



**Your Details**

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Tel \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_

**Has the number of people in your household in the following age groups changed since our visit? Last time you said...**

Under 5's      5-19  
19-49          50-59          60+

**Is a member of your household in receipt of benefits?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Has this changed since our last visit?**

Yes \_\_\_\_\_ No \_\_\_\_\_

*[If Yes]* How important was the Green Doctor visit to this change? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**Has your total annual house income changed since our visit? If yes, what is it now?**

£0- £16,000,  
£16,000- £30,000,  
£30,000-£50,000,  
£50,000+

**For all types of property**

**1. Have you installed any wall insulation since our visit?**

Cavity wall insulation          Solid wall insulation  
Neither

1a. *[If Yes to 1]* How important was the Green Doctor visit in your decision to install insulation? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**2. Have you installed loft insulation since our visit?**

Yes \_\_\_\_\_ No \_\_\_\_\_

2a. *[If Yes to 2]* How important was the Green Doctor visit in your decision to install insulation? *[prompted; single choice]*

- d. Crucial – how?
- e. Some influence – how influential and why not essential? [O]
- f. No influence – why not and what was? [O]

**3. Have you installed any double-glazing since our visit?**

None                                  Some (25%)  
About Half (50%)          Most (75%)  
All (100%)

3a. *[If Yes to 3]* How important was the Green Doctor visit in your decision to install double glazing? *[prompted; single choice]*

- a. Crucial – how?





- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**4. Are any single glazed windows draught proofed?**

Yes  No

**ELECTRICITY**

**5. Have you installed any energy-saving lighting in your home since our visit?**

Yes  No

**5a. How many of the following do you have in your home?**

Type of Bulb	Number of Bulbs
CFL	
LED	
Halogen	
Filament bulb	

5b. [If Yes to 5] How important was the Green Doctor visit in your decision to install energy saving lighting? [prompted; single choice]

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**6. Have you changed any of your electrical appliances since our visit?**

Yes  No

**6a. [If Yes to 6] Did you consider the energy efficiency of the electrical appliances you changed?**

Yes  No

6b. [If Yes to 6a] How important was the Green Doctor visit in influencing your decision over electrical appliances? [prompted; single choice]

- a. Crucial – how?

**HEATING**

**7. What is the main fuel used to heat your property?**

Mains gas  Off peak electricity   
 Electricity  Solid fuel   
 Bottled gas  Wood   
 Oil  Bulk LPG

**7a. Has this changed since our visit?**

Yes  No

**7b. [if Yes to 7a]** How important was the Green Doctor visit in your decision to change your heating fuel? [prompted; single choice]

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**8. Have you changed your secondary heating since our visit?**

Yes  No

**8a. [if Yes to 8]** How important was the Green Doctor visit in your decision to change your secondary heating? [prompted; single choice]

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**9b. [if Yes to 9] What if any is your secondary heating now?**

None present  Open fire

**Comment [SA1]:** Only include if not fitted by your service. If included in your service you could ask if they are happy with it, if it's made a difference to thermal comfort, etc.



Standard gas fire      Electric heaters  
 Electric fire  
 Decorative gas fire in an open fireplace  
 Gas fire with back boiler  
 Open fire with back boiler  
 Closed room heater with back boiler

c. No influence – why not and what was?  
 [O]

**10. Have you changed your boiler since our visit?**

Yes                                  No

**12. Have you changed the temperature of your thermostat since our visit?**

Yes                                  No

**12a. [if Yes to 12]** How have you changed it?

**10a. [if Yes to 10]** What type of boiler does your property have now?

Don't Know                  Combination  
 Normal                          Back boiler  
 Condensing                  Condensing combination  
 Open fire with back boiler  
 Gas fire with back boiler  
 Closed room heater with back boiler  
 Condensing regular

**12b. [if Yes to 12]** How important was the Green Doctor visit in your decision to change your thermostat? *[prompted; single choice]*

