

# WEST OF JUNCTION 25 TRAVEL SURVEY

## Introduction

This is a short survey to help your employer better understand how you travel to work. The data collected will be used by Somerset County Council and a nominated representative of the business where you work to improve staff travel plans and widen staff and customer travel choices across the area.

**Please return your completed questionnaire to your Company Survey Representative;** use the contact details at the bottom of this page if you are not sure who this is. Or return by post to Margaret Turner, C7 County Hall, TA1 4DY

or **complete online at**

<http://www.movingsomersetforward.co.uk/business/survey>

**by Friday 5<sup>th</sup> March 2010**

<b>Questionnaire summary</b>	A survey to establish how employees travel to work in the employment area to the West of Junction 25 (M5). Results fed back to site developer/employer by Somerset County Council.
<b>Background</b>	This consultation forms part of the area-wide Business Travel Network recently launched for the West of J25.
<b>Purpose</b>	The results will be used by Somerset County Council to monitor the progress of the area-wide travel plan. A shorter survey will be repeated in following years.  Data will be made available to a travel representative nominated by your business, to be used in informing the travel plan for the site.
<b>Audience or target group</b>	Employees of businesses in West of J25 area.
<b>Organised by</b>	Somerset County Council and the Highways Agency
<b>Contact Information</b>	JMP Consultants Tel. 0117 930 8873 Email. <a href="mailto:j25@swcommuterchallenge.co.uk">j25@swcommuterchallenge.co.uk</a>



## Your answers

**Question 1:** Please give the name and location of your employer.

Company name  
and location: .....

**Question 2:** On how many days of the week do you usually work?

Please tick one only.

- 1 day
- 2
- 3
- 4
- 5
- 6
- 7

**Question 3:** Where do you travel to work from?

Town / Village: .....

Postcode: .....

**Question 4a: How often have you used the following methods of travel to get to your regular place of work in the last year?**

*Please tick all that apply.*

	Every Day	More Than Once a Week	Once a Week	Once a Fort-night	Once a Month	Once a Quarter	Never
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car with Other Person(s) who works on the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car with Other Person(s) who works elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycling (125cc and under)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycling (over 125cc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park and Ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Off Site without Calling at Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 4b: If you normally get to work by car, which direction do you come in from?**

*Please tick one only.*

- M5 (**from the north**, e.g. from Bridgwater)
- M5 (**from the south**, e.g. from Wellington)
- From the east (e.g. A358 from Yeovil)
- From the west (e.g. Taunton direction/local roads)
- From the north-west (e.g. A38/Monkton Heathfield)

**Question 4c:** Can you suggest any other changes that would help you to avoid travelling by car, e.g. facilities, routes, services, equipment?

*Continue on a separate sheet if necessary.*

**Question 5a:** Would you like the Henlade Park and Ride service to serve Blackbrook Business Park?

- Yes
- No
- Not sure

**Question 5b:** If the Park and Ride did stop at Blackbrook Business Park, how would you like to use it mainly?

*Please tick all that apply.*

- Park at the Park & Ride site to get the bus into work
- Use the Park & Ride to get into town (Taunton)
- Promote to business customers/visitors travelling from Taunton

Other (Please add):

.....

**Question 6:** If there was a direct public transport link from your workplace to Taunton railway station, how often would you use it?

*Please tick one option for commuting and one for business.*

- |                         | Once a Week or<br>More   | Once a Month             | Never                    |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Business travel at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commuting to/from work  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Question 7a:** Please enter your email address if you would like to be added to the mailing list to receive further travel related information from the Moving Somerset Forward campaign or via your employer.

Email address .....

**Question 7b.** Would you like to join us on a lunchtime tour (or audit) of the local area to point out any particular travel concerns you have to us?

- Yes
- No
- Not Sure

**Question 7c.** Would you be willing to be contacted to discuss your views on car sharing further, to assist an in-depth study on this matter?

- Yes
- No

## OPTIONAL QUESTIONS

### **Question 8: Please state your gender.**

- Male
- Female
- Transgender
- Prefer not to say

### **Question 9: What do you consider to be your ethnicity?**

- |   |   |
|---|---|
| <input type="checkbox"/> White British                    | <input type="checkbox"/> Any other mixed Background         |
| <input type="checkbox"/> White Irish                      | <input type="checkbox"/> Asian or Asian British Indian      |
| <input type="checkbox"/> Other White background           | <input type="checkbox"/> Asian or Asian British Pakistani   |
| <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Asian or Asian British Bangladeshi |
| <input type="checkbox"/> Black or Black British African   | <input type="checkbox"/> Any other Asian Background         |
| <input type="checkbox"/> Other Black Background           | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> Mixed White & Black Caribbean    | <input type="checkbox"/> Gypsy, Roma or Traveller           |
| <input type="checkbox"/> Mixed White & Black African      |   |
| <input type="checkbox"/> Mixed White & Asian              |   |

Other (Please add): .....

### **Question 10: Which age group are you?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 4 or under    | <input type="checkbox"/> 40 - 44 years | <input type="checkbox"/> 80 - 84 years |
| <input type="checkbox"/> 5 - 9 years   | <input type="checkbox"/> 45 - 49 years | <input type="checkbox"/> 85 - 89 years |
| <input type="checkbox"/> 10 - 14 years | <input type="checkbox"/> 50 - 54 years | <input type="checkbox"/> 90 - 94 years |
| <input type="checkbox"/> 15 - 19 years | <input type="checkbox"/> 55 - 59 years | <input type="checkbox"/> 95 - 99 years |
| <input type="checkbox"/> 20 - 24 years | <input type="checkbox"/> 60 - 64 years | <input type="checkbox"/> 100 and over  |
| <input type="checkbox"/> 25 - 29 years | <input type="checkbox"/> 65 - 69 years | years                                  |
| <input type="checkbox"/> 30 - 34 years | <input type="checkbox"/> 70 - 74 years |  |
| <input type="checkbox"/> 35 - 39 years | <input type="checkbox"/> 75 - 79 years |  |

### **Question 11: Do you have any of the following long standing conditions?**

- Deafness or severe hearing impairment
- Blindness or severe visual impairment
- A condition that substantially limits one or more basic physical activities such as walking, climbing stairs lifting or carrying
- A learning difficulty
- A long-standing psychological or emotional condition
- No, I do not have a long-standing condition

Other (Please add): .....