**A picture containing symbol, darkness, star

Description automatically generated**Welcome

# Thank you for your interest in joining our Community of Accessible Transport (CAT).

This community is part of The National Centre for Accessible Transport (ncat), which is a [consortium of six organisations](https://www.ncat.uk/consortium/) working together to gather evidence and provide solutions to making transport accessible for disabled people. Motability, the charity, has funded the Centre for seven years.   
   
Please return the completed document by email to [catpanel@ncat.uk](mailto:catpanel@ncat.uk) or post it to:

National Centre for Accessible Transport

c/o RIDC

Impact Hub King’s Cross  
 34b York Way  
 London N1 9AB **The data we collect will be kept securely, as outlined in the** [Market Research Society Code of Conduct](https://www.mrs.org.uk/standards/code-of-conduct)**and in accordance with** [General Data Protection Regulations](https://www.mrs.org.uk/standards/data-protection)**.**  
   
Read NCAT's full privacy notice and the Community of Accessible Transport agreement.  

We are gathering information about you, your experiences of using transport and how you would like to be involved in the work of NCAT.

Your information will only be shared for specific research purposes with the six consortium partners: Coventry University, Designability, Connected Places Catapult, WSP, Policy Connect and RiDC. [Please read more information about who we are](http://www.ncat.uk/consortium/).

* I give my consent to sign up to the Community of Accessible Transport

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Q4  **What is your identity or relationship regarding disability or ageing (tick all that apply)?**

I am...

* A disabled person
* Over 65 years old
* A carer for a disabled person
* A parent of a disabled child or an adult with a disability
* In another relationship with a disabled person with specific access needs (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above (please explain why none of these categories describe you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q5 We want to hear from many different types of people because they will have different transport needs.**

Do you have any condition, illness or impairment (including ageing) that affects you in any of these ways (please tick any that apply):

* **Hearing** (for example, deafness or partial hearing) **GO TO QUESTION 7**
* **Vision** (for example, blindness or partial sight) **GO TO QUESTION 9**
* **Mobility** (for example, walking short distances or climbing stairs)

**GO TO QUESTION 12**

* **Dexterity** (for example, lifting or holding objects, using a keyboard)
* **Learning differently** (for example, dyslexia, dyspraxia or dyscalculia)
* **Socially or behaviourally** (for example, autism, ADHD, Tourette's syndrome)
* **Learning disability** (for example, a reduced intellectual ability and difficulty with everyday activities)
* **Memory loss** (for example, vascular dementia, Alzheimer's)
* **Diet** (for example, diabetes)
* **Incontinence** (for example, bladder or bowel dysfunction)
* **Communicating** (for example, speaking or understanding people)

**GO TO QUESTION 15**

* **Mental ill health** (for example, anxiety and panic attacks, depression, bipolar disorder, body dysmorphic disorder)
* **Appearance** (for example, facial disfigurement)
* **Stamina** or breathing or fatigue
* **Non-visible** health conditions **GO TO QUESTION 16**
* ⊗None of the above **GO TO QUESTION 17**

Q7  **Specifically, what is the nature of your hearing impairment? Please tick all that apply.**

* Deaf
* Deaf/blind
* Hard of hearing
* Hearing is getting worse

Q8  **You told us you have difficulty with your hearing, in what ways do you normally communicate? Please tick all that apply.**

* Lip reading
* British Sign Language
* Fingerspelling
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

Q9  **Specifically, what is the nature of your vision impairment?**

* Blind with no light perception
* Blind with light perception
* Blind with residual vision
* Deaf/blind
* Partially sighted
* Eyesight is getting worse
* Wear glasses / contact lenses

Q10  **Are you registered Blind?**

* Yes
* No

Q11  **Do you use any of the following regularly to assist you?**

* Guide dog
* Screen reader for computer, tablet or smartphone
* Guide cane
* Long white cane
* Symbol cane
* Red/White cane
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

Q12  **You told us your impairment impacts your mobility. Do you use any of the following to get around?**

* Wheelchair **GO TO QUESTION 13**
* Mobility scooter
* A cycle (eg: handcycle, tricycle, bicycle etc) **GO TO QUESTION 14**
* Other aids (for example, walking stick(s)/frame, crutch(es), assistance dog, prosthetic limb(s). Please describe below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don't use any mobility aids

