

Residents travel survey

Glen Urquhart and Strathglass Transport Feasibility Study Survey

About the project

The project, undertaken by Urban Foresight on behalf of Soirbheas, aims to identify viable options to improve public and community transport services and ultimately reduce car usage (by local people and visitors) in the village and across Glen Urquhart and Strathglass. The project was commissioned as a result of the Drumnadrochit Local Energy Plan. One of the key outcomes of this plan was to undertake a Transport Feasibility Study to highlight the areas transport challenges and the potential solutions (see <https://www.soirbheas.org/local-energy-plan/> for more details). Therefore, this project will identify opportunities for decarbonisation of the local transport system whilst improving links between the main communities. The first step of the project is to identify the travel patterns of residents and visitors, establishing why and how people are travelling. This is the key purpose of this survey.

How will my data be used?

The data from this survey will be combined and analysed to understand which low-carbon solutions are viable for the region. All data is anonymous and we will not contact you in future about this survey.

Who are Soirbheas?

Soirbheas is a registered charity, originally set up to secure the community benefits being offered by renewables developments. Its core objectives are to strengthen and support the communities of Glen Urquhart and Strathglass. The funds received from the renewable energy projects are distributed to local community projects in the form of grants and other support to help protect our environment and provide more sustainable future for the next generation.

Who are Urban Foresight?

Urban Foresight are a consultancy based in Dundee and Newcastle. We have globally recognised expertise in low carbon mobility and delivered an array of related projects, from developing national strategies to the design and procurement of electric vehicle charging and refuelling facilities.

For more information please contact:

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1: Personal travel habits

1. 1. Where do you live?

Mark only one oval.

- ☐ Drumnadrochit
- ☐ Cannich
- ☐ Balnain
- ☐ Tomich
- ☐ Struy
- ☐ Other: _____

2. 2. What is your employment situation?

Mark only one oval.

- ☐ Full time employment
- ☐ Part time employment
- ☐ Unemployed
- ☐ Retired
- ☐ In Full-time Education
- ☐ In Part-time Education

3. 3. Where do you most frequently travel?*Mark only one oval.*

- ☐ Drumnadrochit
- ☐ Cannich
- ☐ Beaully
- ☐ Within Glen Urquhart and Strathglass
- ☐ Inverness
- ☐ Other: _____

4. 4. Which mode of transport do you use most frequently for the following journeys:*Check all that apply.*

	Not Applicable	Walk	Cycle	Car (single occupancy)	Car (multiple occupancy)	Taxi	Bus	Motorbike/Moped	Community transport (Minibus)
Commuting to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other work-related travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/social visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other appointments (e.g.hairdresser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education (including driving children to school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2: Car travel choices**5. 1. How many cars are owned by your household?***Mark only one oval.*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3+

6. 2. Is car travel your main mode of transport?*Mark only one oval.*

- ☐ Yes *Skip to question 7.*
- ☐ No *Skip to question 8.*

7. a. If yes: Why is car travel your main form of car travel*Mark only one oval.*

- ☐ Flexible
- ☐ Cost efficient
- ☐ Company car incentives (e.g. work covers fuel expenses)
- ☐ No other alternatives available
- ☐ Time
- ☐ Other: _____

*Skip to question 9.***8. b. If not, which mode is your main form of transport?***Mark only one oval.*

- ☐ Walk
- ☐ Cycle
- ☐ Bus
- ☐ Taxi
- ☐ Motorbike/Moped
- ☐ Community transport

9. 3. Do you regularly share a car with someone who is not a member of your household?*Mark only one oval.*

- ☐ Yes *Skip to question 10.*
- ☐ No *Skip to question 12.*

10. a. If yes, are you mainly the driver or passenger?*Mark only one oval.*

- ☐ Driver
- ☐ Passenger

11. b. If yes, please indicate your main motivation?*Mark only one oval.*

- ☐ Certainty of destination parking
- ☐ Cost
- ☐ I am unable to drive
- ☐ Environmental reasons
- ☐ Use of time

*Skip to question 13.***12. a. If not, what are the barriers to you doing so?***Mark only one oval.*

- ☐ Inconvenience
- ☐ Difficulty in finding somebody to share with
- ☐ Lack of incentives e.g. designated parking, sharing credits
- ☐ Other: _____

3: Sustainable transport choices

13. 1. Do you or someone who lives in your household own an Electric Vehicle?*Mark only one oval.*

