

2026 City Survey Instrument

1. Do you live in San Francisco?

- a. Yes → CONTINUE
- b. No → TERMINATE

2. What is your Zip code?

GOVERNMENT SERVICES

Please grade the overall job of local government in providing services: Local government services” refers to any service provided by the City and County of San Francisco, including infrastructure maintenance and cleanliness, library services, City parks, public transportation, etc. (Please use an A through F grading scale where A means Excellent, B means Good, C is Average, D is Poor, and F is Failing.)

UTILITIES

Please grade the City’s performance in the following areas (Please use an A through F grading scale where A means Excellent, B means Good, C is Average, D is Poor, and F is Failing.):

- 1. Reliable delivery of drinking water**
- 2. Providing reliable sewer and stormwater services**

3. Do you receive green power through CleanPowerSF or Hetch Hetchy Power? (Yes/No/ Don’t know/Unsure/No response)

4. Please grade the City’s performance in providing green power through CleanPowerSF or Hetch Hetchy Power. (Please use an A through F grading scale where A means Excellent, B means Good, C is Average, D is Poor, and F is Failing.)

STREETS

Please grade the City’s performance in the following areas (Please use an A through F grading scale where A means Excellent, B means Good, C is Average, D is Poor, and F is Failing.)

- 1. The cleanliness of streets and sidewalks in your neighborhood**
- 2. The condition of sidewalk pavement and curb ramps in your neighborhood**
- 3. The condition of the street pavement in your neighborhood**

PARKS

Please grade the overall quality of the City's recreation and park system. (Please use an A through F grading scale where A means Excellent, B means Good, C is Average, D is Poor, and F is Failing.)

1. In the past 12 months, how often did you visit a City park?

- a. At least once a week
- b. At least once a month
- c. Several times a year
- d. Once or twice a year
- e. Never
- f. (Don't know/Unsure/No response)

2. In the past three months, for which of the following reasons have you visited a City park?

Multi-select allowed.

- a. Dog walking or Dog Play Area
- b. Youth programs, sports, or activities
- c. Exercise with a class or league on court, playfield, rec center, or pool
- d. Exercise independently on court, playfield, rec center, or pool
- e. Enjoy nature, trails, or gardens
- f. Picnics or meeting friends
- g. Concerts, performances, or special events Other (TEXT BOX)
- h. (Don't know/Refused/No response)

LIBRARY

Please grade the overall quality of San Francisco's Library System. (Please use an A through F grading scale where A means Excellent, B means Good, C is Average, D is Poor, and F is Failing.)

1. **In the past 12 months, how frequently have you visited or used the City's main library?**
 - a. At least once a week
 - b. At least once a month
 - c. Several times a year
 - d. Once or twice a year
 - e. Never
 - f. (Don't know/Unsure/No response)
2. **Again, in the past 12 months, how frequently have you visited or used a branch library or bookmobile?**
 - a. Same frequency options as above
3. **And in the past 12 months, how frequently have you visited or used the online library services, including the SF library website, eBooks, and apps?**
 - a. Same frequency options as above

TRAVEL

Please rate how often you use each means of transportation in San Francisco, on average.

- 1. Use public transportation (e.g. Muni, BART)**
 - a. Daily
 - b. 3 to 6 days a week
 - c. 1 to 2 days a week
 - d. Less than 1 day a week
 - e. Never
 - f. (Don't know/Unsure/No response)
- 2. Bike**
 - a. Same frequency options as above
- 3. Scooter or skateboard**
 - a. Same frequency options as above
- 4. Walk or roll**
 - a. Same frequency options as above
- 5. Use regular taxis**
 - a. Same frequency options as above
- 6. Rideshare or Robotaxi (Uber, Lyft, Waymo)**
 - a. Same frequency options as above
- 7. Drive alone**
 - a. Same frequency options as above
- 8. Carpool**
 - a. Same frequency options as above
- 9. Paratransit**
 - a. Same frequency options as above
- 10. How would you grade the overall quality of Muni?** (Please use an A through F grading scale where A means Excellent, B means Good, C is Average, D is Poor, and F is Failing.)
- 11. Have you used Muni in the past year?** Yes/No/Unsure/No response

SAFETY

In general, how safe do you feel while...

1. Walking alone in your neighborhood during the day

- A - Very safe
- B - Safe
- C - Neither safe nor unsafe
- D - Unsafe
- F - Very unsafe
- (Don't know/Unsure/No response)

2. Walking alone in your neighborhood at night

- A - Very safe
- B - Safe
- C - Neither safe nor unsafe
- D - Unsafe
- F - Very unsafe
- (Don't know/Unsure/No response)

