

Mobilities & Liveability in Galway

This questionnaire seeks to capture people's opinions of transport, mobility and liveability¹ in Galway. The study is being carried out by researchers and students from the School of Political Science & Sociology at the National University of Ireland Galway.

Many thanks for taking the time to complete this questionnaire; your effort and time is greatly appreciated.















Your answers are **anonymous and completely confidential** and will not be disclosed to any third party or commercial organisation.

Ballybane	<input type="checkbox"/>	Mervue	<input type="checkbox"/>
Ballybrit	<input type="checkbox"/>	Murrough	<input type="checkbox"/>
Ballinfoyle	<input type="checkbox"/>	Newcastle	<input type="checkbox"/>
Barna	<input type="checkbox"/>	Rahoon	<input type="checkbox"/>
Bohermore	<input type="checkbox"/>	Renmore	<input type="checkbox"/>
Briarhill	<input type="checkbox"/>	Roscam	<input type="checkbox"/>
Bushypark	<input type="checkbox"/>	Salthill	<input type="checkbox"/>
Castlegar	<input type="checkbox"/>	Shantalla	<input type="checkbox"/>
City Centre	<input type="checkbox"/>	Taylor's Hill	<input type="checkbox"/>
Claddagh	<input type="checkbox"/>	Terryland	<input type="checkbox"/>
Dangan	<input type="checkbox"/>	Tirellan	<input type="checkbox"/>
Doughiska	<input type="checkbox"/>	Tuam Road	<input type="checkbox"/>
Knocknacarra	<input type="checkbox"/>	Wellpark	<input type="checkbox"/>
Menlo	<input type="checkbox"/>	I don't live in Galway	<input type="checkbox"/>

¹ Liveability refers to all the things that add up to a good community life including the design of neighbourhoods, the natural environment, economic prosperity, social stability and equity, educational opportunities, and good cultural, entertainment and recreation facilities.









How do you USUALLY travel to the following?

(Please ✓ just one box in each row)

	Walking 	Cycling 	Bus 	Car 	Motorcycle 	Taxi 	Not Applicable 
A corner shop or newsagent 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your local School 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place to socialise (e.g. pub centre etc.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A crèche or childcare facilities 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping centre or supermarket 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A church or place of worship 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To meet family and friends 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you USUALLY travel to your place of work or study?

(Please ✓ just one box)

	Walking	Cycling	Bus	Car	Motorcycle	Taxi	Not Applicable
							
The place you work or study 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many vehicles (i.e. cars, SUVs or vans) are owned or available for use by one or more members of your household?

(Include any company car or van if available for use. Please ✓ just one box)

None (no vehicle available for use)	Just one vehicle	Two vehicles	Three vehicles	Four or more vehicles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there public transport (or a private bus service) available for your commute to work/college/school?

(Please ✓ just one box)

Yes	No	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you own or have the use of a bicycle?

(Please ✓ just one box)

Yes	No	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you agree or disagree with the following statements?

(Please ✓ just one box in each row)

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Roads are not intended for cyclists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are too many traffic lights in Galway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There should be no charge for on-street car parking in Galway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More roads should be built to ease car traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed limits should be reduced to 30kmph or less in built up areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galway should have a congestion charge for cars entering the city centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You definitely need a car to get around Galway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cars should be allowed to use the bus lanes when there is traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In addition to Shop Street, other streets in the city centre should be pedestrianised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galway is a cycling-friendly city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galway is a pedestrian-friendly city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galway needs a light rail system (like the Luas in Dublin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about your OWN NEIGHBOURHOOD, how satisfied are you with the following?

(Please ✓ just one box in each row)

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
The design and appearance of your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship with your neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbourhood as a place to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe from crime, anti-social behaviour & vandalism in your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The noise levels in your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of traffic in/through your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The air quality in your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to basic services nearby (shops, medical services, banking, schools, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All things considered in your life, how happy are you right now?

(Please ✓ just one box)

Not at all happy	Not very happy	Neither happy nor unhappy	Somewhat happy	Very happy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In general, would you say your health is?

(Please ✓ just one box)

Very poor	Poor	Fair	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do the following prevent you from walking IN AND AROUND GALWAY?

(Please ✓ just one box in each row)

	Never	Rarely	Sometimes	Often	Very often
A disability or poor health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time constraints/too busy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being self-conscious about my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having no one to walk with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lack of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling unsafe or vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The condition of the pavements and walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your household have a dog?

(Please ✓ just one box)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Which gender do you most identify with?

Male

Female

What year were you born? _____

What is your relationship status?

Single	Married	Living with my partner	In a relationship (not living together)	Widowed	Separated/Divorced
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you?

Own your home outright	Have a mortgage on your home	Rent privately	Rent from the local authority	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many people (including children) live at this house? _____

What is your employment status, current economic position, or main source of income?

(Please ✓ just one box)

Employed or self-employed	<input type="checkbox"/>
Working part-time	<input type="checkbox"/>
Student (school, vocational, university)	<input type="checkbox"/>
Retired from employment	<input type="checkbox"/>
Looking after the home/family	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Other (not in the labour force)	<input type="checkbox"/>

What is the highest level of education or training have you completed to-date?

(Please ✓ just one box)

No formal education or training	<input type="checkbox"/>
Primary/National school education	<input type="checkbox"/>
Completed secondary school education	<input type="checkbox"/>
Completed technical or vocational training	<input type="checkbox"/>
Advanced Certificate or fully completed apprenticeship	<input type="checkbox"/>
Ordinary Bachelor Degree or National Diploma	<input type="checkbox"/>
Honours Bachelor Degree or professional qualification	<input type="checkbox"/>
Postgraduate qualification or higher	<input type="checkbox"/>

Into which group does your ENTIRE HOUSEHOLD INCOME fall?

A suggested middle income would be the average industrial wage (i.e. approximately €37,000 a year)

(Please ✓ just one box)

Very low income	<input type="checkbox"/>
Low income	<input type="checkbox"/>
Middle income	<input type="checkbox"/>
High income	<input type="checkbox"/>
Very high income	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

And that's it..... thanks once again for taking the time to complete this questionnaire; your effort and support is greatly appreciated!