

Bike It Project Monitoring 2009-2010



Hands Up Survey

Please read the **Hands Up Survey Step by Step Guide** before completing this form. If you do not have this document, a copy will be available from your Bike It officer.

Survey Date:				
School Name:				
Class & Year Group:				
Bike It Officer:				
Number of pupils present for the survey:				
Number of pupils absent from class/cohort on the day of the survey:				
Was the survey conducted PRE or POST? (please tick)	PRE	<input type="checkbox"/>	POST	<input type="checkbox"/>

1. Do you cycle to school?

Response	Count
Never	
Everyday	
Once or twice a week	
Once or twice a term	
Once or twice a year	
Total	

2. Do you walk to school?

Response	Count
Never	
Everyday	
Once or twice a week	
Once or twice a term	
Once or twice a year	
Total	

The survey continues over the page →

3. Do you travel to school by car?

Response	Count
Never	
Everyday	
Once or twice a week	
Once or twice a term	
Once or twice a year	
Total	

4. How did you travel to school today?

Response	Count
Car	
Walk	
Bus	
Cycle	
Scooter	
Train/Other	
Total	

5. How would you most like to travel to school?

Response	Count
Car	
Walk	
Bus	
Cycle	
Scooter	
Train/Other	
Total	

Additional Information

What was the weather like on the <i>morning</i> of the survey?	
Name of teacher conducting the survey (if not the Bike It Officer)	
Were there any external influences or cycling events taking place on the day of the survey that might affect mode of travel to school?	
Any further comments about the survey?	