

Part A: About you

1) **Are you...**

- Male
 Female

2) **How old are you?**

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> 85+ |

3) **Does anyone else live with you?**

- Yes
 No

4) **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

5) **How long have you lived at this address?**

years (if less than one year: months)

6) **How long have you lived in this area?**

years (if less than one year: months)

7) **How many cars are there in your household?**

- No cars
- One
- Two
- Three or more

8) **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

9) **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

- 10) **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

- 11) **What proportion of people who live on your side of your road do you know?**

- Most
- Some
- Not many
- None

- 12) **What proportion of people who live on the other side of your road do you know?**

- Most
- Some
- Not many
- None

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

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

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15) **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
a. Meet or see in person (arranged or by chance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other communication (eg speak on the phone, text, email, write, Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16) **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
c. Meet or see in person (arranged or by chance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other communication (eg speak on the phone, text, email, write, Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17) **How is your health in general? Would you say it was...**

<input type="checkbox"/> Very good
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Bad
<input type="checkbox"/> Very bad

18) **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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19)

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

20) **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
-

21) **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.

22) 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
a. Speed of traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Amount of traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of crossing points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Crossings do not allow adequate time to cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor lighting, pavements or paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Noise or air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fear of crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Takes too much effort (e.g. hilly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other barriers* <i>Please describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Include barriers to crossing roads (e.g. guardrails), or other barriers (e.g. railway lines and waterways)*

23) **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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A supermarket	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A local corner shop/newsagent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A park (or playing field)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A local school or childcare facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community centre or leisure centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A GP or health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A chemist or pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A pub, restaurant or café	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train or metro station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24) **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	<input type="checkbox"/>	<input type="checkbox"/>
A supermarket	<input type="checkbox"/>	<input type="checkbox"/>
A park (or playing field)	<input type="checkbox"/>	<input type="checkbox"/>
A local school or childcare facility	<input type="checkbox"/>	<input type="checkbox"/>
A community centre or leisure centre	<input type="checkbox"/>	<input type="checkbox"/>
A GP or health centre	<input type="checkbox"/>	<input type="checkbox"/>
A chemist or pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
A pub, restaurant or café	<input type="checkbox"/>	<input type="checkbox"/>
Train or metro station	<input type="checkbox"/>	<input type="checkbox"/>

25) **What is the name of your road?** *Please write in*

26) **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**

27) **If anything on your road is a problem, does it bother you...**

- A lot
- Somewhat
- A little
- Not at all

28) **How would you rate the *amount* of traffic on your road?** *The road in Q25*

- Light
- Average
- Heavy

29) **How would you rate the *speed* of traffic on your road?**

- Slow
- Average
- Fast

30) 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

31) What is the name of the busiest road near you? *Please write in*

32) Is the road in Q31 the road that you live on?

No

Yes → Go to Q38

33) 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.

34) 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:

35) How would you rate the *amount* of traffic on the **busy** road?

- Light
- Average
- Heavy

36) How would you rate the *speed* of traffic on the **busy** road?

- Slow
- Average
- Fast

37) 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

38) 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

