



Training Survey

Note: This file should be filled by the training participants.

Please share:

Date: _____

Country: _____

Organization: _____

Facilitator/Trainer: _____

1. Is this your first Digital Security training?

() Yes () No

2. Is this the first Tor training you attend?

() Yes () No

3. On a scale of 1 to 5, circle the option of how strongly you believe you need to protect your privacy and security online. (Consider an answer of 1 as "I don't think I need protection", and 5 as "I really need protection"):

1 2 3 4 5

4. What types of devices do you use to access the Internet?

() Mobile/cell phone () Tablet () Desktop or laptop computer



☐ Other:

5. Have you used Tor before?

☐ Yes ☐ No

6. How often do you use Tor?

☐ At least once a day ☐ At least once a week ☐ Just in specific situations

☐ N/A

7. Which of the following Tor-powered products do you use?

☐ Tor Browser for Desktop ☐ Tor Browser for Android ☐ Onion Browser

☐ OnionShare ☐ Orbot ☐ Tails ☐ SecureDrop

☐ N/A ☐ Other:

8. How often do you use a VPN?

☐ At least once a day ☐ At least once a week ☐ Just in specific situations

☐ I do not use a VPN

9. Which VPN do you use?

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10. What gender do you identify as?

☐ Female ☐ Male ☐ Non binary ☐ Prefer not to disclose

11. Would you describe yourself mostly as a...

- ☐ Day to day technology user
- ☐ Someone that has a good understanding of tools and how things works
- ☐ Technical Expert
- ☐ Other:

12. How old are you?

☐ Less than 20 ☐ Between 20 - 40 ☐ More than 40

13. How can this training be useful for your work?

14. Are there any additional topics missing that you would still like to learn?

Feel free to contact us if you have any questions or suggestions at ux-team@torproject.org.

Thank you for participating in this training and giving us your feedback!