

# Commuting and health in Cambridge Questionnaire 2010

## About this questionnaire

This questionnaire booklet has two parts.

Part 1 is a **Recent Physical Activity Questionnaire**. This is designed to find out about your physical activity in your everyday life during the last four weeks. It is divided into three sections:

- Section A asks about your physical activity patterns in and around the house
- Section B asks about your travel to work and your activity at work
- Section C asks about your recreational activities.

Part 2 is a **travel and general questionnaire**. This is designed to find out about your general health, your travel patterns, your views, and some background information about yourself.

**YOUR ANSWERS WILL BE TREATED AS STRICTLY CONFIDENTIAL**

## How to complete the questionnaire

The questionnaire should take about 20 minutes to complete. Please try to answer every question. Please use a blue or black pen.

Some questions ask you to **tick** a box. Please tick the box that applies to you.

**Example:** Are you male or female?

Male

Female

Other questions ask you to **write numbers** in a box.

**Example:** What is your age?

Write in  years

Don't worry if you make a **mistake** — just cross out the mistake and put in the correct answer.

**Example:** Do you have access to a bicycle?

Yes

No

## PART 1: RECENT PHYSICAL ACTIVITY QUESTIONNAIRE

### Section A — Home activities

#### Getting about

1 Which form of transport have you used most often in the last four weeks apart from your journey to and from work?

*Tick one only*

Car / motor vehicle	<input type="checkbox"/>
Walking	<input type="checkbox"/>
Public transport	<input type="checkbox"/>
Cycling	<input type="checkbox"/>

#### TV, DVD or video viewing

##### Average over the last four weeks

2 Hours of TV, DVD or video watched per day

*Tick one box on each line*

	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
None	<input type="checkbox"/>				
On a weekday before 6 pm	<input type="checkbox"/>				
On a weekday after 6 pm	<input type="checkbox"/>				
On a weekend day before 6 pm	<input type="checkbox"/>				
On a weekend day after 6 pm	<input type="checkbox"/>				

#### Computer use at home but not at work (e.g. internet, email, Playstation, Xbox, Gameboy, etc.)

##### Average over the last four weeks

3 Hours of home computer use per day

*Tick one box on each line*

	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
None	<input type="checkbox"/>				
On a weekday before 6 pm	<input type="checkbox"/>				
On a weekday after 6 pm	<input type="checkbox"/>				
On a weekend day before 6 pm	<input type="checkbox"/>				
On a weekend day after 6 pm	<input type="checkbox"/>				

### Stair climbing at home

Average over the last four weeks

<b>4 Number of times you climbed up a flight of stairs (approx. 10 steps) each day at home</b>		More than 20 times a day			
<i>Tick one box on each line</i>	None	1 to 5 times a day	6–10 times a day	11–15 times a day	16–20 times a day
On a weekday	<input type="checkbox"/>				
On a weekend day	<input type="checkbox"/>				

### Section B — Activity at work

Please answer this section to describe if you have been in paid employment at any time during the last four weeks or you have done regular, organised voluntary work.

#### 5 Have you been in employment during the last four weeks?

*Tick one only* Yes  No

#### 6 During the last four weeks how many hours work did you do per week?

*Write in number  
If none, write '0'*

Four weeks ago

Three weeks ago

Two weeks ago

Last week

### Type of work

7 We would like to know the type and amount of physical activity involved in your work. Please tick the option that best corresponds with your occupation(s) in the last four weeks from the following four possibilities:

*Tick one only*

**1. Sedentary occupation**

You spend most of your time sitting (such as in an office)

**2. Standing occupation**

You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)

**3. Manual work**

This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)

**4. Heavy manual work**

This implies very vigorous physical activity including handling of very heavy objects (e.g. dock worker, miner, bricklayer, construction worker)

### Travel to and from work in the last four weeks

8 What is the approximate distance from your home to your work?

Write in    miles

OR

km

9 How many times a week did you travel from home to your main work? Count outward journeys only.

Write in number  
If none, write '0'

10 How did you normally travel to work?

*Tick one box on each line*

Always

Usually

Occasionally

Never or rarely

By car or motor vehicle

By works or public transport

By bicycle

Walking

Please give the full postal address and postcode of your main place of work  
DURING THE LAST FOUR WEEKS

11 Postal address

12 Postcode

**Please give the full postal address and postcode of your home**

**13 Postal address**

**14 Postcode**

## Section C — Recreation

The following questions ask about how you spent your leisure time.

