

EASE OF MOVING INDEX 2022 - CITIZEN SURVEY

Start time, End time, and Lat-Long of the survey to be captured automatically.

Section 1: Information from Surveyor

1. City: <dropdown list of 40 cities> (select one)
2. Location - Lat/ Long
3. Survey Number:

Section 2: Know the Respondent

4. What is your gender? (select one)

- a. Woman
- b. Man
- c. Trans/ Non-Binary

5. What is your age group? (select one)

- a. < 18 Year
- b. 18 – 25 Years
- c. 25 - 40 Years
- d. 40-60 Years
- e. >60

6. What is your highest qualification? (select one)

- a. < 10th
- b. 10 – 12th Pass
- c. Diploma
- d. Undergraduate
- e. Graduate
- f. Post Graduate equivalent
- g. Doctoral and above

7. What is your current occupation? (select all that is applicable)

- a. Student
- b. Self Employed/ Own account worker
- c. Gig- platform worker
- d. Employer
- e. Regular wage/ salaried employee
- f. Casual wage worker/ contract worker
- g. Domestic duties only
- h. Seeking Work
- i. Others

8. Is the current house you reside in..

- a. Owned
- b. Rented/leased

9. How many people are there in your household

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. >5

10. What is your monthly household income (INR)?

- a. < 15,000 per month
- b. 15,001 – 30,000 per month
- c. 30,001 – 50,000 per month
- d. 50,001 – 1,00,000 per month
- e. > 1,00,000 per month

11. What is your individual monthly expenditure (INR)?

- a. <5000
- b. 5000-10000
- c. 10000-20000
- d. 20000-40000
- e. >40000

12. What is your average individual monthly expenditure on transportation (INR)?

- a. <1,000
- b. 1,000 - 3,000
- c. 3,000 - 5,000
- d. 5,000 - 10,000
- e. >10,000
- f. No Response

13. Do you have any difficulty / disability?

- a. Yes
- b. No
- c. Refused to answer

14. If Yes, how best would you describe the difficulty (select one level of difficulty per category)

Mild	Moderate	Severe	Refused to answer	Don't know
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	Option
Seeing (Do you have difficulty seeing, even if wearing glasses?)	
Hearing (have difficulty hearing, even if using a hearing aid)	
Walking (Do you have difficulty walking or climbing steps)	
Remembering (Do you have difficulty remembering or concentrating)	
Self-care (have difficulty with self-care, such as washing all over or dressing)	

	Option
Communicating: (Using your usual language, do you have difficulty communicating, for example understanding or being understood?)	

15. What is the number of vehicles in your household?

Type	Number
Bicycle	
Two Wheeler	
Three Wheeler	
Car	

16. Do you use/ride/drive any of the vehicles in your house?

- a. Yes
- b. No

16.1 If No, why

- a. High cost of vehicle ownership
- b. Mobility needs do not require a personal vehicle
- c. Reliable options of Public Transport and Intermediate Public Transport
- d. Fear of unsafe roads/too many accidents/rash driving causing me to not drive/ use a personal vehicle
- e. I find traffic levels/congestion in my city to be prohibitively high
- f. I prefer to use environmental friendly modes of transportation

17. What type of bicycle do you use? (if Yes to Q16, select all that is applicable)

- a. Regular
- b. Pedal Assisted
- c. Electric

18. What fuel does your 2W run on? (if Yes to Q16, select all that is applicable)

Type	Number (drop down)
Petrol	
Diesel	
CNG/LPG	
Electric	

19. What fuel type does your 3W run on? (if Yes to Q16, select all that is applicable)

Type	Number (drop down)
Petrol	
Diesel	
CNG/LPG	
Electric	

20. What fuel type does your car run on? (if Yes to Q16, select all that is applicable)

Type	Number (drop down)
Petrol	
Diesel	
CNG/LPG	
Electric	

21. Do you travel with a companion? (multiple)

- a. Young Child (up to 6 years older)
- b. Older child (7-15 years older)
- c. Senior Citizens (60 years+)
- d. Caretaker
- e. Same age (such as friends, colleagues, spouse, etc.)
- f. No companion

22. What is the number of trips made per week based on purpose?

Purpose of trip	No. of trips (drop down)
1. Work	1. NA
2. Education	2. 1-2
3. Shopping (How many times do you visit malls and shopping markets)	3. 3-4
4. Care-related	4. 5-10
5. Recreation	5. 11-14
6. Livelihood	6. 15-20
	7. >20

23. What is the distance covered for different trips made per week based on purpose?

Purpose of trip	What is your average distance you travel (to and fro) (drop down)
1. Work	1. <2km
2. Education	2. 2-5km
3. Shopping (How many times do you visit malls and shopping markets)	3. 5-10km
4. Care-related	4. 10-15km
5. Recreation	5. 15-20km
	6. >20km

