

HOW TO COMPLETE THE SURVEY

Your unique participant code:

Thank you for agreeing to take part in this survey for University College London (UCL). It will take around **15 minutes** to complete the survey. The survey includes questions about your energy use and heating, your accommodation, and your household. This will assist researchers when analysing the results and help them to understand patterns in your energy consumption data. The survey should be completed by a **household member aged 18 years or above** who regularly lives at the accommodation. All your answers will be kept private and confidential.

Please mark your answers by putting a tick ✓ in the appropriate box. If you make a mistake or you change your mind, please shade in the whole box to show the mistake and then tick ✓ the correct answer(s). Please try to answer all questions as directed, but if you feel unable or unwilling to answer a question it is fine to skip it. Thank you in advance for your time.

About your heating and energy use

A1. During this winter, to what temperature do you set your heating controller for late afternoons or evenings? *If you have more than one controller, choose what you would consider the main one. Write in one number below.*

Celsius

or

Fahrenheit

Don't know / can't do this

A2. During this winter, are there any living spaces (e.g., bedrooms, living / dining rooms, kitchens) in your accommodation that your household does not normally heat?

Yes..... No.....

A3. During this winter, have you reduced the flow temperature of your boiler? *This is the temperature of hot water supplied to your radiators. It is not the temperature set on a room thermostat but needs to be directly changed at the boiler.*

Yes..... No..... Don't know..... Not applicable.....

A4. During this winter, are you heating your house for fewer hours than in previous winters?

Yes..... No..... Don't know..... Not applicable.....

A6. We would now like you to think back about last winter and any changes you have made since. To what extent have you done the following this winter compared with last winter? *Please choose one answer only per row.*

	A lot more	A little more	About the same	A little less	A lot less	Not applicable, cannot do this
Switched off lights in rooms that aren't being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put more clothes on when feeling cold rather than putting the heating on or turning it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turned down your thermostat or turn off your heating when you leave the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a standalone heater rather than putting the heating on or turning it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used an electric blanket, hot water bottle or similar when feeling cold rather than putting the heating on or turning it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turned down radiators when rooms are not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turned down radiators in rooms that are in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ran the washing machine with a full load rather than running it part full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ran the washing machine at 30 degrees or lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried clothes without using a tumble dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turned appliances off standby when they are not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed curtains / blinds at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken a shower rather than having a bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken short showers rather than longer showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used the dishwasher rather than washing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoided using the cooker or oven when preparing a main meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A7. When your accommodation is unoccupied for **more than a day or so**, how often will your household adjust the heating controls to ensure the heating either won't, or is much less likely to come on?

Always
 Very often
 Quite often
 Not very often
 Never
 Not applicable

A8. Other than central heating, does your household use any standalone heaters in your accommodation? *This could be an electric heater, fireplace and so on.*

Yes -> Continue to A9
 No.....->Skip to A11

Some standalone heaters use mains gas or electricity supply, such as gas fire or plugged into electric bar heaters, whilst others have their own sources of fuel.

A9. Do any of your standalone heaters have their own source of fuel (e.g., from logs, coal or bottled gas)?

Yes, some or all have their own source of fuel (e.g., logs, coal, bottled gas etc.) -> Continue to A10
 No, they are all powered by mains gas or electricity-> Skip to A11

A10. In your opinion, during very cold winter weather, how often are these standalone heaters typically used in your household?

Daily.....	<input type="checkbox"/>	Never.....	<input type="checkbox"/>
Most days	<input type="checkbox"/>	Varies - depends on temperature or other reasons.....	<input type="checkbox"/>
Rarely - only if I/we really have to.....	<input type="checkbox"/>	Don't know.....	<input type="checkbox"/>

A11. Compared to before this winter, are you using your smart meter In-Home Display/Smart Energy Display?

More often	Less often	About the same	I don't have this	It is not working	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A12. How much effort, if any, would you say your household makes to limit or reduce the amount of gas or electricity used?