Q13  **What kind(s) of wheelchair do you have? Please select all that apply**

* Manual
* Powered
* Sports

Q14   **You said you use a cycle to aid your mobility; do you use...**

* A bicycle (with or without adaptions)
* A handcycle
* A tricycle or trike
* A side-by-side tandem
* A wheelchair tandem
* A conventional tandem
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q15  **You told us you have an impairment that impacts how you communicate with others. Do you have any difficulty with your speech? Please tick all that apply.**

* No speech
* Slurred speech
* Slowed speech
* Stuttered speech
* Word finding difficulty
* No problem with my speech

Q16   
**You told us you have a non-visible health condition(s) that impact or limit your daily activities. Could you indicate below what that health condition(s) is:**

* Chronic pain
* Epilepsy
* Fibromyalgia
* Crohn's Disease
* Multiple Sclerosis
* Traumatic Brain Injury
* Lyme Disease
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17   
**You told us none of the above in the list of impairments we presented. Please tell us what impairment impacts or limits your daily activities for you or the person you care for.**

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Q18   
 **This next set of questions focuses on the different types of transport you use to get out and about.**

Q19  **Which of the following forms of transport do you use regularly? Please tick all that apply.**

* Personal transport (e.g. car, bicycle, WAV) **GO TO QUESTION 20**
* Publicly accessible transport (e.g. bus, train, taxi, Dial-a-Ride)

**GO TO QUESTION 23**

* Other (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗None of the above (3) **GO TO QUESTION 24**

Q20   
**Which form(s) of personal transport do you have access to? Please tick all that apply.**

* A car driven by me or some else
* A Wheelchair Accessible Vehicle (WAV) - driven by me or some else
* Mobility scooter
* Bicycle or trike
* Motorbike / scooter / moped
* E-scooter (through local hire scheme)
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗None of the above

Q21  **Is the car/WAV you use adapted in any way? Please tick all that apply.**

* Adapted driving controls
* Adapted for a passenger in a wheelchair
* Adapted for driver in a wheelchair
* Hoist for wheelchair
* Hoist for person
* Other adaptation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

Q22  **You told us you have access to a car or WAV. What type is it (i.e. how do you fuel it)?**

* Petrol or diesel only
* Plug in electric only
* Hybrid (you can use petrol/diesel or you can plug it in)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q23   
**You told us you regularly use publicly accessible transport. Which of the following forms of transport do you use on a regular basis?**

* Bus
* Train
* Tram
* Dial-a-Ride or community transport services
* Coach
* Taxi/minicab/Uber
* Underground / tube / metro / light rail
* Ferry
* Plane
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗I never use public transport **GO TO QUESTION 25**

Q24   You told us you **do not use any form of transport.** Can you tell us why that is?

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Q25  You told us you do not use **any public transport.** Can you tell us why that is?

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Q26  **What one thing would you change or introduce to make transport more accessible for you?**

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**You are almost finished, just a few more questions to collect some contact information and a bit more about you.**

Q28  **First Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q29  **Last Name**

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Q30  **Town / City**

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Q31  **Post code**

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Q32   **What is your email address?**

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Q33  **We may also want to communicate with you by telephone.**   
 If you consent to be contacted by phone, please provide your phone number. If you do not consent, just leave this question blank.

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Q34  **Which part of the UK do you live in?**

* Northern Ireland
* Scotland
* Wales
* North East
* North West
* Yorkshire and Humber
* East Midlands
* West Midlands
* East of England
* Greater London
* South East of England
* South West of England
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q35  **Which of the following best describes the area you live in**

* Urban
* Suburban
* Rural
* Not sure

Q36

**We want to ask some further questions about you. This helps us target our future research and ensure we have a wide range of people on the CAT.**  
 We appreciate your time in completing these questions but completely understand if you decline to answer.

Q37 **What age are you?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q38  **What is your sex?**

* Female
* Male
* Prefer not to say

Q39  **Which of the following best describes your ethnic group or background?**

* White (English, Welsh, Scottish, Northern Irish, British)
* Irish
* Any other White background
* White and Black African
* White and Asian
* White and Black Caribbean
* Other mixed/multiple ethnic background (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Indian
* Pakistani
* Bangladeshi
* Chinese
* Other Asian background (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Black African
* Black Caribbean
* Other Black/African/Caribbean background (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Arab
* Non-British European (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say (6)

Q40  **How did you hear about the ncat and the Community of Accessible Transport**

* Social media
* ncat website
* Article about the work of ncat
* Friends or family
* RiDC
* Motability
* Voluntary or community organisation
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Can't remember

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