

## PART ONE: YOUR RESIDENCE, NEIGHBOURHOOD, AND SATISFACTION

The questions in this section ask about the place where you live, and your neighbourhood. By “neighbourhood” we mean the area around your home – the area you consider to be your local neighbourhood.

1. How would you describe the type of housing unit in which you currently live?

- <sub>1</sub> Apartment/Unit                      <sub>3</sub> Detached house  
<sub>2</sub> Townhouse                              <sub>4</sub> Other (please specify) \_\_\_\_\_

2. When did you move to this house/apartment?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

3. We need to know approximately where you live. Providing the information below will not disclose your actual address. It is, however, an approximation that is an important part of our research. Please be assured that any information you do provide will remain confidential.

Street name                      Street Number OR Name of nearest cross-street:                      Suburb:                      Post code:

\_\_\_\_\_

4. On a seven-point scale, how well do the characteristics of your neighbourhood meet the current needs of your household?

*Extremely poor*                      *Neutral*                      *Extremely well*

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>6</sub>    <sub>7</sub>

5. Please indicate the extent to which you agree or disagree with each of the following statements on a seven point scale from “strongly disagree” to “strongly agree.” There are no right or wrong answers.

	Strongly disagree		Neutral		Strongly Agree
In most ways my life is close to my ideal.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>
The conditions of my life are excellent.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>
I am satisfied with my life.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>
So far I have the important things I want in life.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>
If I could live my life over, I would change nothing.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>
I feel the things I do in my life are worthwhile.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>
I felt happy yesterday.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>
I felt anxious yesterday.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub> <input type="checkbox"/> <sub>7</sub>

**6. Types of homes in your neighbourhood**

Please tick (v) the answer that best applies to you and your neighbourhood.

	None	A few	Some	Most	All
How common are <u>detached single-family homes</u> in your immediate neighbourhood?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
How common <u>are townhouses or row houses with 1-3 storeys</u> in your immediate neighbourhood?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
How common are <u>apartments or units with 1-3 storeys</u> in your immediate neighbourhood?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
How common are <u>apartments or units with 4-6 storeys</u> in your immediate neighbourhood?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
How common are <u>apartments or units with 7-12 storeys</u> in your immediate neighbourhood?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
How common are <u>apartments or units with more than 13 storeys</u> in your immediate neighbourhood?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**7. Shops, services, and other things in your neighbourhood**

About how long would it take to get from your home to the nearest shop or service listed below if you **walked**? Please put only one tick (v) for each shop or service.

	1-5 min	6-10 min	11-20 min	21-30 min	30+ min	Don't know
1. Convenience store/small grocery shop.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
2. supermarket.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
3. post office.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
4. primary school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
5. other schools.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
6. fast food shop.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
7. restaurant or cafe.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
8. bank.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>
9. The place where you work or study (leave blank if not applicable at the moment)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>

**8. Access to services**

Please tick (v) the answer that best applies to you and your neighbourhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. Shops are within easy walking distance of my home.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. There are many places to go within easy walking distance of my home.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. It is easy to walk to a public transport stop (bus, train, light rail) from my home.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 9. Streets in your neighbourhood

Please tick (✓) the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. The distance between intersections in my neighbourhood is usually short (100 metres or less; that's about the length of a football field or less).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. There are many alternative routes for getting from place to place in my neighbourhood; (you don't have to go exactly the same way every time).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 10. Places for walking and cycling

Please tick (✓) the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. There are footpaths on most of the streets in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. Footpaths are separated from the road/traffic in my neighbourhood by parked cars.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. There is a grass/dirt strip that separates the road from the footpath in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
4. My neighbourhood streets are well lit at night.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
5. Walkers and bike riders on the streets in my neighbourhood can be easily seen by people in their homes.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
6. There are pedestrian crossings and pedestrian signals to help walkers cross busy streets in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 11. Neighbourhood surroundings/aesthetics

Please tick (✓) the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. There are trees along the streets in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
1. There are many interesting things to look at while walking in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. There are many attractive natural sights in my neighbourhood (such as landscaping, views).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. There are attractive buildings/homes in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 12. Traffic hazards

Please tick (✓) the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. There is so much traffic along <u>nearby</u> streets that it makes it difficult or unpleasant to walk in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. The speed of traffic on most <u>nearby</u> streets is usually slow (40 km/h or less).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. Most drivers exceed the posted speed limits while driving in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 13. Crime

Please tick (✓) the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. There is a high crime rate in my neighbourhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. The crime rate in my neighbourhood makes it unsafe to go on walks <u>during the day</u> .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. The crime rate in my neighbourhood makes it unsafe to go on walks <u>at night</u> .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### 14. Social environment

