1. **How did you travel to work last week?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Walk |  |  |  |  |  |
| Bike |  |  |  |  |  |
| Scooter/Skateboard |  |  |  |  |  |
| Car |  |  |  |  |  |
| School Bus |  |  |  |  |  |
| Public Transport |  |  |  |  |  |
| Did Not Attend Work |  |  |  |  |  |

Other (please give details)

1. **How did you travel home from work last week? (Please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Walk |  |  |  |  |  |
| Bike |  |  |  |  |  |
| Scooter/Skateboard |  |  |  |  |  |
| Car |  |  |  |  |  |
| School Bus |  |  |  |  |  |
| Public Transport |  |  |  |  |  |
| Did Not Attend Work |  |  |  |  |  |

Other (please give details)

1. **Why do you travel to work the way you do?**

Easier Cheaper

I live nearby

I live too far away Too much to carry

Lack of walking and cycling routes No bus or train services available Personal safety

Time constraints

Other (please specify)

1. **What suburb do you live in?**
2. **How long does it take you to travel to work?**

0-5mins 5-10mins 10-15mins 15-30mins 30mins - 1hour Over 1 hour

1. **How many kilometres do you travel each day to get to work?**

0-5kms 5-10kms 10-15kms 115-30kms 30-60kms Over 60kms

1. **If you drive to work, where do you usually park? (Select all relevant)**

In the staff car park In the school car park

On a street directly beside the school

On a side street within walking distance from the school In a public car park

Other (please specify)

1. **If you walk or cycle to and from work do you find any parts of your journey that are difficult or dangerous?**

Yes No

1. **If yes, where and what is difficult or dangerous?**
2. **How would you like to get to work each day (Please tick)**

Walking

Riding a Bicycle

Riding a Scooter/Skateboard

School Bus

Car

Public Transport

I am happy with the way I get to work

Other (please specify)

1. **What would you like to see implemented in or around your school to make walking and bike riding to the school an easier option for all members of the school community?**

**<Schools may wish to add additional questions to this survey here>**

**Please hand your completed survey in by (insert date here) to the following:**

* **Office details (include name of person or place at the school’s office)**
* **Email details if relevant**