

|  |
| --- |
|  |
| **My neighbourhood, my streets** |
|  |
| **Thank you for agreeing to answer some questions for us.** **Please make sure you have read the information sheet before you complete this questionnaire.** |

Instructions

Please answer all the questions you can

You may leave questions blank if you do not wish to answer

This questionnaire should take around 15-20 minutes to complete

**Street mobility & network accessibility project**

Unique id □□□□□□□□

Part A: About you

|  |  |
| --- | --- |
|  | Are you… |
|  | □ | Male |
|  | □ | Female |

|  |  |
| --- | --- |
|  | How old are you? |
|  | □ | 18-24 | □ | 55-64 |
|  | □ | 25-34 | □ | 65-74 |
|  | □ | 35-44 | □ | 75-84 |
|  | □ | 45-54 | □ | 85+ |

|  |  |
| --- | --- |
|  | Does anyone else live with you? |
|  | □ | Yes |
|  | □ | No |

|  |  |
| --- | --- |
|  | Thinking about where you live, do you… |
|  | □ | Own it outright  |
|  | □ | Pay a mortgage or have a loan towards buying it outright  |
|  | □ | Pay part rent and part mortgage (shared ownership) |
|  | □ | Rent it privately |
|  | □ | Rent it from a Local Authority/Housing Association/registered social landlord |
|  | □ | Live here rent free |
|  | □ | Other |

|  |  |
| --- | --- |
|  | How long have you lived at this address? |
|  | box.jpgbox.jpg years (if less than one year: months) |

|  |  |
| --- | --- |
|  | How long have you lived in this area? |
|  | box.jpgbox.jpg years (if less than one year: months*)* |

|  |  |
| --- | --- |
|  | How many cars are there in your household? |
|  | □ | No cars |
|  | □ | One |
|  | □ | Two |
|  | □ | Three or more |

|  |  |
| --- | --- |
|  | Are you… |
|  | □ | In full time work |
|  | □ | In part time work |
|  | □ | Unemployed  | *Describes people who want to work, are available to work and are actively seeking employment* |
|  | □ | Retired |
|  | □ | Looking after children/home/a carer |
|  | □ | Student |
|  | □ | Other |

|  |  |
| --- | --- |
|  | What is your highest educational qualification? |
|  | □ | Degree or equivalent | (BA, BSc, postgraduate degree, NVQ level 6, etc.) |
|  | □ | Other educational or technical qualifications | (GCSE or O-level, A-level, NVQ level 1-5, etc.) |
|  | □ | None |  |

Part B: Social life, wellbeing, and your area

|  |  |
| --- | --- |
|  | Roughly how often do you look after or help nearby family members, friends, neighbours or others? (not counting anyone who lives with you)*Include children, adults and the elderly* |
|  | □ | Three or more times a week |
|  | □ | Weekly |
|  | □ | Once or twice a month |
|  | □ | Less often or never |

|  |  |
| --- | --- |
|  | What proportion of people who live on your side of your road do you know? |
|  | □ | Most |
|  | □ | Some |
|  | □ | Not many |
|  | □ | None |

|  |  |
| --- | --- |
|  | What proportion of people who live on the other side of your road do you know? |
|  | □ | Most |
|  | □ | Some |
|  | □ | Not many |
|  | □ | None |

|  |  |
| --- | --- |
|  | How many flats or houses are there on your side of your road where you know someone? |



|  |  |
| --- | --- |
|  | How many flats or houses are there on the other side of your road where you know someone? |



|  |  |
| --- | --- |
|  | On average, how often do you do the following with any of your neighbours? *Tick one box on each line* |
|  | Three or more times a week | Once or twice a week | Once or twice a month | Less often or never |
| 1. Meet or see in person (arranged or by chance)
 | □ | □ | □ | □ |
| 1. Other communication (eg speak on the phone, text, email, write, Skype)
 | □ | □ | □ | □ |

|  |  |
| --- | --- |
|  | On average, how often do you do the following with any of your friends and family? (not counting anyone who lives with you) *Tick one box on each line* |
|  | Three or more times a week | Once or twice a week | Once or twice a month | Less often or never |
| 1. Meet or see in person (arranged or by chance)
 | □ | □ | □ | □ |
| 1. Other communication (eg speak on the phone, text, email, write, Skype)
 | □ | □ | □ | □ |

|  |  |
| --- | --- |
|  | How is your health in general? Would you say it was… |
|  | □ | Very good |
|  | □ | Good |
|  | □ | Fair |
|  | □ | Bad |
|  | □ | Very bad |

