



Brown University

Survey Questionnaire

In advance, thank you for participating in this Brown University Research Project.

Your accurate responses are very important for the success of this project.

Please ask the researchers if any question is unclear or if you have any doubts.

For official use only:

Date	
Investigator ID	
Interview status	<input type="checkbox"/> Partially filled <input type="checkbox"/> Complete
Interview checks (ALL THREE checks must be complete before data entry)	<input type="checkbox"/> Checked by Supervisor <input type="checkbox"/> Checked by RA <input type="checkbox"/> Checked by Enumerator



Section A. Personal information		
A1	College Name	Delhi College of Arts and Commerce
A2	Course Name	
A3	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
A4	Age	_____ Years
A5	Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Other (specify) _____
A6	Social category	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Other (specify) _____
A7	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Other (specify) _____
A8	Year of admission	<input type="checkbox"/> 2013-14 <input type="checkbox"/> 2014-15 <input type="checkbox"/> 2015-16
A9	Residential address area name/ street name with pin code i.e. the address you travel to college from daily	Area name/ street name:
		City and Pin code:
A10-a	Permanent address area name/ street name with pin code i.e. the address where you lived in class 12th >> Please fill <u>if different from residential address</u>	Area name/ street name:
		City and Pin code:
A10-b	Status of house at permanent address (as mentioned in A10-a)	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Allotted
A10-c	Type of house at permanent address (as mentioned in A10-a)	<input type="checkbox"/> Flat <input type="checkbox"/> Independent house
A11	How many TVs does your permanent house have?	
A12	How many bedrooms are there in your permanent house?	
A13	How many bathrooms are there in your permanent house?	

Please write the following where applicable: “Do not know”, “Not applicable”, “Refusal to answer”



A14	How many refrigerators does your permanent house have?	
A15	How many computers does your permanent house have?	
A16	Do you have a computer and/or laptop of your own?	<input type="checkbox"/> None <input type="checkbox"/> Computer <input type="checkbox"/> Laptop <input type="checkbox"/> Both

Section B. Travel information				
Now I would like to ask you some questions about your travel to and from college.				
B1-a	We want to know the exact route you took TO college daily last semester. Please specify each mode of transport you take during your daily travel and the associated landmarks. For example:	Mode	Landmark 1	Landmark 2
		1) Auto	Home	AIIMS hospital
		2) Auto	AIIMS hospital	INA
		3) Auto	INA	Sarojini Nagar
		4) Auto	Sarojini Nagar	DCAC
		Mode	Landmark 1/ Start	Landmark 2/ End
Mode: 1=Auto 7=Private Bus 2=Car 8=Rickshaw 3=Car pool 9=Scooter 4=DTC bus 10=Taxi/Uber 5=Metro 11=Walk 6=Motorcycle 12=Other (specify)		1)	Home	
		2)		
		3)		
		4)		
B1-b	Usually, what time did you arrive in college last semester?	_____ AM/ PM		
B1-c	Usually, how much time did you spend in traveling TO college from your residence last semester?	_____ hours _____ minutes		
B2-a	We want to know the exact route you took FROM college daily last semester. Please specify each mode of transport you take during your daily travel and the associated landmarks. >> Please fill if different from the above mentioned route For example:	Mode	Landmark 1	Landmark 2
		1) Walk	DCAC	M-block Netaji Nagar
		2) Bus	M-block Netaji Nagar	South Extension Part 1
		3) Walk	South Extn Part 1	Home
		Mode	Landmark 1/ Start	Landmark 2/ End
Mode: 1=Auto 7=Private Bus 2=Car 8=Rickshaw 3=Car pool 9=Scooter 4=DTC bus 10=Taxi/Uber 5=Metro 11=Walk 6=Motorcycle 12=Other (specify)		1)	DCAC	
		2)		
		3)		
		4)		
B2-b	Usually, what time did you usually leave from college last semester?	_____ AM/ PM		
B2-c	Usually, how much time did you spend in traveling FROM college to your residence last semester?	_____ hours _____ minutes		

Please write the following where applicable: “Do not know”, “Not applicable”, “Refusal to answer”



For the following questions please provide details of your **mode of travel from residence to college**.

