

Sign Up Questionnaire

Date

MPRN number

Thank you very much for agreeing to be interviewed.

Our research team would like to find out a bit about you and your home, why you decided to take part in this project, and how much control you feel you have over your electricity use.

Please would you take the time to fill in this short survey and return it to the SSE representative at the time of sign up. The form should take about 10 minutes to complete.

In line with our data protection policy, we will store your results separately from any information about you that would identify you.

1. Could you please tell us your gender

| | | | |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

2. Could you please tell us your age

| Age | 18-39 | 40-59 | 60-79 | 80+ |
|--------|----------------------|----------------------|----------------------|----------------------|
| Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Does anyone else normally live with you (for four or more days a week)?

Spouse or partner

| Age | 18-39 | 40-59 | 60-79 | 80+ |
|-----|----------------------|----------------------|----------------------|----------------------|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Children aged 5 – 17 years

| Age | Under 5 | 5-17 |
|--------|----------------------|----------------------|
| Number | <input type="text"/> | <input type="text"/> |

*Other relatives
(e.g. parents, other adults, grandchildren)*

| Age | 18-39 | 40-59 | 60-79 | 80+ |
|--------|----------------------|----------------------|----------------------|----------------------|
| Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. Do you have any pets living indoors with you? Please say what sort of animals/fish, and how many e.g. 'one dog and a tropical fish tank'

5. Please say which of these applies to you at present?

| | |
|---------------------|--------------------------|
| Full-time work | <input type="checkbox"/> |
| Part-time work | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> |
| Full-time education | <input type="checkbox"/> |
| Part-time education | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

6. Roughly how many hours are you normally away from home either at work or in education? hr./week

7. Are there fixed hours when no-one is normally at home? *Please circle the days for which your answer applies*

| | | |
|---------------------------------|--------------------------|--------------------------|
| Yes | from | until |
| on M / T / W / Th / F / Sa / Su | | |
| No | <input type="checkbox"/> | <input type="checkbox"/> |

8. Does anyone in your household do night shifts? Yes No

9. If 'YES' how many nights a month?

10. How many days per month do you work or study from home? (days/month)

Your Home

11. What type of housing do you live in? *Number of storeys (floor levels)*

| | |
|---------------------------------------|--------------------------|
| Detached house | <input type="checkbox"/> |
| Semi-detached house | <input type="checkbox"/> |
| Terraced house (end or mid-terrace) | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> |
| Converted flat | <input type="checkbox"/> |
| Purpose built flat (low or high rise) | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

12. When was your home built?

| | |
|---------------|--------------------------|
| Before 1919 | <input type="checkbox"/> |
| 1919-1929 | <input type="checkbox"/> |
| 1930-1949 | <input type="checkbox"/> |
| 1950-1989 | <input type="checkbox"/> |
| 1990-1999 | <input type="checkbox"/> |
| 2000 or later | <input type="checkbox"/> |

Heating History

13. Do you have electric storage heaters at present? Yes No

14. Do you have any other types of heating apart from electric storage heating? *e.g. solid fuel, electric heaters, gas fires, portable gas heaters, oil heaters.*

15. If you previously had electric storage heating, was it satisfactory? Yes No

16. If 'YES' -was there anything you particularly liked about it?

17. If 'NO' -what sort of problem(s) did you have with it?

Tariffs, payment, metering and affordability

18. How affordable would you say your electricity is?

| | |
|---|--------------------------|
| I can pay my electricity bills easily and don't have any worries about them | <input type="checkbox"/> |
| My electricity is affordable | <input type="checkbox"/> |
| I cannot afford to have my home as warm as I would like | <input type="checkbox"/> |
| Paying for electricity is a serious worry | <input type="checkbox"/> |