Please indicate how often you did each activity on average over the last four weeks

Please indicate the average length of time that you spent doing the activity on each occasion.

*Example: If you went walking for pleasure for 40 minutes once a week, and if you did weeding or pruning every fortnight and took 1 hour and 10 minutes on each occasion, you would complete the table below as follows:*

**Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity**

Please complete EACH line	Number of times you did the activity in the last four weeks						Average time per episode		
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins
Weeding and pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	10
Walking for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		40

**Now complete the table on pages 6 and 7**

**15 Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity**

Please complete EACH line	Number of times you did the activity in the last four weeks						Average time per episode		
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins
Swimming — competitive	<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"/>
Swimming — leisurely	<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"/>
Backpacking or mountain climbing	<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"/>
Walking for pleasure (not as a means of transport)	<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"/>
Racing or rough terrain cycling	<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"/>
Cycling for pleasure (not as a means of transport)	<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"/>
Mowing the lawn	<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"/>
Watering the lawn or garden	<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"/>
Digging, shovelling or chopping wood	<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"/>
Weeding or pruning	<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"/>
DIY, e.g. carpentry, home or car maintenance	<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"/>
High impact aerobics or step aerobics	<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"/>
Other types of aerobics	<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"/>
Exercise with weights	<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"/>
Conditioning exercises, e.g. using a bike or rowing machine	<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"/>
Floor exercises, e.g. stretching, bending, keep fit or yoga	<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"/>
Dancing, e.g. ballroom or disco	<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"/>

**Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity**

Please complete EACH line	Number of times you did the activity in the last four weeks						Average time per episode		
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins
Competitive running	<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"/>
Jogging	<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"/>
Bowling — indoor, lawn or ten pin	<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"/>
Tennis or badminton	<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"/>
Squash	<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"/>
Table tennis	<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"/>
Golf	<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"/>
Football, rugby or hockey	<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"/>
Cricket	<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"/>
Rowing	<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"/>
Netball, volleyball or basketball	<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"/>
Fishing	<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"/>
Horse-riding	<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"/>
Snooker, billiards or darts	<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"/>
Musical instrument playing or singing	<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"/>
Ice skating	<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"/>
Sailing, wind-surfing or boating	<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"/>
Martial arts, boxing or wrestling	<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"/>

## PART 2: TRAVEL AND GENERAL QUESTIONNAIRE

### About your health

16 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.

*Tick one only*

Yes

No

17 Do you have any difficulty walking for a quarter of a mile on the level?

*Tick one only*

Yes

No

18 In the PAST TWELVE MONTHS how many days were you off sick for health reasons?

*Write in number  
If none, write '0'*

19 How tall are you? (with your shoes off)

*Write in*  ft  in      OR       cm

20 How much do you weigh? (in light indoor clothes)

*Write in*  st  lb      OR       kg

The next section asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please tick the one box that best describes your answer.

21 Overall, how would you rate your health during the PAST FOUR WEEKS?

Excellent <input type="checkbox"/>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Very poor <input type="checkbox"/>
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22 During the PAST FOUR WEEKS, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Not at all <input type="checkbox"/>	Very little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Could not do physical activities <input type="checkbox"/>
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23 During the PAST FOUR WEEKS, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

None at all <input type="checkbox"/>	A little bit <input type="checkbox"/>	Some <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Could not do daily work <input type="checkbox"/>
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**24 How much BODILY pain have you had during the PAST FOUR WEEKS?**

None <input type="checkbox"/>	Very mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Very severe <input type="checkbox"/>
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**25 During the PAST FOUR WEEKS, how much energy did you have?**

Very much <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Some <input type="checkbox"/>	A little <input type="checkbox"/>	None <input type="checkbox"/>
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**26 During the PAST FOUR WEEKS, how much did your physical health or emotional problems limit your usual social activities with family or friends?**

Not at all <input type="checkbox"/>	Very little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Could not do social activities <input type="checkbox"/>
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**27 During the PAST FOUR WEEKS, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?**

Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Extremely <input type="checkbox"/>
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**28 During the PAST FOUR WEEKS, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?**

Not at all <input type="checkbox"/>	Very little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Could not do daily activities <input type="checkbox"/>
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**29 Have you been injured in a road accident in the PAST THREE YEARS?** Please include incidents where you were in a vehicle, on a bicycle or motorbike, or a pedestrian.

