

## Transport Questionnaire

Please help us to find out what **you** think about public transport in your local area by completing the questions below...

**What town/village do you live in?**

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**How old are you?**

\_\_\_\_\_

**What gender are you?**

Female    Male

**What school/college do you go to?**

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**If so, do you use public transport to get to school?**

Yes      No

**Do you have a learning disability?**

Yes      No

**Do you have a physical disability?**

Yes      No

**What ethnic background do you come from?**

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**Do you use public transport?**

Yes      No

**If not, why not?**

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Continued...

## Is public transport easily accessible for you?

Yes                  No

## If not, how could it be improved?

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### How often do the service buses in your area run? (Pick one)

Every 10 minutes

Every half an hour

Every hour

Every 20 minutes

Every 45 minutes

Less than every hour

### How many times do you use public transport? (Pick one)

Every day

Once a week

Once a month

More than once a week

More than once a month

Hardly ever

### What types of public transport do you use?

Bus

Train

Taxi

Other (please specify): \_\_\_\_\_

### How would you rate the following?

*(Please circle your choice, 1 is the lowest and 10 is the highest)*

Cleanliness	1	2	3	4	5	6	7	8	9	10
Reliability	1	2	3	4	5	6	7	8	9	10
Safety	1	2	3	4	5	6	7	8	9	10
Frequency	1	2	3	4	5	6	7	8	9	10
Cost	1	2	3	4	5	6	7	8	9	10

### Do you have any other suggestions regarding public transport?

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Thank-you