

This Questionnaire

The purpose of this questionnaire is to understand how you use the services. We are also interested to know how you would be affected if any of these services were to be reduced or withdrawn. We will use the information you give us to develop proposals for future transport provision, which we expect to consult on early in 2015. Full details will be available on our website.

The deadline for completing this questionnaire is 14 December 2014.

Your Views

* In order for you to be able to answer these questions accurately, please refer to the Appendix containing a list of all the subsidised bus services and at which parts of the route/times of day they are subsidised within Derbyshire.

Q1 If you use a service/s listed in the Appendix on a part of the route/time of day which is subsidised by the County Council, please list which service/s you use (only enter the number e.g. 1, 6.1, 21E):

Q2 How often do you or a member of your household use the daytime local bus services on a part of the route/time of day which is subsidised by the County Council?

- | | | |
|---|---|---|
| <input type="checkbox"/> Almost every day | <input type="checkbox"/> Within the last 6 months | <input type="checkbox"/> More than a year ago |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Within the last year | <input type="checkbox"/> Never use |
| <input type="checkbox"/> About once a week | | |

What would the impact be on you or any member of your household if this service was removed?

Q3 How often do you or a member of your household use the evening local bus services on a part of the route/time of day which is subsidised by the County Council?

- | | | |
|---|---|---|
| <input type="checkbox"/> Almost every day | <input type="checkbox"/> Within the last 6 months | <input type="checkbox"/> More than a year ago |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Within the last year | <input type="checkbox"/> Never use |
| <input type="checkbox"/> About once a week | | |

What would the impact be on you or any member of your household if this service was removed?

Q4 How often do you or a member of your household use the Sunday local bus services on a part of the route/time of day which is subsidised by the County Council?

- | | | |
|---|---|---|
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Within the last 6 months | <input type="checkbox"/> More than a year ago |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Within the last year | <input type="checkbox"/> Never use |

What would the impact be on you or any member of your household if this service was removed?

Q5 How often do you or a member of your household use the Community Transport Shopping Buses (Dial-a-Bus) services which are subsidised by the County Council?

- | | | |
|---|---|---|
| <input type="checkbox"/> Almost every day | <input type="checkbox"/> Within the last 6 months | <input type="checkbox"/> More than a year ago |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Within the last year | <input type="checkbox"/> Never use |
| <input type="checkbox"/> About once a week | | |

What would the impact be on you or any member of your household if this service was removed?

Q6 How often do you or a member of your household use the Community Transport (aCTive travel) services which are subsidised by the County Council?

- | | | |
|---|---|---|
| <input type="checkbox"/> Almost every day | <input type="checkbox"/> Within the last 6 months | <input type="checkbox"/> More than a year ago |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Within the last year | <input type="checkbox"/> Never use |
| <input type="checkbox"/> About once a week | | |

What would the impact be on you or any member of your household if this service was removed?

Q7 How often do you use the Wheels to Work services which are subsidised by the County Council?

☐ Almost every day

☐ Within the last 6 months

☐ More than a year ago

☐ At least once a week

☐ Within the last year

☐ Never use

☐ About once a week

What would the impact be on you or any member of your household if this service was removed?

Q8 Please tell us why you are making these journeys: (Please select all that apply)

	Education facility	Employment or training	Healthcare facility	Leisure/Social Activity	Supermarket /food shopping	Town/Local Centre
Daytime local bus service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening local bus service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday local bus service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Transport - Shopping Bus (Dial-a-Bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Transport (aCTive travel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheels to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)						

Q9 What do you think should be the most important priority in determining which transport services the County Council funds? (Please select one option only)

- ☐ Total number of passengers carried on a route (highest number of passengers to be given greatest priority)
- ☐ The amount it costs the Council for each passenger carried (lowest cost given greatest priority)
- ☐ Maintaining the existing network of bus routes, with the frequency of each bus service determined by the total funds available, regardless of use
- ☐ Maintaining the availability of transport in villages where there are no local services such as shops, post office etc
- ☐ Distance from the nearest regular commercial bus route (highest distance given greater priority)
- ☐ Other (Please specify)

Q10 Currently users of the Community Transport Shopping Buses (Dial-a-Bus) pay £1 each way if they have a Gold Card (Concessionary Travel Card for older people). If you use Community Transport Shopping Bus service, please tell us how much you would be prepared to pay as a Gold Card holder:

- ☐ I would be prepared to pay £2 each way (£4 for a return journey)
- ☐ I would not be prepared to pay any more than the existing fare (£2 for a return journey)
- ☐ I would be prepared to pay £1.50 each way (£3 for a return journey)
- ☐ I would like the service to be free with my Gold Card

Q11 Are you answering this questionnaire as... (Please select all that apply)

- ☐ I am a user of local bus services which are paid for by Derbyshire County Council
- ☐ I am a user of local bus services which are not paid for by Derbyshire County Council
- ☐ I am a user of Community Transport services
- ☐ I work for a local bus/community transport company
- ☐ I am a user of Wheels to Work
- ☐ I am not a Local Bus or a Community Transport user
- ☐ I work for a local bus company
- ☐ I work for Derbyshire County Council (not at a school)
- ☐ I am a Derbyshire resident
- ☐ Other (please specify)

Q12 If you have any other comments regarding the Public Transport or Community Transport that you use, please provide them below:

Q13 Please tell us your home postcode:

About You

The following questions are about you and are designed to help us understand the views of different demographic groups. Please answer all the questions as fully as you can.

Q14 Are you...

☐ Female

☐ Male

Q15 What was your age on your last birthday?

Q16 What is your ethnic group?

☐ White

☐ Black/Black British

☐ Chinese

☐ Asian/Asian British

☐ Mixed

☐ Other

Q17 A disabled person is someone who has a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out day to day activities. Do you consider yourself to have a disability?

☐ Yes

☐ No

Q18 If you answered 'Yes' what type of disability do you have? (Please select all that apply)

☐ Disability affecting mobility

☐ Disability affecting vision

☐ A learning disability

☐ Other (Please specify)

☐ Disability affecting hearing

Thank you for completing this questionnaire