19. How do you pay for your electricity?
Monthly or Bi-monthly variable direct debit (paying for what you actually use monthly or bi-monthly)

| | |
|---|--------------------------|
| Monthly or Bi-monthly direct debit (same amount) | <input type="checkbox"/> |
| Monthly or Bi-monthly variable direct debit (paying for what you actually use each month) | <input type="checkbox"/> |
| Quarterly direct debit | <input type="checkbox"/> |
| Pre-payment meter | <input type="checkbox"/> |
| Someone else pays | <input type="checkbox"/> |

20. Approximately how much do you spend on electricity every year?

| | |
|------------------|--------------------------|
| Less than < €400 | <input type="checkbox"/> |
| €400 - 499 | <input type="checkbox"/> |
| €500 - 599 | <input type="checkbox"/> |
| €600 - 699 | <input type="checkbox"/> |
| €700 - 799 | <input type="checkbox"/> |
| €800 - 899 | <input type="checkbox"/> |
| €900 - 999 | <input type="checkbox"/> |
| €1000 or more | <input type="checkbox"/> |
| Not sure | <input type="checkbox"/> |

21. To what extent do you agree with this statement: 'I feel in control of how I use my electricity'?

| | |
|-------------------|--------------------------|
| Strongly agree | <input type="checkbox"/> |
| Agree | <input type="checkbox"/> |
| Neither | <input type="checkbox"/> |
| Disagree | <input type="checkbox"/> |
| Strongly disagree | <input type="checkbox"/> |

22. Do you shift some of your electricity use (e.g. washing, dishwasher) to night-time, to take advantage of the cheaper rate?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Then tick box Yes/No

If 'Yes' when do you switch some of your electricity use (e.g. washing, dishwasher) to night-time, to take advantage of the cheaper rate?

| | |
|-----------|--------------------------|
| Most days | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |

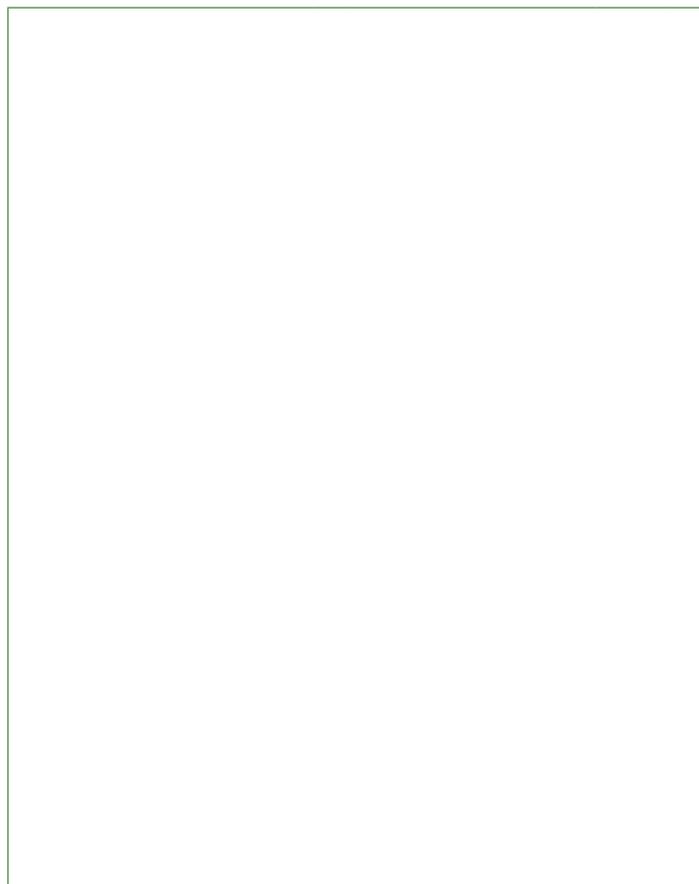
Taking part in the RealValue trial

23. What do you think you might gain from taking part in this trial of storage heaters?

24. Have you discussed taking part with any of your friends or neighbours?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

25. Do you have any questions for us?



Complete control.