



**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"/>
13:00	<input type="checkbox"/>
13:30	<input type="checkbox"/>
14:00	<input type="checkbox"/>
14:30	<input type="checkbox"/>
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 was your reason for being at this location? TICK ONE BOX ONLY**

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

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

**Q3 Where was the vehicle parked (if anywhere)? TICK ONE BOX ONLY**

Vehicle not parked <input type="checkbox"/> <sup>1</sup>	<b>GO TO Q5</b>
Parked at this location (within 5mins walk) <input type="checkbox"/> <sup>2</sup>	<b>GO TO Q5</b>
>5 mins walk from this location <input type="checkbox"/> <sup>3</sup>	<b>GO TO Q4</b>

**Q4 Where was this vehicle parked?**  
 Car park location (PLEASE WRITE IN) \_\_\_\_\_

**Q5 What is the Postcode of your destination?**

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

**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)? TICK ONE BOX ONLY**

Will not park <input type="checkbox"/> <sup>1</sup>	<b>GO TO Q9</b>
Park at this location (within 5mins walk) <input type="checkbox"/> <sup>2</sup>	<b>GO TO Q9</b>
>5 mins walk from this location <input type="checkbox"/> <sup>3</sup>	<b>GO TO Q8</b>

**Q8 Where do you intend to park?**  
 Car park location (PLEASE WRITE IN) \_\_\_\_\_

**Q9 How many people are in the vehicle excluding the driver? WRITE IN NUMBERS**  
 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 <sup>1</sup> Contact details: Name \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No \_\_\_\_\_  
 \_\_\_\_\_  
 Home address (if not above): \_\_\_\_\_  
 \_\_\_\_\_

No <sup>2</sup> END