

Active Travel in the west of Scotland

Public Survey



Strathclyde Partnership for Transport (SPT) are developing a strategy for active travel across the region. Active travel refers to journeys undertaken by people-powered modes, including walking, people using wheelchairs, and cycling (including e-bikes).

This survey aims to capture the views of members of the public in the Strathclyde Region. If you are a resident, employee or visitor to the area, we ask that you complete this 10-minute survey to help us better understand your thoughts on the existing barriers that you face in relation to walking, wheeling* and cycling. We are also seeking to understand what initiatives (if any) would encourage members of the public to walk, wheel or cycle more often.

Prior to completing this 15 minute survey, please read about the active travel strategy principles here: <https://bit.ly/3Q0p5em>

Please submit this survey by **Sunday 12th November 2023**.

Should you require this survey in an alternative format or if you wish to request a printed copy to be posted to you, please get in touch with us by email at: TellUs-SPT@sweco.co.uk

*Wheeling refers to an alternative to foot-based pedestrian mobility and includes: using a wheelchair, or mobility scooter.

Funding for the project was awarded by Strathclyde Partnership for Transport and the Scottish Government through Sustrans Scotland's Places for Everyone programme.

This survey is being administered by Sweco UK Ltd on behalf of Strathclyde Partnership for Transport. Information provided will be treated confidentially and in accordance with the Data Protection Act 2018 and General Data Protection Regulations (GDPR) 2018. Strathclyde Partnership for Transport's privacy statement, which explains how we will process your personal information and your rights as a data subject, is available at: <https://www.spt.co.uk/privacy/>

1. What is the main method of transport you use for your everyday journeys?

Your main method of transport refers to the method you use for the longest part of your journey (by time). Everyday journeys can be for any purpose; commuting, leisure, or exercise.

* Wheeling refers to an alternative to foot-based pedestrian mobility and includes: using a wheelchair, or mobility scooter.

<input type="checkbox"/> Walking / wheeling	<input type="checkbox"/> Cycling
<input type="checkbox"/> Bus	<input type="checkbox"/> Rail
<input type="checkbox"/> Subway	<input type="checkbox"/> Taxi
<input type="checkbox"/> Trip sharing scheme e.g. Liftshare	<input type="checkbox"/> Car / van driver
<input type="checkbox"/> Car / van passenger	<input type="checkbox"/> Community transport
<input type="checkbox"/> Other (please specify) _____	

2. What length of time would you typically use the method of transport for?

Please enter a number in minutes.

3. Typically, what would be the purpose/s of your trip when using this method of transport?

Select as many as applicable.

<input type="checkbox"/> Work / school	<input type="checkbox"/> Leisure
<input type="checkbox"/> Business	<input type="checkbox"/> Exercise
<input type="checkbox"/> Visiting friends / family	<input type="checkbox"/> Other _____

4. Do you use another method of transport to complete your everyday journey?

If no, please skip to Question 16.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. What method of transport do you use for the next part of your everyday journeys?

There will be further opportunities to provide information on any additional transport methods you use in the questions that follow.

Everyday journeys can be for any purpose; commuting, leisure, or exercise.

* Wheeling refers to an alternative to foot-based pedestrian mobility and includes: using a wheelchair, or mobility scooter.

<input type="checkbox"/> Walking / wheeling	<input type="checkbox"/> Cycling
<input type="checkbox"/> Bus	<input type="checkbox"/> Rail
<input type="checkbox"/> Subway	<input type="checkbox"/> Taxi
<input type="checkbox"/> Trip sharing scheme e.g. Liftshare	<input type="checkbox"/> Car / van driver
<input type="checkbox"/> Car / van passenger	<input type="checkbox"/> Community transport
<input type="checkbox"/> Other (please specify) _____	

6. What length of time would you typically use the method of transport for?

Please enter a number in minutes.

7. Do you use a third method of transport for your everyday journeys?

If no, please skip to Question 16.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. What method of transport do you use for the next part of your everyday journeys?

There will be further opportunities to provide information on any additional transport methods you use in the questions that follow.

Everyday journeys can be for any purpose; commuting, leisure, or exercise.

* Wheeling refers to an alternative to foot-based pedestrian mobility and includes: using a wheelchair, or mobility scooter.

