

English ▼

Default Question Block

Thank you for joining us for today's community conversation about Traffic Safety. As part of your participation, Division Midway Alliance, in partnership with the Portland Bureau of Transportation (PBOT) and the Coalition of Communities of Color, would like you to complete this survey. The survey has 3 questions about your use of transportation and feelings of safety in public spaces in Portland and 9 demographic questions.

Your responses will help us learn more about who is here today and about what is most important to you when thinking about safety on Portland's streets. Your responses are completely anonymous. You can choose not to answer any question you don't want to. We will combine what we learn from this survey with what we hear during today's conversations. Then, PBOT will use all of this information to guide their work to change and improve their programs

and services. PBOT's ultimate goal is for everyone to feel physically and emotionally safe in Portland's public spaces.

Here's what we mean when we talk about physical and personal or emotional safety.

Physical safety: Encountering minimal risks or hazards – such as broken sidewalks, busy roads, or poorly lit plazas – that could result in harm to one's body, while using and moving through Portland's public spaces.

Personal or Emotional safety: Encountering minimal risks or hazards – such as disrespect, harassment, or discrimination – that could result in harm to one's mental wellbeing, while using and moving through Portland's public spaces.

In a typical week during the last year (since May 2022), how often did you use these forms of transportation or services? Please select one choice per row.

	Never	Less than once per week	Once per week	2-3 times per week	4-6 times per week	Once per day	Multiple times per day
Aerial Tram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biketown Bikes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike Lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus (TriMet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car or Motor Vehicle (your own, a family member's, or a friend's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car or Motor Vehicle (taxi or ride share service like Lyft or Uber)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAX (TriMet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood Greenways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pavement (Roadways)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pedestrian Bridges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streetcar (PBOT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking, rolling with a wheelchair, or moving with another mobility device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about where in Portland you feel physically and/or emotionally safe. Are there any particular public spaces or places that come to mind beyond the ones you looked at in the photos today? If so, please list them here:

Is there anything else that you'd like to share about what makes you feel physically and/or personally or emotionally safe, thinking in particular about lighting, public gathering spaces (like plazas), street crossings, sidewalks, and getting to bus stops?

The following questions are about you, which will help us understand who is here today and about the various communities that are collectively represented. You may skip any question or choose "I don't want to answer" if you are not comfortable answering.

Please describe your gender in any way you prefer:

In what year were you born? (YYYY)

What is the 5-digit zip code where you live?

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- Hispanic or Latino/a/x
- Native Hawaiian or Pacific Islander
- White
- American Indian, Alaska Native, or Tribal Affiliation
- Black or African American
- Middle Eastern or North African
- Asian
- Other, please list:
- I don't know
- I don't want to answer

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x
- I don't know
- I don't want to answer

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander
- I don't know
- I don't want to answer

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- Eastern European
- Slavic
- Western European
- Other White
- I don't know
- I don't want to answer

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation

- Indigenous Mexican, Central American, or South American
- Tribal Affiliation:
- I don't know
- I don't want to answer

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black
- I don't know
- I don't want to answer

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- Middle Eastern
- North African
- I don't know
- I don't want to answer

Which of the following describes your racial or ethnic identity? Please select ALL that apply.

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
- I don't know
- I don't want to answer

If you checked **more than one** category above, is there one you think of as your **primary** racial or ethnic identity?

- Yes. Please list your primary racial or ethnic identity:
- I do not have just one primary racial or ethnic identity.

- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- I don't know.
- I don't want to answer.

What language or languages do you use at home? Please select ALL that apply.

- Cantonese
- English
- Karen (Burmese)
- Mandarin
- Nepali
- Russian
- Spanish
- Vietnamese
- I don't know
- I don't want to answer

Do you identify with having or living with a disability?

- Yes
- No
- I don't know
- I don't want to answer

If yes, please describe the nature of your disability. Please select ALL that apply.

- Blind or have serious difficulty seeing, even when wearing glasses
- Deaf or have serious difficulty hearing
- Have serious difficulty communicating using your usual (customary) language
- Have serious difficulty concentrating, remembering, or making decisions
- Have serious difficulty with mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations
- Have serious difficulty walking or climbing stairs
- Not listed above, please describe:
- I don't want to answer

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