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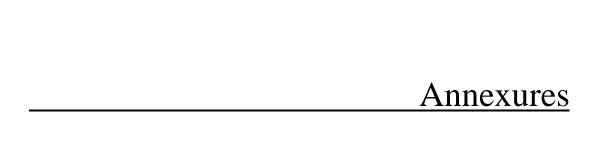
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Street survey questionnaire

Do you feel you can answer questions on women's safety in this area?

It will take less than 10 minutes.

1.	How long have you lived in this city?	
	Longer than 5 years	
	1-5 years	
	Less than 1 year	
	Just arrived to the city	
2.	Why you come to the city today?	
	On the way to home	
	On the way to work place	
	On the way to study	
	For shopping	
	To meet someone	
3.	How often have you been to this area in the past one year?	
	Just once or rarely	
	Occasionally	
	Frequently or daily	
4.	What kind of personal safety risks do you feel when you are in the	is area.
	(Tick all that apply)	
	None, I have no concerns	
	Sexual harassment, hassling, "eve teasing",	
	Stalking, touching, staring	
	Sexual assault or rape	
	Robbery or having money or possessions stolen	
	Murder	
	Other (Specify)	

5.	In this area which factors contribute you to feel unsafe? Tick all that apply.	
	Poor lighting	
	Lack of way finding information	
	Poor maintenance of open public spaces	
	Crowded public transport systems	
	Lack of clean and safe public toilets	
	Lack of people in certain area	
	Lack of visibility	
	Alcohol drunk or drugs taken men	
	Lack of respect from men	
	Other (Specify)	
6.	Do any of these factors affect on your personal safety in this area Tick all that apply.	?
	Being a woman	
	Being of a certain religion	
	Being of a certain race	
	Being from another country	
	Sexual orientation	
	Other (Specify)	
7.	What kind(s) of sexual harassment/ assault have you faced in pull Tick all that apply.	olic places?
	Verbal (comments, whistling etc.)	
	Physical (touching, feeling up, etc.)	
	Visual (staring, leering)	
	Violent physical attack	
	Other (Specify)	

8.	What kind(s) of sexual harassment/ assault have you faced in put transportation? Tick all that apply.	olic
	Verbal (comments, whistling etc.)	
	Physical (touching, feeling up, etc.)	
	Visual (staring, leering)	
	Violent physical attack	
	Other (Specify)	
	None	
9.	How often have you experienced such incidents in this area in th	e past year?
	Just once	
	2-5 times	
	More than 5 times	
10.	At what time of the day did these occur?	
	Day time	
	After dark	
	Both	
11.	What do you do any of the following to avoid sexual harassment apply.	? Tick all that
	Avoid certain public spaces completely	
	Avoid going out alone completely	
	Avoid public transportation	
	Avoid going out alone after dark	
	Avoid going to crowded places	
	Avoid going to secluded places	
	Avoid wearing certain clothes	
	Carry items to protect myself	
	No, I don't do anything	
	Other (Specify)	

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