

INTERVIEWER TO COMPLETE (Do not use this form to record heavy goods vehicles)

Serial number _____ Site number _____ Date _____ Time _____

Vehicle Type? Car/taxi ₁ LGV ₂ Coach ₃ Other (WRITE) _____

Q1 What is the Postcode of where you started this journey?

Postcode:

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If you do not know the postcode please state the address:

Q2 What was your reason for being at this location? TICK ONE BOX ONLY

- | | | | | | |
|---------------------------|---------------------------------------|---------------------|---------------------------------------|---------------------------|---------------------------------------|
| Home | <input type="checkbox"/> ₁ | Shopping | <input type="checkbox"/> ₄ | Educational establishment | <input type="checkbox"/> ₇ |
| Normal workplace | <input type="checkbox"/> ₂ | Social / recreation | <input type="checkbox"/> ₅ | Other (WRITE IN BELOW) | <input type="checkbox"/> ₈ |
| Meeting / other workplace | <input type="checkbox"/> ₃ | Personal business | <input type="checkbox"/> ₆ | _____ | |

IF YOU INDICATED THAT YOU TRAVELLED FROM HOME GO TO Q5, OTHERWISE PLEASE CONTINUE WITH Q3

Q3 Where was the vehicle parked (if anywhere)?

Vehicle not parked ₁ **GO TO Q5** Parked at this location (within 5mins walk) ₂ **GO TO Q5** >5 mins from this location ₃ **GO TO Q4**

Q4 Where was this vehicle parked? SEE SHOWCARD (map of main parking locations)

Car park location (PLEASE WRITE IN) _____

Q5 What is the Postcode of your destination?

Postcode:

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If you do not know the postcode please state the address:

Q6 What is your reason for traveling to this location? TICK ONE BOX ONLY

- | | | | | | |
|---------------------------|---------------------------------------|---------------------|---------------------------------------|---------------------------|---------------------------------------|
| Home | <input type="checkbox"/> ₁ | Shopping | <input type="checkbox"/> ₄ | Educational establishment | <input type="checkbox"/> ₇ |
| Normal workplace | <input type="checkbox"/> ₂ | Social / recreation | <input type="checkbox"/> ₅ | Other (WRITE IN BELOW) | <input type="checkbox"/> ₈ |
| Meeting / other workplace | <input type="checkbox"/> ₃ | Personal business | <input type="checkbox"/> ₆ | _____ | |

IF YOU INDICATED THAT YOU ARE ON YOUR WAY HOME GO TO Q9, OTHERWISE PLEASE CONTINUE WITH Q7

Q7 Where do you intend to park (if anywhere)?

Will not park ₁ **GO TO Q9** Park at this location (within 5mins walk) ₂ **GO TO Q9** >5 mins from this location ₃ **GO TO Q8**

Q8 Where do you intend to park? SEE SHOWCARD (map of main parking locations)

Car park location (PLEASE WRITE IN) _____

Q9 How many people are in the vehicle excluding the driver? PLEASE WRITE IN NUMBER

Adults: _____ Children aged under 16: _____

Q10 How many cars or vans are owned or available for use by one or more members of your household? _____

Q11 Would you be willing to take part in further research regarding your views on the Scottish transport system?

Yes ₁ Contact Details: Name _____ Tel No _____

Home address (if not noted above): _____

No ₂ **END**