

Commuting and health in Cambridge Questionnaire 2012

About this questionnaire

This questionnaire booklet has two parts.

Part 1 is a **Recent Physical Activity Questionnaire**. This is designed to find out about your physical activity in your everyday life during the last four weeks. It is divided into three sections:

- Section A asks about your physical activity patterns in and around the house
- Section B asks about your travel to work and your activity at work
- Section C asks about your recreational activities.

Part 2 is a **travel and general questionnaire**. This is designed to find out about your general health, your travel patterns, your views, and some background information about yourself.

YOUR ANSWERS WILL BE TREATED AS STRICTLY CONFIDENTIAL

How to complete the questionnaire

The questionnaire should take about 20 minutes to complete. Please try to answer every question. Please use a blue or black pen.

Some questions ask you to **tick** a box. Please tick the box that applies to you.

Example:	Are you male or female?	Male	\checkmark	Female			
Other quest	ions ask you to write numbers in a box.						
Example:	What is your age?	Write in	53	years			
Don't worry if you make a mistake — just cross out the mistake and put in the correct answer.							
Example:	Do you have access to a bicycle?	Yes	\times	No 🗸			

PART 1: RECENT PHYSICAL ACTIVITY QUESTIONNAIRE

Section A — Home activities

Getting about

1 Which form of transport have you used most often in the last four weeks apart from your journey to and from work?

Tick one only

Car / motor vehicle Walking Public transport Cycling

TV, DVD or video viewing

2 Hours of TV, DVD or video watched per day

Tick one box on each line

On a weekday before 6 pm

On a weekday after 6 pm

On a weekend day before 6 pm

On a weekend day after 6 pm

None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day		

Average over the last four weeks

Computer use at home but not at work (e.g. internet, email, Playstation, Xbox, Gameboy, etc.)

3 Hours of home computer use per day

Tick one box on each line

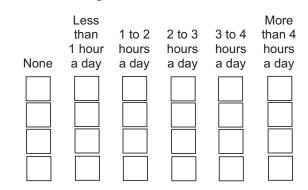
On a weekday before 6 pm

On a weekday after 6 pm

On a weekend day before 6 pm

On a weekend day after 6 pm

Average over the last four weeks



	Stair cli	mbing at	home				
			Average	over the	e last fou	ır weeks	;
4	Number of times you climbed up a flight of stairs (approx. 10 steps) each day at home		1 to 5 times	6–10 times	11–15 times	16–20 times	More than 20 times
	Tick one box on each line	None	a day	a day	a day	a day	a day
	On a weekday						
	On a weekend day						
	Section B –	- Activi	itv at w	/ork			
5	Please answer this section to descritime during the last four weeks or young the last four weeks or you have you been in employment durin <i>Tick one only</i>	ou have c	lone reg	ular, org		voluntary	
6	During the last four weeks how many per week?	y hours v	work did	you do		Nrite in nu f none, wi	
			Fou	r weeks a	ago		
			Three	e weeks a	ago		
			Two	weeks a	ago		
				Last w	eek		
						L	

Type of work

7	We would like to know the type and amount of physical activity involved in your
	work. Please tick the option that best corresponds with your occupation(s) in the
	last four weeks from the following four possibilities:

				Tick one only			
	Sedentary occupation You spend most of your time sitting (such as ir	ו an office)					
	Standing occupation You spend most of your time standing or walki not require intense physical effort (e.g. shop as						
	Manual work This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)						
	Heavy manual work This implies very vigorous physical activity incl heavy objects (e.g. dock worker, miner, brickla						
	Travel to and from work in	the last four	weeks				
8	What is the approximate distance from you	r home to voi	ır work?				
	Write in miles	OR		km			
9	How many times a week did you travel from home to your main work? Count outward journeys only.Write in numb If none, write						
10	How did you normally travel to work?						
	Tick one box on each line Always	Usually	Occasionally	Never or rarely			
	By car or motor vehicle						
	By works or public transport						
	By bicycle						
	Walking						
	Please give the full postal address and pos DURING THE LAST FOUR WEEKS	tcode of your	main place of	work			

11 Postal address

12

Postcode

Please give the full postal address and postcode of your home

13 Postal address

14 Postcode



Section C — Recreation

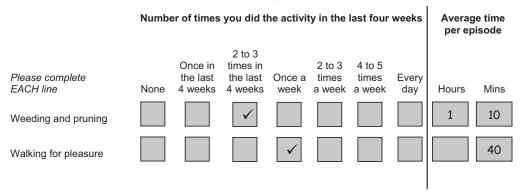
The following questions ask about how you spent your leisure time.