|  | Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks. *Tick one box on each line* |
| --- | --- |
|  | **None of****the time** | **Rarely** | **Some of****the time** | **Often** | **All of****the time** |
| I've been feeling optimistic about the future | □ | □ | □ | □ | □ |
| I've been feeling useful | □ | □ | □ | □ | □ |
| I've been feeling relaxed | □ | □ | □ | □ | □ |
| I've been dealing with problems well  | □ | □ | □ | □ | □ |
| I've been thinking clearly | □ | □ | □ | □ | □ |
| I've been feeling close to other people | □ | □ | □ | □ | □ |
| I've been able to make up my own mind about things | □ | □ | □ | □ | □ |

|  | How do you feel about your local area, that is everywhere within a 20 minute walk or about a mile of your home? The closer your tick is to a statement the more strongly you agree with it |
| --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| *Tick one box on each line* |
| I really feel part of this area | □ | □ | □ | □ | □ | □ | □ | I feel that I don’t belong in this area |
| Vandalism and graffiti are a big problem in this area | □ | □ | □ | □ | □ | □ | □ | There is no problem with vandalism and graffiti in this area |
| I often feel lonely living in this area | □ | □ | □ | □ | □ | □ | □ | I have never felt lonely living in this area |
| Most people in this area can be trusted | □ | □ | □ | □ | □ | □ | □ | Most people in this area can’t be trusted |
| People would be afraid to walk alone after dark in this area | □ | □ | □ | □ | □ | □ | □ | People feel safe walking alone in this area after dark |
| Most people in this area are friendly | □ | □ | □ | □ | □ | □ | □ | Most people in this area are unfriendly |
| People in this area will take advantage of you | □ | □ | □ | □ | □ | □ | □ | People in this area will always treat you fairly |
| This area is kept very clean | □ | □ | □ | □ | □ | □ | □ | This area is always full of litter and rubbish |
| If you were in trouble, there are lots of people in this area who would help you | □ | □ | □ | □ | □ | □ | □ | If you were in trouble, there is nobody in this area who would help you |

Part C: Travel and mobility

|  | Do you have any disability or other long standing health problem that makes it difficult for you to do any of the following: *By ‘long standing’ we mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months.**Tick all that apply* |
| --- | --- |
|  | □ | Go out on foot  |
|  | □ | Use local buses  |
|  | □ | Get in or out of a car  |
|  | □ | No difficulty with any of these |

|  |  |
| --- | --- |
|  | Do you have any disability or other long standing health problem that limits your activities in any other way?  |
|  | □ | Yes |
|  | □ | No |

**Please continue on Page 8.**

|  |  |
| --- | --- |
|  | Thinking about everywhere within a 20 minute walk or about a mile of your home… How often, if ever, do the following factors affect your ability to walk to places in your local area?*Tick one box on each line* |
|  | **Never** | **Occasionally** | **Often** | **Always** |
| 1. Speed of traffic
 | □ | □ | □ | □ |
| 1. Amount of traffic
 | □ | □ | □ | □ |
| 1. Lack of crossing points
 | □ | □ | □ | □ |
| 1. Crossings do not allow adequate time to cross
 | □ | □ | □ | □ |
| 1. Poor lighting, pavements or paths
 | □ | □ | □ | □ |
| 1. Noise or air pollution
 | □ | □ | □ | □ |
| 1. Fear of crime
 | □ | □ | □ | □ |
| 1. Takes too much effort (e.g. hilly)
 | □ | □ | □ | □ |
| 1. Other barriers\*

*Please describe:* | □ | □ | □ | □ |
| *\*Include barriers to crossing roads (e.g. guardrails), or other barriers (e.g. railway lines and waterways)* |

|  | How do you usually travel to the following places? *You can tick more than one box on each line* |
| --- | --- |
|  | **Walk or****cycle** | **Public transport** | **Car** | **I don’t go there** |
| **EXAMPLES**A local corner shop/newsagent | **🗸** | □ | □ | □ |
| A supermarket | □ | **🗸** | **🗸** | □ |
|  |  |  |  |  |
|  A local corner shop/newsagent | □ | □ | □ | □ |
| A supermarket | □ | □ | □ | □ |
| A park (or playing field) | □ | □ | □ | □ |
| A local school or childcare facility | □ | □ | □ | □ |
| A community centre or leisure centre | □ | □ | □ | □ |
| A GP or health centre | □ | □ | □ | □ |
| A chemist or pharmacy | □ | □ | □ | □ |
| A pub, restaurant or café | □ | □ | □ | □ |
| Train or metro station | □ | □ | □ | □ |

