

# TRAVEL PLAN SNAPSHOT QUESTIONNAIRE

## Introduction

This is a short survey (8 questions) 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 travel choices across the area.

**Please** return your completed questionnaire in the enclosed envelope **FREE** by this date:

<b>Questionnaire summary</b>	A survey to establish how staff travel to work in new developments in Somerset. Annual survey with results fed back to site developer/employer and Somerset County Council.
<b>Background</b>	This consultation forms part of the requirements of the planning permission given for this development.
<b>Purpose</b>	<p>The results will be used by Somerset County Council to monitor the progress of the Local Transport Plan for Somerset.</p> <p>Data will be made available to a travel representative nominated by the developer, to be used in informing the travel plan for the site.</p>
<b>Audience or target group</b>	Employees of new developments in Somerset.
<b>Organised by</b>	
<b>Contact Information</b>	

V1.1

## Your answers

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

Company name  
and location: .....

**Question 2:** How many days a 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:** What is your main mode of transport for getting to work (the one you use most often, for the longest part of your journey by distance)?

Main method  
of travel to work: .....

**Question 4b: How often do you use the following methods of travel to get to your regular place of work?**

*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)	<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 5: 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 6: If you have recently changed your travel habits, please give the one reason why.**

*Please tick one only.*

- Congestion/time spent travelling
- Cost – parking
- Cost – fuel
- Crime/vandalism
- Environmental Motivation
- Family / Caring Responsibilities
- Healthy Living / Exercise
- Mobility Problems
- New Job
- New Transport Service / Route
- Obtained Driving Licence
- Parking availability
- Weather

Other (Please add): .....

**Question 7: Would you like to receive feedback on the results of this survey?**

- Yes
- No

**Question 8: 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 .....