?

Total number in household travel party \_\_\_\_\_ IF MORE THAN ONE PERSON IN PARTY OR IF ANY  
 LOOK TO BE TEENS/CHILDREN, ASK 4-b). OTHERS,  
 SKIP TO Q.5

- 4-b) And how many, if any, of these people are under [XX] years of age?

Number under [XX] years \_\_\_\_\_

5. How many people in your group, if any, are [Are you\*] here as staff, a vendor, participant/performer, media or volunteer to help with today's events? RECORD OPPOSITE APPROPRIATE EXCLUDED CATEGORY. IF ALL PARTY MEMBERS ARE "EXCLUDED", RECORD ON TALLY SHEET & TERMINATE

CODE	#
A. Staff	_____
B. Vendor/merchant	_____
C. Participant/ performer	_____
D. Media	_____
E. Volunteer	_____

\*wording change required if a one person party

6. Which type of ticket(s) did you use today to enter NAME EVENT? OPTIONAL, depends on circumstances of Event. See Tally Procedures)

CODE	
A. Individual day ticket	<input type="checkbox"/> [ ]
B. Individual event pass [multi-day pass]	<input type="checkbox"/> [ ]
C. Family day ticket	<input type="checkbox"/> [ ]
D. Family event pass [multi-day pass]	<input type="checkbox"/> [ ]
E. NO TICKET (Comp., Vendor, Staff, etc.)	<input type="checkbox"/> [ ]

OTHER (WRITE IN) \_\_\_\_\_

7. IF MULTI-DAY EVENT: NAME EVENT lasts for X days. Over the full course of the event, on how many different days have you/do you plan to attend, counting today's visit?

WRITE IN NUMBER OF DAYS \_\_\_\_\_

DON'T KNOW/CAN'T ESTIMATE ☐ [ ]

#### RECRUITING FOR ATTENDEE / ON-SITE SPENDING SURVEY

- 8-a) IF MULTI-DAY EVENT: Have you or has anyone else in your household party received a questionnaire to complete, either today or on a previous day you came to the event?

No ☐ [ ] GO TO NEXT QUESTION  
 Yes ☐ [ ] You need only complete one questionnaire for all your visits to this event. Thank you for your cooperation and enjoy your stay here today.

8-b)

In order for us to learn more about your reactions to NAME EVENT and your spending here, would **the person most able to report on spending** for all people in your household who came to this event with you please complete this short survey just before you leave the site today? You can drop the completed questionnaire in one of the specially labelled boxes at [NAME LOCATION(S) OF DROP OFF BOXES] or return it to us by mail in the postage paid envelope we have provided.

IF USING AN INCENTIVE, CONSTRUCT THE APPROPRIATE STATEMENT: As a thank you for your cooperation, once we have your completed survey, we will provide you with/ you will have a chance to win [NAME PRIZE], etc.

Refuses to accept questionnaire

[ ]

Accepts questionnaire

[ ]

RECORD UNIQUE ID FROM  
Q'AIRE ON TALLY SHEET

IF ACCEPTS: Could I please have a telephone number (including area code) where I can reach you at home and the first name of the person who will complete this survey, just in case we have to follow-up on any of your answers?

RECORD PHONE NUMBER

RECORD FIRST NAME OF RESPONDENT

Thank respondent for his/her cooperation.

**INTERVIEWER NOTE: REMEMBER TO WRITE UNIQUE ID NUMBER FROM ATTENDEE SURVEY FORM ON YOUR TALLY SHEET BEFORE DISTRIBUTING THE ATTENDEE QUESTIONNAIRE.**

## FOR UNGATED EVENTS

**Stint Identification** Every assigned stint in your study should have a unique number. This number should be recorded on each Tally sheet and each set of materials provided for counting entrants.

**Interviewer Identification** The interviewer's name should be recorded on each Tally sheet for quality control.

**Tally Box** **Refusals** you must be able to measure the response rate to the Tally Process. Thus, you must have a mechanism in the Tally process to record the number of people who decline/refuse your efforts to interview when approached.

