

# iConnect: Travel to School Phase Two

## St Mary's High School

## Parent / Carer Survey



# Instructions

- You have received a copy of this survey for every child living in your household and attending St Mary's High School, however you only **need to complete ONE copy**.
- The questions in this survey relate to you and your children. It should take about 15 minutes to complete.
- Only one parent or carer needs to complete the survey.
- Section 3 asks about your attitudes towards your child's / children's travel. Please answer the questions separately for EACH child attending St Mary's High School who is living in your household.
- If you have more than 3 children attending St Mary's High School please contact us on the number below. We will send you an extra copy.
- If you make a mistake, please cross out the incorrect answer, and give a new answer.
- Please answer the questions as honestly and accurately as you can. Some of the questions may **not seem appropriate to your child / children. Please just try and answer them as best you can.**
- Your answers will be treated as confidential and you do not have to answer any question you do not want to.

If you have any questions, please contact the study team on:

**0800 756 0878**

## Section 1: About You & Your Family

1. What is the postcode of your home?

2. How long have you lived in your current home?

Years

Months

3. How many people, other than you, 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

School students aged 16 and over

Adults aged 16 and over who have left school (do not include yourself)

4. What is your total household income from all sources before tax?

*Tick one only*

Up to £10,000

£40,001 - £50,000

£10,001 – £20,000

More than £50,000

£20,001 – £30,000

Don't know

£30,001 - £40,000

5. Is your household participating in the Sustrans TravelSmart programme that is running in the local area?

*Tick one only*

Yes

No

6. 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

Partly owns it and partly rents it (shared ownership)

Owns it (including buying with a mortgage)

7. How many cars or vans are available for use in your household?

*Write in number*

8. How many bicycles (in total) are available for use in your household?

*Write in number*

9. What is your relationship to your child / children?

*Tick as many as apply*

Mother

Father

Step-mother

Step-father

Carer / guardian

Grand parent

10. Are you male or female?

*Tick one only*

Male

Female

11. How old are you?

years

12. What is your current employment status?

*Tick one only*

Fulltime caregiver for children

Unemployed

Working part time (less than 16 hours per week)

Working part time (between 17 – 35 hours per week)

Working full time

} **Go to Q14**

13. How do you normally travel to work?

*Tick one only*

By car

By public transport

By bicycle

On foot

Work from home

Currently not working

14a. In the last 7 days, on how many days did you RIDE A BICYCLE for transport, that is to get to and from places (e.g., to work, shops)?  no. of days **If "0" please go to Q15.**

14b. How much time did you usually spend on ONE of those days RIDING a bicycle for transport?  hours  minutes

15a. In the last 7 days, on how many days did you WALK for transport, that is to get to and from places (e.g., to work, shops)?  no. of days **If "0" please go to Q16.**

15b. How much time did you usually spend on ONE of those days WALKING for transport?  hours  minutes

16. Is there another parent / guardian living in your household? *Tick one only*  
Yes  No  **If 'No', go to Section 2**

17. What is their relationship to your child / children? *Tick as many as apply*

Mother

Father

Step-mother

Step-father

Carer / guardian

Grand parent

18. Are they male or female? *Tick one only* Male  Female

19. How old are they?  years

20. What is their current employment status? *Tick one only*

Fulltime caregiver for children

Unemployed

Part time (less than 16 hours per week)

Part time (between 17 – 35 hours per week)

Full time

} **Go to Q22**

21. How do they normally travel to work?

*Tick one only*

- By car
- By public transport
- By bicycle
- On foot
- Work from home
- Currently not working

22a. In the last 7 days, on how many days did they RIDE A BICYCLE for transport, that is to get to and from places (e.g., to work, to shops)?

 no. of days

**If "0" please go to Q23.**

22b. How much time did they usually spend on ONE of those days RIDING a bicycle for transport?

 hours minutes

23a. In the last 7 days, on how many days did they WALK for transport, that is to get to and from places (e.g., to work, shops)?

 no. of days

**If "0" please go to Section 2.**

23b. How much time did they usually spend on ONE of those days WALKING for transport?

 hours minutes

## Section 2: About Your Neighbourhood

We'd like to ask you about the neighbourhood where you live.

