

Site No. Serial No. Date Vehicle Type? OGV1 ¹ OGV2 ² Other (WRITE) _____
 Foreign Vehicle indicator UK ¹ non-UK ² If non-UK state country of registration _____



TRAFFIC SURVEY
 Transport Scotland are conducting transportation surveys into travel patterns within specific areas of Scotland. This information will be used in developing both strategic and local plans for the future and will help predict the impact of general growth, new development and changes to the transport network. As part of this process information is needed regarding individual journeys being made, including the locations of where people are travelling to and from. Please complete this questionnaire in relation to the journey you were making when you received this form. To maintain confidentiality, the information will be combined and will contain no reference to the individual journey. Thank you for taking the time to assist in this process.

Office Use

07:00	<input type="checkbox"/>
07:30	<input type="checkbox"/>
08:00	<input type="checkbox"/>
08:30	<input type="checkbox"/>
09:00	<input type="checkbox"/>
09:30	<input type="checkbox"/>
10:00	<input type="checkbox"/>
10:30	<input type="checkbox"/>
11:00	<input type="checkbox"/>
11:30	<input type="checkbox"/>
12:00	<input type="checkbox"/>
12:30	<input type="checkbox"/>
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15:00	<input type="checkbox"/>
15:30	<input type="checkbox"/>
16:00	<input type="checkbox"/>
16:30	<input type="checkbox"/>
17:00	<input type="checkbox"/>
17:30	<input type="checkbox"/>
18:00	<input type="checkbox"/>
18:30	<input type="checkbox"/>

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

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

Q2 What type of location have you just come from?
 TICK ONE BOX ONLY

Residential <input type="checkbox"/> ¹	Industrial / business <input type="checkbox"/> ⁴
Retail <input type="checkbox"/> ²	Freight facilities / terminal <input type="checkbox"/> ⁵
Agricultural & fishing <input type="checkbox"/> ³	Other (PLEASE STATE) <input type="checkbox"/> ⁶

Q3 What is the Postcode of your destination?

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

Q4 What type of location are you going to?
 TICK ONE BOX ONLY

Residential <input type="checkbox"/> ¹	Industrial / business <input type="checkbox"/> ⁴
Retail <input type="checkbox"/> ²	Freight facilities / terminal <input type="checkbox"/> ⁵
Agricultural & fishing <input type="checkbox"/> ³	Other (PLEASE STATE) <input type="checkbox"/> ⁶

Q5 What type of goods are you transporting today? TICK ONE BOX ONLY

Agricultural products & Live animals <input type="checkbox"/> ¹	Ores and mineral waste <input type="checkbox"/> ⁵	Chemicals <input type="checkbox"/> ⁹
Food stuffs and animal fodder <input type="checkbox"/> ²	Metal products <input type="checkbox"/> ⁶	Machinery, transport equipment <input type="checkbox"/> ¹⁰
Solid mineral fuels <input type="checkbox"/> ³	Minerals & building materials <input type="checkbox"/> ⁷	Leather & textiles, other manufactured articles <input type="checkbox"/> ¹¹
Petroleum <input type="checkbox"/> ⁴	Fertilisers <input type="checkbox"/> ⁸	Miscellaneous (PLEASE STATE BELOW) <input type="checkbox"/> ¹²

Q6 Have you made or will you be making multiple drops or pick ups today? Yes ¹ No ²

Q7 What is the unladen weight of your vehicle? _____

Q8 What is the approximate weight of the goods you are transporting now ? _____

Q9 How full is your vehicle? Full ¹ 3/4 Full ² 1/2 Full ³ 1/4 Full ⁴ Empty ⁵

Q10 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 above): _____

No ² END