**Introduction** Hi, my name is XXXX INTERVIEWER'S FIRST NAME. Welcome to NAME EVENT. I'd like to ask you just a few questions so we can learn more about who is coming to this event. (TO TAKE RESPONDENT OUT OF TRAFFIC FLOW: Could you and others who are here with you today just step aside for a couple of minutes?)

### Questions

1. Have you already been stopped to answer questions about NAME EVENT **today**?

No [ ]

Yes [ ]

IF YES, THANK RESPONDENT &  
TERMINATE

2. Is XXXX (NAME CITY/TOWN IN WHICH EVENT IS TAKING PLACE) your permanent place of residence (SHOW MAP\*)?

Yes [ ] LOCAL: SKIP TO Q.

No [ ] NON-LOCAL: ASK Q.3

\*The map should display clear boundaries of what the event has defined to be the "local area".

**Optional** **Question 3 is required if you plan to segment your information by various origin groups.**

**3-a) IF RESPONDENT LIVES OUTSIDE CITY/TOWN OF EVENT, ASK: In which city/town, province/ state/country is your permanent residence? IF CANADA OR USA, ASK: And what is your postal/zip code?**

City/Town \_\_\_\_\_  
Province/State \_\_\_\_\_  
Country \_\_\_\_\_

IF CANADA/USA: Postal/Zip Code \_\_\_\_\_

**3-b) IF RESPONDENT LIVES OUTSIDE CITY/TOWN OF EVENT, ASK: Are you on an out-of-town trip from your permanent place of residence?**

No [ ]

Yes [ ]

IF YES, ASK 3-c)

**3-c) Have you or will you be spending at least one night away from home on this trip?**

No [ ]

Yes [ ]

**4-a) How many people who live in your household came to NAME EVENT with you today?**

**IF MORE THAN ONE PERSON IN PARTY, ASK: And how many, if any, of these people are under [XX] years of age?**

Total number in household travel party \_\_\_\_\_

IF MORE THAN ONE PERSON IN PARTY OR IF ANY  
LOOK TO BE TEENS/CHILDREN, ASK 4-b). OTHERS,  
SKIP TO Q.5

**4-b) And how many, if any, of these people are under [XX] years of age?**

Number under [XX] years \_\_\_\_\_

5. How many people in your group, if any, are [Are you\*] here as staff, a vendor, participant/performer, media or volunteer to help with today's events? RECORD OPPOSITE APPROPRIATE EXCLUDED CATEGORY. IF ALL PARTY MEMBERS ARE "EXCLUDED", RECORD ON TALLY SHEET & TERMINATE

CODE	#
F. Staff	_____
G. Vendor/merchant	_____
H. Participant/ performer	_____
I. Media	_____
J. Volunteer	_____

\*wording change required if a one person party

6. Which type of ticket(s) did you use today to enter NAME EVENT? OPTIONAL, depends on circumstances of Event. See Tally Procedures)

CODE	
F. Individual day ticket	[ ]
G. Individual event pass [multi-day pass]	[ ]
H. Family day ticket	[ ]
I. Family event pass [multi-day pass]	[ ]
J. NO TICKET (Comp., Vendor, Staff, etc.)	[ ]
OTHER (WRITE IN)	_____

- 7-a) IF MULTI-DAY EVENT: NAME EVENT lasts for X days. Over the full course of the event, on how many different days have you/do you plan to attend, counting today's visit?

WRITE IN NUMBER OF DAYS \_\_\_\_\_

DON'T KNOW/CAN'T ESTIMATE [ ]

**Additional  
Questions for  
Estimating  
Attendance**

See additional questions to be inserted at Q.7, depending on which approach is adopted to estimate total attendance at the event:

Aerial photos  
Parking lot counts  
Parade counts  
Tag and recapture

# **RECRUITING FOR ATTENDEE / ON-SITE SPENDING SURVEY**

**8-a)** IF MULTI-DAY EVENT: Have you or has anyone else in your household party received a questionnaire to complete, either today or on a previous day you came to the event?