<input type="checkbox"/> Walking / wheeling	<input type="checkbox"/> Cycling
<input type="checkbox"/> Bus	<input type="checkbox"/> Rail
<input type="checkbox"/> Subway	<input type="checkbox"/> Taxi
<input type="checkbox"/> Trip sharing scheme e.g. Liftshare	<input type="checkbox"/> Car / van driver
<input type="checkbox"/> Car / van passenger	<input type="checkbox"/> Community transport
<input type="checkbox"/> Other (please specify) _____	

9. What length of time would you typically use the method of transport for?

Please enter a number in minutes.

10. Do you use a third method of transport for your everyday journeys?

If no, please skip to Question 16.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. What method of transport do you use for the next part of your everyday journeys?

There will be further opportunities to provide information on any additional transport methods you use in the questions that follow.

Everyday journeys can be for any purpose; commuting, leisure, or exercise.

* Wheeling refers to an alternative to foot-based pedestrian mobility and includes: using a wheelchair, or mobility scooter.

<input type="checkbox"/> Walking / wheeling	<input type="checkbox"/> Cycling
<input type="checkbox"/> Bus	<input type="checkbox"/> Rail
<input type="checkbox"/> Subway	<input type="checkbox"/> Taxi
<input type="checkbox"/> Trip sharing scheme e.g. Liftshare	<input type="checkbox"/> Car / van driver
<input type="checkbox"/> Car / van passenger	<input type="checkbox"/> Community transport
<input type="checkbox"/> Other (please specify)	

12. What length of time would you typically use the method of transport for?

Please enter a number in minutes.

13. Do you use a third method of transport for your everyday journeys?

If no, please skip to Question 16.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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14. What method of transport do you use for the next part of your everyday journeys?

Everyday journeys can be for any purpose; commuting, leisure, or exercise.

* Wheeling refers to an alternative to foot-based pedestrian mobility and includes: using a wheelchair, or mobility scooter.

<input type="checkbox"/> Walking / wheeling	<input type="checkbox"/> Cycling
<input type="checkbox"/> Bus	<input type="checkbox"/> Rail
<input type="checkbox"/> Subway	<input type="checkbox"/> Taxi
<input type="checkbox"/> Trip sharing scheme e.g. Liftshare	<input type="checkbox"/> Car / van driver
<input type="checkbox"/> Car / van passenger	<input type="checkbox"/> Community transport
<input type="checkbox"/> Other (please specify) _____	

15. What length of time would you typically use the method of transport for?
Please enter a number in minutes.

16. Have you made any of the changes listed below in response to the climate emergency, COVID-19 pandemic or cost of living crisis?

Please select all that apply.

☐

Started to walk or wheel for short-distance trips

☐

Started to cycle for short-distance trips

☐

Opted for more fuel-efficient transport (e.g. public transport or car sharing)

☐

Reduced long-distance travel

☐

Use /own an electric or hybrid car

☐

Reduced the frequency of air travel

☐

I have not made any changes to my travel habits

☐

Other (please specify)

Walking and wheeling

17. What are your main barriers to walking and wheeling?

Please select all that apply. If nothing deters you from walking or wheeling more regularly, please select 'Not applicable'.

Wheeling refers to an alternative to foot-based pedestrian mobility and includes: using a wheelchair, or mobility scooter.

<input type="checkbox"/> Bollards / chicanes / gates / other barriers	<input type="checkbox"/> Condition of footway
<input type="checkbox"/> Feeling unsafe walking or wheeling alone	<input type="checkbox"/> Feeling unsafe walking or wheeling at night
<input type="checkbox"/> Uneven surfaces along paths	<input type="checkbox"/> Lack of destinations within walking distance (eg, shops)
<input type="checkbox"/> Lack of footways locally	<input type="checkbox"/> Other modes are more convenient
<input type="checkbox"/> Poor street lighting	<input type="checkbox"/> Poor weather
<input type="checkbox"/> Routes not separated from those cycling	<input type="checkbox"/> Steep gradients, such as hills
<input type="checkbox"/> Lack of continuous and joined up walking / wheeling routes	<input type="checkbox"/> Not applicable - nothing deters me from walking or wheeling more regularly
<input type="checkbox"/> Other (please specify) _____	

18. Are there any other barriers to walking or wheeling that you wish to provide detail on?

Walking and wheeling

19. Of the barriers listed below, which would consider to be the three most important to address?

Please place numbers 1 to 3 in three of boxes below, with 1 being the most important and 3 being the least important.