*Tick one only*

Yes  → **Go to Q. 30**

No  → **Go to Q. 32**

**30 Thinking about the most recent incident in which you were injured, were you..?**

*Tick one only*

The driver of a vehicle

A passenger in a car or van

A passenger on public transport

A motorcyclist

A cyclist

A pedestrian

**31 Did you receive any medical attention as a result of your injuries at any time following the incident?**

*Tick all that apply*

No medical attention received

Yes – first aid at the roadside

Yes – at a doctor's surgery or minor injuries unit

Yes – at a hospital Accident & Emergency department

Yes – as an inpatient staying overnight in hospital

## About your travel options

**32 How many cars or vans are owned, or available for use, by members of your household?**

Do not include motorcycles, scooters or mopeds.

*Write in number  
If none, write '0'*

**33 Do you hold a full driving licence valid in Great Britain either to drive a car or to drive a motorcycle, scooter or moped?**

*Tick one only*

Yes

No

**34 Do you have access to car parking at your place of work?** This includes parking anywhere on the site, for example in a multi-storey car park. It does not include parking on the streets nearby or at a park-and-ride.

*Tick one only*

Yes, and I have to pay to park there	<input type="checkbox"/>
Yes, and I do not have to pay to park there	<input type="checkbox"/>
No	<input type="checkbox"/>

**35 Do you ever travel by car for part or all of the journey to or from work?**  
This includes as a passenger in a car driven by someone else.

*Tick one only*

Yes  → **Go to Q. 36**

No  → **Go to Q. 38**

**Thinking about the car you are most likely to use to travel to and from work:**

**36 What type of fuel does the car use?**

*Tick one only*

Petrol	<input type="checkbox"/>
Diesel	<input type="checkbox"/>
Hybrid or other	<input type="checkbox"/>

**37 What is the engine size of the car?**

*Write in*

cc

OR

litres

**38 Do you have access to a bicycle?**

*Tick one only*

Yes

No

**39 Do you ever cycle part or all of the journey to or from work?**

This includes cycling to or from a bus stop, railway station or park-and-ride.

*Tick one only*

Yes  → **Go to Q. 40**

No  → **Go to Q. 41**

**40 How long does the cycling part of the journey usually take?**

minutes each way

**41 Do you ever walk part or all of the journey to or from work?**

This includes walking to or from a bus stop, railway station or park-and-ride.

*Tick one only*

Yes  → **Go to Q. 42**

No  → **Go to Q. 43**

**42 How long does the walking part of the journey usually take?**

minutes each way

## About your travel to and from work in the last seven days

In this section, we are interested in **how you travelled to and from work on each of the last seven days**.

43 **For each of the last seven days, please tell us what time you started and finished work and tick all the modes of transport you used on the journey to and from work.** If you did not travel to work on a particular day (either because it was a day off or because you worked at home), please tick the box 'Did not travel to work'. If your journey to and from work was the same on more than one day, you can tick the box 'Same as previous' instead of repeating the information again. *We have given you an example for one day in the first row of the table.*

## About all the journeys you made yesterday

In this section, we are interested in more detail about **all the journeys you made yesterday** (between 3 a.m. yesterday and 3 a.m. today).

44 **Please list each journey you made yesterday to get from place to place.** These might include, for example, going to work, going out to get lunch, coming home from work, going shopping, going to the doctor's, visiting friends, or escorting someone else (e.g. taking a child to school). Please include time spent travelling on foot or by bike, even if this was part of a longer journey (e.g. by bus or train). But please **do not include** journeys you made as part of your job (e.g. as a delivery driver), or walking or cycling purely for recreation or exercise (e.g. walking the dog).

*We have given you an example of **one** journey. This person walked for ten minutes to the bus stop, rode on the bus for 22 minutes, and then walked for five minutes to get to work (a total of 15 minutes walking). They did not count the time spent waiting for the bus.*

How many MINUTES did you spend TRAVELLING by each mode of transport on this journey? Do not count time spent waiting for buses, trains etc.									
What was the purpose of the journey? Please give a simple description, e.g. 'to work', 'to get home from work', 'shopping', 'take child to school'		Guided bus	Other bus or coach	Train or underground	Car, taxi or van	Motorcycle or moped	Bicycle	Walking	Other
Journey 1	To work	22	22					15	
Journey 2									
Journey 3									
Journey 4									

Continue over the page if necessary

## About all the journeys you made yesterday (continued)

## What was the purpose of the journey?

Please give a simple description,  
e.g. 'to work', 'to get home from work',  
'shopping', 'take child to school'

## How many MINUTES did you spend TRAVELLING by each mode of transport on this journey?

Do not count time spent waiting for buses, trains etc.