By your neighbourhood we mean ALL the area within approximately half a mile or 800 metres of your home, or that you could walk to in 10-15 minutes. Please give the answer that best applies to you and your view of your neighbourhood.

Tick one box for each row.

24.

	Strongly disagree	Disagree	Agree	Strongly agree
a. Other people think this is a good area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is a lot of crime in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a lot of noise in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is a lot of bullying from other kids in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There are too many people hanging around on the streets near my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is too much drug use in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is too much alcohol use in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I'm always having trouble with my neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. From your house how easy or difficult is it for you to walk to the following places?

	Very Easy	Easy	Difficult	Very difficult
a. Local shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Big shopping centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Park/playground or open space to play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sports centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A friend's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



26. In the area where I live (my neighbourhood):

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I think litter and rubbish is a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think dog fouling (muck) is a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I think graffiti is a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think vandalism (people smashing things up) is a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I think noise is a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I think poorly maintained or derelict buildings are a big problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. In the area where I live:

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I feel safe during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel safe during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am not worried about strangers on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think there are plenty of street lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In the area where I live:

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I think there is heavy traffic on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have to cross several roads to visit friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There are not enough safe places to cross roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think there is a lot of traffic pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. In the area where I live:

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. There are lots of other children around for my child to play with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You often see children playing on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You see lots of people walking around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You see lots of people cycling around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. The following statements are about people in your neighbourhood. Please indicate your level of agreement with each of the statements.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. This is a close-knit neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People around here are willing to help their neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People in this neighbourhood do not share the same values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People in this neighbourhood can be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. For each of the following statements please indicate how likely it is that people in your neighbourhood would act in the following manner.

	<b>Very unlikely</b>	<b>Unlikely</b>	<b>Likely</b>	<b>Very likely</b>
a. If a group of neighbourhood children were skipping school and hanging out on a street corner, your neighbours would do something about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If some children were spray-painting graffiti on a local building, your neighbours would do something about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If a child was showing disrespect to an adult, people in your neighbourhood would tell off that child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If there was a fight in the front of your house and someone was being beaten or threatened, would your neighbours break it up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Suppose that because of budget cuts the fire station closest to your home was going to be closed down by the council, neighbourhood residents would organise to try and do something to keep the fire station open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## About the route between your neighbourhood and St Mary's High School

32. How much do you agree with the following statements about the route between your neighbourhood and St Mary's High School?

*Tick one box per row*

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
a.	There are suitable pavements for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The pavements are well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	There are special lanes, routes or paths for cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The cycle paths are well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	There are not enough safe places to cross roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Walking is unsafe because of the traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Cycling is unsafe because of the traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	It is unsafe because of the level of crime / anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	The routes for walking and cycling are generally well lit at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	The area is generally free from litter or graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	The area is a pleasant environment for walking or cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	The new walking and cycling bridge over the A10 has made it more convenient for my child / children to travel to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	The new walking and cycling bridge over the A10 has made it safer for my child / children to travel to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 3: Your child's / children's travel

The following questions are about your child's / children's travel to and from school and other destinations. We would like you to answer the questions separately for each child living in your household and attending St Mary's High School. Some of the questions may not seem relevant or appropriate to your child /children. That is ok; just try to answer them as best you can.

33. How many children living in your household attend St Mary's High School?

Write in number

#### CHILD A

34. Please write the FIRST and LAST letter of this child's FIRST NAME. For example, if your child's name is Andrew, you would write 'A' & 'W'.

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35. What is this child's date of birth?

		/			/		
day			month			Year	

36. How much does this child weigh?

		st	AND			lbs
--	--	----	-----	--	--	-----

OR

			kg
--	--	--	----

37. How tall is this child?

	ft	AND			in
--	----	-----	--	--	----

OR

			cm
--	--	--	----

#### CHILD B

38. Please write the FIRST and LAST letter of this child's FIRST NAME.

--	--

39. What is this child's date of birth?

		/			/		
day			month			Year	

40. How much does this child weigh?

--	--

st AND

--	--

lbs

OR

--	--	--

kg

41. How tall is this child?

--

ft AND

--	--

in

OR

--	--	--

cm

### CHILD C

42. Please write the FIRST and LAST letter of this child's FIRST NAME.

--	--

43. What is this child's date of birth?

--	--

/

--	--

month

--	--

year

44. How much does this child weigh?

--	--

st AND

--	--

lbs

OR

--	--	--

kg

45. How tall is this child?

--

ft AND

--	--

in

OR

--	--	--

cm

Survey continues overleaf

46. Below are a number of statements about your child's journey to school. Please tick the box that best indicates your agreement or disagreement with each statement.

