



Transit Safety Survey

| SUPERVISOR ONLY | | | |
|--------------------|-------|------|----------|
| Date: | _____ | Rt: | _____ |
| Survey Start Time: | | | |
| 6-9a | 9a-3p | 3-7p | After 7p |
| Day of the Week: | | | |
| M | T | W | TH F |

MTS is seeking to better understand how safe riders feel using bus and Trolley services. This survey will focus on safety as it relates to other riders' behavior, and is being conducted as part of a statewide effort with other transit agencies. The following questions address sensitive topics. Your responses will be confidential, and help MTS improve safety. Please fill out as many of the questions as you can. This survey is for riders aged 16 and older.

1. How often do you typically use MTS?
 ____ (1) 3+ days a week ____ (2) 1-2 times a week ____ (3) A few times a month ____ (4) Less than monthly

2. What bus and/or Trolley routes do you typically ride? *(Select all that apply.)*
 ____ (1) Blue Line Trolley ____ (2) Green Line Trolley ____ (3) Orange Line Trolley
 ____ (4) Bus Routes (List Up to 3 most used routes): 1st _____ 2nd _____ 3rd _____

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

3. How safe do you feel using MTS?
 ____ (1) Extremely Safe ____ (2) Somewhat Safe ____ (3) Somewhat Unsafe ____ (4) Extremely Unsafe

4. Compared to a year ago, do you feel...? *(Select one.)*
 ____ (1) More safe riding MTS ____ (2) About the same level of safety ____ (3) Less safe riding MTS
 ____ (4) Not applicable, was not riding a year ago

5. Have you experienced any of the following yourself or seen them happen to other riders while using MTS in the past year? *(Check all that apply, specifying whether the incidents occurred on Bus or Trolley.)*

| For each line below, check all to the right that apply - specifying whether 1. Happened to You on BUS, 2. Happened to You on TROLLEY, 3. Saw it Happen to Others on BUS, or 4. Saw it Happen to Others on TROLLEY. | | Happened to Me on BUS | Happened to Me on TROLLEY | Saw Happen to Others on BUS | Saw Happen to Others on TROLLEY |
|--|---|----------------------------|----------------------------|-----------------------------|---------------------------------|
| 1 | Hostile comments, sounds, or gestures | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2 | Sexual comments, sounds, looks, or gestures (asking you to have sex, using terms like "babe," whistling, kissing noises, leering, etc.) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3 | Following or stalking | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4 | Unwanted groping, kissing, or other inappropriate touching | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 | Intentional pushing, spitting, or other physical assault | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6 | Personal property damaged or stolen | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7 | Showing pornographic or offensive pictures or words | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8 | Exposing private body parts | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9 | Sexual assault or rape | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 10 | Other (please specify below): _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Skip to Q14 if you **have not** experienced or seen any of the behaviors listed above in the past year.

6. How often have you **experienced** these behaviors **directed to** you when using MTS in the past year?
 ____ (1) Majority of my trips ____ (2) Some of my trips ____ (3) Rarely ____ (4) Never

7. How often have you **seen** these behaviors **directed to others** when using MTS in the past year?
 ____ (1) Majority of my trips ____ (2) Some of my trips ____ (3) Rarely ____ (4) Never

8. Where did these incidents happen? *(Check all that apply.)* ____ (1) At stops/stations ____ (2) Onboard bus/Trolley

9. When did these incidents happen? *(Check all that apply.)*
 ____ (1) Early morning (4am-7am) ____ (2) Daytime (8am-2pm) ____ (3) Late afternoon/early evening (3pm-6pm)
 ____ (4) After dark (7pm-End of Service)

10. Thinking of the times you have had the above experiences happen to you, were you alone or with traveling companions? *(Check all that apply.)* ____ (1) Alone ____ (2) With travelling companions

11. Did you know who to contact or how to get help when needed? (1) Yes (2) No

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

- (1) Reported to MTS (in person, online, by phone, via social media, etc.)
- (2) Reported to police/law enforcement
- (3) Reported to other source (Specify): _____
- (4) Did not report (Skip to Q13.)

12a. Did you receive an appropriate response?

- (1) Yes (2) No
- (3) Sometimes

13. Thinking of the times the above experiences happened to you and/or to others, do you think you and/or others were targeted because of? (Check all that apply.)

- (01) Race or ethnicity
- (02) Religion
- (03) Language spoken
- (04) Income
- (05) Gender/gender expression
- (06) Sexual orientation
- (07) Age
- (08) Disability
- (09) Obesity
- (10) None – it was random
- (11) Don't know
- (12) Other: _____

14. Do you currently take any safety precautions when using MTS to avoid being harassed? (Check all that apply.)

- (1) Don't ride at night
- (2) Avoid certain routes, stops, or stations
- (3) Don't ride alone
- (4) Avoid wearing certain clothes or shoes
- (5) Don't travel with valuables
- (6) Pick a specific seat or direction to face
- (7) Other: _____
- (8) No – don't take any safety precautions

ABOUT YOU

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

15. Age

- (1) 16-25 (4) 45-54
- (2) 26 – 34 (5) 55-64
- (3) 35 – 44 (6) 65+

20. Gender (Check all that apply.)

- (1) Male (4) Transgender
- (2) Female (5) Other: _____
- (3) Nonbinary

16. Home ZIP code: _____

17. What is your primary language?

- (1) English (2) Spanish
- (3) Other (specify): _____

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

- (1) Yes (2) No

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

- (1) American Indian or Alaska Native
- (2) Asian or Pacific Islander
- (3) Black or African American
- (4) Hispanic/Latino
- (5) White
- (6) Other (specify): _____

22. Annual household income

- (1) Under \$25,000
- (2) \$25,000-\$49,999
- (3) \$50,000 -\$99,999
- (4) \$100,000 - \$149,999
- (5) 150,000+
- (6) Don't know / prefer not to say

19. Do you have any disabilities?

- (1) I have a physical disability
- (2) I have a cognitive disability
- (3) No

23. What would you say is your religion?

(Please write "None" if N/A.)

24. Can we invite you to participate in occasional MTS transportation studies?

- (1) Yes (Enter contact information.) (2) No

25. Would you like to be entered into a drawing for a chance to win one of FIVE \$100 VISA Cash Cards? You must fully complete the survey to enter.

- (1) Yes (Enter contact information.) (2) No

Name: _____ Phone: _____ Email: _____

Thank you for completing the survey!