Questionnaire for the Blind and Partially Sighted 1

**Research Title**

**Communication and the Effects Of Projects Upon Blind and Partially Sighted In The Creation of Innovative Transport and Street Modification.**

Name: Date:

Email:

Telephone:

1

When crossing the road, do you prefer?

 Zebra Crossing ( )

Traffic Signals ( )

The assistance of strangers ( )

2

Where do you cross the road in your local area?

I cross anywhere it is convenient ( )

I travel the extra distance where I know it is safe ( )

I have a favourite point where I cross ( )

 I would cross anywhere ( )

I cross where I know there is a lot of people ( )

3

How do you feel about the crossing time allowed at Traffic Signals

They are to short. ( )

They are long enough ( )

I have never thought about it. ( )

4

Do you use TfL’s Turn Up And Go service, if yes between 1 and 5 how satisfied are you?

1 Very Dis-Satisfied ( )

2 Dis-Satisfied ( )

3 It’s Okay ( )

4 Satisfied ( )

5 Very Satisfied ( )

5

Are crowded platforms :

Difficult To Manage ( )

 Manageable Only With Support ( )

Barely Manageable ( )

 Avoided At All Cost ( )

No Problem ( )

6

In your opinion, should there be more Safety Barriers on Underground Platforms? If Yes why?

7

When traveling alone, do you travel to avoid rush hour? If Yes Why?

YES ( )

NO ( )

If Yes:-

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8

Can TfL do more for you in the way they communicate to you, their current and on going projects? Could you give an example?

If Yes:-

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9

What challenges do you face with transport (Buses/Trains), escalators, and pavement maintenance.

If any:-

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10

How would you like to be informed by TfL with their changes in transport and street modification?

Phone ( )

Text ( )

Email ( )

Twitter ( )

Other ( )

If other please list:-

**All information collected will be used for academic purposes. Any information collected from children will be used with the permission of parents, Guardians, and Teachers. Your participation can be withdrawn at any time. All information used will be solely for the purpose of this research project, and or in terms of referencing for future comparison projects. By filling in this questionnaire you are indicating that you are a willing participant, and accept the terms there stated**

**Questionnaire designed by: Darren Meade :** **meade.tkd@icloud.com** **Contact No. 07939955988**