☐

Bollards / chicanes / gates / other barriers

☐

Condition of footway

☐

Feeling unsafe walking or wheeling alone

☐

Feeling unsafe walking or wheeling at night

☐

Lack of continuous and joined up walking / wheeling routes

☐

Lack of destinations within walking distance (eg, shops)

☐

Lack of footways locally

☐

Other modes are more convenient

☐

Poor street lighting

☐

Poor weather

☐

Steep gradients, such as hills

☐

Routes not separated from those cycling

☐

Uneven surfaces along paths

Your Suggested Solutions

20. Please describe the active-travel related solutions that you feel would best address the priorities you have identified for walking and wheeling.

Suggestion 1:

Suggestion 2:

Suggestion 3:

Cycling

21. What are your main barriers to cycling?

Please select all that apply. If nothing deters you from cycling more regularly, please select 'Not applicable'.

<input type="checkbox"/> Availability of cycle hire locations near journey origin / destination	<input type="checkbox"/> Do not own a bike
<input type="checkbox"/> Behaviour of motorists	<input type="checkbox"/> Feeling unsafe cycling alone
<input type="checkbox"/> Feeling unsafe cycling at night	<input type="checkbox"/> High levels of traffic
<input type="checkbox"/> Lack in confidence when cycling	<input type="checkbox"/> Lack of continuous and joined up cycle routes
<input type="checkbox"/> Lack of dedicated cycle lanes on roads	<input type="checkbox"/> Lack of routes separate from vehicles
<input type="checkbox"/> Lack of showers / changing facilities at destination	<input type="checkbox"/> Limited health or fitness
<input type="checkbox"/> Other ways of travelling are more convenient	<input type="checkbox"/> Availability of information on cycle routes
<input type="checkbox"/> Poor weather	<input type="checkbox"/> Condition of cycle routes
<input type="checkbox"/> Steep gradients, such as hills	<input type="checkbox"/> Condition of roads e.g. potholes
<input type="checkbox"/> Poor street lighting	<input type="checkbox"/> Unable to maintain a bike
<input type="checkbox"/> Not applicable - nothing deters me from cycling more regularly	
<input type="checkbox"/> Other (please specify) _____	

22. Are there any other barriers to cycling that you wish to provide detail on?

Cycling

23. Of the barriers listed below, which would you consider to be the three most important to address?

Please place numbers 1 to 3 in three of boxes below, with 1 being the most important and 3 being the least important.

<input type="checkbox"/> Availability of cycle hire locations near journey origin / destination	<input type="checkbox"/> Do not own a bike
<input type="checkbox"/> Behaviour of motorists	<input type="checkbox"/> Feeling unsafe cycling alone
<input type="checkbox"/> Feeling unsafe cycling at night	<input type="checkbox"/> High levels of traffic
<input type="checkbox"/> Lack in confidence when cycling	<input type="checkbox"/> Lack of continuous and joined up cycle routes
<input type="checkbox"/> Lack of dedicated cycle lanes on roads	<input type="checkbox"/> Lack of routes separate from vehicles
<input type="checkbox"/> Lack of showers / changing facilities at destination	<input type="checkbox"/> Limited health or fitness
<input type="checkbox"/> Other ways of travelling are more convenient	<input type="checkbox"/> Availability of information on cycle routes
<input type="checkbox"/> Poor weather	<input type="checkbox"/> Condition of cycle routes
<input type="checkbox"/> Steep gradients, such as hills	<input type="checkbox"/> Condition of roads e.g. potholes
<input type="checkbox"/> Poor street lighting	<input type="checkbox"/> Unable to maintain a bike
<input type="checkbox"/> Not applicable - nothing deters me from cycling more regularly	
<input type="checkbox"/> Other (please specify)	

Your Suggested Solutions

24. Please describe the active-travel related solutions that you feel would best address the priorities you have identified for cycling.

Suggestion 1:

Suggestion 2:

Suggestion 3:

Public transport

25. What are your main barriers to undertaking journeys that include public transport?

Please select all that apply. If nothing deters you from making multi-modal journeys more regularly, please select 'Not applicable'.