Please indicate how often you did each activity on average over the last four weeks

Please indicate the average length of time that you spent doing the activity on each occasion.

Example: If you went walking for pleasure for 40 minutes once a week, and if you did weeding or pruning every fortnight and took 1 hour and 10 minutes on each occasion, you would complete the table below as follows:

Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity



Now complete the table on pages 6 and 7

15 Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity

	Number of times you did the activity in the last four weeks					Averag per ep			
Please complete EACH line	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week		4 to 5 times a week	Every day	Hours	Mins
Swimming — competitive									
Swimming — leisurely									
Backpacking or mountain climbing									
Walking for pleasure (not as a means of transport)									
Racing or rough terrain cycling									
Cycling for pleasure (not as a means of transport)									
Mowing the lawn									
Watering the lawn or garden									
Digging, shovelling or chopping wood									
Weeding or pruning									
DIY, e.g. carpentry, home or car maintenance									
High impact aerobics or step aerobics									
Other types of aerobics									
Exercise with weights									
Conditioning exercises, e.g. using a bike or rowing machine									
Floor exercises, e.g. stretching, bending, keep fit or yoga									
Dancing, e.g. ballroom or disco									

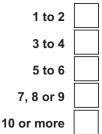
Please give an answer for the NUMBER OF TIMES you did the following activities in the past four weeks and the AVERAGE TIME you spent on each activity

	Number of times you did the activity in the last four weeks					Averag per ep			
Please complete EACH line	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week		4 to 5 times a week	Every day	Hours	Mins
Competitive running									
Jogging									
Bowling — indoor, lawn or ten pin									
Tennis or badminton									
Squash									
Table tennis									
Golf									
Football, rugby or hockey									
Cricket									
Rowing									
Netball, volleyball or basketball									
Fishing									
Horse-riding									
Snooker, billiards or darts									
Musical instrument playing or singing									
Ice skating									
Sailing, wind-surfing or boating									
Martial arts, boxing or wrestling									

	PART 2: TRAVEL AND GENERAL QUESTIONNAIRE						
	About your health						
16	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? Include problems which are due to old age.						
	Tick one only Yes No						
17	Do you have any difficulty walking for a quarter of a mile on the level?						
	Tick one only Yes No						
18	In the PAST TWELVE MONTHS how many days were you off sick for health reasons? Write in number If none, write '0'						
19	How tall are you? (with your shoes off)						
	Write in ft in OR cm						
20	How much do you weigh? (in light indoor clothes)						
	Write in st lb OR kg						
	The next section asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please tick the one box that best describes your answer.						
21	Overall, how would you rate your health during the PAST FOUR WEEKS?						
	Excellent Very good Good Fair Poor Very poor						
22	During the PAST FOUR WEEKS, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?						
	Could not do Not at all Very little Somewhat Quite a lot physical activities						
23	During the PAST FOUR WEEKS, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?						
	None at all A little bit Some Quite a lot Could not do daily work						

24	How much BOI	DILY pain have y	ou had during the	PAST FOUR WEE	EKS?
	None	Very mild	Mild Mo	derate Severe	e Very severe
25	During the PAS	ST FOUR WEEKS	, how much ener	gy did you have?	
	Very much	Quite a lot	Some	A little	None
26			, how much did y I activities with fa	our physical healt amily or friends?	h or emotional
	Not at all	Very little	Somewhat	Quite a lot	Could not do social activities
27			, how much have ous, depressed o	e you been bothere r irritable)?	d by emotional
	Not at all	Slightly	Moderately	Quite a lot	Extremely
28				ersonal or emotio other daily activiti	
	Not at all	Very little	Somewhat	Quite a lot	Could not do daily activities
	SF-8™ 4-Week Ree	call Version — © 1999	9-2001 — QualityMetri	c, Inc. — All rights reser	ved
29	How would you	I describe yourse	elf?		Tick one only
				l am a current s	smoker
				l am an ex-s	smoker
				l have never s	moked
30	How often do y	ou have a drink o	containing alcoho	pl?	Tick one only
					Never
				Monthly	or less
				2 to 4 times a	month
				2 to 3 times	a week
				4 or more times	a week