## Journey 5

A horizontal row of ten empty square boxes, likely for drawing or writing, arranged in a single line.

## Journey 6

## Journey 7

A horizontal row of ten empty rectangular boxes, likely for drawing or writing, arranged in a single line.

## Journey 8

A horizontal row of ten empty square boxes, intended for children to draw or write in. The boxes are evenly spaced and aligned horizontally.

## Journey 9

## Journey 10

A horizontal sequence of ten empty square boxes for drawing.

## Journey 11

A horizontal row of ten empty square boxes, each with a black border, intended for children to draw or color in.

## Journey 12

A horizontal row of ten empty square boxes, each with a black border, intended for children to draw or color in.

## About your views on travelling to and from work

For each of the following statements about your journey to and from work, please tick one box to show how strongly you agree or disagree.

*Tick one per row*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is pleasant to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The roads are dangerous for cyclists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is convenient public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are convenient routes for cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are no convenient routes for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to cross the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 46 For me, to get to and from work next time:					
Overall, it would be good to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people who are important to me would support my using a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be easy for me to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I intend to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be pleasant to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people who are important to me think I should use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am likely to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For each of the following statements about your journey to and from work, please tick one box to show how strongly you agree or disagree.**

*Tick one per row*

47 <b>Using a car to get to and from work is something:</b>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I do frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do automatically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that would require effort not to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that belongs to my daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would find hard not to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that's typically 'me'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been doing for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## About your views on bus travel

**48 Overall, how would you rate the quality of local bus services?**

Very good	<input type="checkbox"/>	Fairly good	<input type="checkbox"/>	Neither good nor poor	<input type="checkbox"/>	Fairly poor	<input type="checkbox"/>	Very poor	<input type="checkbox"/>
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**The Cambridgeshire Guided Busway is a new transport project in the Cambridge area.**

**49 Had you previously heard of the Cambridgeshire Guided Busway?**

*Tick one only*

Yes  → **Go to Q. 50**      No  → **Go to Q. 56**

**50 Have you walked or cycled along any part of the footpath or cycle path beside the guided busway?** *Tick all that apply*

Yes – I have walked beside the busway

Yes – I have cycled beside the busway

No – I have not walked or cycled along the paths beside the busway at all

**51 Have you travelled on a guided bus in Cambridgeshire?**

*Tick one only*

Yes  → **Go to Q. 53**

No  → **Go to Q. 52**

**52 What are your reasons for not using the guided bus service?**

Please give up to three reasons.


***If you have not used the guided bus service, please go to Q. 56***

**53 What types of journey have you made using the guided bus service in the last twelve months?**

*Tick all that apply*

Shopping	<input type="checkbox"/>
To or from work	<input type="checkbox"/>
To or from school, college or university (including accompanying children)	<input type="checkbox"/>
On business	<input type="checkbox"/>
Visiting friends or relatives	<input type="checkbox"/>
On personal business (e.g. to the dentist)	<input type="checkbox"/>
On holiday, days out or other leisure trips	<input type="checkbox"/>
Other	<input type="checkbox"/>

**54 What do you like about the guided bus service? Please give up to three answers.**


**55 What do you DISLIKE about the guided bus service? Please give up to three answers.**


## About you and your household

### 56 How many other people live in your household?

We mean people who have your accommodation as their only or main residence, and who either share at least one meal a day with you or share the living accommodation (living room or sitting room) with you.

*Write in number  
If none, write '0'*

Children aged under 5   
Children aged between 5 and 15   
Adults aged 16 and over (do not include yourself)

### 57 Does your household own or rent its accommodation?

*Tick one only*

Rents it from the council, a housing association, or a charity   
Rents it from a private landlord or letting agency   
Partly owns it and partly rents it (shared ownership)   
Owns it (including buying with a mortgage)   
Other

**We are interested in any changes in your household circumstances that may have affected where and when you travel.**

### 58 Have any of the following occurred IN THE LAST YEAR?

*Tick all that apply*

You or your partner are now expecting a baby   
You or your partner have had a baby   
You have been promoted or taken on significant extra responsibilities at work   
One or more of your children have started school or moved to a different school   
You have become a carer for a family member   
Other (please specify)

Finally

**59 Please enter today's date.**

*Write in*

/ 10

*day of the week*

*date*

*month*

**THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY**