This questionnaire was developed by UCL.

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 5-10 minutes to complete

|  |
| --- |
|  |
| **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.** |

**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+ |

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

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

|  |  |  |
| --- | --- | --- |
|  | **On average, how often do you do meet or see any of your neighbours (arranged or by chance)?** | |
|  | | □ | Three or more times a week |
|  | | □ | Once or twice a week |
|  | | □ | Once or twice a month |
|  | | □ | Less often or never |

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

Part B: Travel and mobility

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 (for example, for nearby roads, railways, or waterways) | | □ | □ | □ | □ |
| 1. Crossings do not allow adequate time to cross | | □ | □ | □ | □ |
| 1. Poor lighting | | □ | □ | □ | □ |
| 1. Poor pavements or paths | | □ | □ | □ | □ |
| 1. Noise pollution | | □ | □ | □ | □ |
| 1. Air pollution | | □ | □ | □ | □ |
| 1. Fear of crime | | □ | □ | □ | □ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | We are now asking you about [*insert name of road of concern*]. How often, if ever, are any of the following a problem on this road? *Tick all that apply* | | | | |
|  | | **Never** | **Occasionally** | **Often** | **Always** |
| 1. Speed of traffic | | □ | □ | □ | □ |
| 1. Amount of traffic | | □ | □ | □ | □ |
| 1. Lack of crossing points (for example, for nearby roads, railways, or waterways) | | □ | □ | □ | □ |
| 1. Crossings do not allow adequate time to cross | | □ | □ | □ | □ |
| 1. Poor lighting | | □ | □ | □ | □ |
| 1. Poor pavements or paths | | □ | □ | □ | □ |
| 1. Noise pollution | | □ | □ | □ | □ |
| 1. Air pollution | | □ | □ | □ | □ |
| 1. Fear of crime | | □ | □ | □ | □ |

|  |  |  |
| --- | --- | --- |
|  | How would you rate the *speed* of traffic on [*insert name of road of concern*]? | |
|  | □ | Slow |
|  | □ | Average |
|  | □ | Fast |

|  |  |  |
| --- | --- | --- |
|  | How would you rate the *amount* of traffic on [*insert name of road of concern*]? | |
|  | □ | Light |
|  | □ | Average |
|  | □ | Heavy |

|  |  |  |
| --- | --- | --- |
|  | How long do you usually have to wait before crossing [*insert name of road of concern*]? | |
|  | □ | No wait or a few seconds |
|  | □ | Half a minute |
|  | □ | One or two minutes |
|  | □ | Three minutes or longer |
|  | □ | I never cross it |

|  |  |  |
| --- | --- | --- |
|  | Do you avoid walking along or across [*insert name of road of concern]*? | |
|  | □ | Yes |
|  | □ | Yes, when I can |
|  | □ | No 🡪 **Go to Part C** |

|  |  |  |
| --- | --- | --- |
|  | **If you avoid walking along or across** [***insert name of road of concern]*, 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:* |

**Part C: Your views**

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

*Please write in this box*

**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.**