31	How many drinks containing alcohol do you have on a typical day	Tick one only
	when you are drinking?	



32 Have you been injured in a road accident in the PAST THREE YEARS? Please include incidents where you were in a vehicle, on a bicycle or motorbike, or a pedestrian.

Tick one only	Yes	→ Go to Q. 33	No	→ Go to Q. 35
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33 Thinking about the most recent incident in which you were injured, were you..?

Tick one only

The	driver	of a	vehicle	
1110	unvoi	oru	VOINDIC	

A passenger in a car or van A passenger on public transport

A motorcyclist

A cyclist

A pedestrian

34	34 Did you receive any medical attention as a result of your injuries at 7 any time following the incident?						
	No medical attention received	L k					
	Yes – first aid at the roadside	e					
	Yes – at a doctor's surgery or minor injuries uni	t 🗌					
	Yes – at a hospital Accident & Emergency departmen	t 📃					

Yes - as an inpatient staying overnight in hospital

About your travel options

 How many cars or vans are owned, or available for use, by members of your household?
 Do not include motorcycles, scooters or mopeds.

Write in numbe If none, write '0

r	
)'	

36 Do you hold a full driving licence valid in Great Britain either to drive a car or to drive a motorcycle, scooter or moped?

hase 4	4 survey questionnaire
	Tick one only Yes No
37	Do you have access to car parking at your place of work? This includes parking anywhere on the site, for example in a multi-storey car park. It does not include parking on the streets nearby or at a park-and-ride.
	Tick one only
	Yes, and I have to pay to park there
	Yes, and I do not have to pay to park thereNo
38	Do you ever travel by car for part or all of the journey to or from work? This includes as a passenger in a car driven by someone else.
	Tick one onlyYes \rightarrow Go to Q. 39No \rightarrow Go to Q. 42
39	When you use a car for the journey to or from work, is the car usually parked at a park-and-ride site?
	Tick one only Yes No
	Thinking about the car you are most likely to use to travel to and from work:
40	What type of fuel does the car use? Tick one only
	Petrol
41	Hybrid or other
••	Write in cc OR litres
42	Do you have access to a bicycle?
	Tick one only Yes No
43	Do you know how to ride a bicycle?
	Tick one only Yes Go to Q.44 No Go to Q.48
44	How old were you when you learned to ride a bicycle? Write in age years
45	How old were you when you first used a bicycle regularly to get to places?

Write in age	vears	OR	Tick	I have never used a bicycle to get to places
white in age	years		TICK	I have hevel used a bicycle to yet to places

46	Do you ever cycle part or This includes cycling to or f		
	Tick one only	Yes Go to Q. 47	No Go to Q. 48
47	How long does the cyclin usually take?	g part of the journey	minutes each way
48	-	all of the journey to or from wo from a bus stop, railway station o Yes	
49	How long does the walkir usually take?	ig part of the journey	minutes each way

About your travel to and from work in the last seven days

In this section, we are interested in how you travelled to and from work on each of the last seven days.

