This small survey is a file card with the purpose of following up your case and the adequate management of data. Filling it in won’t take you more than 10 minutes.

## Personal data

**Name**: .................................................................................................................

(Your name is only needed for internal organisation, you can use a nickname if preferred)

**e-mail:** .................................................................................................................

**City/Town:** ........................................................... **City code:** ..............................

**Street and number**: ..............................................................................................

(No need to specify floor or door number.)

**O1. Gender**: □ Man □ Woman □ Other/Non binary

**Mobile phone**: ......................................................................................................

**O2. What is the level of completed formal education?**

□ Less than primary education □ Primary education

□ Secondary education □ Short-cycle tertiary education

□ Bachelor or equivalent □ Master or equivalent

□ Doctoral or equivalent

## Household situation

**O3. Specify the number of people in the household depending on age and gender:**

|  |  |  |  |
| --- | --- | --- | --- |
| Age/Gender | Woman | Man | Other/non binary |
| Minors (0-17) |  |  |  |
| Adults (18-64) |  |  |  |
| Elderly (65 +) |  |  |  |

**O4. What type of household are you?**

□ Single-person household □ Couple with children

□ Couple without children □ Single-parent family

□ Two or more non-familiar persons □ Other

**O5. Are you a recipient of public social welfare?** □ Yes □ No

**O6. Are you accommodated in social housing?** □ Yes □ No

**O7. Thinking of your household's total income, is your household able to make ends meet, that is pay your usual expenses...**

□ With great difficulty □ Fairly easily

□ With difficulty □ Easily

□ With some difficulty □ Very easily

## Building

**O8. In what type of dwelling do you live?**

□ Single-family house □ Multi-apartment building

□ Commercial space □ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**O9. What is the tenancy status of your dwelling?**

□ We own the dwelling with a mortgage □ We own the dwelling without a mortgage

□ We rent it □ We recovered or occupied the dwelling

□ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**O10. Size of the dwelling** \_\_\_\_\_\_\_\_\_\_\_\_ m2

**O11. If you heat or cool, do you heat or cool the entire dwelling or only some rooms?** □ Entire dwelling □ Only some rooms

**O12. Have you done any refurbishing in your dwelling in recent years?**

□ Yes □ No

**O13. If yes, what?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**O14. Have you applied energy saving or efficiency measures in recent years?**

□ Yes □ No

**O15. If you answered yes, could you tell us which ones?**

□ New windows □ New heating system

□ Floor, wall or roof insulation □ Thermal solar panels

□ New energy efficient electrical appliances □ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_

**O16. Do you use any renewable energy sources at home?** □ Yes □ No

**O17. If yes, what?**

□ Solar thermal □ Biomass

□ Solar photovoltaics □ Wind

□ Geothermal □ Biogas

□ Renewable electricity supply contract □ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**O18. Do you have any of the following problems in your dwelling?**

□ Leaking roof □ Damp walls/floors/foundation

□ Rot in window frames or floor □ Draught from windows or doors

**O19. Does your dwelling have any isolation?**

□ Walls □ Roof

□ Floor □ All

□ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No isolation □ I do not know

## Comfort and heating/cooling equipment

**O20. How would you assess your summer thermal comfort?**

1 2 3 4 5 6 7 8 9 10

Unsatisfactory Completely satisfactory

**O21. How would you assess your winter thermal comfort?**

1 2 3 4 5 6 7 8 9 10

Unsatisfactory Completely satisfactory

**O22. What heating system do you have in your dwelling?**

□ Pre-payment meter for electricity □ Electric heating

□ Pre-payment meter for heating □ Bottled gas heating

□ Gas heating □ Air pump heating

□ District or (building) central heating □ Coal heating

□ Petroleum/oil heating □ Firewood heating

□ None □ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_

**O23. What cooling system do you have in your dwelling?**

□ Fan □ Mobile air conditioning

□ Air conditioning in a room □ Air conditioning in more than one room

□ Centralized system □ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None

## Energy bill

**O24. What is the situation of your supplies?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Supply is contracted under my/our name | Supply is contracted under someone else’s name | Irregular connec-  tion | Supply cut warning | Supply already disconnected | I have accummu-  lated debt | Does not apply /  I don’t have this supply or service |
| Water |  |  |  |  |  |  |  |
| Electricity |  |  |  |  |  |  |  |
| Gas |  |  |  |  |  |  |  |
| Heating |  |  |  |  |  |  |  |