Journeys including public transport refers to undertaking a journey via more than one method of travel. For example, cycling to a train station to take the train, or walking to a bus stop to catch a bus.

<input type="checkbox"/> Affordability of public transport	<input type="checkbox"/> Availability of active travel routes close to bus stops
<input type="checkbox"/> Availability of active travel routes close to ferry terminals	<input type="checkbox"/> Availability of active travel routes close to subway stations
<input type="checkbox"/> Availability of active travel routes close to train stations	<input type="checkbox"/> Availability of cycle parking at bus stops
<input type="checkbox"/> Availability of cycle parking at ferry terminals	<input type="checkbox"/> Availability of cycle parking at subway stations
<input type="checkbox"/> Availability of cycle parking at train stations	<input type="checkbox"/> Lack of cycle spaces on buses
<input type="checkbox"/> Lack of cycle spaces on ferries	<input type="checkbox"/> Lack of cycle spaces on the subway
<input type="checkbox"/> Lack of cycle spaces on trains	<input type="checkbox"/> Limitations on taking bikes on a bus
<input type="checkbox"/> Limited accessibility to bus stops, such as dropped kerbs	<input type="checkbox"/> Limited accessibility to ferry terminals, such as ramped access
<input type="checkbox"/> Limited accessibility to the subway, such as step-free access	<input type="checkbox"/> Limited accessibility to train stations or trains, such as ramped access
<input type="checkbox"/> Limited safe crossing points to enter or leave stations	<input type="checkbox"/> Not applicable - nothing deters me from making journeys that include public transport
<input type="checkbox"/> Other (please specify) _____	

Public transport

26. Do you have any further comments about connections between walking, wheeling or cycling and public transport?

27. Of the barriers listed below, which would consider to be the three most important to address?

Please place numbers 1 to 3 in three of boxes below, with 1 being the most important and 3 being the least important.

<input type="checkbox"/> Affordability of public transport	<input type="checkbox"/> Availability of active travel routes close to bus stops
<input type="checkbox"/> Availability of active travel routes close to ferry terminals	<input type="checkbox"/> Availability of active travel routes close to subway stations
<input type="checkbox"/> Availability of active travel routes close to train stations	<input type="checkbox"/> Availability of cycle parking at bus stops
<input type="checkbox"/> Availability of cycle parking at ferry terminals	<input type="checkbox"/> Availability of cycle parking at subway stations
<input type="checkbox"/> Availability of cycle parking at train stations	<input type="checkbox"/> Lack of cycle spaces on buses
<input type="checkbox"/> Lack of cycle spaces on ferries	<input type="checkbox"/> Lack of cycle spaces on the subway
<input type="checkbox"/> Lack of cycle spaces on trains	<input type="checkbox"/> Limitations on taking bikes on a bus
<input type="checkbox"/> Limited accessibility to bus stops, such as dropped kerbs	<input type="checkbox"/> Limited accessibility to ferry terminals, such as ramped access
<input type="checkbox"/> Limited accessibility to the subway, such as step-free access	<input type="checkbox"/> Limited accessibility to train stations or trains, such as ramped access
<input type="checkbox"/> Limited safe crossing points to enter or leave stations	

Your Suggested Solutions

28. Please describe the active-travel related solutions that you feel would best address the priorities you have identified for journeys that include public transport.

Suggestion 1

Suggestion 2

Suggestion 3

Travel in the future

29. What is the maximum distance you would consider walking / wheeling for a journey (one way)?

Please enter a distance in kilometers (km).

30. What is the maximum distance you would consider cycling for a journey (one way)?

Please enter a distance in kilometers (km).

Travel in the Future

31. If you don't walk or wheel in your area as often as you would like to, what would make you do it more?

Please select all that apply.

☐

Better accessibility for people with impairments, such as sensory, mobility, or learning impairments

☐

Better interlinking routes between communities

☐

Better links to other types of transport (e.g. to trains or buses)

☐

Better links to schools or education centres

☐

Better links to workplaces

☐

Better maintenance of footways / paths

☐

Less gaps in walking / wheeling networks

☐

More direct routes

☐

More information about walking / wheeling routes

☐

More long-distance routes

☐

More signs with directions and routes

☐

Physically separated walking / wheeling routes (e.g. from cyclists and cars)

☐

Not applicable - nothing deters me from walking / wheeling more regularly.

