

# Klemzig, Windsor Gardens & Holden Hill LATM Study Questionnaire



Please complete and return this questionnaire by Friday 2 July, 2021. This survey form converts into a reply paid envelope when folded and stapled/sealed as marked on the reverse side (no stamp required).

Alternatively this form can be scanned and emailed to [service@cityofpae.sa.gov.au](mailto:service@cityofpae.sa.gov.au)

## 1. Contact Details

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Resident  Business Operator

Would you like to receive regular (bi-monthly) updates via email on this project:

Yes  No

## 2. (a) Traffic problems in your street (please tick one square along each line)

	No Problem	Minor Problem	Major Problem
Traffic speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road safety concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify): \_\_\_\_\_

## 2. (b) Do any of these problems occur at a particular time of day?

	All times	Day time	Peak hours	Night time
Traffic speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road safety concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (as specified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Traffic problems in the whole study area or in specific suburbs within the study area

What are the worst 3 problems in any part of the whole study area? List the location and nature of the problem. Consider problems you encounter when walking and cycling as well as driving. (It is fine to only list problems specific to your local suburb)

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. Suggestions to solve the traffic/parking problems

Do you have any suggestions to overcome the traffic problem?

(a) In your street: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) In the whole study area or in specific suburbs within the study area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 5. Do you wish to nominate as a community volunteer on the Working Group?

(Ensure your contact details are provided above and complete the questions on this form)

Yes  No