Please tick (✓) the answer that best applies to you and your neighbourhood.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1. People around my neighbourhood are willing to help their neighbours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. This is a close-knit neighbourhood	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. People in this neighbourhood do not share the same values	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
4. People in this neighbourhood can be trusted	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
5. People in this neighbourhood generally don't get along with each other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
6. I feel that we can have an impact on making our neighbourhood a better place to live	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## PART TWO: SOCIAL SUPPORT AND ACTIVITY

1. Do you think you can get help from these people if you need it, using a scale of 1 to 3 where:

	Not at all	Sometimes	Yes Definitely	Don't Know
1. Close Family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
2. Extended Family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
3. Friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
4. Neighbours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>

2. Which of the following options most accurately describes how well you know your neighbours.

- <sub>1</sub> I do not speak to or socialise with my neighbours  
<sub>2</sub> I speak to my neighbours occasionally  
<sub>3</sub> I regularly socialise with my neighbours  
<sub>4</sub> I consider my neighbours to be close friends

3. Are you satisfied with the level of interaction you have with your neighbours?

- <sub>1</sub> Yes  
<sub>2</sub> No  
<sub>3</sub> Don't know

4. There are things that limit the extent to which we can socialise with our neighbours. Do the following things have an impact on your interactions with your neighbours?

	Not at all	Sometimes	Frequently
1. Not enough time	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
2. Language barriers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
3. Health reasons	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
4. I don't feel welcome	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
5. I'm not interested	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

5. Can you please tell me HOW OFTEN in the past 12 months you PARTICIPATED IN OR CONTRIBUTED TO these activities using a scale of 1 to 3:

	Not at all	Sometimes	Frequently
1. Government (e.g. committees, councils, government agencies)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
2. Political party, campaign or trade union	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
3. Resident or community action group	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
4. Campaign / action to improve social / environmental conditions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
5. Involved in a local community committee/ group (e.g. sporting club, church group, school group)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

6. In the LAST MONTH have you made use of or participated in the following:

	Yes	NO: Because it is Not Available	NO: Because it is Not Adequate	NO: Other reasons
1. Library	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. Sporting/exercise event (spectator)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. Sporting/exercise event (participant)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
4. Hobby, leisure and/or interest class/group	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
5. Arts or cultural activity	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### PART THREE: YOUR DAILY TRAVEL

The questions in this section ask about **your** daily travel – for example, trips from home to work, the place where you study (such as school, Tafe or university) or to the shops.

1. Please tell us about your work/school trip (if you are not currently employed or studying please skip to Question 2).

a. How far is it in kilometres from your residence to your primary place of work/study? \_\_\_\_\_ Kilometres

b. How long does it usually take to get to your primary place of work/study? \_\_\_\_\_ Minutes

c. Where, approximately, is your primary place of work/study?

Street name

Street Number OR Name of nearest cross-street:

Suburb:

Post code:

\_\_\_\_\_

d. Does your place of work/study provide free car parking?  Yes  No

e. **When the weather is nicer** (e.g. not cold and rainy), how many days do you use each of the following as your primary means of transportation between home and work/school?

	<b>Never</b>	<b>Less than once per month</b>	<b>1-3 days per month</b>	<b>Once per week</b>	<b>2-3 days per week</b>	<b>4-5 days per week</b>
Working at home instead of making the trip	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Car, as a driver	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Car, as a passenger	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Bus/rail	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Walking	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Cycling	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Other (please specify) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

2. In a **typical month with good weather**, how often do you **drive or ride as a passenger in a private vehicle** from your home to each of the following places **for purposes other than work/study**?

	<b>Never</b>	<b>Less than once per month</b>	<b>Once or twice per month</b>	<b>About once every 2 weeks</b>	<b>About once per week</b>	<b>Two or more times per week</b>
A religious or civic building (eg., library)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A service provider (eg., bank, doctor)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A shop	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A restaurant or café	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place for entertainment/recreation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place to exercise (eg., a gym or a park)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
To pick up or drop off a passenger	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

3. In a **typical month with good weather**, how often do you **take public transport** from your home to each of the following places **for purposes other than work/study**?

	<i>Never</i>	<i>Less than once per month</i>	<i>Once or twice per month</i>	<i>About once every 2 weeks</i>	<i>About once per week</i>	<i>Two or more times per week</i>
A religious or civic building (eg., library)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A service provider (eg., bank, doctor)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A shop	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A restaurant or café	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place for entertainment/recreation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place to exercise (eg., a gym or a park)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
To pick up or drop off a passenger	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

4. In a **typical month with good weather**, how often do you **walk** from your home to each of the following places **for purposes other than work/study**?

