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Face Sheet for Child Questionnaire

Data Collection Status	
1. Complete	<input type="checkbox"/> <input type="checkbox"/>
2 Incomplete	<input type="checkbox"/> <input type="checkbox"/>
3. Refusal	<input type="checkbox"/> <input type="checkbox"/>
Reason for refusal:	<hr/> <hr/> <hr/>

Date: _____

Team _____

Weight measurement taken by _____

Height measurement taken by _____

Urban School Children Travel patterns in Karachi, Pakistan

A questionnaire for students 10 to 15 years old

- Please answer the questions as best you can – there are no right or wrong answers.
- We will not know who filled in this questionnaire, only the class it was completed in.
- No one at school will see your completed questionnaires.
- Please ask if you have any questions.

TRAVELLING TO AND FROM SCHOOL

1) How did you get to school this morning and also which safety precaution you used while coming to school?

Travel mode <i>(Only tick <u>one</u> box, to show the main method you used)</i>	Safety practice <i>(Tick either yes or no to safety practice [that you used today] in front of the mode of travel that you ticked)</i>
<input type="checkbox"/>  Walked most or all the way	 Zebra crossing to cross the road <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
<input type="checkbox"/>  Cycled → are you rider passenger <input type="checkbox"/>	 Helmet <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't have
<input type="checkbox"/>  School bus	 Seat belt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
<input checked="" type="checkbox"/>  School Van	 Seat belt <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not available
<input type="checkbox"/>  Public bus	 Seat belt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
<input type="checkbox"/>  Car	 Seat belt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
<input type="checkbox"/>  Motorcycle → are you rider Passenger <input type="checkbox"/>	 Helmet <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't have
<input type="checkbox"/> Other mode please write in:	

2) Is this your usual way to come to school?

- Yes
 No then how do you come to school usually? _____

3) Who did you travel to school with this morning?

(Tick as many boxes as you need)

- Travelled on my own
 Parent
 Another adult (more than 18 years)
 Older child / teenager
 Child of same age or younger

4) How long did it take you to travel to school this morning?(Only tick one box)

- Less than 5 minutes
 5 to 15 minutes
 16 to 30 minutes
 31 to 45 minutes
 46 minutes or more

5) How will you go back home from school today?(Only tick one box)

-  Walked most or all the way
  Cycle
  School bus
  School Van
  Public bus
  Car
  Motorcycle
 Other. Please write in:

Study ID:

6) Is this your usual way to go back home from school?

- Yes
- No then how do you go to school usually? _____

7) Who will you travel back home with today?

(Tick as many boxes as you need)

- Travelling home alone
- Parent
- Another adult (more than 18 years)
- Older child / teenager
- Child of same age or younger

8) How would you like to be able to travel to and from school?

(Only tick one box)

-  Walked most or all the way
-  Cycle
-  School bus
-  School Van
-  Public bus
-  Car
-  Motorcycle
- Other. Please write in:

PARENT'S LICENSING

9) Do you think your parents trust you when you are by yourself in traffic

- Never
- Sometime
- Always

10) What do your parents think is safe for a child of your age to do on your own?
(Tick as many boxes as you need)

- Travel by public bus in day time
 Travel by bus in the evening
 Cycle in day time
 Cycle in the evening
 Walk around in day time
 Walk around in the evening
 None

11) What do you think is safe for a child of your age to do on his/her own?
(Tick as many boxes as you need)

- Travel by public bus in day time
 Travel by bus in the evening
 Cycle in day time
 Cycle in the evening
 Walk around in day time
 Walk around in the evening
 None

WALKING



12a) Are you allowed to cross main roads on your own?

- Yes (Please go to Question 12c)
 No

12b) If you don't cross main roads on your own, would you like to be allowed to do so?

- Yes
 No

Study ID:

12c) How old were you when you first crossed main roads on your own?
(Please estimate if you are not sure)

9 Age

Never crossed the road on my own

CYCLING



13a) Do you have a bicycle?

Yes

No (Please go to \Rightarrow Question 14)

13b) Are you allowed to cycle on main roads by your parents?

Yes \Rightarrow At what age were you first allowed?

11 Age

No

13c) If you have a bicycle, are you allowed to ride it to go to places (like the park or friend's houses) without any grown-ups?

Yes

No

13d) How many times do you cycle in a typical week (both with and without parents) including the weekend?

Once a week or less

One or two days a week

Three or more days a week

I don't ride

BUSES



14) Are you allowed to go on public buses on your own (other than a school bus)?

Yes

No

AT THE WEEKEND

15) Which of these activities did you do over the weekend that just passed (on Saturday or Sunday):

(tick the first column if you did these things on your own or with another young person)
 (tick in the second column if you did them with a parent or other adult)

	On your own or with another young person	With a parent or other adult
	Visited a friend's home	
	Visited relatives or grown-ups	
	Visited a place of worship	
	Went to the shops	
	Went to dine out	
	Went to a cinema	
	Spent time with friends outside after dark	
	Went to a playground, park or playing fields	
	Played sport or went swimming (individual or team sports or lessons)	
	Went for a walk or cycled around	
	Went to a concert	
	Went to a youth club (including Scouts, Guides, Cadets, Sunday school etc.)	
	Went to a library	
	Went to cyber/net café	
	Went for tuition class	
	Went for my part time work	
	Other (please write in):	
	No activity	

ROAD TRAFFIC CRASH

16a) Have you ever been involved in a road traffic crash?
 (As a pedestrian, cyclist, in a car or another vehicle)

- Yes
 No

16b) If yes, were you injured were you injured in that crash?

Study ID:

- Yes
 No

16c) If yes, did you get any type of treatment for injury?
(You can mark multiple choices)

- First aid in school/home
 Doctor's consultation
 Admitted in hospital
 It was not that serious

16d) Have you ever witnessed any road traffic crash?

- Yes
 No

WHERE YOU LIVE

17a) How safe do you feel on your own in your local neighbourhood?
(Only tick one box)

- Not allowed out on my own
 Very safe
 Fairly safe
 Not very safe
 Not at all safe

17b) How safe do you think is the traffic environment in your local neighbourhood?
(Only tick one box)

- Very safe
 Fairly safe
 Not very safe
 Not at all safe

17c) Are you allowed to go on your own or with your friends other than for school?

- Yes
 No because of my age
 No because of my gender
 No please mention _____

 Don't know

17d) When you are outside on your own or with friends are you worried by any of the following?
(Tick as many boxes as you need)

	Yes	No	Don't know
Traffic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Getting lost	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Strangers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If someone speaks to me	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18) Please mention anything else you are worried about when you are outside on your own or with friends?

Please write in:.....
.....
.....

ABOUT YOU

18) How old are you? 14 Age.

19) Are you...? a Girl or a Boy

20) Class VIII A

Now the research assistants would take weight and height of child:

Weight 39 Height 158

Thank you very much for your help 😊