

# My neighbourhood, my streets

Thank you for agreeing to answer some questions for us.  
Please make sure you have read the information sheet before you complete this questionnaire.

## Instructions

Please answer all the questions you can

You may leave questions blank if you do not wish to answer

This questionnaire should take around 5-10 minutes to complete

## 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) **How long have you lived at this address?**

years (if less than one year:  months)

4) **How many cars are there in your household?**

- No cars  
 One  
 Two or more

5) **On average, how often do you do meet or see any of your neighbours (arranged or by chance)?**

- Three or more times a week  
 Once or twice a week  
 Once or twice a month  
 Less often or never

6) **How is your health in general? Would you say it was...**

- Very good  
 Good  
 Fair  
 Bad  
 Very bad

## Part B: Travel and mobility

7) **Do you have any disability or other long standing health problem that limits your mobility in any way?**

Yes

No

8) Thinking about everywhere within a 20 minute walk or about a mile of your home...  
**How often, if ever, do the following factors affect your ability to walk to places in your local area?** *Tick one box on each line*

	Never	Occasionally	Often	Always
a. Speed of traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Amount of traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of crossing points (for example, for nearby roads, railways, or waterways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Crossings do not allow adequate time to cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Poor pavements or paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fear of crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9) We are now asking you about [*insert name of road of concern*]. **How often, if ever, are any of the following a problem on this road?** *Tick one box on each line*

	Never	Occasionally	Often	Always
a. Speed of traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Amount of traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of crossing points (for example, for nearby roads, railways, or waterways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Crossings do not allow adequate time to cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Poor pavements or paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fear of crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) **How would you rate the *speed* of traffic on [*insert name of road of concern*]?**

Slow

Average

Fast

11) **How would you rate the *amount* of traffic on [*insert name of road of concern*]?**

Light

Average

Heavy

12) **How long do you usually have to wait before crossing [insert name of road of concern]?**

No wait or a few seconds

Half a minute

One or two minutes

Three minutes or longer

I never cross it

13) **Do you avoid walking along or across [insert name of road of concern]?**

Yes

Yes, when I can

No → **Go to Part C**

14) **If you avoid walking along or across [insert name of road of concern], please tell us why that is...**

*Tick all that apply*

Speed of traffic

Amount of traffic

Lack of crossing points

Crossings do not allow adequate time to cross

Noise or air pollution

Fear of crime

I prefer an alternative route

Other

*Please specify:*

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## Part C: Your views

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

*Please write in this box*

**Thank you very much for taking part in this questionnaire.**

**Your answers will help us to identify barriers to mobility in your area and to assess whether these impact on people's social lives and wellbeing.**