- ☐ Yes *Skip to question 17.*
- ☐ No

14. a. Which statement below best describes your attitude to buying an Electric Vehicle?*Mark only one oval.*

- ☐ I am considering buying an electric vehicle in the near future
- ☐ I am considering buying an electric vehicle, but don't know when
- ☐ I have thought about buying an electric vehicle, but have decided against it
- ☐ I haven't ever considered buying an electric vehicle
- ☐ I have never heard of electric vehicles
- ☐ I don't drive/don't need a car
- ☐ Other: _____

15. b. Are you concerned that your travel patterns/distances traveled would not be compatible with an EV?*Mark only one oval.*

- ☐ Yes
- ☐ No

16. c. Would the provision of local charging infrastructure change your likelihood of purchasing an Electric Vehicle?*Mark only one oval.*

- ☐ Yes
- ☐ Indifferent
- ☐ No

17. 2. Do you cycle?*Mark only one oval.*

- ☐ Yes
- ☐ No *Skip to question 21.*

18. a. How often do you cycle?*Mark only one oval.*

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other: _____

19. b. Where do you travel?*Check all that apply.*

- ☐ Commuting to Work
- ☐ Other work-related travel
- ☐ Leisure/social visits
- ☐ Medical appointments
- ☐ Day center
- ☐ Other appointments (e.g. hairdresser)
- ☐ Shopping
- ☐ Place of worship
- ☐ Education (including taking children to school)
- ☐ Other: _____

20. c. Why do you choose to cycle?

*Skip to question 22.***21. a. If no, why not: (Tick all that apply):***Check all that apply.*

- ☐ Too few cycle lanes
- ☐ Roads too congested
- ☐ Roads unsafe
- ☐ Health reasons
- ☐ Gradient/distance
- ☐ Air pollution
- ☐ Poor bike parking facilities
- ☐ Lack of cycle hire
- ☐ Other: _____

*Skip to question 22.***22. 3. What destinations would you like to access by bike but are unable to do so?**

4: Bus and community travel options

23. 1. How often do you currently use the existing bus service (please state)?*Mark only one oval.*

- ☐ Not at all *Skip to question 26.*
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other: _____

24. a. Where do you travel using existing bus service?*Check all that apply.*

- ☐ Commuting to Work
- ☐ Other work-related travel
- ☐ Leisure/social visits
- ☐ Medical appointments
- ☐ Day center
- ☐ Other appointments (e.g. hairdresser)
- ☐ Shopping
- ☐ Place of worship
- ☐ Education (including taking children to school)
- ☐ Other: _____

25. b. Why do you choose to travel using the existing bus service (please state)?

26. 2. What would encourage you to use the public bus service more often (choose 3):*Check all that apply.*

- ☐ More frequent services
- ☐ Wider range of routes available
- ☐ More reliable
- ☐ Better accessibility (e.g. getting on/off the bus, more wheelchair friendly)
- ☐ Lower ticket prices
- ☐ More flexible / demand-response options available
- ☐ More comfortable
- ☐ Real-time information available
- ☐ More frequent
- ☐ Other: _____

27. 3. Do you use any local transport?*Mark only one oval.*

- ☐ Yes
- ☐ No

28. a. If yes, which?*Check all that apply.*

- ☐ Minibus service to day centre
- ☐ Minibus service to medical appointments
- ☐ Shuttle to Inverness
- ☐ Minibus service to supermarket
- ☐ School bus
- ☐ Study bus
- ☐ Other: _____

29. 4. What destinations would you like to access by bus or community transport but are unable to?

5: Personal data**30. 1. What is your age group?***Mark only one oval.*

- ☐ Under 18
- ☐ 18-34
- ☐ 35-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80+

31. 2. What gender do you identify with?*Mark only one oval.*

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Other: _____

32. 3. How independent do you feel with regards to your mobility?*Mark only one oval.*

- ☐ Completely independent (able to move around and perform activities unassisted)
- ☐ Fairly independent (able to move around unassisted but difficulty with certain tasks)
- ☐ Somewhat independent (unable to walk or stand independently for short periods, need support for mobility tasks)
- ☐ Partially dependent (use a wheelchair most of the time but can get in and out of the chair without support)
- ☐ Mostly dependent (use a wheelchair at all times and require assistance getting in and out of the chair)

33. 4. What is your living situation?*Mark only one oval.*

- ☐ Independent
- ☐ Nursing home
- ☐ Sheltered housing

34. 5. Who do you live with?*Mark only one oval.*

- ☐ Family/Partner
- ☐ Friends
- ☐ Alone

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