

Address of Property:



We're sorry we missed you!

Travel Advisors are visiting your local area as part of the Thinktravel programme of activity. In order to help us better understand your travel issues, we would be grateful if you would complete this short survey of your travel behaviour so we can let local bus operators and other transport providers know about your ideas or concerns. **Please be assured that the information you provide will be treated as entirely confidential.**

**PLEASE RETURN THE QUESTIONNAIRE IN THE FREEPOST ENVELOPE PROVIDED WITHIN 2 WEEKS.**

Q1. How often do you have access to a car as a driver? (Please tick one box below only)

Always  Sometimes  Never

Q2a. During the last 7 days, on how many days did you travel to work? (Please circle one box below only. If you did not travel to work in the past week, circle 0 and go to question 3a. If you do not work, circle n/a and **GO TO QUESTION 3a**)

0 1 2 3 4 5 6 7 n/a

Q2b. During the last 7 days, on how many days did you make your journey to work by? (Please circle one response per line only and ensure your total number of days adds up to the figure given in question 2a. If you use more than one method of transport on one day then count *only* the method used for the main part of your journey)

|                     |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|
| Car alone as driver | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Car with other(s)   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Motorbike/moped     | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Walk                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Cycle               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Bus                 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Train               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Taxi                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Van                 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Other               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Q3a. During the last 7 days, on how many days did you travel to the local shops e.g. for a newspaper or milk? (Please circle one box below only. If you did not travel to the local shops in the past week, circle 0 and **GO TO QUESTION 4a**)

0 1 2 3 4 5 6 7

Q3b. During the last 7 days, on how many days did you make your journey to the local shops by? (Please circle one response per line only and ensure your total number of days adds up to the figure given in question 3a. If you use more than one method of transport on one day then count *only* the method used for the main part of your journey)

|                     |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|
| Car alone as driver | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Car with other(s)   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Motorbike/moped     | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Walk                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Cycle               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Bus                 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Train               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Taxi                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Van                 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Other               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

PLEASE TURN OVER →

Q4a. During the last 7 days, on how many days did you make a trip to a local school to drop off or pick up children? (Please circle one box below only. If you did not travel to the local school/s in the past week, circle 0 and **GO TO QUESTION 5**)

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|

Q4b. During the last 7 days, on how many days did you make your journey to local school/s by? (Please circle one response per line only and ensure your total number of days adds up to the figure given in question 4a. If you use more than one method of transport on one day then count *only* the method used for the main part of your journey)

|                     |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|
| Car alone as driver | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Car with children   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Motorbike/moped     | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Walk                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Cycle               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Bus                 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Train               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Taxi                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Van                 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Other               | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Q4c. If you made a journey with schoolchildren, what did you do after they were dropped off?

|                            |                          |
|----------------------------|--------------------------|
| Went back home             | <input type="checkbox"/> |
| Drove to work              | <input type="checkbox"/> |
| Drove to shopping          | <input type="checkbox"/> |
| Drove on to other activity | <input type="checkbox"/> |

Q5. How many people in total (including yourself) live in your household aged? (Please write numbers in both boxes below)

|             |                      |            |                      |
|-------------|----------------------|------------|----------------------|
| 17 or under | <input type="text"/> | 18 or over | <input type="text"/> |
|-------------|----------------------|------------|----------------------|

Q6. How old are you? (Please tick one box below only)

|                                |                                |                                |                                |                              |  |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|--|
| 18-25 <input type="checkbox"/> | 26-45 <input type="checkbox"/> | 46-60 <input type="checkbox"/> | 61-74 <input type="checkbox"/> | 75+ <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|--|

Q7. Are you? (Please tick one box below only)

|                               |                                 |  |
|-------------------------------|---------------------------------|--|
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
|-------------------------------|---------------------------------|--|

Q8. What is your current employment status? (Please tick one box below only)

|  |   |  |  |                                |
|--|---|--|--|--------------------------------|
| Employed (full-time) <input type="checkbox"/>            | Employed (part-time) <input type="checkbox"/>   | Self employed (full-time) <input type="checkbox"/> | Self employed (part-time) <input type="checkbox"/> |                                |
| Unemployed (seeking employment) <input type="checkbox"/> | Not seeking employment <input type="checkbox"/> | Retired <input type="checkbox"/>                   | Student <input type="checkbox"/>                   | Other <input type="checkbox"/> |

Q9. Do you have any mobility difficulty which affects the way you travel? (Please tick one box below only)

|                              |                             |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

Q10. Enclosed with this survey is some travel information to help you plan your journeys (Thinktravel info card, bus timetables etc). Do you think you may change the way that you travel as a result of the travel information provided?

|                              |                             |                                   |                                     |
|------------------------------|-----------------------------|-----------------------------------|-------------------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Possibly <input type="checkbox"/> | Don't know <input type="checkbox"/> |
|------------------------------|-----------------------------|-----------------------------------|-------------------------------------|

Q11. If you could obtain further travel information, which topic areas would interest you the most?

|  |                          |                        |                          |                           |                          |             |                          |
|--|--------------------------|------------------------|--------------------------|---------------------------|--------------------------|-------------|--------------------------|
| Further information on road/transport schemes planned in your area | <input type="checkbox"/> | Local maps             | <input type="checkbox"/> |                           |                          |             |                          |
| Walking  | <input type="checkbox"/> | Cycling guides         | <input type="checkbox"/> | Cycling maps              | <input type="checkbox"/> | Bus travel  | <input type="checkbox"/> |
| Rail travel  | <input type="checkbox"/> | Taxis                  | <input type="checkbox"/> | Car sharing               | <input type="checkbox"/> | Road safety | <input type="checkbox"/> |
| Shopmobility   | <input type="checkbox"/> | Fun/Charity Bike Rides | <input type="checkbox"/> | Thinksmart Smart Bus Card | <input type="checkbox"/> |             |                          |
| Other (please state)   | <input type="checkbox"/> | _____                  |                          |                           |                          |             |                          |

Q12. Are there any other transport issues or suggestions about travel that you would like to raise? Please write them in the space below.

**Thank you very much for completing this questionnaire. The information you have provided will only be used for the purposes of this project and its evaluation. It will be stored in accordance with the Data Protection Act 1998.**

**PLEASE RETURN THE QUESTIONNAIRE IN THE FREEPOST ENVELOPE PROVIDED WITHIN 2 WEEKS OR POST IT TO: INSERT ADDRESS HERE**