24. What are the modes covered for different trips made per week based on purpose?

Purpose of trip	Mode chosen for the longest distance (drop down)
1. Work 2. Education 3. Shopping (How many times do you visit malls and shopping markets) 4. Care-related 5. Recreation	1. Walking 2. Cycling 3. Public Bicycle Sharing 4. Public Bus 5. Metro 6. Train 7. Inland waterway ferry 8. Cab 9. Auto 10. Shared cab/auto 11. Personal car 12. Personal Two wheeler 13. Rented car/bike 14. Employee Transport (car/ bus)

*If livelihood as an option

25. What is the average km you travel in a day?

- 1-50km
- 51-100km
- 101-150km
- 151-200km
- Above 200km

26. What is the average working hours/duty time?

- 0-4 hours
- 4-8 hours
- 8-12 hours
- Above 12 hours

27. What mode do you use for your service? (multiple)

- Push-kart
- Cycle
- E-cycle
- E-loader/ Rickshaw
- Bike
- Car
- Truck
- Auto/3W
- Others specify: ____

28. Do you use your own vehicle for service?

- Yes
- No

29. Where do you travel? (highest based on Q22)

- From-
- To-

30. What time of the day do you commute? (highest based on Q22)

	5-8am	8-11 am	11-4 pm	4-8 pm	8pm-12am	12-5 am
Onward						
Return						

31. How long do you take to commute? (highest based on Q22)

	<10 min	10-30 min	30-45min	45-60 min	60-90 min	>90 min
Onward						
Return						

Section 2: Public Transport and Intermediate Public Transport

32. Do you use public transport regularly?

- a. Yes
- b. No

33. What modes of transport do you use to access public transport? (only if Yes in Q32) ?

	Walk	Cycle	Personal vehicle	IPT - Auto, taxi, e-rickshaw, shared auto/ cab etc.	Others:	>90 min
First Mile (Home to Transit stop)						
Last Mile (Transit stop to destination)						

34. How accessible is your nearest transit stop? (only if Yes is chosen in Q32)

- a. < 5 minutes
- b. 5-10 minutes
- c. 10-15 minutes
- d. 15-20 minutes
- e. 20 minutes and above

35. What is the average waiting time for public transit (bus, metro, local train, inland waterways etc.) in your city? (only if Yes is chosen in Q32)

- a. < 5 minutes
- b. 5-10 minutes
- c. 10-15 minutes
- d. 15-20 minutes
- e. 20 minutes and above

36. What is the mode of payment you use for the following? (only if Yes is chosen in Q32)

	Cash	Credit/ Debit Card	Smart Card	Pass	UPI/ Mobile Application	Free of cost
Public transport						
IPT						

37. Do you have access to information (fare, time-table, transit stops) on public transit? (select one-common)

- a. No information
- b. Static information
- c. Some information available but not coherent
- d. Most information available and accessible for all PT modes
- e. All information available and accessible for all PT modes

38. If public transit information is available, how do you access this information? (select one-common, if (a) in Q37 skip this question)

- a. Website of the public transit agency
- b. Public transit application (mobile app)
- c. Other websites or Social media
- d. At transit stops
- e. Print media
- f. Word of mouth (friends, family, colleagues, etc.)
- g. Others

39. Have you ever said no to an opportunity (educational/work related) due to difficulty in commuting? (common)

- a. Yes
b. No

If yes, Why? (Drop Down, select all applicable)

1. Availability- lack of adequate public transport in your area.
2. Safety concerns related to pickpockets and petty crimes
3. Gender based Safety concerns due to gender- based violence like eve teasing, molestations
4. Affordability - high cost of travel
5. Travel time - long time to travel to destination
6. Accessibility - inaccessible for use
7. Reliability - irregular schedules
8. Comfort - overcrowded, difficult to find a seat, inadequate ventilation
9. Others

40. Rate the following services in your city across various attributes according to your level of agreement or disagreement (provide a score in each cell-common)

Please ask the below statements addressing the respondent, and elicit response on a 5-point scale.

