

1. Basic Information

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| 1. Are you male or female? | I am male / I am female |
| 2. Are you under 16 years old or over 16 years old? | I am under 16 / I am over 16 |

2. Sanitation Experiences

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| 3. Do you like the toilets in your town/village? | Yes / No |
| 4. Do you have enough toilets in your town/village? | Yes / No |
| 5. Does your family have their own toilet at home? | Yes / No |
| 6. Are the toilets in your town/village safe to use? | Yes / No |
| 7. Do you fear for your family members' safety when they use the toilet? | Yes / No |
| 8. Have women been attacked when going to the toilet in your village? | Yes / No |
| 9. Are the school toilets safe to use at night? | Yes / No |

3. Experiences with "Pee Power"

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| 10. Do you use the Pee Power toilets? | Yes / No |
| 11. Are Pee Power toilets easy to use? | Yes / No |
| 12. Do Pee Power toilets make you feel safer at night? | Yes / No |
| 13. Do you like the idea of using urine to make electricity? | Yes / No |
| 14. Do you prefer to use the Pee Power toilets instead of the other toilets? | Yes / No |
| 15. Would Pee Power toilets make women safer in your town/village? | Yes / No |

4. Looking forward

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| 16. Would you like to see more Pee Power toilets in your community? | Yes / No |
| 17. What else would you like to tell us about your experience with Pee Power toilets? | |
