

# Cambridgeshire Guided Busway User Survey

## Interviewer observations

Site number

Site name

Interview Number    Your initials

Day (please circle)  M  T  W  T  F  S  S

Date   /   / 12

Time survey started   :

Is the respondent...? Male  Female

What is the respondent doing? Please tick only one

Waiting for or getting off a bus

Walking

Cycling

Running/Jogging

Horse Riding

Other

Number of adults in the group

Number of children in the group

## About your current journey

Q1 What is the purpose of your current journey?

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 (Please specify)

Q2 Where did you start your journey today?

Postcode

OR

Location or street name and town

Tick if that location is your:

Home  Workplace  Neither

Q3 Where will you finish your journey today?

Postcode

OR

Location or street name and town

Tick if that location is your:

Home  Workplace  Neither

Q4 Will you go anywhere on your way to your final destination on this journey?

I am not going anywhere else on the way

Postcode

OR

Location or street name and town

What type of destination is this? Letter

(Show card A)

Q5 Approximately how far do you estimate you will travel on this journey? Please complete only one box

Miles

Kilometres

Q6 Approximately how long do you estimate your journey will take?

hours  mins

Q7 Did you or will you use any other mode of transport as part of this journey today?

No  → Go to Q. 9 Yes  → Go to Q. 8

Q8 What modes did or will you use and how long will you have travelled for by each mode on this journey?

	Tick	Time	
Walking	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/> mins
Cycling	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/> mins
Bus	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/> mins
Train	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/> mins
Car	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/> mins
Another mode(s) of transport Please specify	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/> mins

TOTAL  hours  mins

Q9 How often have you made this journey in the last month?

times in the last month

# Cambridgeshire Guided Busway User Survey

## About the Busway

### If respondent is USING THE PATH:

**Q10** How has the use of the footpath beside the guided busway affected the **AMOUNT** you walk, cycle or use the car or bus? *Please tick the appropriate box for each mode of transport*

I now...	MORE than before	The SAME as before	LESS than before
Use the bus (including the guided bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11** Have you travelled on the guided bus?  
 No  → **Go to Q16**    Yes  → **Go to Q12**

**Q12** How has the use of the guided bus service affected the **AMOUNT** you walk, cycle or use the car or bus? *Please tick one box per row*

I now...	MORE than before	The SAME as before	LESS than before
Use the bus (including the guided bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now go to Q16**

### If respondent is USING THE BUS SERVICE:

**Q13** How has the use of the guided bus service affected the **AMOUNT** you walk, cycle or use the car or bus? *Please tick one box per row*

I now...	MORE than before	The SAME as before	LESS than before
Use the bus (including the guided bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q14** Have you walked or cycled along any part of the footpath or cycle path beside the guided busway? *Tick all that apply*

- Yes - I have walked beside the busway  → **Go to Q15**
- Yes - I have cycled beside the busway  → **Go to Q15**
- No - I have not walked or cycled along the paths beside the busway  → **Go to Q16**

**Q15** How has the use of the footpath affected the **AMOUNT** you walk, cycle or use the car or bus? *Please tick the appropriate box for each mode of transport*

I now...	MORE than before	The SAME as before	LESS than before
Use the bus (including the guided bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ASK TO ALL respondents

**Q16** How would you have made **this journey** if there were no guided busway? *Please tick all that apply*

- By bus or coach
- By train
- By car
- On foot
- By bicycle
- By another mode of transport
- I would not have made this journey

**Q17** For each of the following statements, please tick one box to show how strongly you agree or disagree. *(Show card B)*

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

# Cambridgeshire Guided Busway User Survey

## About your health

**Q18 Overall, how would you rate your health over the PAST FOUR WEEKS?** *Please tick one only*

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

**Q19 Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?** *Include problems due to old age*

*Tick one only*    **No**     **Yes**

**Q20 Think about all the VIGOROUS activities that you did in the last seven days. Vigorous activities refer to activities that make you breathe much harder than normal and may include heavy lifting, digging and fast cycling.**

**During the LAST SEVEN DAYS, on how many days did you do VIGOROUS physical activities?**

*days per week*

**Q21 How much time did you usually spend doing VIGOROUS physical activities on one of those days?**

*hours*     *minutes*

**Q22 Think about all the MODERATE activities that you did in the last seven days. Moderate activities refer to activities that make you breathe much harder than normal and may include carrying light loads, cycling at a regular pace or doubles tennis. Do not include walking.**

**During the LAST SEVEN DAYS, on how many days did you do MODERATE physical activities?**

*days per week*

**Q23 How much time did you usually spend doing MODERATE physical activities on one of those days?**

*hours*     *minutes*

**Q24 Think about all the WALKING that you did in the last seven days. This includes at work or at home, walking to travel from place to place or walking for recreation, sport or exercise.**

**During the LAST SEVEN DAYS, on how many days did you WALK for at least 10 minutes?**

*days per week*

**Q25 How much time did you usually spend WALKING on one of those days?**

*hours*     *minutes*

## About you and your household

**Q26 How old are you?**

- Under 16
- 16-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 and over

**Q27 Which of the following best describes your working status?** *Please tick one only*

- Employed full-time (30+ hours)
- Employed part time
- Looking after home or family
- Unemployed or on sick leave
- Retired
- Studying
- Voluntary worker
- Other

**Q28 What is your highest educational qualification?** *Please tick one only*

- Postgraduate qualification
- Degree, NVQ4, NVQ5 or equivalent
- BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND or equivalent
- GCE 'A' Level, NVQ3, Scottish Higher or equivalent
- BTEC (National), TEC (National), BEC (National), ONC, OND or equivalent
- GCSE Grades A to C, GCE 'O' Level, CSE Grade 1, NVQ2 or equivalent
- Other qualifications
- No formal qualifications

**Q29 Do you have access to a bicycle?**

*Tick one only*    **No**     **Yes**

**Q30 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 number. If none, write '0'*

# Cambridgeshire Guided Busway User Survey

**Q31 How many other people live in your household?**  
**By this we mean people who have your residence as their only or main residence? Write in number**

<input type="text"/>	Children under 5
<input type="text"/>	Children 5 - 15
<input type="text"/>	Adults 16+ (Please do not include yourself)

I agree that the information gathered about me can be looked after and stored by the MRC Epidemiology Unit or in a secure data storage facility for use in future related research projects  
(Compulsory)

**Q32 Does your household own or rent its accommodation? Please tick one only**

Rents it from the council, a housing association, or a charity	<input type="checkbox"/>
Rents it from a private landlord or letting agency	<input type="checkbox"/>
Partly owns it and partly rents it (shared ownership)	<input type="checkbox"/>
Owens it (including buying with a mortgage)	<input type="checkbox"/>

I agree to be approached again later to be invited to participate in optional additional studies on the basis of information gained from the current study. I note that I will be provided with full information about these additional studies, when and if I am approached again.  
(Optional)

**Q33 In the last seven days, what modes of transport did you use most frequently on the journey to and from work? Please tick all that apply**

Did not travel to and from work	<input type="checkbox"/>
Guided bus	<input type="checkbox"/>
Bus	<input type="checkbox"/>
Train	<input type="checkbox"/>
Car	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>
Walking	<input type="checkbox"/>
Other	<input type="checkbox"/>

## Contact details

**Name:** \_\_\_\_\_  
**Postal Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Q34 What is the postcode of your home address?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**OR**  
**Street Name, Town**

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