- 1 – Strongly disagree 2 – Disagree 3 – Neutral/Not sure 4 – Agree
5 – Strongly agree

a. Your city's public transport is safe from pickpockets and other petty crimes

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

b. Your city's public transport system is safe from gender related crime events such as eve teasing and molestation

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

c. Your city's Public transport is easily accessible by the differently abled & Persons with disabilities (linked to Q13)

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

d. Public transportation in your city is easily available across the city

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

e. There are long waiting periods to board public transport in your city

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

f. Reaching your frequently used destinations is significantly faster by your own vehicle than public transport

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

g. Information on time table, fares, etc. are easily available to you

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

h. Public transport is overcrowded and it is difficult to find a space or to even stand

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

i. Public transport in your city is clean, hygienic, and well maintained

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

j. Public transport is affordable between any two points in your city

Mode	Option
Bus	
Metro	
Local Train	
Water Metro/ Ferry	

41. Do you have restrictions from your spouse/parents/others from using public transport?

- a. Yes
b. No

If Yes, why? (drop down, select all applicable)

1. Safety concerns related to pickpockets and petty crimes
2. Safety concerns due to gender- based violence like eve teasing, molestations

3. Availability- lack of adequate public transport in your area.
4. Affordability - high cost of travel
5. Travel time - long time to travel to destination
6. Accessibility - inaccessible for use
7. Reliability - irregular schedules
8. Comfort - overcrowded, difficult to find a seat, inadequate ventilation
9. Others

42. Do you prefer taking public transportation at night?

- a. Yes
- b. No

If No, why? (Drop Down, select all applicable)

1. Availability- lack of adequate public transport in your area.
2. Safety concerns related to pickpockets and petty crimes
3. Safety concerns due to gender- based violence like eve teasing, molestations
4. Travel time - long time to travel to destination
5. Accessibility - inaccessible for use
6. Reliability - irregular schedules
7. Comfort - overcrowded, difficult to find a seat, inadequate ventilation
8. Others

Section 3: Parking

43. What is the mode of payment you use for dedicated parking? (linked to Q16, select one in each column)

Cash	Credit/Debit Card	Free of cost	UPI/ Mobile Application
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Q44-47: Rate the question based on the following scale

- 1 – Strongly disagree 2 – Disagree 3 – Neutral/Not sure 4 – Agree
5 – Strongly agree

44. Rate the parking infrastructure for vehicles (4W and/or 2W) on a scale from 1-5 across various attributes; E.g.: 5 on availability would mean the said service in your city is easily available) (linked to Q16, select one in each column)

Parking infrastructure in your city	Option
Dedicated Parking is available in all parts of the city	
Dedicated Parking is available at all major transit hubs	

Section 4: Road (common)

45. Rate the road conditions for the following attributes.

Condition of Road	Option
Roads in your city are adequately wide	
Roads in your city are not congested	
Roads in your city do not have potholes	
Roads in your city are well-illuminated	

Section 5: Pedestrian Infrastructure (common)

46. Rate the pedestrian infrastructure conditions for the following attributes.

Condition of pavements	Option
Footpaths in your city are wide and in good condition	
Adequate FOBs and subways are available at major junctions	
Footpath in your city are well illuminated	

Section 6: Cycle Infrastructure

47. Rate the bicycle infrastructure conditions for the following attributes (linked to Q16, select one in each column)

Condition of cycle tracks	Option
Adequate cycle tracks/lanes are available throughout the city	
Adequate cycle parking provisions are available at all transit hubs	

Section 7: Electric Vehicle

48. Would you consider buying an EV?

- a. Yes
- b. No
- c. Not sure

49. If No or Not sure, what is primarily stopping you? (select top 3)

- a. Electric vehicle are more expensive than ICE (petrol/ diesel) vehicles
- b. Limited finance options (not many banks, NBFCs giving loans for EVs)
- c. High cost of finance (rate of interest on loans is high)
- d. Safety concerns
- e. Not enough EV options in the market to choose from
- f. Inadequate charging infrastructure
- g. No clarity on resale/ resale value of EVs
- h. Concerned about technology and reliability of existing EVs
- i. Lack of service centres/ skilled mechanics
- j. I'm not aware of the EV technology
- k. I own a car /recently purchased personal vehicle so not planning to buy one in the next few years
- l. Others; specify _____

Section 8: Use of Mobile Application

50. Do you use a smartphone?

- a. Yes
- b. No

51. If Yes, do you use the following services and how many applications do you use for each? (select all that apply)

Services	Number of apps
Booking a ride on digital platforms for taxi-cabs, auto-rickshaws, bike-taxis, etc	
Rental vehicle Application - PBS/Bike/ Cars	
Ticketing on bus, metro, other public transport etc.	
Journey planning, information on routes and timetables and fares	
Delivery of food, groceries, medicines, packages etc.	
Payments/Recharge of smart cards	
Booking parking slots	
Charging Locations for EVs	

Section 9: Gender Safety

52. Have you faced harassment while commuting in your city?

- a. Yes
- b. No

53. Are you comfortable sharing this kind of harassment?

Type of harassment (Drop Down)

Verbal

(sexual comments on clothes person etc , whistling etc).

Non-verbal

(Stalking, indecent exposure, suggestive expressions, sexual gestures)

Physical

(groping, playing with hair, kissing,hugging sexual assault, Rape)

No response