4. What is the main reason you feel unsafe walking alone in your neighborhood?

COMMUTING AND DOWNTOWN

- 1. In the past three months, have you visited the downtown San Francisco area for any reason?**
 - a. Yes
 - b. I live in the downtown San Francisco Area
 - c. No
 - d. (Don't know/Unsure/No response)
- 2. In the past three months, for which of the following reasons have you visited the downtown San Francisco area?** You can give more than one answer.
 - a. Work or school
 - b. Shopping, including grocery shopping
 - c. Dining or nightlife (bars, clubs, etc.)
 - d. Live entertainment (theater, concerts, etc.)
 - e. Conferences
 - f. One-time public events (festivals, parades, etc.)
 - g. Museums, libraries, art exhibitions, or other cultural institutions
 - h. Other
 - i. (Don't know/Refused/No response)
- 3. Why have you not visited San Francisco's downtown in the last 3 months?**
- 4. In terms of your job status, are you...**
 - a. Employed full time
 - b. Employed part time
 - c. Unemployed
 - d. Retired
 - e. Student
 - f. Homemaker
 - g. Something else:
 - h. Prefer not to respond
- 5. On average, how often do you make a commute trip to a workplace outside your home?**
 - a. 5 days or more a week
 - b. 3-4 days a week
 - c. 1-2 days a week
 - d. At least monthly
 - e. Rarely or never
 - f. Prefer not to respond
- 6. When you commute to a workplace outside your home, do you most frequently go...**
 - a. to the downtown San Francisco area
 - b. somewhere else in San Francisco
 - c. somewhere outside San Francisco
 - d. Prefer not to respond

GENERAL

- 1. In general, and not only in relation to the City services mentioned in this survey, what would you say is the most important issue facing the City of San Francisco today?**
- 2. Next, you will read you a list of issues in San Francisco. For each, please indicate if that issue has gotten better or worse in the last few years, or if there has been no change. Has this issue gotten better or worse in the last few years, or has there been no change?**
(Better/Worse/No Change/Don't Know)
 - a. Homelessness
 - b. Street and sidewalk cleanliness
 - c. Public safety
 - d. Housing affordability

DEMOGRAPHICS

- 1. Do you own or rent your home?**
 - a. Own
 - b. Rent
 - c. Other (Please specify)
 - d. Prefer not to respond
- 2. How many years have you lived in San Francisco?**
- 3. In the next 3 years, how likely are you to move out of San Francisco?**
 - a. Very likely
 - b. Somewhat likely
 - c. Not too likely
 - d. Not likely at all
 - e. Prefer not to respond
- 4. Including yourself, how many people live in your household?**
- 5. What was your total household income before taxes for 2025?**
 - a. \$25,000 or below
 - b. \$25,001 - \$50,000
 - c. \$50,001 - \$75,000
 - d. \$75,001 - \$100,000
 - e. \$100,001 - \$150,000
 - f. \$150,001 - \$200,000
 - g. More than \$200,000
 - h. Prefer not to respond
- 6. What is your age?**
 - a. 18-24
 - b. 25-29

- c. 30-34
- d. 35-39
- e. 40-44
- f. 45-49
- g. 50-54
- h. 55-59
- i. 60-64
- j. 65-69
- k. 70-74
- l. 75+
- m. Prefer not to respond

7. Do you have any children under the age of 18 who live with you in San Francisco at least part of the time?

- a. Yes, a child/children under the age of 6
- b. Yes, a child/children between the ages of 6 and 17
- c. No
- d. Prefer not to respond

8. Do you have any disabilities or functional limitations that may impact your ability to interact with or benefit from any of the City services we've asked you about today?

- a. Yes
- b. No
- c. Prefer not to respond

Please answer yes or no as to whether you experience any of the following.

9. Difficulty walking or climbing steps

10. Difficulty seeing or hearing, even when wearing glasses or using a hearing aid

11. Difficulty communicating, for example understanding or being understood

12. (Difficulty doing something else (not mentioned above) in relation to my disability

13. What is your gender?

- a. Woman
- b. Man
- c. Genderqueer/Non-Binary
- d. Trans Woman
- e. Trans Man
- f. Not listed (Please Specify)
- g. Prefer not to respond

14. How would you describe your sexual orientation or sexual identity?

- a. Straight/Heterosexual
- b. Gay, lesbian or same-gender loving
- c. Bisexual
- d. Questioning/Unsure
- e. Not listed (Please specify)
- f. Prefer not to respond

15. What is your race or ethnicity?

- a. American Indian or Alaska Native
- b. Asian or Asian American
- c. Black or African American
- d. Hispanic, Latino, or Spanish Origin
- e. Middle Eastern or North African
- f. Native Hawaiian or Other Pacific Islander
- g. White
- h. Prefer not to respond

16. What language do you primarily speak at home?

- a. English
- b. Chinese
- c. Spanish
- d. Russian
- e. Tagalog
- f. Other (specify)
- g. Prefer not to respond

17. What is the highest level of education you have completed?

- a. Less than high school
- b. High School
- c. Some college, less than a 4-year degree
- d. 4-year degree (BA, Bachelor, or equivalent degree)
- e. Advanced degree (MA, Master's, PhD, MBA, Doctorate)
- f. Prefer not to respond

18. The City wants to prioritize its efforts where it matters most to residents, and they understand different areas have different needs. To help these efforts, please indicate the neighborhood in which you primarily reside (list of all SF neighborhoods/Other/Prefer not to respond).