

Questionnaire TRIME



Thank you in advance for taking the time to fill in this questionnaire.

With this questionnaire, we would like to gather information about how you use energy at home. With this information, we can estimate the energy savings you have made during the TRIME project. Filling in this questionnaire will take about 20-30 minutes.

If you have any questions or would like to receive more information, please contact <Staff name and contact details>

Your address details will only be used to connect the meter readings with the questionnaire answers. All answers will only be used for the TRIME project and not be shared with organizations outside this project.

1. What is your address?

2. How many people live in your dwelling? _____

3. What is the age of the household members?

Respondent _____ Person 5: _____

Person 2: _____ Person 6: _____

Person 3: _____ Person 7: _____

Person 4: _____ Person 8: _____

4. Do you have (a) pet(s)? (multiple answers possible)

- One or more dog(s)
- One or more cat(s)
- Other pets
- No pets

5. Is there usually somebody at home during the following day parts?

	Morning	Afternoon	Evening	Night
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is the total gross income of your household per week? (before taxes)

- less than 970 euro per week
- between 970 and 2374 euro per week
- between 2375 and 2849 euro per week
- between 2850 and 4670 euro per week
- more than 4670 euro per week
- Don't want to tell

7. Which of the following events happened in the past year? (multiple answers possible)

	Past year	During TRIME (Oct-Feb)
I /we went on holiday for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
I /we moved	<input type="checkbox"/>	<input type="checkbox"/>
I or someone in my family had a baby	<input type="checkbox"/>	<input type="checkbox"/>
I or someone in my family has a new job with different working hours	<input type="checkbox"/>	<input type="checkbox"/>
I or someone in my family started working (again)	<input type="checkbox"/>	<input type="checkbox"/>
I or someone in my family became unemployed or retired	<input type="checkbox"/>	<input type="checkbox"/>
A family member left the house to start living elsewhere	<input type="checkbox"/>	<input type="checkbox"/>

8. How many years are you living now in your current home? _____ years

9. How much is your rent per month / per week (the amount of money you pay to <Organisation>?)

_____ per month

10. Are gas, water and electricity included in the rent?

- Yes
- No
- I don't know

11. How do you heat your house?

- Gas
- Electricity
- Communal heating
- Otherwise: _____

12. Do you have a mechanical ventilation system in your house?

- Yes, mechanical exhaust
- Yes, mechanical inlet and exhaust
- No
- I don't know

13. What are the usual temperature settings of your thermostat/radiator valves/ local heating system in your living room (...°C or position: 1/2/3/4/5/off)

During the day when
someone is at home

During the night

When nobody is home

14. What do you think of the temperature in your house during the **winter**?

- Too cold
- Good
- Too hot
- I don't know

15. What do you think of the temperature in your house during the **summer**?

- Too cold
- Good
- Too hot
- I don't know

16. What do you think of the humidity in your house during the **winter**?

- Too humid
- Good
- Too dry
- I don't know

17. What do you think of the humidity in your house during the **summer**?

- Too humid
- Good
- Too dry
- I don't know

18. Which appliances are present in your household? If you know the energy label and the age of the appliance, please provide them.

Appliance	Number of appliances	Age of appliances in years (if known)	Energy label (if known)
Fridge			
Freezer			
Combined fridge/freezer			
Dishwasher			
Washing machine			
Tumble dryer			
Airco unit			
Additional electrical radiators			
Close-in boiler			
Television / decoder			
Computer (incl. game console)			
Electric kettle			
Coffee machine			
Vacuumcleaner			
Anders, nl. _____			

19. Did you acquire a new or second hand household appliance **during the TRIME period**?

Fridge:

- Buy new
- Buy second hand
- Rent
- None of the above

Freezer:

- Buy new
- Buy second hand
- Rent
- None of the above

Washing machine:

- Buy new
- Buy second hand
- Rent
- None of the above

20. If you acquired one of the appliances mentioned above, please fill in the following:

	Fridge:	Freezer:	Washing machine:
Date of acquisition	_____	_____	_____
Energy label	_____	_____	_____
If energy label unknown, brand and type	_____	_____	_____

21. Did you make the choice of the appliance(s) based on advice of an Energy Ambassador or on the TRIME Challenge?

- Yes
- No

22. Did you change the use of your appliances based on advice of an Energy Ambassador or on the TRIME Challenge?

- Yes
- No

23. How often is the shower used on an average day? (example: if 3 persons use the shower 2 times a day, please fill in 6. If the shower is used less than once a day, please fill in 0)

_____ times per day

24. Average time of a shower: _____ minutes

25. Do you have a bath? If you have a bath, how often is the bath used per week? (if the bath is used less than once a week, please fill in 0)

- _____
- No bath

26. Did you change the use of shower and/or bath based on advice of an Energy Ambassador or on the TRIME Challenge?

- Yes
- No

27. Do you cook with gas or electricity?

- Gas
- Electricity
- Otherwise: _____

28. Did you change your cooking habits based on advice of an Energy Ambassador or on the TRIME Challenge?

- Yes
- No

29. Is more than half of your dwelling equipped with CFL light bulbs, led light bulbs or fluorescent lamps?

- Yes
- No
- I don't know

30. Which of the following energy saving measures do you use?

	Before TRIME	Now
• Water saving shower head	<input type="checkbox"/>	<input type="checkbox"/>
• Thermostat settings not higher than necessary	<input type="checkbox"/>	<input type="checkbox"/>
• Thermostat settings lower during night	<input type="checkbox"/>	<input type="checkbox"/>
• Close windows when the heating is on	<input type="checkbox"/>	<input type="checkbox"/>
• Lights off in unoccupied rooms	<input type="checkbox"/>	<input type="checkbox"/>
• Heating off in unoccupied rooms	<input type="checkbox"/>	<input type="checkbox"/>
• Use washing machine at 30°C	<input type="checkbox"/>	<input type="checkbox"/>
• Purchase appliances only with the best possible energy label	<input type="checkbox"/>	<input type="checkbox"/>
• Use of standby-killer or unplug standby appliances	<input type="checkbox"/>	<input type="checkbox"/>
• Replace incandescence light bulbs with led light bulbs	<input type="checkbox"/>	<input type="checkbox"/>

31. How often does the following occur in your household?

	(almost) always	Sometimes	(almost) never	Not applicable	Less often since TRIME
Adapters/chargers in socket without being connected to an appliance	<input type="checkbox"/>				
Lights on in a room where no persons are present	<input type="checkbox"/>				
Appliances on stand-by	<input type="checkbox"/>				

This is the end of the questionnaire. If you have any remarks or suggestion about the questionnaire, you can leave them here:

Thank you for answering this questionnaire.