

**1. Basic Information**

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**

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"**

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**

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?

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