**O25. In order to be able to pay for electricity, heating or other energy use in the home, has your household been forced to do the following in the last 12 months?**

□ Cut back on food purchases □ Cut back on use of warm water

□ Cut back on lighting □ Cut back on basic expenses (e.g. medicines)

□ Cut back on electrical appliance use □ Reduced window opening and ventilation

**O26. Can your household afford to keep its home adequately warm?** □ Yes □ No

**O27. Can your household keep home comfortably cool during summer time?**

□ Yes □ No

**O28. In the last twelve months, has the household been in arrears, i.e. has been unable to pay on time due to financial difficulties for utility bills (heating, electricity, gas, water, etc.) for the main dwelling?** □ Yes □ No

**O34. Under whose name are contracts with energy and water suppliers in your household?** □ Woman □ Man □ Both

**O35. Who is in charge of paying the bills?** □ Woman □ Man □ Both

**O36. When it comes to contacting energy and water suppliers, who is in charge?**

□ Woman □ Man □ Both

**O37. How confident do you feel over the next situations?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Somehow | Yes, to some extent | Yes, fully | Not relevant |
| I feel confident about whether my energy consumption is higher or lower than normal for my type of household |  |  |  |  |  |  |
| I feel confident about my current energy price that I am not paying too much |  |  |  |  |  |  |
| I feel confident on how to save energy |  |  |  |  |  |  |
| I feel confident to help others saving on their energy bill |  |  |  |  |  |  |
| I am aware of how different energy tariffs can be used to lower my energy bill |  |  |  |  |  |  |

## Health

**O29. How is your health in general?**

□ Very good □ Poor

□ Good □ Very poor

□ Fair □ Don't know

□ Prefer not to answer

**O30. Do you have any longstanding illness or health problem?**

□ Yes □ Don't know

□ No □ Prefer not to answer

**O31. Do you suffer or have you suffered from the following chronic disorders?**

□ High blood pressure □ Asthma

□ Chronic bronchitis □ Migraine or frequent headaches

□ Depression and / or anxiety □ Angina pectoris or myocardial infarction

□ Osteoarthritis, arthritis or rheumatism □ Osteoporosis

□ Chronic lumbar or dorsal back pain

**O32. For at least the past six months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been …**

□ Severely limited □ Limited but not severely

□ Not limited at all □ Don't know

□ Prefer not to answer

O33.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Over the last two weeks:** | All the time | Most of the time | More than half of the time | Less than half of the time | Some of the time | At no time |
| I have felt cheerful and in good spirits |  |  |  |  |  |  |
| I have felt calm and relaxed |  |  |  |  |  |  |
| I have felt active and vigorous |  |  |  |  |  |  |
| I woke up feeling fresh and rested |  |  |  |  |  |  |
| My daily life has been filled with things that interest me |  |  |  |  |  |  |

## Use of state funding

**Have you previously used state funds for energy efficiency measures?**

□ Yes □ No

**If your answer is Yes, can you specify what for did you use the funds?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your answer is No, can you specify why? (You can choose more answers)**

□ I don’t know what that is

□ I don’t think it would help me

□ The paperwork is too complicated

□ The process of application is to complicated

□ I need someone to help me with the application

□ I don’t meet the application requirements

□ I don’t know what are the application requirements

□ Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Explicit consent for the management of data

[Add text based on the general text and country specific requirements]

**Date and place…………………………………………………………………………………………….**

**Signature (or check if the form is virtual) .......………………………………………………..**



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