



## CYCLE INSTEAD PARTICIPANT'S EVENT SURVEY

Complete and return this survey to Bikewest, no later than 20 April,  
for your chance to win a bike to the value of \$600

Q1a Which event did you attend? (Include location)

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Q1b How did you hear about this event? (Please tick)

- Invite in the mail                       Flyer at work                       Signage on a bike path  
 Friend                                       Other \_\_\_\_\_

Q2 Do you have any comments about the event?

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Q3 How often do you cycle? (Please tick)

- Daily                                       2 – 3 times a week                       Once a week  
 2 – 3 times a month                       Once per month                       Once per 6 months or less

Q4 Rank the following reasons for cycling? (1= most important, 5 = least important)

- a) Improve fitness/health \_\_\_\_\_ b) Cost Effective \_\_\_\_\_ c) Environmental benefits \_\_\_\_\_  
 d) Avoid traffic congestion \_\_\_\_\_ e) Other \_\_\_\_\_

Q5 Rank the following factors that you believe would encourage you to cycle more?

(1= most important, 6 = least important)

- a) Secure bike parking \_\_\_\_\_ b) Better post ride facilities \_\_\_\_\_ c) More on-road facilities \_\_\_\_\_  
 d) More off-road facilities \_\_\_\_\_ e) Friends to ride with \_\_\_\_\_ f) Other \_\_\_\_\_



Q6 Are you aware of the *Cycle Instead in Spring* bike events? *(Please tick)*

Yes

No *(Visit our website [www.transport.wa.gov.au/cycling](http://www.transport.wa.gov.au/cycling) to subscribe to our electronic mail out.)*

Q7 Do you own any of the Perth Bike Map Series?

Yes *(Please tick)*

No *(go to Q9)*

Perth / Fremantle

Swan / Stirling

Joondalup / Stirling

Canning / Armadale

Cockburn / Rockingham

Q8 How do you feel your Perth Bike Map assists you the most (Tick)

Assists you with deciding whether or not cycling is viable for the planned trip.

Assists you with finding a new or better route for a planned cycling trip.

Assists with finding the safest route for a planned cycle trip.

Other \_\_\_\_\_

Q9 Please specify your gender *(Tick)*.

Male

Female



**THANK YOU** for completing our survey.

**Your contact details  
(Optional)**

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

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Workplace suburb: \_\_\_\_\_

Please hand this to your Event Coordinator or post it to:

Bikewest  
C/- Department of Transport  
GPO Box C102  
Perth WA 6839

For further enquiries please phone Bikewest on 08 9216 8313.