



## 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
- Buying it with the help of a mortgage or loan
- 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) **Are you a member of any of these organisations, clubs or societies?**

*Tick all that apply*

- Political party, trade union or environmental groups
- Tenants groups, resident groups, Neighbourhood Watch
- Church or other religious groups
- Charitable associations
- Education, arts or music groups or evening classes
- Social clubs
- Sports clubs, gyms, exercise classes
- Any other organisations, clubs or societies
- No, I am not a member of any organisations, clubs or societies

11) **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*

- Daily
- Three or more times a week
- Weekly
- Once or twice a month
- Less often
- Never

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

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

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

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

14) **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    | Every few months         | Once or twice a year     | Less than once a year or never |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| a. Meet or see in person (arranged or by chance)                          | <input type="checkbox"/>   | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/>       |

**On average, how often do you do the following with any of your friends and**

15) **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    | Every few months         | Once or twice a year     | Less than once a year or never |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| a. Meet or see in person (arranged or by chance)                          | <input type="checkbox"/>   | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/>       |

16) **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  |

**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"/> |

18) **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  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | I feel that I don't belong in this area                                 |
| Vandalism and graffiti are a big problem in this area                            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | There is no problem with vandalism and graffiti in this area            |
| I often feel lonely living in this area  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | I have never felt lonely living in this area                            |
| Most people in this area can be trusted  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Most people in this area can't be trusted                               |
| People would be afraid to walk alone after dark in this area                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | People feel safe walking alone in this area after dark                  |
| Most people in this area are friendly  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Most people in this area are unfriendly                                 |
| People in this area will take advantage of you                                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | People in this area will always treat you fairly                        |
| This area is kept very clean   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 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 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 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:**

- 19) *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

- 20) **Do you have any disability or other long standing health problem that limits your activities in any other way?**

- Yes
- No

Thinking about everywhere within a 20 minute walk or about a mile of your home...

- 21) **Do you experience any of the following difficulties walking around your area?**

*Tick all that apply*

- Busy road or danger from 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
- Takes too much effort (e.g. hilly)

- Other  
*Please specify:*

- No difficulty



22) **How do you usually travel to the following places?**

*You can tick more than one box on each line*

|                                      | Walk                                | Cycle                               | Bus                      | Train,<br>tram,<br>metro,<br>tube | Car                      | Other                    | I don't<br>go<br>there              |
|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|-------------------------------------|
| <b>EXAMPLES</b>                      |                                     |                                     |                          |                                   |                          |                          |                                     |
| A local corner shop/newsagent        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A local corner shop/newsagent        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <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"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A church or other place of worship   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <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"/>          | <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"/>          | <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"/>          | <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"/>          | <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"/>          | <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"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| The place you work                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Bus stop                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Train, tram, metro, tube station     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

23) 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 church or other place of worship   | <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"/> |
| The place you work                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus stop                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Train, tram, metro, tube station     | <input type="checkbox"/> | <input type="checkbox"/> |

24) Thinking about your ability to walk to places in your local area...

Tick one box on each line

|  | Never                    | Occasionally             | Often                    | Always                   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Does the <b>speed</b> of traffic affect your ability to walk to places you'd like to go?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the <b>volume</b> of traffic affect your ability to walk to places you'd like to go? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do <b>other barriers</b> * affect your ability to walk to places you'd like to go?        | <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)

Please describe barriers (if any) you experience walking to places:

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*

- Busy road or danger from 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*

- Very light
- Fairly light
- Average for that type of road
- Fairly heavy
- Very heavy

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

- Very slow
- Fairly slow
- Average for that type of road
- Fairly fast
- Very fast

30) **How long do you usually have to wait before crossing your road?**

- No wait
- Few seconds
- Half a minute
- One or two minutes
- A few minutes

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 → Go to Q33
- Yes → Go to Part D (page 13)

33) Do you avoid walking along or across the busy road? (the road in Q31)

- Yes
- Yes, when I can
- No → Go to Q35

34) If you avoid using the busy road, please tell us why that is...

*Tick all that apply*

- Busy or danger from 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?

- Very light
- Fairly light
- Average for that type of road
- Fairly heavy
- Very heavy

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

- Very slow
- Fairly slow
- Average for that type of road
- Fairly fast
- Very fast

37) How long do you usually have to wait before crossing the busy road?

- No wait
- Few seconds
- Half a minute
- One or two minutes
- A few minutes
- I never cross it

38) Thinking about the part of Finchley Road between Swiss Cottage tube station and Finchley Road and Frognal overground station, how often do you cross Finchley Road as a pedestrian?

- Most days
- 2-3 times a week
- About once a week
- Once or twice a month
- Once every 2 or 3 months
- Once or twice a year
- Less often than once a year
- 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

|                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Name:</b>     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Address:</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Postcode:</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Phone:</b>    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Email:</b>    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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.**