No ☐ GO TO NEXT QUESTION  
 Yes ☐ You need only complete one questionnaire for all your visits to this event. Thank you for your cooperation and enjoy your stay here today.

**8-b)** In order for us to learn more about your reactions to NAME EVENT and your spending here, would **the person most able to report on spending** for all people in your household who came to this event with you please complete this short survey just before you leave the site today? You can drop the completed questionnaire in one of the specially labelled boxes at [NAME LOCATION(S) OF DROP OFF BOXES] or return it to us by mail in the postage paid envelope we have provided.

IF USING AN INCENTIVE, CONSTRUCT THE APPROPRIATE STATEMENT: As a thank you for your cooperation, once we have your completed survey, we will provide you with/ you will have a chance to win [NAME PRIZE], etc.

Refuses to accept questionnaire ☐  
 Accepts questionnaire ☐ RECORD UNIQUE ID FROM Q'AIRE ON TALLY SHEET

IF ACCEPTS: Could I please have a telephone number (including area code) where I can reach you at home and the first name of the person who will complete this survey, just in case we have to follow-up on any of your answers?

RECORD PHONE NUMBER  
 RECORD FIRST NAME OF RESPONDENT  
 Thank respondent for his/her cooperation.

**INTERVIEWER NOTE: REMEMBER TO WRITE UNIQUE ID NUMBER FROM ATTENDEE SURVEY FORM ON YOUR TALLY SHEET BEFORE DISTRIBUTING THE ATTENDEE QUESTIONNAIRE.**

## **Additional Tally Questions to Adjust Attendee Counts (Q.7) For Ungated Events**

### **Aerial Photos**

#### **Question 7 Tally Questionnaire, Modified for Aerial Photograph Method**

-a) IF MULTI-DAY EVENT: NAME EVENT lasts for X days. Over the full course of the event, on how many different days have you/do you plan to attend, counting today's visit?

WRITE IN NUMBER OF DAYS

DON'T KNOW/CAN'T ESTIMATE ☐

-b) Did you/do you plan to attend the [NAME PEAK EVENT(S) DURING WHICH AERIAL PHOTO(S) WAS/WERE /WILL BE TAKEN]? [IF MULTI-DAY EVENT, SAY: on NAME EACH DAY? REPEAT FOR EACH DAY, AS REQUIRED. **SEE ALTERNATIVE BELOW IF MULTI-DAY/MULTI-VENUE AERIAL PHOTOS TAKEN**

	DAY 1	DAY 2	DAY 3	Etc.
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-b) **ALTERNATIVE FOR MULTI-DAY/MULTI-VENUE AERIAL PHOTOS** Which of the following, if any, activities have you/do you plan to attend? [READ LIST AND MARK APPROPRIATE RESPONSE FOR EACH ITEM]. THE LIST WILL INCLUDE THE NAME, LOCATION AND DAY OF THE PEAK EVENT(S) DURING WHICH AERIAL PHOTO(S) WAS/WERE /WILL BE TAKEN.

	YES	NO	DON'T KNOW
Peak Event A, at LOCATION, on NAME DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peak Event B, at LOCATION, on NAME DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peak Event C, at LOCATION, on NAME DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parking lot counts****Question 7 Tally Questionnaire, Modified for Parking Lot Counts****Special questions for multi-day events:**

-a) IF MULTI-DAY EVENT: NAME EVENT lasts for X days. Over the full course of the event, on how many different days have you/do you plan to attend, counting today's visit?