	<i>Never</i>	<i>Less than once per month</i>	<i>Once or twice per month</i>	<i>About once every 2 weeks</i>	<i>About once per week</i>	<i>Two or more times per week</i>
A religious or civic building (eg., library)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A service provider (eg., bank, doctor)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A shop	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A restaurant or café	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place for entertainment/recreation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place to exercise (eg., a gym or a park)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
To pick up or drop off a passenger	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

5. In a **typical month with good weather**, how often do you **ride a bike** from your home to each of the following places **for purposes other than work/study**?

	<i>Never</i>	<i>Less than once per month</i>	<i>Once or twice per month</i>	<i>About once every 2 weeks</i>	<i>About once per week</i>	<i>Two or more times per week</i>
A religious or civic building (eg., library)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A service provider (eg., bank, doctor)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A shop	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A restaurant or café	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place for entertainment/recreation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
A place to exercise (eg., a gym or a park)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
To pick up or drop off a passenger	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

6. About how many kilometres do **you** drive in a typical week (including weekends)?

\_\_\_\_\_ kilometres per week

7. During **the last 7 days**, on how many days did you take a walk or a stroll around your neighbourhood – for example, to get exercise or to walk the dog?

0 days	1day	2days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. During the last 7 days, on how many days did you **walk** from your residence **to a local store or shopping area**?

0 days	1day	2days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a. During the last 7 days, on how many days did you **walk for at least 10 minutes** at a time to go **from place to place**?

0 days	1day	2days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 0 days, skip to question 10.

9b. How much time did you usually spend on one of those days **walking** from place to place?

\_\_\_\_\_ minutes (per day)

10a. During the last 7 days, on how many days did you **bike for at least 10 minutes** at a time to go **from place to place**?

0 days	1day	2days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 0 days, skip to question 11.

10b. How much time did you usually spend on one of those days **biking** from place to place?

\_\_\_\_\_ minutes (per day)



**11. Now thinking about your travel, can you please rate how EASY or DIFFICULT you find the following situations?**

	Very easy	Somewhat easy	Neutral	Somewhat difficult	Very difficult
Covering the costs of your transport.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Getting to places quickly.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being able to travel when you want to.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Finding someone to provide assistance with travel.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being able to get around reliably.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being able to physically get onto/off buses/trains.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Buses/trains being available when you need them.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being able to get information about buses/trains.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being able to get to bus/train stops/stations.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being able to make bus/train connections.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Feeling safe when travelling.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being able to understand where to go.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Finding the time to travel when you need to.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**12. Please tell us to what extent you are satisfied with your daily travel**

	Strongly disagree			Neutral		Strongly Agree	
When I think of my daily travel, the positive aspects outweigh the negative.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I do not want to change anything regarding my daily travel...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
My travel facilitates my daily life.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
My daily travel makes me feel good.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I am completely satisfied with my daily travel.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**13. Please tell us what you think about travel and exercise**

We'd like to ask about your preferences with respect to **daily travel**. Please indicate the extent to which you agree or disagree with each of the following statements on a scale from "strongly disagree" to "strongly agree."

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Travelling by car is safer overall than taking public transport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I prefer to walk rather than drive whenever possible	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Walking can sometimes be easier for me than driving	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Travel time is generally wasted time	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Travelling by car is safer overall than riding a bicycle	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I like driving	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
To me, the car is a status symbol	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I prefer to take public transport rather than drive whenever possible	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
The only good thing about travelling is arriving at your destination	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I like walking	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
It does not matter to me which type of car I drive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Public transport can sometimes be easier for me than driving	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I like riding a bike	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Travelling by car is safer overall than walking	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I prefer to ride a bike rather than drive whenever possible	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
To me, the car is nothing more than a convenient way to get around	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Getting there is half the fun	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Riding a bike can sometimes be easier for me than driving	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I like to drive just for fun	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I like taking public transport	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I feel free and independent if I drive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## PART FOUR: YOUR HEALTH

Answer every question by selecting the answer as indicated. Choose the best answer you can if not sure.

**1. In general, would you say your health is:**

Excellent      Very good      Good      Fair      Poor  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

**2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b Climbing <u>several</u> flights of stairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

	Yes	No
a <u>Accomplished less</u> than you would like	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

	Yes	No
a <u>Accomplished less</u> than you would like	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

Not at all      A little bit      Moderately      Quite a bit      Extremely  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>

**6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.**

**How much of the time during the past 4 weeks...**

	All of the time	Most of the time	A good bit of time	Some of the time	A little of the time	None of the time
Have you felt calm and peaceful?	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
Did you have a lot of energy?	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
Have you felt downhearted and blue?	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

**7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

All of the time      Most of the time      Some of the time      A little of the time      None of the time  
<sub>5</sub>      <sub>4</sub>      <sub>3</sub>      <sub>2</sub>      <sub>1</sub>