A great deal of effort	Some effort	A little effort	No effort at all	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About your accommodation

B1. How many bathrooms do you have with a plumbed in bath or shower? *Please don't include rooms that only have a WC and sink.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4 or more

B2. What type of central heating does your accommodation have? By central heating we mean a central system that generates heat for multiple rooms. *Please tick all that apply whether or not you use it. For any you select 'yes' for, please also tick if your current system has been added or replaced in the last 12 months.*

	Yes	Has been added or replaced in the last 12 months
No central heating	<input type="checkbox"/>	<input type="checkbox"/>
Gas e.g., gas boiler	<input type="checkbox"/>	<input type="checkbox"/>
Electric storage heaters (not electric radiators)	<input type="checkbox"/>	<input type="checkbox"/>
Electric radiators (not electric storage heaters)	<input type="checkbox"/>	<input type="checkbox"/>
Heat pump	<input type="checkbox"/>	<input type="checkbox"/>
Other electric	<input type="checkbox"/>	<input type="checkbox"/>
Oil	<input type="checkbox"/>	<input type="checkbox"/>
Solid fuel, e.g. wood or coal	<input type="checkbox"/>	<input type="checkbox"/>
Biomass for boiler	<input type="checkbox"/>	<input type="checkbox"/>
District or community heating	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

B3. Which of the following does your accommodation have? *Please tick all that apply whether or not you use it. For any you select 'yes' for, please also tick if your current one has been added or replaced in the last 12 months.*

	Yes	Has been added or replaced in the last 12 months
Solar panels for electricity	<input type="checkbox"/>	<input type="checkbox"/>
Solar water heating	<input type="checkbox"/>	<input type="checkbox"/>
Battery storage that is wired into your mains electricity	<input type="checkbox"/>	<input type="checkbox"/>
Electric vehicle (EV) charging point	<input type="checkbox"/>	<input type="checkbox"/>
LED light bulbs in most of your lights	<input type="checkbox"/>	<input type="checkbox"/>
Radiators in main living areas	<input type="checkbox"/>	<input type="checkbox"/>
Thermostatic radiator valves on at least half of your radiators	<input type="checkbox"/>	<input type="checkbox"/>
Underfloor heating in main living areas	<input type="checkbox"/>	<input type="checkbox"/>
Warm air heating units in main living areas	<input type="checkbox"/>	<input type="checkbox"/>
Central heating thermostat	<input type="checkbox"/>	<input type="checkbox"/>
Central heating time clock / programmer	<input type="checkbox"/>	<input type="checkbox"/>
Smart heating control (e.g., Nest, Hive, Tado)	<input type="checkbox"/>	<input type="checkbox"/>
Hot water cylinder	<input type="checkbox"/>	<input type="checkbox"/>
Insulating jacket on hot water cylinder	<input type="checkbox"/>	<input type="checkbox"/>
Thermostat on hot water cylinder	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

B4. Which of the following kinds of insulation does your accommodation have? *Please tick all that apply. For any you select 'yes' for, please also tick if your current insulation has been added or replaced in the last 12 months.*

	Yes	Has been added or replaced in the last 12 months
Loft insulation	<input type="checkbox"/>	<input type="checkbox"/>
Cavity wall insulation	<input type="checkbox"/>	<input type="checkbox"/>
Solid wall insulation	<input type="checkbox"/>	<input type="checkbox"/>
Underfloor insulation	<input type="checkbox"/>	<input type="checkbox"/>
Double or secondary glazed windows	<input type="checkbox"/>	<input type="checkbox"/>
Draughtproofing on windows, doors and/or chimneys	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

B5. Do you have any problems with condensation, damp or mould in your home?

Yes -> Continue to B6 No -> Skip to C1 Don't know . -> Continue to B6

B6. Do you have any of the following? *Please tick all that apply.*

	Minor	Substantial	Don't know
Mould around the windows or in the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mould on any walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mould on furnishings (e.g., carpet, furniture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About your income

C1. Looking at the options below, please could you let us know the option that corresponds with your recent gross household annual income? *Your best estimate is fine. By gross household annual income, we mean your household's total annual income, including the income of everyone in the household, from all sources, before deductions for taxes, National Insurance, pension contributions and union subscriptions, and including money from work, benefits, investments, and any other sources.*

