

Survey on the Public Health Impacts of Children's Travel to School

Please answer the following questions as best as you can- there are no right or wrong answers. The answers you give will be kept private. Thank you for your help.

1.Name:

2. Age: years

3. Gender: 1.Boy 2. Girl

4. Home address & landmark:

Travel to School

5. How did you travel to school today?

No.	Mode of travel	From	To	Time taken (minutes)
1	Walk			
2	Cycle			
3	School bus			
4	Car			
5	2 wheeler			
6	RTC bus			
7	Auto-rickshaw			
8	Cycle-rickshaw			
9	Train			
10	Other			

6. With whom did you come to school today?

1. Parent 2. Grand-parent 3. Other children 4. Other adult 5. Alone

7. How do you travel to school during a usual week?

1. Walk 2. Cycle 3. School bus 4. Car 5.
2 wheeler
6. RTC bus 7. Auto 8. Rickshaw 9. Train 10. Other

Travel to Home

8. How will you go from school to home today?

1. Walk 2. Cycle 3. School bus 4. Car 5.
2 wheeler
6. RTC bus 7. Auto 8. Rickshaw 9. Train 10. Other

9. With whom will you go from school to home today?

1. Parent 2. Grand-parent 3. Other children 4. Other adult 5. Alone

10. How do you travel home during a usual week?

1. Walk 2. Cycle 3. School bus 4. Car 5.
2 wheeler
6. RTC bus 7. Auto 8. Rickshaw 9. Train 10. Other

11. How would you LIKE to or WISH to travel to and from school?

1. Walk 2. Cycle 3. School bus 4. Car 5.
2 wheeler
6. RTC bus 7. Auto 8. Rickshaw 9. Train 10. Other

12. How do you travel to school during the RAINS?

1. Walk 2. Cycle 3. School bus 4. Car 5.
2 wheeler
6. RTC bus 7. Auto 8. Rickshaw 9. Train 10. Other

13. How do you travel to school during HOT WEATHER?

1. Walk 2. Cycle 3. School bus 4. Car 5.
2 wheeler
6. RTC bus 7. Auto 8. Rickshaw 9. Train 10. Other

14. Are you allowed by your parents to cross main roads alone? (Main roads are important, busy roads with lots of traffic)

1. Always 2. Sometimes 3. Rarely 4. Never

15. Are you allowed by your parents to cycle on main roads alone?

1. Always 2. Sometimes 3. Rarely 4. Never 5. I don't know cycling

16. How safe do you feel when you travel to and from school? (Safe means not worried, not feeling uneasy about anything in particular)

1. Very safe 2. Fairly safe 3. Not very safe 4. Not at all safe

17. What are you worried about, during your journey to school?

1. Traffic 2. Strangers 3. Being late
4. Getting lost 5. Being teased 6. Nothing

18. During the past week, after school, on how many days did you exercise?

(Example: running, fast walking, playing games, cycling, dancing, sports).

Do not include your PT or games period.

- None 1 day 2 days 3 days 4 days
5 days 6 days 7 days

19. During the past week, after school, how many hours did you exercise?

Do not include your PT or games period.

- None half an hour a week 1 hour a week
2-3 hours a week 4-6 hours a week 7 hours a week

20. During the past week, how many PT or games periods did you attend?

None 1 period 2 periods 3 periods 4 periods
5 periods 6 periods 7 periods

21. During the past 12 months, were you injured in a road accident? *(An injury is when it makes you miss at least one full day of usual activities **OR** requires treatment by a doctor or nurse).*

1. Yes 2. No