## PART FIVE: YOURSELF AND YOUR HOUSEHOLD

1. What is your gender?  Male  Female  Prefer not to say
2. In what year were you born? \_\_\_\_\_
3. What is your height? \_\_\_\_\_ cm  I don't know
4. What is your weight? \_\_\_\_\_ kilogram (kg)  I don't know
5. Are you:  
 Single, never married  Living with partner  
 Married  Separated/Divorced/Widowed
6. In which country were you born?  
 Australia  England  
 China (excludes Hong Kong, Macau and Taiwan)  India  
 New Zealand  Vietnam  
 Other (please specify): \_\_\_\_\_
7. Are you of Aboriginal/Torres Strait Islander descent?  
 No  Yes
8. Do you currently have a valid drivers' license?  No  Yes
9. How many members in your household (including yourself) are licensed drivers? \_\_\_\_\_
10. How many personal vehicles (cars, vans, small trucks, and motorcycles) does your household have?  
\_\_\_\_\_ vehicles
11. How many working bikes does your household have? \_\_\_\_\_ bikes
12. Please indicate the number of your current household members (including yourself) falling into the different age groups given below.  

_____ persons under 6 years old	_____ persons 18 to 54 years old
_____ persons 6 to 12 years old	_____ persons 55 to 64 years old
_____ persons 13 to 17 years old	_____ persons 65 or more years old
13. Are you currently enrolled in a school, university, technical and further education (TAFE) or other program of study?  
 No  
 Yes, part-time  
 Yes, full-time
14. What is your current employment status? (Please check just one box.)  
 Not employed, looking for work  
 Not employed, not looking for work  
 Employed full time (includes self-employed)  
 Employed part time (includes self-employed)  
 Retired, but working at least part time  
 Retired and not working  
 Disabled, unable to work  
 Other: \_\_\_\_\_
15. If you are employed, is your primary place of work *outside* the home?  
 Yes  
 No  
 Not applicable

16. How many years of school have you completed? (Please check just one box.)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Did not go to school    | <input type="checkbox"/> 5 Finished secondary school                    |
| <input type="checkbox"/> 2 Some primary school     | <input type="checkbox"/> 6 Completed post-school certificate or diploma |
| <input type="checkbox"/> 3 Some secondary school   | <input type="checkbox"/> 7 Completed bachelor degree qualification      |
| <input type="checkbox"/> 4 Finished primary school | <input type="checkbox"/> 8 Completed post-graduate qualification        |

17. What is your annual household income before tax and other deductions are taken out?

(Please check in the box below that it indicates the approximate total annual **combined income of all working adults** in your household. Please include income from all sources, including wages, investments and government pensions and benefits)

- 1 Negative or Zero Income
- 2 \$1 - \$9,999 per year (\$1-\$189 per week)
- 3 \$10,000 - \$19,999 per year (\$190 - \$379 per week)
- 4 \$20,000 - \$29,999 per year (\$380 - \$579 per week)
- 5 \$30,000 - \$39,999 per year (\$580 - \$769 per week)
- 6 \$40,000 - \$49,999 per year (\$770 - \$959 per week)
- 7 \$50,000 - \$59,999 per year (\$960 - \$1149 per week)
- 8 \$60,000 - \$79,999 per year (\$1150 - \$1529 per week)
- 9 \$80,000 - \$99,999 per year (\$1530 - \$1919 per week)
- 10 \$100,000 - \$124,999 per year (\$1920 - \$2399 per week)
- 11 \$125,000 - \$149,999 per year (\$2400 - \$2879 per week)
- 12 \$150,000 - \$199,999 per year (\$2880 - \$3839 per week)
- 13 \$200,000 or more per year (\$3840 or more per week)
- 98 Prefer not to say
- 99 Don't know

18. Do you rent or own your current place of residence?

- 1 Rent
- 2 Own
- 3 Other (please specify): \_\_\_\_\_

19. Do you have any physical or personal condition that seriously limits or prevents you from ...?

- |                             |                                |                               |
|-----------------------------|--------------------------------|-------------------------------|
| a. Driving a vehicle        | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No |
| b. Walking outside the home | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No |
| c. Riding a bicycle         | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No |
| d. Using public transit     | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 0 No |

20. How much do your household spend (weekly, monthly, or yearly) on transport, rent or mortgage repayments?

[Indicate only one option]

	Weekly	OR	Monthly	OR	Annual
1. Transport	_____		_____		_____
2. Rent	_____		_____		_____
3. Mortgage	_____		_____		_____

**You've reached the end of the questionnaire! Thank you.**

**Please put the Questionnaire into the envelope and send back.**