*(Please place a tick in each row for every child)*

		Child A				Child B				Child C			
		Strongly disagree	Disagree	Agree	Strongly agree	Strongly disagree	Disagree	Agree	Strongly agree	Strongly disagree	Disagree	Agree	Strongly agree
a.	The traffic makes it too dangerous for my child to walk or cycle to school	<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"/>	<input type="checkbox"/>
b.	It's too far away (we live too far away)	<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"/>	<input type="checkbox"/>
c.	It's more convenient to take my child to school by car	<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"/>	<input type="checkbox"/>
d.	I am worried that something will happen to my child on the way to school	<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"/>	<input type="checkbox"/>
e.	I am usually around to take my child to school	<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"/>	<input type="checkbox"/>
f.	I take my child to school on the way somewhere	<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"/>	<input type="checkbox"/>
g.	There are no safe cycle paths en route to school	<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"/>	<input type="checkbox"/>
h.	There are no safe pavements en route to school	<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"/>	<input type="checkbox"/>
i.	I like (or would like) my child to walk/cycle to school	<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"/>	<input type="checkbox"/>
j.	My child does not want to walk or bike to school	<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"/>	<input type="checkbox"/>
k.	To get to school, my child travels on the new walking and cycling bridge over the A10	<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"/>	<input type="checkbox"/>

47. Do you allow your child to travel to school... (please tick yes or no for each option for every child)

	Child A		Child B		Child C	
	Yes	No	Yes	No	Yes	No
Alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With older siblings and friends but not alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only with an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Do you allow your child to travel to friend's places... (please tick yes or no for each option for every child)

	Child A		Child B		Child C	
	Yes	No	Yes	No	Yes	No
Alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With older siblings and friends but not alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only with an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Do you allow your child to travel to the shops... (please tick yes or no for each option for every child)

	Child A		Child B		Child C	
	Yes	No	Yes	No	Yes	No
Alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With older siblings and friends but not alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only with an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Is your child allowed to come home from school without an adult?

Child A	Child B	Child C
Yes	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51a. If YES, at what age was your child first allowed to travel home from school without an adult?

Age of Child A	Age of Child B	Age of Child C
<input type="text"/>	<input type="text"/>	<input type="text"/>

51b. If NO, at what age are you likely to allow your child to travel home from school alone?

Age of Child A	Age of Child B	Age of Child C
<input type="text"/>	<input type="text"/>	<input type="text"/>

52. Is your child usually allowed to cross main roads alone?

Child A		Child B		Child C	
Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53a. If YES, at what age was your child first allowed to cross roads alone?

Age of Child A	Age of Child B	Age of Child C
<input type="text"/>	<input type="text"/>	<input type="text"/>

53b. If NO, at what age are you likely to allow your child to cross roads alone?

Age of Child A	Age of Child B	Age of Child C
<input type="text"/>	<input type="text"/>	<input type="text"/>

54. Is your child allowed to travel on buses alone?

Child A		Child B		Child C	
Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



55a. If YES, at what age was your child first allowed to do so?

Age of Child A	Age of Child B	Age of Child C
<input type="text"/>		<input type="text"/>

55b. If NO, at what age you likely to allow your child to do so?

Age of Child A	Age of Child B	Age of Child C
<input type="text"/>		<input type="text"/>

56. Is your child usually allowed to go out alone after dark?

Child A		Child B		Child C	
Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. How physically active would you say your child is?

	Child A	Child B	Child C
Very inactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairly inactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neither inactive nor active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairly active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You have finished!**

Thank you for taking the time to complete this survey.

Please return the completed survey to the project staff in the reply paid envelope provided.