



Getting Around

An education project for motorised wheelchairs and scooters (A Senior Pedestrian Project)



Thank you for your participation in this survey,
All feedback received will remain confidential.

1. Do you use a motorised wheelchair/scooter?

- Yes continue to question 2. No. Thank you for your time.

2. How often do you use your motorised wheelchair/scooter?

- Once a day fortnightly
 More than once per day monthly
 Weekly Other, please detail _____

3. What distance do you usually travel on your motorised wheelchair/scooter during one trip?

- 200-500m 1 – 3km 5km+
 500-1km 3 – 5km Other, please detail _____

4. Rank in order of frequency (one being the most frequent) where you travel on motorised wheelchair/scooter?

- Small local shops Friends or family's home
 Stockland Merrylands RSL or other social club/group
 Doctor/health care professional Sports or swimming centre
 Nearest bus stop Place of religious worship
 Train station Other, please detail _____

5. Have you ever had a crash or near miss in your motorised wheelchair/scooter?

- Yes No

a) If yes, where did this happen?

- At home On a footpath On a road
 On a slope or ramp In a driveway On a pedestrian crossing
 Shopping centre Other, please detail _____

b) Describe what happened and if you were injured

6. Are there footpaths, roads or other parts of Holroyd that are difficult to manoeuvre on your motorised wheelchair/scooter? If yes, where are they?

7. What could be done to improve your motorised wheelchair/scooter use? (tick more than one if applicable)

- | | |
|---|--|
| <input type="checkbox"/> Wider footpaths | <input type="checkbox"/> Smoother footpaths |
| <input type="checkbox"/> More buses with disable access | <input type="checkbox"/> Improved access to shops |
| <input type="checkbox"/> If motorists where more polite | <input type="checkbox"/> if pedestrians were more polite |
| <input type="checkbox"/> improved access to pram ramps | |
| <input type="checkbox"/> Other, please detail _____ | |

8. Are there sections of your regular route/s where you have to go on-road? If yes, where?

9. How do motorists treat you when they encounter you on your motorised wheelchair/scooter?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Always polite & respectful | <input type="checkbox"/> Rude, abrupt |
| <input type="checkbox"/> Sometimes polite & respectful | <input type="checkbox"/> Intimidating |
| <input type="checkbox"/> Other, please detail _____ | |

10. Do you feel safe when using your motorised wheelchair/scooter?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Only sometimes |
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> No |

11. What age group are you in?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 41-50 | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 61-70 | <input type="checkbox"/> 71-80 | <input type="checkbox"/> 80 + |

12. Would you be interested in attending a workshop on senior road safety, with a focus on motorised wheelchair/scooter safety to be held by Holroyd City Council later this year?

If yes, please include your phone number and/or address so we can contact you to advise you of the workshop date and time.

Phone Number: _____

Address: _____

Your input will assist Holroyd City Council to improve road safety and access for all motorised wheelchair/scooter users.

Return to: Freepost No3, General Manager, Holroyd City Council, 16 Memorial Ave, Merrylands NSW 2160
Attention: Road Safety Officer (no postage stamp required)