50 For each of the last seven days, please tell us what time you started and finished work and tick all the modes of transport you used on the journey to and from work. If you did not travel to work on a particular day (either because it was a day off or because you worked at home), please tick the box 'Did not travel to work'. If your journey to and from work was the same on more than one day, you can tick the box 'Same as previous' instead of repeating the information again. *We have given you an example for one day in the first row of the table.*

Day	Time	Time	Did not									
of the week	started work	finished work	travel to work		Same as previous	Guided bus	Other bus or coach	Train or underground	Motorcycle or moped	Bicycle	Walking	Other
Thu	7.30 am/ pm	3.30 am /pm		To work From work		√					\checkmark	
	am/pm	am/pm		To work From work								
	am/pm	am/pm		To work From work								
	am/pm	am/pm		To work From work								
	am/pm	am/pm		To work From work								
	am/pm	am/pm		To work From work								
	am/pm	am/pm		To work From work								
	am/pm	am/pm		To work From work								

Which modes of transport did you use on this journey? Tick all that apply

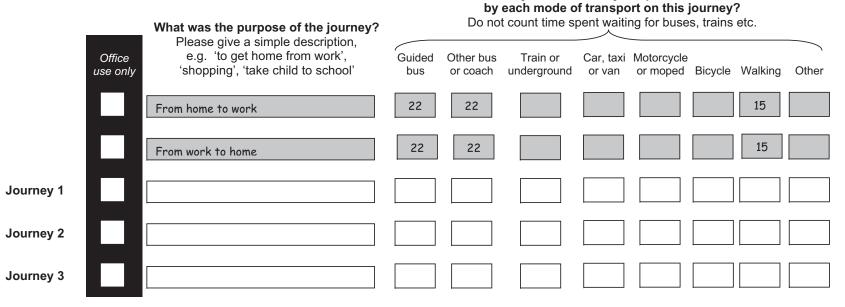
About all the journeys you made yesterday

In this section, we are interested in more detail about all the journeys you made yesterday (between 3 a.m. yesterday and 3 a.m. today).

51 Please list each journey you made yesterday to get from place to place. These might include, for example, going to work, going out to get lunch, coming home from work, going shopping, going to the doctor's, visiting friends, or escorting someone else (e.g. taking a child to school). Please include time spent travelling on foot or by bike, even if this was part of a longer journey (e.g. by bus or train). But please do not include journeys you made as part of your job (e.g. as a delivery driver), or walking or cycling purely for recreation or exercise (e.g. walking the dog).

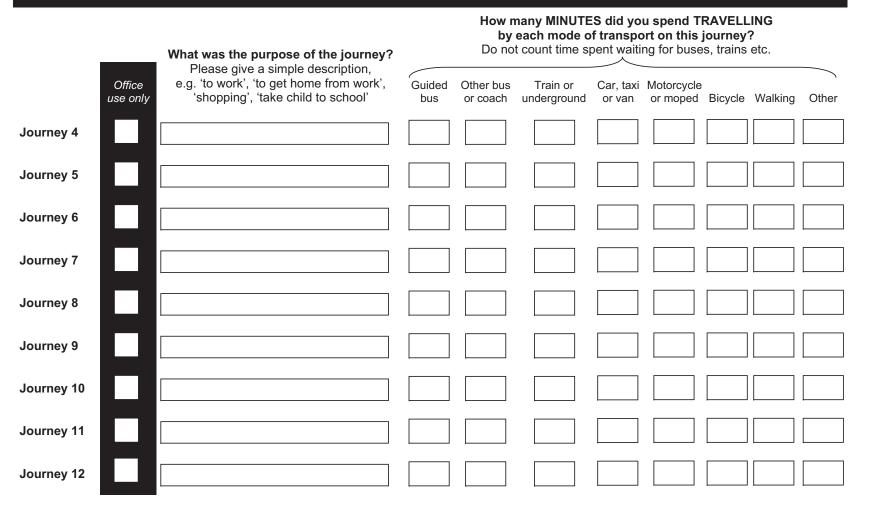
We have given you an example of **one** journey. This person walked for ten minutes to the bus stop, rode on the bus for 22 minutes, and then walked for five minutes to get to work (a total of 15 minutes walking). They did not count the time spent waiting for the bus.

How many MINUTES did you spend TRAVELLING



Continue over the page if necessary

About all the journeys you made yesterday (continued)



About your workplace

Tick one per row

52	Does your workplace have the following?	Yes	No	Don't know
	Parking stands or racks for bicycles			
	Somewhere to store waterproof clothing or cycle helmets			
	Changing rooms			
	Adult cycle training			
	A 'bicycle users' group			
	A 'walk to work' or 'bike to work' day or week			
	A cycle to work scheme (An employer scheme to loan bicycles and cyclists' safety equipment to employees as a tax-free benefit, e.g. CycleScheme)			
	A travel plan (A formal document which identifies ways of encouraging more employees to walk, cycle or use public transport to get to work)			

For each of the following statements, please tick one box to show how strongly you agree or disagree.

