

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

	None	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
On a weekday before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekday after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

	None	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
On a weekday before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekday after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stair climbing at home

Average over the last four weeks

4 Number of times you climbed up a flight of stairs (approx. 10 steps) each day at home

Tick one box on each line

	None	1 to 5 times a day	6–10 times a day	11–15 times a day	16–20 times a day	More than 20 times a day
On a weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input style="width: 80%; height: 20px;" type="text"/>
Three weeks ago	<input style="width: 80%; height: 20px;" type="text"/>
Two weeks ago	<input style="width: 80%; height: 20px;" type="text"/>
Last week	<input style="width: 80%; height: 20px;" type="text"/>

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?

<i>Tick one box on each line</i>	Always	Usually	Occasionally	Never or rarely
By car or motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By works or public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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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

<i>Please complete EACH line</i>	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"/>	<input type="text" value="1"/>	<input type="text" value="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"/>	<input type="text"/>	<input type="text" value="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

<i>Please complete EACH line</i>	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

	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
<i>Please complete EACH line</i>									
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

Very good

Good

Fair

Poor

Very poor

- 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

Very little

Somewhat

Quite a lot

Could not do
physical activities

- 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

A little bit

Some

Quite a lot

Could not do
daily work

24 How much BODILY pain have you had during the PAST FOUR WEEKS?

None	Very mild	Mild	Moderate	Severe	Very severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25 During the PAST FOUR WEEKS, how much energy did you have?

Very much	Quite a lot	Some	A little	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Very little	Somewhat	Quite a lot	Could not do social activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Slightly	Moderately	Quite a lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Very little	Somewhat	Quite a lot	Could not do daily activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- Yes, and I do not have to pay to park there
- No

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
- Diesel
- Hybrid or other

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 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 you were 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, please tick 'Same as previous' instead of repeating the information again. *We have given you an example for one day in the table below.*

Day of the week	Time started work	Time finished work	Did not travel to work		Which modes of transport did you use on the journey to and from work?				
					Same as previous	Guided bus	Other bus or coach	Train or underground	Car, taxi or van
Thu	7.30 am	3.30 pm	<input checked="" type="checkbox"/>	To work From work		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	To work From work		<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"/>	To work From work	<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"/>
			<input type="checkbox"/>	To work From work	<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"/>
			<input type="checkbox"/>	To work From work	<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"/>
			<input type="checkbox"/>	To work From work	<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"/>
			<input type="checkbox"/>	To work From work	<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"/>
			<input type="checkbox"/>	To work From work	<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"/>

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
To work	22	22					15	
Journey 1								
Journey 2								
Journey 3								
Journey 4								

Continue over the page if necessary

About all the journeys you made yesterday (continued)

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 5

Journey 6

Journey 7

Journey 8

Journey 9

Journey 10

Journey 11

Journey 12

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
45 On my journey to and from work:					
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 Using a car to get to and from work is something:	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	Fairly good	Neither good nor poor	Fairly poor	Very poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
Yes – I have cycled beside the busway	<input type="checkbox"/>
No – I have not walked or cycled along the paths beside the busway at all	<input type="checkbox"/>

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
- To or from work
- To or from school, college or university (including accompanying children)
- On business
- Visiting friends or relatives
- On personal business (e.g. to the dentist)
- On holiday, days out or other leisure trips
- Other

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 Are you male or female? *Tick one only* Male Female

57 What is your date of birth? *Write in* / /
date *month* *year*

58 What is your highest educational qualification?

- Tick one only*
- Degree, NVQ4, NVQ5 or equivalent
 - BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND or equivalent
 - GCE 'A' Level, NVQ3, Scottish Higher or equivalent
 - BTEC (National), TEC (National), BEC (National), ONC, OND or equivalent
 - GCSE Grades A to C, GCSE 'O' Level, CSE Grade 1, NVQ2 or equivalent
 - Other qualifications
 - No formal qualifications

59 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)

60 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

Finally

61 Please enter today's date. Write in / / 10
day of the week date month

THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY