

# Calne – Chippenham Cycleway Survey.

DATE .....

TIME.....

ADULT (M)..... ADULT (F)..... CHILDREN (M) .....CHILDREN(F).....

## 1. Reason for visit?

- |                               |                          |
|-------------------------------|--------------------------|
| Walking for exercise          | <input type="checkbox"/> |
| Walking for exercise with dog | <input type="checkbox"/> |
| Running                       | <input type="checkbox"/> |
| Cycling                       | <input type="checkbox"/> |
| Observing wildlife            | <input type="checkbox"/> |
| Commuting                     | <input type="checkbox"/> |
| Other                         | <input type="checkbox"/> |

## 2. How long will you spend on the cycleway?

- |                   |                          |
|-------------------|--------------------------|
| Less than 30 mins | <input type="checkbox"/> |
| 30mins – 1hour    | <input type="checkbox"/> |
| 1 hour – or more  | <input type="checkbox"/> |

## 3. What distance will you travel on the cycleway?

- |                  |                          |
|------------------|--------------------------|
| Less than 1 mile | <input type="checkbox"/> |
| 1 – 2 miles      | <input type="checkbox"/> |
| 2 – 4 miles      | <input type="checkbox"/> |
| 4 miles or more  | <input type="checkbox"/> |

## 4 How often do you use the cycleway?

- |                          |                          |
|--------------------------|--------------------------|
| Daily                    | <input type="checkbox"/> |
| 2 – 3 times per week     | <input type="checkbox"/> |
| Once per week            | <input type="checkbox"/> |
| Once per month           | <input type="checkbox"/> |
| Less than once per month | <input type="checkbox"/> |

## 5. How did you get to the cycleway today?

- |                                 |                          |
|---------------------------------|--------------------------|
| Walk/cycle from home. Distance? | <input type="checkbox"/> |
| Run from home. Distance?        | <input type="checkbox"/> |
| Drive. Distance?                | <input type="checkbox"/> |

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6. Do you feel safe using the route?

Y/N (If No please explain)

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7. What is your opinion of the path surface?

- Satisfactory
- Unsatisfactory
- Poor
- Comment.....

8. Are there other facilities you would like provided?

- More seating
- Litter bins
- All weather surface
- Drinking water tap
- Other .....

9. Do you know who is responsible for cycleway maintenance?

Y/N

10. Are you aware of any threat to the cycleways long term future?

Y/N.

**THANK YOU**