

Teddington / Strawberry Hill area - Parking Study

Questionnaire

Please read through the consultation material before completing the survey.

Confidentiality

All the information you provide will be treated in strict confidence, will not be used to identify you personally and will only be used for the purposes of this consultation. The analysis is done on an anonymous basis under the guidelines of the Data Protection Act. Anonymised data may be published, including publishing comments on the Council's website.

Please answer all questions in Sections A and B, so that all your views and preferences can be considered.

Section A: Your Details

- 1. Please give us your address and post code**
 (Required so that we can validate your response)

House/Flat number or name:	
Road name:	
Postcode:	

- 2. In what capacity are you responding to this consultation?**
 (Please tick all that apply)

- A resident
- A landlord
- A business owner
- Other, please state:.....

- 3. How many vehicles do you have in your household / on your business premises?**
 Please tick only one answer

None	One	Two	Three or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Do you have off-street parking (e.g. driveway) at your address?**
 Please tick only one answer

- Yes
- No

Section B: Your Views

5. To what extent do you agree or disagree that a Controlled Parking Zone (CPZ) should be implemented in your area?

Please tick only one answer

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
[]	[]	[]	[]	[]

6. Please give the reason(s) for your answer to the previous question?

(Please tick all that apply)

<input type="checkbox"/> I'm unable to park near my home.	<input type="checkbox"/> There is no parking problem in my road
<input type="checkbox"/> A CPZ will ease parking problems	<input type="checkbox"/> A CPZ won't help with parking problems
<input type="checkbox"/> I don't mind paying for a permit if it means I can park more easily	<input type="checkbox"/> I don't want to pay for a parking permit
<input type="checkbox"/> Need to deter non-residents parking	<input type="checkbox"/> Visitors/non residents need to be able to park
<input type="checkbox"/> Other reason (Please specify below)	

7. Which, if any, of the following are issues in your road?

(Please tick all that apply)

<input type="checkbox"/> New developments in the area affect parking	<input type="checkbox"/> School pick up/drop off creates parking problems
<input type="checkbox"/> Multiple vehicle ownership takes up parking spaces	<input type="checkbox"/> Inconsiderate parking is a problem
<input type="checkbox"/> Dropped kerbs in my road limit parking spaces	<input type="checkbox"/> Not allowing dropped kerbs contributes to parking problems
<input type="checkbox"/> Speeding/rat running	<input type="checkbox"/> Motorcycles occupy too much space
<input type="checkbox"/> Commercial vehicles park in my area	<input type="checkbox"/> More dedicated motorcycle bays are required
<input type="checkbox"/> Emergency service and refuse vehicles can't access the road	<input type="checkbox"/> Poor air quality
<input type="checkbox"/> Traffic congestion	<input type="checkbox"/> Other (Please specify below)

8. What impact do you think a CPZ would have on the following?
(Please tick one answer for each statement)

	Positive impact	Negative impact	Neither/don't know
Air quality	[]	[]	[]
Traffic congestion	[]	[]	[]
People with disabilities	[]	[]	[]
The look of the road	[]	[]	[]
Access for emergency service and refuse collection vehicles	[]	[]	[]

9. If a CPZ were implemented, what days would you prefer it to be in operation?
Please tick only one answer

- Monday to Friday
- Monday to Saturday
- Monday to Sunday

10. If a CPZ were implemented, what hours would you prefer it to be in operation?
Please tick only one answer

- 10am to Noon
- 10.am to 2pm
- 10am to 4.30pm
- 8.30am -6.30pm
- 8am -10pm

11. If a CPZ were implemented, which of the following measures would you wish to see included in the design of the scheme? (tick all that apply) *

Car club bay (s)	Electric charging points	Motorcycle bays(s) with ground anchors	Cycle hangars(s)	None of these measures	<u>Other</u>
[]	[]	[]	[]	[]	[]

* This is an attempt to gauge demand for a wider range of road amenities that encourage modal shift and contribute to improved air quality. Some of these measures may require subsequent consultation/processes to implement. The Council reserves the right to determine whether the inclusion of these additional services is appropriate, regardless of the expressed interest. More information on cycling in the borough can be obtained by visiting:
https://www.richmond.gov.uk/services/roads_and_transport/cycling

Section C: About You

The following optional questions will help the Council to improve its services and be fair to everyone who lives in the borough. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

12. Are you?

Please tick only one answer

- Male
- Female
- Prefer not to say
- Prefer to self-describe:

13. What was your age last birthday?

Please tick only one answer

- 19 and under
- 20-24
- 25-34
- 35-44
- Prefer not to say
- 45-54
- 55-64
- 65-74
- 75+

14. Do you consider yourself to have a disability?

Please tick only one answer

- Yes
- No
- Prefer not to say

15. How would you describe your ethnic group?

Please tick only one answer

- White
- Mixed/multiple ethnic groups
- Asian or Asian British
- Black/African/Caribbean/Black British
- Prefer not to say
- Any other ethnic background, please specify:

Thank you for taking part in the consultation.