

Toilet Access Campaign Survey

This survey will take about 10 minutes to complete. All personal and contact information will be kept confidential.

Definition: In this survey, “bathroom” means a clean, secure, easily accessible facility with one or more flushable toilets, sinks with hot and cold running water, soap, and provision to dry your hands.

You can write additional comments at the end of the survey

Bathroom access Questions for drivers

1. Are there clean, accessible, well equipped, and safe and secure bathrooms at the turnarounds/ends of your route(s)?

Clean? Yes / No Well equipped? Yes / No

Accessible? Yes / No Safe and Secure? Yes / No

2. Are there clean, accessible, well-equipped, and secure bathrooms along your route(s)?

Clean? Yes / No Well equipped? Yes / No

Accessible? Yes / No Safe and Secure? Yes / No

3. Are appropriate and suitably equipped bathrooms provided in sufficient numbers for women and men workers? Yes / No

4. Are bathrooms free of charge to use? Yes / No

5. How long is your typical trip in minutes? _____

6. How long is your longest trip in minutes? _____

7. Is there enough time built into route schedules to allow for bathroom access? Yes / No

8. What do you do for relief if you do not have effective access to a bathroom while operating the vehicle? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Use a tree or bush | <input type="checkbox"/> Use a sanitary napkin |
| <input type="checkbox"/> Use a cup or bottle | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Use a plastic bag | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Use an adult diaper | <input type="checkbox"/> Other (please specify) _____ |

9. How do you cope with lack of bathroom access while driving? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Try to “hold it in” | <input type="checkbox"/> Bring sanitary wipes |
| <input type="checkbox"/> Avoid drinking or eating | <input type="checkbox"/> Other (please specify) _____ |

Questions for non-mobile transport workers

10. Are there clean, accessible, well-equipped and safe and secure bathrooms in your workplace?
- | | | | |
|-------------|----------|------------------|----------|
| Clean? | Yes / No | Well equipped? | Yes / No |
| Accessible? | Yes / No | Safe and Secure? | Yes / No |
11. Are appropriate and suitably equipped bathrooms provided in sufficient numbers for women and men workers?
- Yes / No
12. Are bathrooms free of charge to use?
- Yes / No

Questions for all transport workers

13. Covid-19: Do women and men transport workers have access to washing facilities during their shift?
- Yes / No
14. What is the *longest* time in minutes that you have to wait to use a bathroom? _____
15. What is the *typical* time in minutes that you have to wait to use a bathroom? _____
16. Have you developed a health problem or had a pre-existing medical condition get worse due to lack of bathroom access?
- Yes / No
17. Do you have a medical condition that results in more frequent need for access to toilet facilities?
- Yes / No
18. Does your employer provide sufficient and appropriate numbers of bathrooms for women and men transport workers?
- Yes/ No
19. Does your employer recognise the specific needs of women and men transport workers when providing bathroom facilities?
- Yes/ No
20. Do you know what your employer's policy is with regard to bathroom access?
- Yes / No
21. Has your employer ever denied a request that you made to use a bathroom?
- Yes / No
22. Have you ever been warned, disciplined, or retaliated against for using or requesting to use a bathroom?
- Yes / No
23. Have you ever accidentally relieved (soiled) yourself on the job?
- Yes / No / Prefer not to answer.

Questions about you

- a. My Union branch is # _____ located in _____ (city, state)
- b. My employer is _____ My current route number is _____
and/or my workplace or depot is situated at: _____
- c. My gender is:
 Male Female Other: _____
- d. The shift that I work most often is:
 Early morning Evening Night
 Mid-day Split shift Other
- e. I have or had the following medical conditions (tick all that apply information is confidential):
- | | |
|--|--|
| <input type="checkbox"/> Uterine fibroids | <input type="checkbox"/> Urinary tract infection (UTI) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bladder infection |
| <input type="checkbox"/> Kidney stone | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Haemorrhoid | <input type="checkbox"/> Kidney infection |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Prostate issues |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Prefer not to answer |

Any other condition or health concerns associated with lack of access to bathrooms? _____

- f. Is there anything else you want to tell us about access - or lack of access to bathrooms and improvements that could be made? _____

- g. *This final item is optional. However, your participation will support the union's efforts to win rapid access to bathrooms on an as-needed basis for all transport workers, women and men.***

I am willing to talk with the union more about these issues. Please contact me.
(All personal information is confidential)

NAME: _____
CELL PHONE# _____
EMAIL ADDRESS: _____

Thank you!