WRITE IN NUMBER OF DAYS

DON'T KNOW/CAN'T ESTIMATE [ ]

**Additional questions for Method 3:**

-b) Were you/do you plan to be at NAME EVENT on NAME DAY at NAME TIME(S) [DURING WHICH PARKING LOT COUNT(S) WAS/WERE /WILL BE TAKEN]? [IF MULTI-DAY EVENT, SAY: on NAME EACH DAY? REPEAT FOR EACH DAY, AS REQUIRED. **SEE ALTERNATIVE BELOW IF MULTI-DAY/MULTI-VENUE PARKING LOT COUNTS**

	DAY 1 at TIME ____	DAY 2 at TIME ____	DAY 3 at TIME ____	Etc.
Yes	[ ]	[ ]	[ ]	[ ]
No	[ ]	[ ]	[ ]	[ ]
DON'T KNOW	[ ]	[ ]	[ ]	[ ]

-c) **ADDITIONAL QUESTION IF MULTI-VENUE PEAK PERIOD PARKING LOT COUNTS** When you came/when you plan to come to NAME EACH DAY/TIME RECORDED AS "YES" IN -b), in which parking lot did you/do you plan to park? [READ LIST AND MARK APPROPRIATE RESPONSE FOR EACH ITEM]. THE LIST WILL INCLUDE THE NAME, LOCATION OF PARKING LOTS AVAILABLE AT PEAK PERIODS.

	PARKING LOT			DON'T KNOW
DAY 1 at TIME ____	A [ ]	B [ ]	C [ ]	[ ]
DAY 2 at TIME ____	A [ ]	B [ ]	C [ ]	[ ]
DAY 3 at TIME ____	A [ ]	B [ ]	C [ ]	[ ]
Etc.	A [ ]	B [ ]	C [ ]	[ ]

-d) And which type of vehicle did you/do you plan to use when you parked/plan to park in NAME EACH LOT and DAY/TIME RECORDED AS "YES" IN -c)? Was it a . . . READ LIST

	Vehicle type				
	Car, van or pick-up truck	Motorhome or RV	Bus	Motorcycle	OTHER (WRITE IN)
<b>DAY 1</b>					
LOT A	[ ]	[ ]	[ ]	[ ]	_____
LOT B	[ ]	[ ]	[ ]	[ ]	_____
LOT C	[ ]	[ ]	[ ]	[ ]	_____
<b>DAY 2</b>					
LOT A	[ ]	[ ]	[ ]	[ ]	_____
LOT B	[ ]	[ ]	[ ]	[ ]	_____
LOT C	[ ]	[ ]	[ ]	[ ]	_____
<b>DAY 3</b>					
LOT A	[ ]	[ ]	[ ]	[ ]	_____
LOT B	[ ]	[ ]	[ ]	[ ]	_____
LOT C	[ ]	[ ]	[ ]	[ ]	_____
Etc.					

-e) FOR EACH VEHICLE TYPE IN -d), ASK: And how many people in total came to the event/plan to come to the event on NAME DAY in your NAME VEHICLE? RECORD NUMBER OF OCCUPANTS IN VEHICLE FOR EACH VEHICLE ON EACH DAY.

	Number of Occupants per Vehicle				
	Car, van or pick-up truck	Motorhome or RV	Bus	Motorcycle	OTHER (WRITE IN)
<b>DAY 1</b>					
LOT A	_____	_____	_____	_____	_____
LOT B	_____	_____	_____	_____	_____
LOT C	_____	_____	_____	_____	_____
<b>DAY 2</b>					
LOT A	_____	_____	_____	_____	_____
LOT B	_____	_____	_____	_____	_____
LOT C	_____	_____	_____	_____	_____
<b>DAY 3</b>					
LOT A	_____	_____	_____	_____	_____
LOT B	_____	_____	_____	_____	_____
LOT C	_____	_____	_____	_____	_____
Etc.					

-f) ASK ONLY IF MORE THAN ONE OCCUPANT IN VEHICLE: How many *different* households were represented in the vehicle?

One (just your household/all from same household) [ ]

OTHER (WRITE IN NUMBER OF HHs, INCLUDING RESPONDENT'S HOUSEHOLD) \_\_\_\_\_

**IF ONE-DAY SINGLE PARKING LOT EVENT:**

-a) In which type of vehicle did you come to this event today? Was it a . . . READ LIST?

Car, van or pick-up truck [ ]

Motorhome or RV [ ]

School or tour bus [ ]

Motorcycle [ ]

Other (WRITE IN) \_\_\_\_\_

DON'T KNOW [ ]

-b) And how many people in total came to the event today in your NAME VEHICLE? RECORD NUMBER OF OCCUPANTS IN THE VEHICLE.

