

## Transit Safety Survey

[Agency] is seeking to better understand if riders feel safe using their service. The following questions are sensitive, but will help [agency] improve safety. Your response is important even if you choose to skip some questions. The survey is for adults (18 years or older). All responses will be kept confidential.

1. How often do you typically use [agency]?
- 2 or more days a week       1 - 4 days a month       A few times a year or less

**The following questions ask about your experiences using [agency] over the past year or so. Think about all parts of a transit trip, both onboard and while waiting at stations or stops.**

2. How often do you feel safe using [agency]?

                      

Always ←————→ Never

3. Have you experienced any of the following yourself or seen them happen to others while using [agency] in the past year?

	Happened to me	Saw it happen to others
Hostile comments, sounds, or gestures	<input type="checkbox"/>	<input type="checkbox"/>
Sexual comments, sounds, looks, or gestures (asking you to have sex, calling you "babe," whistling, kissing noises, leering, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Following or stalking	<input type="checkbox"/>	<input type="checkbox"/>
Unwanted groping, kissing, or other inappropriate touching	<input type="checkbox"/>	<input type="checkbox"/>
Pushing, spitting, coughing on you, or other physical assault	<input type="checkbox"/>	<input type="checkbox"/>
Personal property damaged or stolen	<input type="checkbox"/>	<input type="checkbox"/>
Showing pornographic or offensive pictures or words	<input type="checkbox"/>	<input type="checkbox"/>
Exposing private body parts	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault or rape	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

Skip to Question 11 if **have not** experienced or seen any of the behaviors listed above.

4. How often did you experience or see any of these behaviors when using [agency] in the past year?

                      

Frequently ←————→ Never

5. Where did these incidents happen? (Check all that apply)

At stops/stations       On board       Other \_\_\_\_\_

6. When did these incidents happen? (Check all that apply)

Daytime       After dark

7. When these incidents happened, were you alone or with traveling companions? (Check all that apply)

Alone       With traveling companions

8. When these incidents happened, did you report any of them? (Check all that apply)

- Did not report any
- To [agency] (in person, online, by phone, via social media, etc.)
- To police/law enforcement
- Other (specify): \_\_\_\_\_

8a. Did you receive an appropriate response?  
 Yes  
 No  
 Sometimes

9. When these incidents happened, do you think the victim was targeted because of .....? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Race or ethnicity | <input type="checkbox"/> Gender/gender expression | <input type="checkbox"/> Obesity               |
| <input type="checkbox"/> Religion          | <input type="checkbox"/> Sexual orientation       | <input type="checkbox"/> None – it was random  |
| <input type="checkbox"/> Language spoken   | <input type="checkbox"/> Age                      | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Income            | <input type="checkbox"/> Disability               | <input type="checkbox"/> Other (specify) _____ |

10. Do you currently take any safety precautions when using [agency] to avoid being harassed? (Check all that apply)

- Don't ride at night
- Avoid certain routes, stops, or stations
- Don't ride alone
- Other (specify): \_\_\_\_\_
- No - don't take any safety precautions when using [agency]

**ABOUT YOU**

*These questions are included to be sure we survey a mix of riders.*

11. Age

- 18 - 34
- 35 – 64
- 65 and older

16. Gender (Check all that apply)

- Female
- Male
- Nonbinary
- Transgender
- Other (specify): \_\_\_\_\_

12. Home ZIP code \_\_\_\_\_

13. What is your primary language?

- English
- Other (specify) \_\_\_\_\_

17. Do you identify as LGBTQIA+ (lesbian, gay, etc.)?

- Yes
- No

14. Race or ethnic identification (Check all that apply)

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic/Latino
- White
- Other (specify): \_\_\_\_\_

18. Annual household income

- Under \$25,000
- \$25,000-\$49,999
- \$50,000 -\$99,999
- \$100,000+

15. Do you have any disabilities that affect your experience using [agency]?

- Yes
- No

19. What would you say is your religion?

\_\_\_\_\_  None

Comments or experiences related to safety/harassment on [agency]:

\_\_\_\_\_  
*You may also share comments online at [\[url\]](#)*  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing the survey!**