B3	If your mode of travel includes “CAR”, then do you drive or do you have a driver?	<input type="checkbox"/> Self-driven <input type="checkbox"/> Driver <input type="checkbox"/> Both <input type="checkbox"/> Other (specify) _____				
B4	If your mode of travel includes “METRO” or “TRAIN”, then which coach do you travel in?	<input type="checkbox"/> Ladies <input type="checkbox"/> General <input type="checkbox"/> Both				
B5	If your mode of travel includes “DTC BUS”, then what are the bus numbers, in order of usage?					
B6	If your mode of travel includes “DTC BUS”, then what type of bus do you use? >>Please tick ALL that apply	<input type="checkbox"/> Green CNG bus <input type="checkbox"/> Red AC bus <input type="checkbox"/> Ladies Special <input type="checkbox"/> U-special <input type="checkbox"/> Orange Cluster bus <input type="checkbox"/> Other (specify) _____				
B7	If your mode of travel includes “PRIVATE BUS”, then what are the bus numbers, in order of usage?					
B8-a	Last semester, how often did you travel to college with somebody?	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never				
B8-b	If you travelled with somebody, then who did you travel with most frequently? >>Please tick ALL that apply	<input type="checkbox"/> Friends <input type="checkbox"/> Neighbors <input type="checkbox"/> Parents <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Relative <input type="checkbox"/> Other (specify) _____				
B9-a	How many cars does your permanent house own?					
B9-b	Of these cars how many can you use?					
B9-c	Type/ make and model of each car For example: Tata Nano, Maruti Alto, Honda City etc.	(1)	(2)	(3)	(4)	(5)
B10	How many scooters does your permanent household own?					
B11	How many motorcycles does your permanent household own?					
B12	How much money do you spend every month (EXCLUDING rent and travel expense)?	_____ Rupees per month				
B13	How much do you spend on travel expense to and from college in a month?	_____ Rupees per month				

Please write the following where applicable: “Do not know”, “Not applicable”, “Refusal to answer”



Section C. Class 12 school information						
Now I would like to ask you some questions about your education						
C1	Name of the school you attended in Class 12					
C2	Address of the school you attended in Class 12	Area name/ street name:				
		City and Pin code:				
C3	Type of school you attended in Class 12	<input type="checkbox"/> Private coeducational school <input type="checkbox"/> Private all-boys school <input type="checkbox"/> Private all-girls school <input type="checkbox"/> Government coeducational school <input type="checkbox"/> Government all-boys school <input type="checkbox"/> Government all-girls school <input type="checkbox"/> Other (specify) _____				
C4	Board of class 12 examination	<input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Other (specify) _____				
C5	Best of four percentage in Class 12 used for admission into colleges	_____ %				
		(1)	(2)	(3)	(4)	(5)
C6-a	Class 12 subject list Enter subject from SUBJECT LIST below					
C6-b	Class 12 marks , subject wise					

SUBJECT LIST:

Accountancy
Biology
Biotechnology
Business Studies
Chemistry

Computer Science
Economics
English Core
English Elective
Geography

Hindi
History
Home Science
Mathematics
Philosophy

Physical Education
Physics
Political Science
Psychology
Sociology
Other (specify)

C7-a	Did you take part in extra-curricular activities in high school after classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C7-b	If YES then how many hours in a week (on average) did you spend on extra-curricular activities in high school after classes?					
		(1)	(2)	(3)	(4)	(5)
C8	Which courses did you apply to in Delhi University? >> Please write course name					

Please write the following where applicable: “Do not know”, “Not applicable”, “Refusal to answer”