**TOTAL OCCUPANTS**

Car, van or pick-up truck

Motorhome or RV

School or tour bus

Motorcycle

Other (Write in)

DON'T KNOW

-c) ASK ONLY IF MORE THAN ONE OCCUPANT IN VEHICLE: How many *different* households were represented in the vehicle?

One (just your household/all from same household) [ ]

OTHER (WRITE IN NUMBER OF HHs, INCLUDING RESPONDENT'S HOUSEHOLD) \_\_\_\_\_



**Parade  
counts**

**Question 7 Tally Questionnaire, Modified for Parade Count Method**

-a) IF MULTI-DAY EVENT: NAME EVENT lasts for X days. Over the full course of the event, on how many different days have you/do you plan to attend, counting today's visit?

WRITE IN NUMBER OF DAYS \_\_\_\_\_

DON'T KNOW/CAN'T ESTIMATE [ ]

-b) Did you/do you plan to attend the [NAME PARADE]?

Yes [ ]

No [ ]

DON'T KNOW [ ]

**Tag and  
Recapture**

**Question 7 Tally Questionnaire, Modified for Tag and Recapture Method**

-a) RECORD IF RESPONDENT IS WEARING A TAG TODAY.

WEARING TAG [ ] SKIP TO Q.8

NOT WEARING TAG [ ] ASK Q. 7-b, -c

-b) IF NOT WEARING A TAG ASK: At approximately what time did you arrive at NAME EVENT SITE today? Was it (READ LIST)? LIST TIME PERIODS BEFORE, DURING AND AFTER "TAG" STINTS

From time A to time B [ ]

From time B to time C [ ]

Etc. [ ]

-c) IF NOT WEARING A TAG ASK: At approximately what time do you plan to leave NAME EVENT SITE today? Will it be (READ LIST)? LIST TIME PERIODS BEFORE, DURING AND AFTER "RECAPTURE" STINTS

From time A to time B [ ]

From time B to time C [ ]

Etc. [ ]

Sample Tally Sheet

(Does not include extra questions for tallies at locations *within* the event site (at food kiosks, washroom lines, etc.) to capture gate/time of entry or zone/additional questions required for *ungated* event. These questions are required if tallies are conducted *within* the site or if attendance estimates for ungated events are being calculated from Tally information.)

Stint ID (Write in)\_\_\_\_\_ Interviewer ID (Write in)\_\_\_\_\_

Refusals: STRIKE THROUGH *NEXT* NUMBER FOR EACH INDIVIDUAL THAT REFUSES TO PARTICIPATE WHEN APPROACHED.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

	Q1.		Q2		Q.3-a Q.3 is optional, depending on the number of segments being reported in the study.				Q. 3-b		Q. 3-c		Q. 4-a)	Q. 4-b)	Q.5					Q.6		Q.7	Q. 8 Recruitment for Attendee Survey/On-Site Spending Study														
	Already Talled Today (IF YES, ENTER ON TALLY & TERMINATE)		Local/Non-Local		Place of Residence (Non-Local only) (WRITE IN)				Out-of Town Trip		Nights Away		Total in Household Party	# Under XX Years	# in HH Party in Each Excluded Category (ENTER # FOR EACH CODE) IF ALL HH MEMBERS ARE EXCLUDED, ENTER ON TALLY SHEET & TERMINATE					Type of Ticket (Write in Code)		# of days attend ed/ will attend					Telephone #		First Name								
	Yes	No	Local	Non-Local	City	Prov/ State	Country	Postal Code/Zip				No	Yes	No	Not Asked			All	A	B	C	D	Code	Other (Write in)		Not Asked (interval)	Not Distributed - Already Has Q'aire	Refusal	Accepts <b>WRITE IN UNIQUE ID FROM ATTENDEE SURVEY</b>	Area Code	Number						
1.																																			( )		
2.																																			( )		
1.																																			( )		
3.																																			( )		
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