Tick one per row

53 At my workplace:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Many of my colleagues WALK all or part of the way to and from work					
Many of my colleagues CYCLE all or part of the way to and from work					
Many of my colleagues DRIVE to and from work					
Members of senior management WALK OR CYCLE all or part of the way to and from work					
Members of senior management DRIVE to and from work					

About your views on travelling to and from work

For each of the following statements about your journey to and from work, please tick one box to show how strongly you agree or disagree.

			Tie	ck one per i	row	
54	On my journey to and from work:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	It is pleasant to walk					
	The roads are dangerous for cyclists					
	There is convenient public transport					
	There are convenient routes for cycling					
	There is little traffic					
	There are no convenient routes for walking					
	It is safe to cross the road					
55	For me, to get to and from work next time:					
	Overall, it would be good to USE A CAR					
	Most people who are important to me would support my USING A CAR					
	It would be easy for me to USE A CAR					
	I intend to USE A CAR					
	It would be pleasant to USE A CAR					
	Most people who are important to me think I should USE A CAR					
	I would be able to USE A CAR					
	I am likely to USE A CAR					

For each of the following statements about your journey to and from work, please tick one box to show how strongly you agree or disagree.

			Tio	ck one per i	row	
56	USING A CAR to get to and from work is something:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	I do frequently					
	I do automatically					
	that would require effort not to do					
	that belongs to my daily routine					
	I would find hard not to do					
	that's typically 'me'					
	I have been doing for a long time					
57	For me, to get to and from work next time:					
	Overall, it would be good to WALK					
	Most people who are important to me would support me WALKING					
	It would be easy for me to WALK					
	I intend to WALK					
	It would be pleasant to WALK					
	Most people who are important to me think I should WALK					
	I would be able to WALK					
	I am likely to WALK					

For each of the following statements about your journey to and from work, please tick one box to show how strongly you agree or disagree.

		Tick one per row				
58	For me, to get to and from work next time:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	Overall, it would be good to CYCLE					
	Most people who are important to me would support me CYCLING					
	It would be easy for me to CYCLE					
	I intend to CYCLE					
	It would be pleasant to CYCLE					
	Most people who are important to me think I should CYCLE					
	I would be able to CYCLE					
	I am likely to CYCLE					

About your views on bus travel

59 Overall, how would you rate the quality of local bus services?

		Neither good						
Very good	Fairly good	nor poor	Fairly poor	Very poor				
The Cambridgeshire Guided Busway is a new transport project in the Cambridge area.								
Had you previou	usly heard of the C	ambridgeshire Gui	ded Busway?					
Tick one	only Yes	→ Go to Q.6 [*]	1 No	→ Go to Q. 70				
Have you travelled on a guided bus in Cambridgeshire?								
Tick one	only Yes	→ Go to Q. 6	3 No	→ Go to Q. 62				

60

61

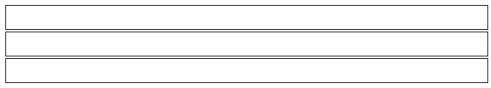
62 What are your reasons for not using the guided bus service? Please give up to three reasons.

If you have not used the guided bus service, please go to Q. 67

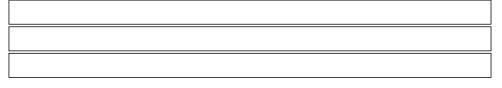
63 How many and what types of journey have you made using the guided bus service in the last month?