C10	Please mark all the colleges you applied to at the time of admission. >> Tick ALL that apply	(See below)
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	All
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	Acharya Narendra Dev College		Maulana Azad Medical College
	Aditi Mahavidyalaya		Miranda House
	Aryabhatta College		Motilal Nehru College
	Atma Ram Sanatan Dharam College		Motilal Nehru College (Evening)
	Ayurvedic & Unani Tibbia College		Nehru Homoeopathic Medical College & Hospital
	Bhagini Nivedita College		Netaji Subhas Institute of Technology
	Bharati College		P.G.D.A.V. College
	Bhaskaracharya College of Applied Sciences		P.G.D.A.V. College (Evening)
	Bhim Rao Ambedkar College		Rajdhani College
	College of Art		Rajkumari Amrit Kaur College of Nursing
	College of Vocational Studies		Ram Lal Anand College
	Daulat Ram College		Ramanujan College
	Deen Dayal Upadhyaya College		Ramjas College
	Delhi College of Arts & Commerce		Satyawati College
	Delhi Institute of Pharma. Sciences & Research		Satyawati College (Evening)
	Deshbandhu College		School of Open Learning
	Dyal Singh College		Shaheed Bhagat Singh College
	Dyal Singh College (Evening)		Shaheed Bhagat Singh College (Evening)
	Gargi College		Shaheed Rajguru College of Applied Sciences for Women
	Hans Raj College		Shaheed Sukhdev College of Business Studies
	Hindu College		Shivaji College
	Indira Gandhi Institute of Phys Ed & Sports Sciences		Shri Ram College of Commerce
	Indraprastha College for Women		Shyam Lal College
	Institute of Home Economics		Shyam Lal College (Evening)
	Janki Devi Memorial College		Shyama Prasad Mukherji College for Women
	Jesus & Mary College		Sri Aurobindo College
	Kalindi College		Sri Aurobindo College (Evening)
	Kamala Nehru College		Sri Guru Gobind Singh College of Commerce
	Keshav Mahavidyalaya		Sri Guru Nanak Dev Khalsa College
	Kirori Mal College		Sri Guru Teg Bahadur Khalsa College
	Lady Hardinge Medical College		Sri Venkateswara College
	Lady Irwin College		St. Stephen's College
	Lady Shri Ram College for Women		Swami Shraddhanand College
	Lakshmibai College		University College of Medical Sciences & GTB Hospital
	Maharaja Agrasen College		Vallabhbhai Patel Chest Institute
	Maharshi Valmiki College of Education		Vivekananda College
	Maitreyi College		Zakir Husain Delhi College
	Mata Sundri College for Women		Zakir Husain Post Graduate Evening College

Please write the following where applicable: “Do not know”, “Not applicable”, “Refusal to answer”



		(1)	(2)	(3)	(4)	(5)
C11-a	Out of the colleges you got admission into , please name the top 5 colleges you were choosing between					
C11-b	Assuming that all of the above colleges were located where you live, please rank the colleges in order of your preference					
C12	Why did you choose this college? >>Please tick ALL that apply	<input type="checkbox"/> Quality <input type="checkbox"/> Reputation <input type="checkbox"/> College Fees <input type="checkbox"/> Access/ Travel cost <input type="checkbox"/> Safe transit <input type="checkbox"/> Safe from sexual harassment (including verbal) <input type="checkbox"/> Cut-off <input type="checkbox"/> Friends <input type="checkbox"/> Other (specify) _____				
C13-a	How much influence did your parents have on your college choice?	<input type="checkbox"/> A lot <input type="checkbox"/> Medium <input type="checkbox"/> Not much <input type="checkbox"/> None				
C13-b	What aspects of a college were important for your parents? >>Please tick ALL that apply	<input type="checkbox"/> Quality <input type="checkbox"/> Reputation <input type="checkbox"/> College Fees <input type="checkbox"/> Access/ Travel cost <input type="checkbox"/> Safe transit <input type="checkbox"/> Safe from sexual harassment (including verbal) <input type="checkbox"/> Friends <input type="checkbox"/> Other (specify) _____				
C14	Last semester, how many days in a week did you have classes in college?	_____ days out of 7 days				
C15	Last semester, in a typical week how many days of class did you attend?	_____ days out of 7 days				
C16	How many hours do you spend in college daily, after classes?	_____ hours				
C17-a	Do you take part in extra-curricular activities in College after classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C17-b	If YES then how many hours in a week (on average) do you spend on extra-curricular activities in College after classes?	_____ hours				
C18	At what age do you expect to get married?	_____ years				
C19	What is the probability that you will work after marriage?	_____ percent				
C20	What do you see yourself doing 10 years from now? >>Please provide an occupation					



Section D. Household information					
Now I would like to ask you some questions about your household's members. By <u>household members</u> I mean all people who live in your permanent house.					
D1	Number of members in household (including yourself)				
D2	Number of sisters (excluding yourself)				
	>> Fill a column for each sister	(Sister 1)	(Sister 2)	(Sister 3)	(Sister 4)
D3-a	Age of each sister (in years)				
D3-b	Current occupation of each sister				
D3-c	Name of school currently attended by each sister or attended in Class 12				
D3-d	Address of the school attended by each sister				
D3-e	Area of study in high school >>Please tick one option	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet
D3-f	Sister's best of four percentage in class 12 used for admission into colleges	_____ %	_____ %	_____ %	_____ %
D3-g	Has any sister attended college in Delhi University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D3-h	If YES then what is the name of the college that your sister(s) attended? >> Please write college name				
D3-i	What is the course that your sister(s) studied? >> Please write course name				
D4	Number of brothers (excluding yourself)				
	>> Fill a column for each brother	(Brother 1)	(Brother 2)	(Brother 3)	(Brother 4)
D5-a	Age of each brother (in years)				
D5-b	Current occupation of each brother				
D5-c	Name of school currently attended by each brother or attended in Class 12				
D5-d	Address of the high school attended by each brother				

