The [AGENCY NAME] is developing a Non-Motorized Transport (NMT) Strategy for [COUNTRY/CITY], with support from [SPONSOR] The NMT Strategy aims to make walking and cycling safe, comfortable, and convenient.

To help inform the NMT Strategy, we'd like to find out more about your daily commute and your ideas about what would make it easier to walk and cycle in your city.

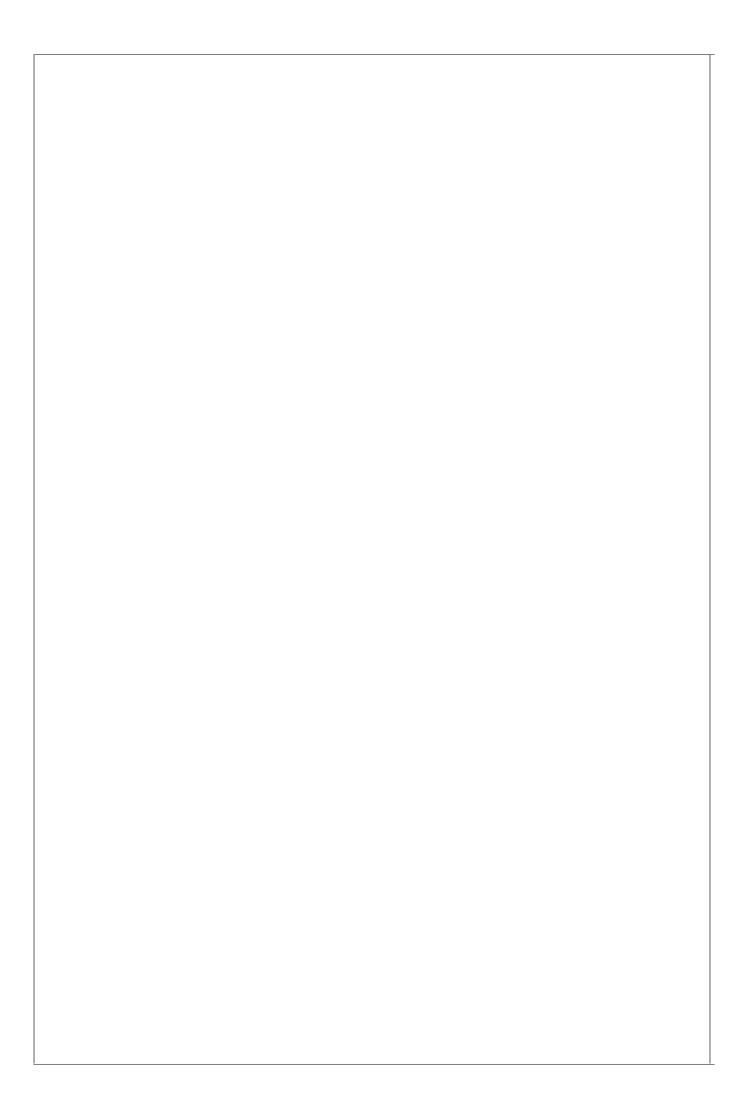
The survey takes about 5 minutes to complete. It will close on DD MM YYYY so please respond as soon as you can!

1. Where do you live?	
City	
Local area	
2. What is your main mode of travel?	
	Car (pagganger with driver)
Public transport/trotro	Car (passenger with driver)
Company/university/school bus	Car (passenger in carpool)
Taxi	Motorcycle
Okada	Bicycle
Car (driver)	Walk
Other (please specify)	

	Daily	Often	Sometimes	Never
Public transport/trotro				
Company/university/school bus				
Taxi				
Okada				
Car: Driver				
Car: Passenger with driver				
Car: Passenger in carpool				
Motorcycle				
Cycle				
Walk				
40-59 minutes 60-79 minutes		More th	an 120 minutes	
	o you spend on			
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* 6. Which of the following child friendly interventions are present in your community? (Select all that apply) Traffic calming measures in school zones Playgrounds and parks that are accommodative of children Walking school bus arrangements Trainings to children on how to safely cross the street None 7. Do you have any recommendations to improve children's mobility in your community?