		If you have used the guided bus service for these trips in the last month, how would you have made them if there were no guided bus service? <i>Tick all that apply</i>						
	Number of trips in the last month	By bus or coach	By car	On foot	By bicycle	By another mode of transport	I would not have made this type of trip	
Shopping								
To or from work								
To or from school, college or university (including accompanying children)								
On business								
Visiting friends or relatives								
On personal business (e.g. to the dentist)								
On holiday, days out or other leisure trips								
Other								

64 What do you LIKE about the guided bus service? Please give up to three answers.



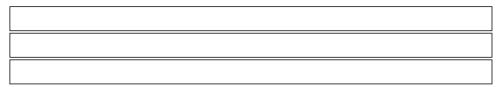
65 What do you DISLIKE about the guided bus service? Please give up to three answers.



66 How has use of the guided bus service affected the AMOUNT you walk, cycle or use the car or bus? *Please tick the appropriate box for each mode of transport.*

l now	MORE than before	The SAME as before	LESS than before
Use the bus (including the guided bus)			
Use the car			
Walk			
Cycle			

If you have answered '**MORE** than before' or '**LESS** than before' for any of the modes of transport, please briefly state the main reasons why.



67 Have you walked or cycled along any part of the footpath or cycle *Tick all that apply* path beside the guided busway?

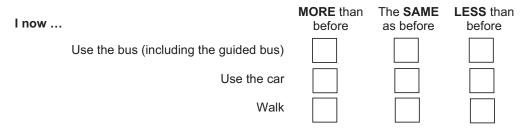
Yes – I have walked beside the busway

Yes - I have cycled beside the busway

No – I have not walked or cycled along the paths beside the busway at all

If you have not used the footpath or cycle path, please go to Q. 69

68 How has use of the footpath or cycle path affected the AMOUNT you walk, cycle or use the car or bus? *Please tick the appropriate box for each mode of transport.*



Cycle

If you have answered '**MORE** than before' or '**LESS** than before' for any of the modes of transport, please briefly state the main reasons why.

69 For each of the following statements, please tick one box to show how strongly you agree or disagree.

Tick one per row

The guided busway has improved:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The range of transport options available					
The regularity of transport services					
The reliability of transport services					
Access to local services					
Local air quality					
Noise in the local area					
The quality of footpaths and cycle paths					
The behaviour of other passengers					
Your personal safety when travelling					
The cost of travel					

Version 1.1, 2 April 2012

About your personal views

70 For each of the following statements, please tick one box to show how strongly you agree or disagree.

	Tick one per row						
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		
I am trying to use the car less for environmental reasons							
Unless I can get to a leisure destination by car, I would not go at all							
Reducing my car use will not make a difference to congestion problems because most people will not reduce theirs							
There are many problems and difficulties with using public transport							
I would be willing to pay higher taxes for car use if I knew the revenue would be used to improve public transport							
It is important to build more roads to reduce congestion							
Being environmentally responsible is important to me as a person							
The balance of nature is very delicate and easy to upset by human activities							
Environmental threats such as global warming and deforestation have been over exaggerated							
l often buy organic food							
I often attend meetings organised by an environmental group or charity							

	About you and your household
71	Are you a student in full time education?
	Tick one only Yes No
72	How long have you lived in the Cambridge area?
	EITHER tick All my life OR write in Since the age of years
73	How many other people 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
	Adults aged 16 and over (do not include yourself)
74	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 or letting agency
	Partly owns it and partly rents it (shared ownership)
	Owns it (including buying with a mortgage)
	Other
	We are interested in any changes in your household circumstances that may have affected where and when you travel.
75	Have any of the following occurred IN THE LAST YEAR? Tick all that apply
	You or your partner are now expecting a baby
	You or your partner have had a baby
	You have been promoted or taken on significant extra responsibilities at work
	One or more of your children have started school or moved to a different school
	You have become a carer for a family member
	Your household income has increased
	Your household income has decreased

Other (please specify)

76 On a scale of 1 to 10, how important was the cost of housing in determining your choice of neighbourhood to live in? *Please circle a number*

Did not consider cost at all				Cost was	s the only	v conside	eration		
1	2	3	4	5	6	7	8	٥	10

77 Please think back to what kind of neighbourhood you were hoping to find when you moved to your current address and rank up to three of the considerations below in order of preference.

For example, if low crime was most important, score this (1), followed by local schools (2) and housing quality (3)

Finally							
78	Please enter today's date.	Write in	day of the week	date	month	/ 12	

THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY