### About your use of Sound of Barra Ferry Service

To support the development of its Islands Connectivity Plan, Transport Scotland is undertaking research to inform the future level of service provision on Clyde and Hebrides Ferry Service across Sound of Barra.

This survey will be used to collect information on how the route is used and to gather views on the impacts of the options around future services.  
  
This survey is being carried out by Transport Scotland and all information gathered will only be used for the purposes of this research.

Please think of your **current/most recent journe**y made using the CalMac ferry service on Sound of Barra when answering these questions.

1. Are you filling this survey on board the ferry?

* No
* Yes, I’m travelling from Barra to Eriskay
* Yes, I’m travelling from Eriskay to Barra

1. Where did you start your journey?  *(Please provide geographical location e.g town/city, island, region or postcode)*

…………………………………………………………………………………………..

1. Where was/is your final destination when using the ferry? *(Please provide geographical location e.g town/city, island, region, postcode)*

…………………………………………………………………………………………..

1. What was/is the **main reason** for your trip? (*please tick one option only*)

* Commuting to/from place of work
* Travelling on business
* Education / training
* Visiting friends/family
* Leisure/Sport
* Holiday/Short Break/Tourism
* Shopping
* Health/Medical appointment
* Connect to onward flight or ferry

Other …………………………………………………………………………

1. For what **other purposes** have you used this ferry service in the past? (*select all that apply)*

* Commuting to/from place of work
* Travelling on business
* Education / training
* Visiting friends/family
* Leisure/Sport
* Holiday/Short Break/Tourism
* Shopping
* Health/Medical appointment
* Connect to onward flight or ferry

Other …………………………………………………………………………

1. Approximately how often do you use this ferry route?

* Over 5 times a week
* 2-5 times a week
* Once a week
* 2-3 times a month
* At least once a month
* 3-6 times a year
* Twice a year
* Once a year
* Less than once a year

1. What was the **main mode** of transport that you used for your journey **to** the ferry terminal? *(Please select one option only)*

* Walking / wheeling
* Car/van (brought on board)
* Car/van (parked at/near terminal or dropped off)
* Taxi
* Bicycle
* Motorbike
* Bus
* Coach
* Motorhome

Other …………………………………………………………………………

1. What will be the **main mode** of transport that you use to travel **to your onwards destination** once you arrive at the ferry terminal? *(Please select one option only)*

* Walking / wheeling
* Car/van (brought on board)
* Car/van (parked at/near terminal or dropped off)
* Taxi
* Bicycle
* Motorbike
* Bus
* Coach
* Motorhome

Other …………………………………………………………………………

1. What is the **main** reason you chose to take this ferry instead of flying? *(Please select one option only)*

* There are no flights to my destination
* I prefer sailing to flying
* Ferry is more affordable
* Ferry departure/ arrival times are more suitable
* Ferry is more suitable for onward connections
* I need to bring my own vehicle
* Flight was fully booked

Other …………………………………………………………………………

1. Please indicate how the current service performs on the following: *(please select one option only*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Good | Good | Neither good or poor | Poor | Very poor |
| Reliability |  |  |  |  |  |
| Availability of deck space during summer |  |  |  |  |  |
| Availability of deck space during winter |  |  |  |  |  |
| How often the ferry runs in a day during summer |  |  |  |  |  |
| How often the ferry runs in a day during winter |  |  |  |  |  |
| Ease of onward public transport connections |  |  |  |  |  |
| Accessibility |  |  |  |  |  |

1. Is this your first trip on this ferry?

* Yes
* No

1. Were you able to book *your* desired sailing? (*Please only answer this question if this is your first trip on this ferry.)*

* Yes
* No
* N/A

1. How far in advance did you book your journey? (*Please only answer this question if this is your first trip on this ferry.)*

* As soon as the booking opened
* More than a month in advance
* More than two weeks before
* More than a week before
* A week before
* The day before I travelled
* The day of my travel

1. How often are you able to book vehicle space on a sailing that you want to use? *(Please only answer this question if this is not your first sailing on this route)*

* Always
* Most of the time
* Some the time
* Never

1. How far in advance do you book your journey? *(Please only answer this question if this is not your first sailing on this route)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | During summer months | During winter months | When taking my car | When travelling as a foot passenger |
| As soon as the booking opens |  |  |  |  |
| More than a month in advance |  |  |  |  |
| More than two weeks before |  |  |  |  |
| More than a week before |  |  |  |  |
| A week before |  |  |  |  |
| The day before I travel |  |  |  |  |
| The day I travel |  |  |  |  |
| Never |  |  |  |  |

1. If you are unable to book a space on the ferry at your desired time due to it being full, what is your usual course of action?

* I travel to the ferry terminal to try and catch the sailing I want to use in case a space is available
* I take the next available ferry on the same day
* I take the ferry next day at the same time
* I make the journey at a later date
* I will not travel at all
* I will travel as a foot passenger
* I will travel using other modes

Other ……………………………………………………………….

1. If the following changes were made to the transport network how would that affect your usual ferry use?\* *(Please select one option only)*

*\* Please note, none of these changes are being proposed at this time. However, we would like to know how you see your travel needs changing as this will help us develop and consider future options.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | I would take the ferry more often | I would take the ferry less often | No change |
| Additional ferry sailings are introduced during **summe**r |  |  |  |
| Number of daily sailings are reduced during **summer** |  |  |  |
| Additional ferry sailings are introduced during **winter** |  |  |  |
| Number of daily sailings are reduced during **winter** |  |  |  |
| Ferry crossing time is shorter/ Ferry is faster |  |  |  |
| Additional flights are introduced |  |  |  |
| A fixed link is built across the Sound |  |  |  |
| More parking space is created at the ports |  |  |  |

1. If the following changes were made to the transport network how would that affect your usual travel?\* *(Please select one option only)*

*\* Please note, none of these changes are being proposed at this time. However, we would like to know how you see your travel needs changing as this will help us develop and consider future options.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | I would travel more often | I will travel less often | No change |
| Additional ferry sailings are introduced during **summe**r |  |  |  |
| Number of daily sailings are reduced during **summer** |  |  |  |
| Additional ferry sailings are introduced during **winter** |  |  |  |
| Number of daily sailings are reduced during **winter** |  |  |  |
| Ferry crossing time is shorter/ Ferry is faster |  |  |  |
| Additional flights are introduced |  |  |  |
| A fixed link is built across the Sound |  |  |  |
| More parking space is created at the ports |  |  |  |

1. Please share anything you would like to tell us about this ferry service

**Background Information**

We’d like to know a little bit about the people that complete the survey so that we can assess possible impacts of the ferry service and possible changes on the community such as on affordability, accessibility amongst others. Please be assured that all analysis and reporting will be conducted to maintain anonymity.

1. Gender:

* Female
* Male
* Non-binary
* Prefer not to say

1. What is your age?

* 16-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65-74
* 75+
* Prefer not to say

1. Home postcode …………………………………………………………………………………………
2. Do any of the following statements apply to you? (p*lease tick all that apply)*

* I am a Blue Badge holder
* I have a mobility-limiting health condition
* I have a concessionary bus pass
* I hold a valid driving licence
* I have access to a vehicle(s) (e.g. car, van, etc) in my household

1. Average annual household income: (*please tick one box only)*

* Less than £10,000
* £10,001 - £20,000
* £20,001 - £30,000
* £30,001 - £40,000
* £40,001 - £50,000
* £50,001 - £60,000
* Over £60,000
* Don’t know
* Prefer not to say

1. If you would like Transport Scotland to keep in touch with you about this research and the vessel replacement projects, please provide an email address below.

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