Name: Location: Date:

|  |  |
| --- | --- |
| **WHAT DO YOU NOTICE?** | **HOW DOES IT MAKE YOU FEEL?**  **(for example: uncomfortable? safe? anxious?)** |
| **Finding** the toilet - are they easy to find? what do you notice about the signage? |  |
| What do you **see**? (how is the lighting? are surfaces or reflections unhelpful?) |  |
| What do you **hear**? (are there loud noises? confusing noises?) |  |
| What do you **smell**? (does the environment smell pleasant? are there artificial scents?) |  |
| How **easy** is it to use? (operating taps, opening doors, locking and unlocking…) |  |
| How **helpful** are people? |  |
| Anything else that you notice… |  |