☐

Safer routes

☐

Other (please specify)

Travel in the Future

32. If you don't cycle or use cycle facilities in your area as often as you would like to, what would enable you do it more?

Please select all that apply.

☐

Access to cycle hire / cycle sharing facilities

☐

Better facilities for families

☐

Better interlinking routes between communities

☐

Better links to other types of transport(e.g. to trains or buses)

☐

Better links to schools or education centres

☐

Better links to workplaces

☐

Better maintenance of cycle facilities

☐

Better maintenance of cycle routes

☐

More direct routes

☐

Less gaps in cycling network

☐

More long-distance routes

☐

More information about routes

☐

More signs with directions and routes

☐

Physically seperated cycle routes (e.g. from cars)

☐

Not applicable - nothing deters me cycling more regularly

☐

Safer routes

☐

Other (please specify)

About You

33. What local authority do you live in?

This question helps us understand the regional variations in travel habits, problems and opportunities, and future travel trends you have identified so far.

<input type="checkbox"/> Argyll & Bute	<input type="checkbox"/> North Ayrshire
<input type="checkbox"/> East Ayrshire	<input type="checkbox"/> North Lanarkshire
<input type="checkbox"/> East Dunbartonshire	<input type="checkbox"/> Renfrewshire
<input type="checkbox"/> East Renfrewshire	<input type="checkbox"/> South Ayrshire
<input type="checkbox"/> Glasgow City	<input type="checkbox"/> South Lanarkshire
<input type="checkbox"/> Inverclyde	<input type="checkbox"/> West Dunbartonshire
<input type="checkbox"/> I don't live in the Strathclyde region	

34. Currently, what local authorities do you travel to via walking, wheeling or cycling?

This can be for any type of journey purpose, such as work / school, leisure, visiting friends / family.

<input type="checkbox"/> Argyll & Bute	<input type="checkbox"/> North Ayrshire
<input type="checkbox"/> East Ayrshire	<input type="checkbox"/> North Lanarkshire
<input type="checkbox"/> East Dunbartonshire	<input type="checkbox"/> Renfrewshire
<input type="checkbox"/> East Renfrewshire	<input type="checkbox"/> South Ayrshire
<input type="checkbox"/> Glasgow City	<input type="checkbox"/> South Lanarkshire
<input type="checkbox"/> Inverclyde	<input type="checkbox"/> West Dunbartonshire
<input type="checkbox"/> I don't travel to other local authorities	

About You Continued

The following questions support the Equality Impact Assessment (EqIA) process, which is a requirement of Sustrans, who are partners in the project. Sustrans ask these questions to ensure the project considers how active travel may apply to multiple groups simultaneously, or particularly support those facing marginalisation. **Responding to these questions is entirely optional.**

35. Please provide the first part of your home address postcode. This is the first 2 to 4 digits of your postcode (e.g. PA60)

This information will only be used for the purpose of this survey and will not be used for marketing or passed on to any party outside the project team.

36. How old are you?

☐ Under 16

☐ 16-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75+

37. Which gender do you identify most with?

☐ Female

☐ Transgender Female

☐ Gender fluid / Gender non-conforming

☐ Male

☐ Transgender Male

☐ Non-binary

☐ Prefer not to say

☐ Other (Please specify):

38. Which of the following best describes your sexual orientation?

☐ Straight / Heterosexual

☐ Gay or Lesbian

☐ Prefer not to say

☐ Bisexual

☐ Other, please specify:

39. Which race or ethnicity best describes you?

☐ White

☐ Caribbean
or Black

☐ Mixed / Multiple ethnic
groups

☐ Asian / Scottish Asian / British
Asian

☐ African / Scottish African / British
African

☐ Prefer not to say

☐ Other (Please specify):

40. Do you consider yourself to be disabled?

☐ No

☐ Prefer not to say

☐ Other (Please specify):

☐ Yes - Physical impairment

☐ Yes - Learning disability/difficulty

☐ Yes - Mental health condition

☐ Yes - Long standing illness or
health condition

☐ Yes - Sensory impairment

End of Survey

Thank you for taking the time to share your feedback.

Please post your completed survey to the below postal address or email a scanned copy to TellUs-SPT@sweco.co.uk

Sweco Transport Planning, City Park, 368 Alexandra Parade, Glasgow, G31 3AU