

**12) Do you use any of the following types of public transport ticket/pass?**

- Travelcard       Oyster Pay As You Go  
 Zip card (11-16)       Discounted Bus Pass  
 Bus Pass       Freedom Pass  
 Rail Season Ticket  
 Railcard (Young, Senior, Family, Network, HM Forces)

**13) Do you have a driving licence?**

- Yes       No

**14) Do you have a car or van that you can use?**

- Yes       No

## Contact information

**Complete this section if you wish to be entered into our FREE prize draw.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

We would like to be able to contact you in the future to ask your views on transport related issues. Please indicate if you would be happy for us to do this. We will not share your details with anyone else.  Yes  No

**Thank you for completing this survey.**

Any comments you have made will be kept confidential, but will be included in an analysis of all the responses we receive.

This analysis will be available on [www.londontravelwatch.org.uk](http://www.londontravelwatch.org.uk)

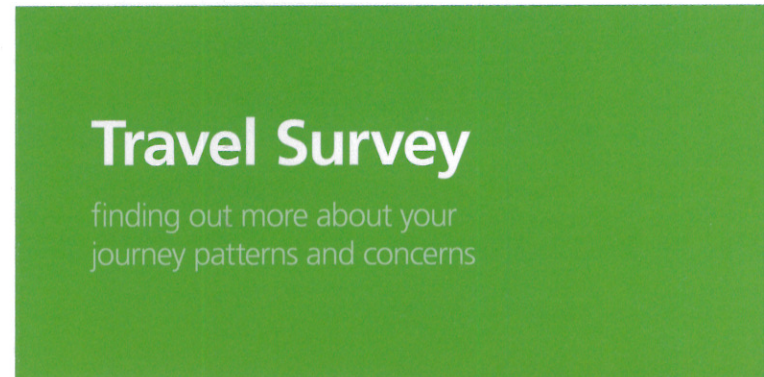
NO  
STAMP  
NEEDED

Moisten here

**Freepost RLYG-JAUZ-SLZU**  
London TravelWatch  
6 Middle St  
LONDON  
EC1A 7JA



The voice of transport users



London TravelWatch  
is the capital's  
passenger watchdog  
for transport users.

We're holding this local surgery so  
we can find out more about your  
journey patterns and concerns.

To help us do this, we would be  
pleased if you could complete the  
short survey opposite and either:

- hand it back to one of our staff today
- or return it using freepost

If you wish to enter our prize draw please  
don't forget to fill in your contact details.

Any other comments

## Travel information

### 1) Why have you come here today?

- |  |  |
|--|--|
| <input type="checkbox"/> Shopping      | <input type="checkbox"/> Work          |
| <input type="checkbox"/> Educational   | <input type="checkbox"/> Family/Social |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Other         |
- (please use space below to describe)

### 2) How did you come here today? (Tick all that apply)

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Car     | <input type="checkbox"/> Taxi        |
| <input type="checkbox"/> Minicab | <input type="checkbox"/> Dial-a-Ride |
| <input type="checkbox"/> Bus     | <input type="checkbox"/> Train       |
| <input type="checkbox"/> Cycle   | <input type="checkbox"/> Walk        |
| <input type="checkbox"/> Tube    | <input type="checkbox"/> Other       |
- (please use space below to describe)

### 3) Why did you use this mode of transport?

(Tick all that apply)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Cost           | <input type="checkbox"/> Convenience |
| <input type="checkbox"/> No alternative | <input type="checkbox"/> Other       |
- (please use space below to describe)

### 4) How often do you make this journey?

(Tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> 4+ times a week | <input type="checkbox"/> 2-3 times a week  |
| <input type="checkbox"/> Once a week     | <input type="checkbox"/> 2-3 times a month |
| <input type="checkbox"/> Less frequently |  |

### 5) Which type of transport do you use regularly?

(Tick all that apply)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Car  | <input type="checkbox"/> Taxi        |
| <input type="checkbox"/> Minicab                                    | <input type="checkbox"/> Dial-a-Ride |
| <input type="checkbox"/> Bus  | <input type="checkbox"/> Train       |
| <input type="checkbox"/> Cycle                                      | <input type="checkbox"/> Walk        |
| <input type="checkbox"/> Tube                                       | <input type="checkbox"/> DLR         |
| <input type="checkbox"/> Other (please use space below to describe) |                                      |

### 6) If you don't often use public transport, can you tell us why?

## Personal information

### 7) Are you?

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

### 8) How old are you?

- |                                   |                                |                                  |
|-----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16-18 | <input type="checkbox"/> 19-24   |
| <input type="checkbox"/> 25-60    | <input type="checkbox"/> 61-74 | <input type="checkbox"/> Over 75 |

### 9) Do you consider yourself?

- |                                |   |                                |
|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Mixed                                      | <input type="checkbox"/> Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (please use space below to describe) |                                |

### 10) Do you travel with children?

- |                              |                                       |                             |
|------------------------------|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Occasionally | <input type="checkbox"/> No |
|------------------------------|---------------------------------------|-----------------------------|

### 11) Do you have difficulty walking?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|