

Commuting and health in Cambridge Questionnaire 2009

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

Female

Other questions ask you to **write numbers** in a box.

Example: What is your age?

Write in 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

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	<input type="checkbox"/>
Walking	<input type="checkbox"/>
Public transport	<input type="checkbox"/>
Cycling	<input type="checkbox"/>

TV, DVD or video viewing

Average over the last four weeks

2 Hours of TV, DVD or video watched per day

Tick one box on each line

	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
On a weekday before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekday after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Average over the last four weeks

3 Hours of home computer use per day

Tick one box on each line

	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
On a weekday before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekday after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day before 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day after 6 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stair climbing at home

Average over the last four weeks

4 Number of times you climbed up a flight of stairs (approx. 10 steps) each day at home

Tick one box on each line

On a weekday

On a weekend day

None	1 to 5 times a day	6–10 times a day	11–15 times a day	16–20 times a day	More than 20 times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B — Activity at work

Please answer this section to describe if you have been in paid employment at any time during the last four weeks or you have done regular, organised voluntary work.

5 Have you been in employment during the last four weeks?

Tick one only

Yes

No

6 During the last four weeks how many hours work did you do per week?

*Write in number
If none, write '0'*

Four weeks ago	<input type="text"/>
Three weeks ago	<input type="text"/>
Two weeks ago	<input type="text"/>
Last week	<input type="text"/>

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

- 1. Sedentary occupation**
 You spend most of your time sitting (such as in an office)
- 2. Standing occupation**
 You spend most of your time standing or walking. However, your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)
- 3. Manual work**
 This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)
- 4. Heavy manual work**
 This implies very vigorous physical activity including handling of very heavy objects (e.g. dock worker, miner, bricklayer, construction worker)

Travel to and from work in the last four weeks

8 What is the approximate distance from your home to your 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 number
If none, write '0'

10 How did you normally travel to work?

<i>Tick one box on each line</i>	Always	Usually	Occasionally	Never or rarely
By car or motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By works or public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 What is the postcode for your main place of work DURING THE LAST 4 WEEKS?

Write in

12 If not known please give your work address

13 What is the postcode for your home address?

Write in

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

	Number of times you did the activity in the last four weeks							Average time per episode	
	None	Once in the last 4 weeks	2 to 3 times in the last 4 weeks	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins
<i>Please complete EACH line</i>									
Weeding and pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	10
Walking for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		40

Now complete the table on pages 6 and 7

14 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

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

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

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

PART 2: TRAVEL AND GENERAL QUESTIONNAIRE

About your health

- 15 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

- 16 Do you have any difficulty walking for a quarter of a mile on the level?**

Tick one only

Yes

No

- 17 In the PAST TWELVE MONTHS how many days were you off sick for health reasons?**

*Write in number
If none, write '0'*

- 18 How tall are you?** (with your shoes off)

Write in

ft

in

OR

cm

- 19 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.

- 20 Overall, how would you rate your health during the PAST FOUR WEEKS?**

Excellent

Very good

Good

Fair

Poor

Very poor

- 21 During the PAST FOUR WEEKS, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?**

Not at all

Very little

Somewhat

Quite a lot

Could not do
physical activities

- 22 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

23 How much BODILY pain have you had during the PAST FOUR WEEKS?

None	Very mild	Mild	Moderate	Severe	Very severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24 During the PAST FOUR WEEKS, how much energy did you have?

Very much	Quite a lot	Some	A little	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25 During the PAST FOUR WEEKS, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all	Very little	Somewhat	Quite a lot	Could not do social activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26 During the PAST FOUR WEEKS, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not at all	Slightly	Moderately	Quite a lot	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27 During the PAST FOUR WEEKS, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Not at all	Very little	Somewhat	Quite a lot	Could not do daily activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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About your travel options

28 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'

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

Tick one only

Yes

No

30 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 there
- No

31 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 only

- Yes → **Go to Q. 32** No → **Go to Q. 34**

Thinking about the car you are most likely to use to travel to and from work:

32 What type of fuel does the car use?

Tick one only

- Petrol
- Diesel
- Hybrid or other

33 What is the engine size of the car?

Write in cc **OR** litres

34 Do you have access to a bicycle?

Tick one only

- Yes No

35 Do you ever cycle part or all of the journey to or from work?

This includes cycling to or from a bus stop, railway station or park-and-ride.

Tick one only

- Yes → **Go to Q. 36** No → **Go to Q. 37**

36 How long does the cycling part of the journey usually take?

minutes each way

37 Do you ever walk part or all of the journey to or from work?

This includes walking to or from a bus stop, railway station or park-and-ride.

Tick one only

- Yes → **Go to Q. 38** No → **Go to Q. 39**

38 How long does the walking part of the journey usually take?

minutes each way

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).

- 40 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 by each mode of transport on this journey?

Do not count time spent waiting for buses, trains etc.

		What was the purpose of the journey? Please give a simple description, e.g. 'to work', 'to get home from work', 'shopping', 'take child to school'	Bus or coach	Train or underground	Car, taxi or van	Motorcycle or moped	Bicycle	Walking	Other
<div style="background-color: black; color: white; padding: 5px; text-align: center;">Office use only</div> <div style="display: flex; flex-direction: column; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> </div>		To work	22					15	
		Journey 1							
		Journey 2							
		Journey 3							
		Journey 4							

Continue over the page if necessary

About all the journeys you made yesterday (continued)

How many MINUTES did you spend TRAVELLING
by each mode of transport on this journey?

Do not count time spent waiting for buses, trains etc.

What was the purpose of the journey?

Please give a simple description,
e.g. 'to work', 'to get home from work',
'shopping', 'take child to school'

Bus or
coach

Train or
underground

Car, taxi
or van

Motorcycle
or moped

Bicycle

Walking

Other

Journey 5

Journey 6

Journey 7

Journey 8

Journey 9

Journey 10

Journey 11

Journey 12

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.

Tick one per row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
41 On my journey to and from work:					
It is pleasant to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The roads are dangerous for cyclists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is convenient public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are convenient routes for cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are no convenient routes for walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to cross the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 For me, to get to and from work next time:					
Overall, it would be good to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people who are important to me would support my using a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be easy for me to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I intend to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be pleasant to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people who are important to me think I should use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be able to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am likely to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

43 Using a car to get to and from work is something:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I do frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do automatically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that would require effort not to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that belongs to my daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would find hard not to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that's typically 'me'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been doing for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you and your household

44 Are you male or female? *Tick one only* Male Female

45 What is your date of birth? *Write in* / /
date *month* *year*

46 What is your highest educational qualification?

Tick one only

Degree, NVQ4, NVQ5 or equivalent	<input type="checkbox"/>
BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND or equivalent	<input type="checkbox"/>
GCE 'A' Level, NVQ3, Scottish Higher or equivalent	<input type="checkbox"/>
BTEC (National), TEC (National), BEC (National), ONC, OND or equivalent	<input type="checkbox"/>
GCSE Grades A to C, GCSE 'O' Level, CSE Grade 1, NVQ2 or equivalent	<input type="checkbox"/>
Other qualifications	<input type="checkbox"/>
No formal qualifications	<input type="checkbox"/>

47 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	<input type="text"/>
Children aged between 5 and 15	<input type="text"/>
Adults aged 16 and over (do not include yourself)	<input type="text"/>

48 Does your household own or rent its accommodation?

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"/>
Owns it (including buying with a mortgage)	<input type="checkbox"/>
Other	<input type="checkbox"/>

Finally

49 Please enter today's date.

Write in

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	09
<i>day of the week</i>	<i>date</i>		<i>month</i>		

THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY