

About your household

Q1 How many cars does your household own?

None Three
 One Four +
 Two

Q2 How many members of your household (including yourself) hold a driver's licence?

None Four
 One Five
 Two Six
 Three

Q3 How many allocated parking spaces are there for this address?

None Go to Q5 Three
 One Four +
 Two

Q4 How many cars are parked in the following allocated parking spaces? (please write in a number)

Private space within plot (driveway/garage).....
 Shared/communal space within plot
 On-street ie within residents parking zone.....
 Other
If Other, Please specify

Q5 If you do not have any allocated parking spaces, how many cars are parked in the following areas? (Please write in a number)

In the street on which your property is located.....
 In a different street.....
 In a Public car-park.....
 Other
If 'In a Different Street', or 'Other', Please specify

Q6 How many cars did your household own at your previous address?

Q7 How many allocated parking spaces were there in total at your previous address?

Q8 How important were the following factors in influencing your decision to purchase this property?

	<i>Very important</i>	<i>Important</i>	<i>Neither</i>	<i>Unimportant</i>	<i>Not at all Important</i>
Proximity to Community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to Entertainment / leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to Place employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to Retail Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to Train Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity to Other Public Transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allocated spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-allocated spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character of area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of plot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior/exterior quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 To what extent do you agree 'You would have bought this property if it had had no allocated parking spaces'

<i>Strongly agree</i>	<i>Agree</i>	<i>Neither</i>	<i>Disagree</i>	<i>Strongly disagree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 Does your household normally use a car when travelling to or accessing leisure facilities/activities

Yes Go to Q11 No Go to Q12

Q11 When do you use the car to access any of the following activities? (tick all that apply)

	<i>During the week</i>	<i>At the weekends</i>
Visiting Friends & Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Pubs or restaurants	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Cinema	<input type="checkbox"/>	<input type="checkbox"/>
Sport/fitness facilities	<input type="checkbox"/>	<input type="checkbox"/>
Parks/gardens	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor pursuits	<input type="checkbox"/>	<input type="checkbox"/>
Educational facilities	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Does your household normally use a bus when travelling to or accessing leisure facilities/activities

Yes Go to Q13 No Go to Q14

Q13 When do you use the bus to access any of the following activities? (tick all that apply)

	<i>During the week</i>	<i>At the weekends</i>
Visiting Friends & Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Pubs or restaurants	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Cinema	<input type="checkbox"/>	<input type="checkbox"/>
Sport/fitness facilities	<input type="checkbox"/>	<input type="checkbox"/>
Parks/gardens	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor pursuits	<input type="checkbox"/>	<input type="checkbox"/>
Educational facilities	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Does your household normally use a train when travelling to or accessing leisure facilities/activities

Yes Go to Q15 No Go to Q16

Q15 When do you use the train to access any of the following activities? (tick all that apply)

	<i>During the week</i>	<i>At the weekends</i>
Visiting Friends & Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Pubs or restaurants	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Cinema	<input type="checkbox"/>	<input type="checkbox"/>
Sport/fitness facilities	<input type="checkbox"/>	<input type="checkbox"/>
Parks/gardens	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor pursuits	<input type="checkbox"/>	<input type="checkbox"/>
Educational facilities	<input type="checkbox"/>	<input type="checkbox"/>

Q16 Does your household normally cycle when travelling to or accessing leisure facilities/activities

Yes Go to Q17 No Go to Q18

Q17 When do you cycle to access any of the following activities? (tick all that apply)

	<i>During the week</i>	<i>At the weekends</i>
Visiting Friends & Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Pubs or restaurants	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Cinema	<input type="checkbox"/>	<input type="checkbox"/>
Sport/fitness facilities	<input type="checkbox"/>	<input type="checkbox"/>
Parks/gardens	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor pursuits	<input type="checkbox"/>	<input type="checkbox"/>
Educational facilities	<input type="checkbox"/>	<input type="checkbox"/>

Q18 Does your household normally walk when travelling to or accessing leisure facilities/activities

Yes Go to Q19 No Go to Q20

Q19 When do you walk to access any of the following activities? (tick all that apply)

	<i>During the week</i>	<i>At the weekends</i>
Visiting Friends & Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Pubs or restaurants	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Cinema	<input type="checkbox"/>	<input type="checkbox"/>
Sport/fitness facilities	<input type="checkbox"/>	<input type="checkbox"/>
Parks/gardens	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor pursuits	<input type="checkbox"/>	<input type="checkbox"/>
Educational facilities	<input type="checkbox"/>	<input type="checkbox"/>

Q20 Would any of the following provisions cause your household to: (Please tick one box per row)

	<i>Not own a car</i>	<i>Reduce car ownership</i>	<i>Reduce car use</i>	<i>Would not change</i>
Improved bus routes / additional bus stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A closer train station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved/additional cycles-ways, cycle parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved footways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased charges for on-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of other services closer to home	<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"/>

If Other, please specify

Q21 How many children are in full time education living in your household?