|  | Which of the following are within walking distance of where you live?Regardless of whether you go there or not*Tick all that apply* |
| --- | --- |
|  | Yes | No |
| A local corner shop/newsagent | □ | □ |
| A supermarket | □ | □ |
| A park (or playing field) | □ | □ |
| A local school or childcare facility | □ | □ |
| A community centre or leisure centre | □ | □ |
| A GP or health centre | □ | □ |
| A chemist or pharmacy | □ | □ |
| A pub, restaurant or café | □ | □ |
| Train or metro station | □ | □ |

|  |  |
| --- | --- |
|  | What is the name of your road? *Please write in* |
|  |

|  | Are any of the following a problem on your road? *Tick all that apply* |
| --- | --- |
|  | □ | Speed of traffic  |
|  | □ | Amount of traffic |
|  | □ | Lack of crossing points |
|  | □ | Crossings do not allow adequate time to cross |
|  | □ | Poor lighting, pavements or paths  |
|  | □ | Noise or air pollution |
|  | □ | Fear of crime  |
|  | □ | Other *Please specify:*  |
|  | □ | Nothing on my road is a problem **🡪 Go to Q28** |

|  | If anything on your road is a problem, does it bother you… |
| --- | --- |
|  | □ | A lot |
|  | □ | Somewhat |
|  | □ | A little |
|  | □ | Not at all |

|  |  |
| --- | --- |
|  | How would you rate the *amount* of traffic on your road? *The road in Q25* |
|  | □ | Light |
|  | □ | Average |
|  | □ | Heavy |

|  |  |
| --- | --- |
|  | How would you rate the *speed* of traffic on your road? |
|  | □ | Slow |
|  | □ | Average |
|  | □ | Fast |

|  |  |
| --- | --- |
|  | How long do you usually have to wait before crossing your road? |
|  | □ | No wait or a few seconds |
|  | □ | Half a minute |
|  | □ | One or two minutes |
|  | □ | Three minutes or longer |

|  |  |
| --- | --- |
|  | What is the name of the busiest road near you? *Please write in* |
|  |

|  |  |
| --- | --- |
|  | Is the road in Q31 the road that you live on? |
|  | □ | No  |
|  | □ | Yes 🡪 **Go to Q38** |

|  |  |
| --- | --- |
|  | Do you avoid walking along or across the busy road? *(the road in Q31)* |
|  | □ | Yes  |
|  | □ | Yes, when I can |
|  | □ | No 🡪 **Go to Q35** |

**Please continue on Page 12.**

|  |  |
| --- | --- |
|  | If you avoid using the busy road, please tell us why that is…*Tick all that apply* |
|  | □ | Speed of traffic |
|  | □ | Amount of traffic |
|  | □ | Lack of crossing points |
|  | □ | Crossings do not allow adequate time to cross |
|  | □ | Noise or air pollution |
|  | □ | Fear of crime |
|  | □ | I prefer an alternative route |
|  | □ | Other*Please specify:* |

|  |  |
| --- | --- |
|  | How would you rate the *amount* of traffic on the busy road?  |
|  | □ | Light |
|  | □ | Average |
|  | □ | Heavy |

|  |  |
| --- | --- |
|  | How would you rate the *speed* of traffic on the busy road? |
|  | □ | Slow |
|  | □ | Average |
|  | □ | Fast |

|  |  |
| --- | --- |
|  | How long do you usually have to wait before crossing the busy road? |
|  | □ | No wait or a few seconds |
|  | □ | Half a minute |
|  | □ | One or two minutes |
|  | □ | Three minutes or longer |
|  | □ | I never cross it |

|  |  |
| --- | --- |
|  | Thinking about the part of Queensway between London Road and Chancellor Road, how often do you cross Queensway as a pedestrian?  |
|  | □ | Most days |
|  | □ | 2-3 times a week |
|  | □ | About once a week |
|  | □ | Less than once a week but at least once a year |
|  | □ | Less than once a year or never |

Part D: Your views

Is there anything else you’d like to tell us about getting around in your local area?

*Please write in this box*

Are there improvements you would like to see that would make it easier to get around your local area?

*Please write in this box*

Do you have any comments on this questionnaire?

*Please write in this box*

|  |
| --- |
| **Would you like to receive a copy of our results?** |
|  | □ | Yes |
|  | □ | No |

|  |
| --- |
| **Contact details (if you would like to receive a copy of our findings):***These will be kept separately from your answers to this questionnaire* |
| **Name:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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 |
| **Address:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 |
| **Postcode:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 |
| **Phone:** |

|  |  |  |  |  |  |  |  |  |  |  |
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 |
| **Email:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Thank you very much for taking part in this questionnaire.

Your answers will help us to identify barriers to mobility in your area and

to assess whether these impact on people’s social lives and wellbeing.