Below £10,000	<input type="checkbox"/>	£40,001 to £50,000	<input type="checkbox"/>	£80,001 to £90,000	<input type="checkbox"/>
£10,001 to £20,000	<input type="checkbox"/>	£50,001 to £60,000	<input type="checkbox"/>	£90,001 to £100,000	<input type="checkbox"/>
£20,001 to £30,000	<input type="checkbox"/>	£60,001 to £70,000	<input type="checkbox"/>	Above £100,000	<input type="checkbox"/>
£30,001 to £40,000	<input type="checkbox"/>	£70,001 to £80,000	<input type="checkbox"/>	Prefer not to answer.....	<input type="checkbox"/>

C2. Which of these methods do you use to pay for your energy?

	Direct debit (including online direct debit)	Payment on receipt of bill (by post, telephone, online or at bank/post office)	Pre-payment meter	Included in rent	Other	Not applicable / no mains gas	Don't know
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. During the cold winter weather, can you normally keep comfortably warm in your living room?

Yes -> Skip to C5 No -> Continue to C4 Don't know . -> Skip to C5

C4. Did you answer 'No' to the previous question for any of the following reasons? *Please tick all that apply.*

You feel your home is difficult to heat..... You feel it is difficult to afford the fuel to heat your home..... Prefer not to say None of the above..... Other reason

C5. How easy or difficult is it for you to meet your heating/fuel costs?

Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6. During this winter, do you leave your home to go to heated spaces elsewhere (e.g., libraries, cafes, community halls, etc.) with the main purpose of keeping warm?

Daily Most days Rarely Never Don't know Prefer not to say

About your household

D1. How many people currently live in your household, including you?

Please include all those who are there regularly, even if not every day, including children who live away from home during term time. Please write your number in the box provided.

D2. Including you, how many people are there in each of the following age groups in your household?

Please tick one option per age category.

	0 people	1 person	2 people	3 people	4 or more people
0-5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-15 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-24 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-44 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45-64 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65-74 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75-84 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85+ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. Thinking about the working situation of each member of your household aged 16 and over, including you, how many people would you say fall into each category below?

	0 people	1 person	2 people	3 people	4 or more people
Working (paid or unpaid): 30 hours a week or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working (paid or unpaid): less than 30 hours a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not working because of long term sickness or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed but seeking work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired/at home/not seeking work (including looking after the home or family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. Does anyone in your household work in the following ways? -> Skip to D5 if no-one in your household is working (paid or unpaid).

Always work from home..... Sometimes work from home Never work from home..... Not applicable / prefer not to say.....

D5. How many plug-in electric vehicles does your household have? *This does not include hybrid vehicles which are not plugged-in to charge.*

0 -> Skip to E1 1 2 3 or more Don't know

D6. How many of these vehicles has your household acquired in the last 12 months?

Please do not include any electric vehicles that replaced a previous electric vehicle -> Skip to E1 if your answer to D5 was '0' 'plug-in electric vehicles'.

0..... 1..... 2..... 3 or more Don't know...

About you

E1. How well would you say you are managing financially these days? Would you say you are...

Living comfortably	<input type="checkbox"/>
Doing alright	<input type="checkbox"/>
Just about getting by	<input type="checkbox"/>
Finding it quite difficult.....	<input type="checkbox"/>
Finding it very difficult.....	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say.....	<input type="checkbox"/>

The next questions are about your feelings on aspects of your life. There are no right or wrong answers. Please only tick one number per question.

E2. Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

E3. Overall, to what extent do you feel that the things you do in your life are worthwhile, where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Thank you for taking our survey. Your response is very important to us.

If you are experiencing difficulties this winter, there are some resources that provide support, including:

- Citizens Advice Website: www.citizensadvice.org.uk
- NHS information how to stay well in winter: www.nhs.uk/live-well/seasonal-health/keep-warm-keep-well
- Where to find warm spaces: www.warmspaces.org
- Information on energy saving (1): www.ofgem.gov.uk/information-consumers/energy-advice-households/actions-saving-energy
- Information on energy saving (2): www.helpforhouseholds.campaign.gov.uk/help-with-your-bills/energy-saving-advice