<i>None</i>	<input type="checkbox"/>	<i>Four</i>	<input type="checkbox"/>
<i>One</i>	<input type="checkbox"/>	<i>Five</i>	<input type="checkbox"/>
<i>Two</i>	<input type="checkbox"/>	<i>Six</i>	<input type="checkbox"/>
<i>Three</i>	<input type="checkbox"/>		

Q22 In total, how many people are there in your household?

<i>One</i>	<input type="checkbox"/>	<i>Four</i>	<input type="checkbox"/>
<i>Two</i>	<input type="checkbox"/>	<i>Five</i>	<input type="checkbox"/>
<i>Three</i>	<input type="checkbox"/>	<i>Six</i>	<input type="checkbox"/>

From this point onwards, could each individual member of your household complete one section each

Person One

Q23 Please indicate your gender:

<i>Male</i>	<input type="checkbox"/>	<i>Female</i>	<input type="checkbox"/>
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Q24 Are you in any form of employment or education?

<i>In employment</i>	<input type="checkbox"/>	<i>Not employed or in education</i>	<input type="checkbox"/>	Go to Q28
<i>In education</i>	<input type="checkbox"/>			

Q25 Where do you work or go to school/college? (please see enclosed map)

	<i>Band 1</i>	<i>Band 2</i>	<i>Band 3</i>	<i>Band 4</i>	<i>Band 5</i>	<i>Band 6</i>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26 Which of the following mode(s) of transport do you use when travelling to work?

	<i>Daily</i>	<i>2-3 times a week</i>	<i>Once a week</i>	<i>Less frequent</i>
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 Which of the following mode(s) of transport do you use when travelling to school or college?

	<i>Daily</i>	<i>2-3 times a week</i>	<i>Once a week</i>	<i>Less frequent</i>
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q28 Person one, thank you. Are you the last person in this household?

Yes End of Survey No Go to Q29

Person Two

Q29 Please indicate your gender:

Male Female

Q30 Are you in any form of employment or education?

In employment Not employed or in education Go to Q34
 In education

Q31 Where do you work or go to school/college? (please see enclosed map)

	<i>Band 1</i>	<i>Band 2</i>	<i>Band 3</i>	<i>Band 4</i>	<i>Band 5</i>	<i>Band 6</i>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32 Which of the following mode(s) of transport do you use when travelling to work?

	<i>Daily</i>	<i>2-3 times a week</i>	<i>Once a week</i>	<i>Less frequent</i>
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 Which of the following mode(s) of transport do you use when travelling to school or college?

	Daily	2-3 times a week	Once a week	Less frequent
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34 Person two, thank you. Are you the last person in this household?
 Yes End of Survey No Go to Q35

Person Three

Q35 Please indicate your gender:
 Male Female

Q36 Are you in any form of employment or education?
 In employment Not employed or in education Go to Q40
 In education

Q37 Where do you work or go to school/college? (please see enclosed map)

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q38 Which of the following mode(s) of transport do you use when travelling to work?

	Daily	2-3 times a week	Once a week	Less frequent
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39 Which of the following mode(s) of transport do you use when travelling to school or college?

	Daily	2-3 times a week	Once a week	Less frequent
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q40 Person three, thank you. Are you the last person in this household?
 Yes End of Survey No Go to Q41

Person Four

Q50 Which of the following mode(s) of transport do you use when travelling to work?

	Daily	2-3 times a week	Once a week	Less frequent
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q51 Which of the following mode(s) of transport do you use when travelling to school or college?

	Daily	2-3 times a week	Once a week	Less frequent
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q52 Person five, thank you. Are you the last person in this household?
 Yes End of Survey No Go to Q53

Person Six

Q53 Please indicate your gender:
 Male Female

Q54 Are you in any form of employment or education?
 In employment Not employed or in education Go to End
 In education

Q55 Where do you work or go to school/college? (please see enclosed map)

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q56 Which of the following mode(s) of transport do you use when travelling to work?

	Daily	2-3 times a week	Once a week	Less frequent
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q57 Which of the following mode(s) of transport do you use when travelling to school or college?

	<i>Daily</i>	<i>2-3 times a week</i>	<i>Once a week</i>	<i>Less frequent</i>
Car	<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"/>
Train	<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"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference number

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Thank you very much for taking time to complete this survey. If you require a copy of this in large print, please contact Corporate Marketing and Communications on 01892 554128