Please write the following where applicable: "Do not know", "Not applicable", "Refusal to answer"



D5-e	Area of study in school	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet	<input type="checkbox"/> Commerce <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Not in Class 11 yet
D5-f	Brother's best of four percentage in class 12 used for admission into colleges	_____ %	_____ %	_____ %	_____ %
D5-g	Has any brother attended college in Delhi University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D5-h	If YES then what is the name of the college that each brother attended? >> Please write college name				
D5-i	What is the course that your brother(s) studies? >> Please write course name				
D6	Father's major occupation in lifetime				
D7	Mother's major occupation in lifetime				
D8	Father's highest level of education completed >> Please tick one option	<input type="checkbox"/> Pre-KG <input type="checkbox"/> Lower-KG <input type="checkbox"/> Upper-KG <input type="checkbox"/> Standard 1 <input type="checkbox"/> Standard 2 <input type="checkbox"/> Standard 3 <input type="checkbox"/> Standard 4 <input type="checkbox"/> Standard 5 <input type="checkbox"/> Standard 6 <input type="checkbox"/> Standard 7	<input type="checkbox"/> Standard 8 <input type="checkbox"/> Standard 9 <input type="checkbox"/> Standard 10 <input type="checkbox"/> Standard 11 <input type="checkbox"/> Standard 12 <input type="checkbox"/> College not completed <input type="checkbox"/> College completed <input type="checkbox"/> Post graduate <input type="checkbox"/> No Education		
D9	Mother's highest level of education completed >> Please tick one option	<input type="checkbox"/> Pre-KG <input type="checkbox"/> Lower-KG <input type="checkbox"/> Upper-KG <input type="checkbox"/> Standard 1 <input type="checkbox"/> Standard 2 <input type="checkbox"/> Standard 3 <input type="checkbox"/> Standard 4 <input type="checkbox"/> Standard 5 <input type="checkbox"/> Standard 6 <input type="checkbox"/> Standard 7	<input type="checkbox"/> Standard 8 <input type="checkbox"/> Standard 9 <input type="checkbox"/> Standard 10 <input type="checkbox"/> Standard 11 <input type="checkbox"/> Standard 12 <input type="checkbox"/> College not completed <input type="checkbox"/> College completed <input type="checkbox"/> Post graduate <input type="checkbox"/> No Education		

Please write the following where applicable: "Do not know", "Not applicable", "Refusal to answer"



Section E. Other activities						
Now I have a few questions about the localities where you go to socialize. For example: a location could be Connaught Place or Sarojini Nagar or Karol Bagh.						
E1	Name areas/locations that you go to for shopping with someone.					
E2	Name areas/locations that you go to watch movies with someone.					
E3	Name areas/locations where you go to eat out with someone.					

Males please go to page 11

Females please complete section F below

Section F. Experience in Public Spaces in Delhi	
Now I have a few final questions about your experiences while traveling on a daily basis.	
F1	<p>What form of eve-teasing/harassment have you faced while traveling in Delhi?</p> <p>>> Please tick ALL that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Groping/Grabbing/Rubbing against you <input type="checkbox"/> Inappropriate comments <input type="checkbox"/> Inappropriate gestures <input type="checkbox"/> Inappropriate noises like whistling <input type="checkbox"/> Staring <input type="checkbox"/> Touching <input type="checkbox"/> Following <input type="checkbox"/> Winking <input type="checkbox"/> Poking/Pinching <input type="checkbox"/> Pushing on purpose <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
F2	<p>How frequently are you eve-teased while traveling in Delhi?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Often or daily <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never
F3-a	<p>When you are eve-teased, do you ever share that with someone?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
F3-b	<p>If YES, then whom do you tell?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Friends <input type="checkbox"/> Neighbors <input type="checkbox"/> Parents <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Relative <input type="checkbox"/> Other (specify) _____

Please write the following where applicable: “Do not know”, “Not applicable”, “Refusal to answer”



