



Rural Transport Review

As part of our continuing drive to improve services, we are currently conducting a review of the bus services offered in rural areas of Bedford Borough. We would be extremely grateful if you could take a few moments to complete this questionnaire, and tell us your views. Completed questionnaires can be sent back to us using the FREEPOST address below, so there is no cost to you. Please can you send us your responses to arrive by 31st May 2010.

We will use the results from this survey to inform how we plan our services. We will feedback the result of this project via parish magazines and on our website.

The questionnaire can also be completed online at the address below:

www.bedford.gov.uk/ruraltransport

If you require the questionnaire in an alternative version such as large print, please contact Andrew Maslen on (01234) 228435.

YOUR TRAVEL NEEDS

Please tell us where would you like to travel to using local bus services? (Please write in your answer, listing all the locations you would need to access using bus travel)

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Which days of the week do you require a bus? (please tick all that apply)

Monday..... Tuesday..... Wednesday..... Thursday.....
Friday..... Saturday..... Sunday.....

Which times of day do you need to use buses? (please tick all that apply)

Before 9am 9am - 3pm 3pm - 6pm 6pm - 8pm After 8pm
.....

What would be your reasons for travelling by bus? (please tick all that apply)

Employment..... Visiting friends/relatives..... Banking.....
Education..... Accessing healthcare services..... Other.....
Shopping.....
Please specify 'other'

.....

Do you possess a concessionary bus pass? (please tick one box only)

Yes..... No.....

EXISTING SERVICES

How frequently, if at all, do you use the local bus service? (please tick one box only)

Almost every day *Within the last year*
At least once a week..... *Longer ago*.....
About once a month..... *Never used*.....
Within the last six months *Don't know*

How satisfied are you with the following elements of services already offered? (please tick one box per row)

	<i>Very satisfied</i>	<i>Fairly satisfied</i>	<i>Neither</i>	<i>Fairly dissatisfied</i>	<i>Very dissatisfied</i>	<i>Don't know</i>
The bus routes available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The frequency of buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The times the buses run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bus services overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any suggestions for how we can make our existing bus services better?
(Please write in your answer)

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ACCESSING INFORMATION

How easy do you find it to access information about local bus services? (please tick one box only)

Very easy *Fairly easy* *Fairly difficult* *Very difficult* *Don't know*

How would you like to access information about local bus services? (please tick all that apply)

Internet..... *Printed timetables*..... *Bus stop information*..... *Other*.....

Please specify 'other'

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OTHER COMMENTS

Please give any other comments you may have here. (please write in your answer)

ABOUT YOU

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Like the rest of the survey, all the questions are optional and any responses received will be treated in confidence.

Your Name (Please write in your answer)

Your Address (Please write in your answer. If you prefer not to give your address please tell us which Parish you live in, as this is vital to map the needs of people from different areas)

Gender (please tick one box only)

Male

Female

Age (please tick one box only)

Under 18

45 - 54

18 - 24

55 - 64

25 - 34

65 +

35 - 44

Do you have any of the following conditions? (please tick all that apply)

A physical disability

Learning difficulties

A sensory disability

Any other long term condition

Mental health problems

None of the above

Ethnic Group (please tick one box only)

<i>WHITE British</i>	<input type="checkbox"/>	<i>MIXED Other Please write in</i>	
<i>WHITE Irish</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>WHITE Other Please write in</i>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<i>ASIAN Indian</i>	<input type="checkbox"/>
<i>BLACK OR BLACK BRITISH Caribbean</i>	<input type="checkbox"/>	<i>ASIAN Pakistani</i>	<input type="checkbox"/>
<i>BLACK OR BLACK BRITISH African</i>	<input type="checkbox"/>	<i>ASIAN Bangladeshi</i>	<input type="checkbox"/>
<i>BLACK OR BLACK BRITISH Other Please write in</i>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<i>CHINESE</i>	<input type="checkbox"/>
<i>MIXED White & Black Caribbean</i>	<input type="checkbox"/>	<i>OTHER Please write in</i>	
<i>MIXED White & Black African</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>MIXED White & Asian</i>	<input type="checkbox"/>	<input type="checkbox"/>

Faith/Religion (please tick one box only)

<i>Buddhist</i>	<input type="checkbox"/>	<i>Jewish</i>	<input type="checkbox"/>	<i>Prefer not to say</i>	<input type="checkbox"/>
<i>Christian</i>	<input type="checkbox"/>	<i>Muslim</i>	<input type="checkbox"/>	<i>No religion</i>	<input type="checkbox"/>
<i>Hindu</i>	<input type="checkbox"/>	<i>Sikh</i>	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>

Please specify 'other'

Sexual Orientation (please tick one box only)

<i>Bisexual</i>	<input type="checkbox"/>	<i>Heterosexual</i>	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>
<i>Gay or Lesbian</i>	<input type="checkbox"/>	<i>Prefer not to say</i>	<input type="checkbox"/>		

Thank you for taking the time to complete this questionnaire. Please now send it to the FREEPOST address below:

**CONSULTING BEDFORD
FREEPOST ANG5840
BEDFORD
MK40 1ZD**

Data Protection Act 1998
Please note that the information supplied on this form will be held and/or computerised by Bedford Borough Council and the Consultation Team for the purpose of this consultation. The information collected may be disclosed to officers and members of the Council involved in this consultation. Summarised information from the forms may be published, but no individual details will be disclosed under these circumstances.