* 8. What are the biggest challenges that you experience while walking in your city? (Choose top 3)
Lack of footpaths
Poorly designed footpaths
Poorly maintained footpaths
Obstructions on footpaths
Unsafe pedestrian crossings
Uneven surfaces
Lack of access for persons with disabilities
Poor drainage
Careless truck driving
Careless motorbike driving
Careless bus driving
Careless car driving
Sexual harrasment
Air pollution
Theft/bag snatching
* 9. Considering the risk of collisions with motor vehicles, how safe do you feel while walking in your city?
* 9. Considering the risk of collisions with motor vehicles, how safe do you feel while walking in your city? Very safe
* 9. Considering the risk of collisions with motor vehicles, how safe do you feel while walking in your city? Very safe Somewhat safe
Very safe
Very safe Somewhat safe
Very safe Somewhat safe Somewhat unsafe
Very safe Somewhat safe Somewhat unsafe Very unsafe
Very safe Somewhat safe Somewhat unsafe Very unsafe
Very safe Somewhat safe Somewhat unsafe Very unsafe Not applicable
Very safe Somewhat safe Somewhat unsafe Very unsafe Not applicable * 10. How satisfied are you with the quality of the pedestrian facilities in your city?
Very safe Somewhat safe Somewhat unsafe Very unsafe Not applicable * 10. How satisfied are you with the quality of the pedestrian facilities in your city? Very satisfied
Very safe Somewhat safe Somewhat unsafe Very unsafe Not applicable * 10. How satisfied are you with the quality of the pedestrian facilities in your city? Very satisfied Satisfied
Very safe Somewhat safe Very unsafe Very unsafe Not applicable * 10. How satisfied are you with the quality of the pedestrian facilities in your city? Very satisfied Satisfied Neither satisfied nor dissatisfied
Very safe Somewhat safe Very unsafe Not applicable * 10. How satisfied are you with the quality of the pedestrian facilities in your city? Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied



Walking & cycling survey * 11. Do you know how to ride a bicycle? Yes No * 12. Do you own a bicycle? Yes No * 13. How often do you ride a bicycle? Every day A few times a week About once a week A few times a month Once a month Less than once a month Never * 14. What kind of trips do you make on your bicycle? School Work Shopping Recreation/leisure Health and fitness Other (please specify) * 15. Considering the risk of collisions with motor vehicles, how safe do you feel while cycling in your city? Very safe Somewhat safe Somewhat unsafe

Very unsafe

Not applicable

* 16.	What are the biggest challenges you experience while cycling in your city? (Choose top 3)
	Lack of cycling facilities
	Poorly designed cycling facilities
	Obstructions on cycle facilities
	Poorly maintained cycle facilities
	Unsafe crossing facilities
	Uneven road surfaces
	Poor drainage
	Careless truck driving
	Careless car driving
	Careless motor bike driving
	Careless bus driving
	Careless pedestrian movement
	Sexual harrasment
	Traffic congestion
	Air pollution
	Insufficient cycle repair shops
	Theft/bag snatching
	How satisfied are you with the quality of the cycle facilities in your city?
	Very satisfied
	Satisfied
	Neither satisfied nor dissatisfied
	Dissatisfied
	Very dissatisfied
	Our city doesn't have any cycle lanes/cycle tracks

More footp	aths				
Better foot	path maintenance				
More shad	e				
Fewer obs	tructions on footpaths				
Safer pede	estrian crossings				
Better light	ing				
Better driv	ng behaviour				
Better pers	sonal security				
Universal a	access for persons with	n disabilities			
Better drai	nage				
Availability	of showers at my work	kplace/school/unive	rsity		
No improv	ement needed				
Nothing w		ually manual aftern			
4	ould encourage me to v		o walk?		
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→			o walk		

* 20. What would make it easier to cycle in your city? (Choose top 3)
Designated cycle tracks
Availability of bike parking facilities at my destination(s)
Availability of showers at my workplace/school/university
Better lighting
Information on safe cycling routes
Financial incentive for cycling
Cycling groups
Better drainage
No improvement needed
Nothing would encourage me to cycle more often
Other (please specify)
21. What else could be done to make it easier to cycle?

* 22. Have you heard of bicycle sharing? Yes (No * 23. Bicycle sharing is a personal public transport system in which a user can hire a cycle from a close network of stations and ride to any other station. Would you use a bicycle sharing system in your city? Yes O No I'm not sure * 24. How much would you pay per trip to use a bicycle sharing system?

	Which forms of sexual harassment do you encounter while walking and cycling? Whistling/cat calling
	Verbal insults
	Having your photo or video taken without consent
	Groping
	Physical violence
	None
	Other (please specify)
26.	What is your age?
	Under 18
	18-24
	25-34
	35-44
\bigcirc	45-54
	55-59
\bigcirc	60 and over
07	
27.	Are you: Male
	Female
	Temale
28.	Do you have a disability?
	Yes
	No
29.	Any other comment?