



Talkabout

Talkabout Special – Travelling in York

Welcome to the Travelling in York Talkabout Special. The questionnaire asks you to complete a travel diary, which will help us get a better understanding of the types and frequency of trips made by residents of York. Following this are questions regarding your views on transport options and feelings of community, social interaction and quality of life in your local area.

Your answers will help us to understand current travel behaviour and needs and will help us to assess the success of our local transport plans and sustainable travel strategies.

All those who complete the survey will be entered into a prize draw for the chance of winning one of four £25 shopping vouchers!

Please return your completed questionnaire in the envelope provided – no stamp required – by Friday 5 October, 2012.

If you did not receive a freepost envelope, or have mislaid it, please send your completed questionnaire to the external agency analysing the results on our behalf. Their address is:

Advanced Data Tabulation Services, FREEPOST NEA 10864, MALTON, YO17 7ZZ

If you have any questions about Talkabout, please telephone Nicola Lawson on (01904) 552021 or email talkabout@york.gov.uk

Thank you for your time. We look forward to receiving your reply.

This information can be provided in your own language.

我們也用您的語言提供這個信息 (Cantonese)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

 01904 551550

This questionnaire is also available in alternative formats. To request a copy in another format or if you need assistance to complete the form please contact (01904) 552021.

Listening to what matters to **You** and to **York**

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Travel diary

We would like to get an understanding of the number and types of journeys made by the residents of York. The following two pages are a travel diary that we would like you to complete for the trips you made on **ONE** day. Please complete the diary for the most recent Tuesday, Wednesday or Thursday based on your recollection of all the trips you made on that one day.

When completing your travel diary please be aware of the following:

- A 'trip' is a one-way journey of more than 50 metres.
- A return journey from A to B and back (eg from home to work in the morning and from work to home in the evening) counts as two trips.
- Multi-purpose trips (ie stopping for something on the way to somewhere else) should be treated as separate trips (eg dropping children off at school on the way to work should be recorded as two separate trips).
- One column should be used for each trip.

Please complete the travel diary as fully as you possibly can as your answers will be used to create a picture of travel needs across the city.

Q1. First, please confirm the day and date of your travel diary:

Tuesday

Wednesday

Thursday

Date: _____

Travel diary – You and your household

The following questions ask about how often you and members of your household use different methods of transport.

Q11. On how many days per week do you typically use each of the following methods of transport? (Please tick one box in each row)

	More than 5 days a week	4-5 days a week	2-3 days a week	Once a week	Once a fortnight	Once a month	Less than once a month	Never
Car/van (as the driver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car/van (as a passenger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park & Ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please specify) _____

We would also like to get a snap-shot of the travel patterns of other members of your household.

Q12. Please state the gender and age of any other people who live in your household.

	Gender (tick)		Age (please specify)
	Male	Female	
Example	✓		21
Person 1			
Person 2			
Person 3			
Person 4			
Person 5			
Person 6			

Q13. Please indicate the number of trips made by each of these people on the day of your travel diary, by each method of transport. Please refer to the travel diary guidance notes for explanation of what is regarded as a 'trip'.

	Car/van (as the driver)	Car/van (as a passenger)	Park & Ride	Bus	Train	Walk	Cycle	Motor -cycle	Taxi
<i>Example</i>	0	2	0	2	0	2	0	0	0
Person 1									
Person 2									
Person 3									
Person 4									
Person 5									
Person 6									

Travelling in York

The following questions ask you about your views on various transport options in York.

Q14. Please indicate how strongly you agree or disagree with the following statements (Please tick one box in each row)

Travelling by car...

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree
can get me to the places I need to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travelling by bus or Park & Ride...

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree
can get me to the places I need to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travelling by bicycle...

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree
can get me to the places I need to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travelling on foot...

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree
can get me to the places I need to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. How strongly do you agree or disagree with each of the following statements? (Please tick one box in each row)

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree
People should be encouraged to walk, cycle or use public transport instead of cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrians should be given greater priority on the roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclists should be given greater priority on the roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport users should be given greater priority on the roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorists should be given greater priority on the roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More money should be spent on facilities for pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More money should be spent on facilities for cyclists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More money should be spent on facilities for public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More money should be spent on facilities for motorists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you

**Q16. Do you hold a valid driving licence for this country?
(Please tick one box only)**

Yes No

**Q17. How many of each of the following are there in your household?
(Please write in)**

Cars/vans: _____ Bicycles: _____ Motorcycles: _____

Q18. Do you have any of the following concessionary bus passes or public transport season tickets? (Please tick all that apply)

- | | | | |
|----------------------------|--------------------------|---------------------------|--------------------------|
| Disabled person's bus pass | <input type="checkbox"/> | Taxicard | <input type="checkbox"/> |
| Older person's bus pass | <input type="checkbox"/> | Park & Ride season ticket | <input type="checkbox"/> |
| Young person's railcard | <input type="checkbox"/> | YoZone card | <input type="checkbox"/> |
| Family railcard | <input type="checkbox"/> | Bus season ticket | <input type="checkbox"/> |
| Senior railcard | <input type="checkbox"/> | Train season ticket | <input type="checkbox"/> |

**Q19. How would you rate your health in general?
(Please tick one box only)**

Very good Good Fair Bad Very bad

Q20. Are your day to day activities limited because of a health related problem or disability which has lasted, or is expected to last, at least 12 months? (Please tick one box only)

Yes, limited a lot Yes, limited a little No

**Q21. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to increase your breathing rate? This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.
(Please tick one box only)**

0 days 2 days 4 days 6 days
1 day 3 days 5 days 7 days

Your local community

Questions 22 to 28 ask how you feel about issues affecting your local community, including access to services and facilities, levels of social interaction, satisfaction and quality of life in your local neighbourhood.

Q22. How satisfied or dissatisfied are you with your local neighbourhood? (Please tick one box only)

Very satisfied Fairly satisfied Fairly unsatisfied Very unsatisfied

Q23. How accessible to you are the following local services and facilities? (Please tick one box in each row)

	Easily accessible	Fairly accessible	Fairly inaccessible	Very inaccessible	Do not use
Local shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym/sports centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church/other religious venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. How frequently do you have face-to-face contact with the following people (excluding people that live with you in your household)? (Please tick one box in each row)

	More than 5 days a week	4-5 days a week	2-3 days a week	Once a week	Once a fortnight	Once a month	Less than once a month	Never
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q25. How often do you participate in community activities?

(Please tick one box only)

More than 5 days a week <input type="checkbox"/>	4-5 days a week <input type="checkbox"/>	2-3 days a week <input type="checkbox"/>	Once a week <input type="checkbox"/>	Once a fortnight <input type="checkbox"/>	Once a month <input type="checkbox"/>	Less than once a month <input type="checkbox"/>	Never <input type="checkbox"/>
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Q26. How concerned are you about the following traffic related issues affecting your local community? (Please tick one box in each row)

	Very concerned	Fairly concerned	Fairly unconcerned	Very unconcerned
Congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please circle your score on the scale from 0 to 10.

Can't be too careful											Most people can be trusted
0	1	2	3	4	5	6	7	8	9	10	

Q28. Please consider the following statements and give a score on the scale of 0 to 10 (where 0 means extremely dissatisfied / unhappy / anxious / not at all worthwhile and 10 means extremely satisfied / happy / not at all anxious / very worthwhile).

	1	2	3	4	5	6	7	8	9	10
Overall, how satisfied are you with your life nowadays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how happy did you feel yesterday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how anxious did you feel yesterday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, to what extent do you feel the things you do in your life are worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time – please return your completed questionnaire in the envelope provided by Friday 5 October 2012
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