F4	If you go out alone say 10 times to any public place in Delhi , how many times do you think you will be eve-teased?	_____ out of 10
F5	Do you take any of the following precautions while traveling to or from college to avoid such incidents? >> Please tick ALL that apply	<input type="checkbox"/> Avoid going out after dark <input type="checkbox"/> Avoid making eye contact with strangers <input type="checkbox"/> Avoid unsafe areas <input type="checkbox"/> Travel accompanied by someone <input type="checkbox"/> Don't leave your home <input type="checkbox"/> Dress differently <input type="checkbox"/> Take the ladies compartment in Metro/ ladies special buses <input type="checkbox"/> Carry pepper spray/ carry a whistle <input type="checkbox"/> Cover your chest <input type="checkbox"/> Move away from harasser <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None

For the following questions please **think of a female friend or relative from your neighborhood who goes to college.**

F6	To the best of your knowledge what type of harassment has this friend/ relative faced while traveling in Delhi? >> Please tick ALL that apply	<input type="checkbox"/> Groping/Grabbing/Rubbing against you <input type="checkbox"/> Inappropriate comments <input type="checkbox"/> Inappropriate gestures <input type="checkbox"/> Inappropriate noises like whistling <input type="checkbox"/> Staring <input type="checkbox"/> Touching <input type="checkbox"/> Following <input type="checkbox"/> Winking <input type="checkbox"/> Poking/Pinching <input type="checkbox"/> Pushing on purpose <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
F7	To the best of your knowledge, how frequently is your friend/ relative eve-teased while traveling in Delhi?	<input type="checkbox"/> Often or daily <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never
F8	If your friend/ relative goes out alone say 10 times to any public place in Delhi , how many times do you think she is eve-teased?	_____ out of 10
F9	To the best of your knowledge does your friend take any of the following precautions while traveling to or from college to avoid such incidents? >> Please tick ALL that apply	<input type="checkbox"/> Avoid going out after dark <input type="checkbox"/> Avoid making eye contact with strangers <input type="checkbox"/> Avoid unsafe areas <input type="checkbox"/> Travel accompanied by someone <input type="checkbox"/> Don't leave your home <input type="checkbox"/> Dress differently <input type="checkbox"/> Take the ladies compartment in Metro/ ladies special buses <input type="checkbox"/> Carry pepper spray/ carry a whistle <input type="checkbox"/> Cover your chest <input type="checkbox"/> Move away from harasser <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None



The following section is for MALES only

Section G. Experience of Females in Public Spaces in Delhi		
For males only		
Now I have a few final questions about your views on the experience females have while traveling in Delhi. For the following questions you can think of think of a female friend or relative from your neighborhood who goes to college.		
G1	To the best of your knowledge what type of harassment has your friend/ relative faced while traveling in Delhi? >> Please tick ALL that apply	<input type="checkbox"/> Groping/Grabbing/Rubbing against you <input type="checkbox"/> Inappropriate comments <input type="checkbox"/> Inappropriate gestures <input type="checkbox"/> Inappropriate noises like whistling <input type="checkbox"/> Staring <input type="checkbox"/> Touching <input type="checkbox"/> Following <input type="checkbox"/> Winking <input type="checkbox"/> Poking/Pinching <input type="checkbox"/> Pushing on purpose <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
G2	To the best of your knowledge, how frequently is your friend/ relative eve-teased while traveling in Delhi?	<input type="checkbox"/> Often or daily <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never
G3	If your friend/ relative goes out alone say 10 times to any public place in Delhi , how many times do you think she is eve-teased?	____ out of 10
G4	To the best of your knowledge does your friend take any of the following precautions while traveling to or from college to avoid such incidents? >> Please tick ALL that apply	<input type="checkbox"/> Avoid going out after dark <input type="checkbox"/> Avoid making eye contact with strangers <input type="checkbox"/> Avoid unsafe areas <input type="checkbox"/> Travel accompanied by someone <input type="checkbox"/> Don't leave your home <input type="checkbox"/> Dress differently <input type="checkbox"/> Take the ladies compartment in Metro/ ladies special buses <input type="checkbox"/> Carry pepper spray/ carry a whistle <input type="checkbox"/> Cover your chest <input type="checkbox"/> Move away from harasser <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None

This is the end of the survey. We would like to thank you for your time and effort in filling this form. Your response is very valuable for this Brown University research project. **Thank you!**