- d. Crucial – how?
- e. Some influence – how influential and why not essential? [O]
- f. No influence – why not and what was? [O]

**10b. [if Yes to 10]** How important was the Green Doctor visit in your decision to change your boiler? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**If you have a hot water cylinder**

**13. Have you added hot water cylinder insulation since our visit?**

Yes-                                  No

Thick Jacket  
 Thin Jacket  
 Solid Foam

**For all types of heating system**

**11. Have you installed heating controls since our visit?** (Confirm all that apply)

Yes-                                  No  
 Room thermostat  
 Programmer  
 Thermostatic radiator valves

**13a. [if Yes to 13]** How important was the Green Doctor visit in your decision to install hot water cylinder insulation? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**11b. [if Yes to 11]** How important was the Green Doctor visit in your decision to install heating controls? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]

**14. Have you fitted a thermostat on the water cylinder since our visit?**

Yes                                  No



**14a. [if Yes to 14]** How important was the Green Doctor visit in your decision to fit a hot water cylinder thermostat? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**15. Have you changed the temperature of your water cylinder thermostat since our visit?**

Yes No

**15a. [if Yes to 15]** How have you changed it?

**15b. [if Yes to 15]** How important was the Green Doctor visit in your decision to change your water cylinder thermostat? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

#### **AIR CONDITIONING**

**16. Have you changed what cooling measures you use in your home in Summer?**

Yes No

**16a. [if Yes to 16]** How have you changed it?

**16a. [if Yes to 16]** How important was the Green Doctor visit in your decision to change your cooling measures? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

#### **WATER**

**17. Thinking about water saving, since our visit have you started to do/do more frequently any of the following?**

**A (Already doing),**

**S (Started doing),**

**F (doing more Frequently)**

**D (Don't want to do),**

**C (Can't do)**

Taking showers rather than baths

Reducing time in shower

Turning off tap when brushing teeth

Using a save a flush bag

Using a water butt

Using a water efficient shower head

**17a. If answered S or F to any of these, how important was the Green Doctor visit to this change? [prompted; single choice]**

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**18. Are you on a water meter?** Yes No

**18a. [if Yes to 18]** If this has changed since our last visit, how important was the Green Doctor visit in your decision to install a water meter? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

#### **RENEWABLE ENERGIES**

**19. Thinking about your awareness of renewable energy technologies, since our visit are you**

- a. More aware of renewable energy
- b. Less aware of renewable energy





c. About the same as before?

**20. Have you installed any of these renewable energy technologies since our last visit?**

Solar hot water heating  
Photovoltaics

**20b. [if Yes to 20a]** How important was the Green Doctor visit in your decision to install renewable energy technologies? *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

Turn heating thermostat down by 1°C  
Use TRV's efficiently  
Turning off lights when leaving room  
Turn all appliances in home off of standby  
Replace appliances with A – A++ rated appliances when they need replacing  
Replace desktop and monitor with laptop  
Fully loading washing machine  
Hanging washing (instead of using tumble dryer)  
Wash laundry at 30°C rather than 40°C  
Fill kettle to minimum volume required  
Using radiator panels/ foil  
Using save-a-flush bag  
Using TV power-down  
Using CFL light bulbs  
Using LED bulbs  
Other \_\_\_\_\_

**ENVIRONMENTAL ISSUES**

**21. Thinking about how informed you feel about issues around climate change, since our visit are you**

- a. More informed
- b. Less informed
- c. About the same as before?

**24a. If answered S or F to any of these, how important was the Green Doctor visit to this change?** *[prompted; single choice]*

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**22. Do you think the climate has changed over the past 30 years?**

Yes No Not sure

**22a. If yes, how do you think it has changed?**

It has warmed  
It has cooled  
It is more unpredictable

**TRANSPORT**

**25. Did you know that car vehicle tax rates are based on either engine size or fuel type and CO2 emissions, depending on when the vehicle was registered?**

Yes No

**25a. Have you made any changes to your transport choices since our last visit?**

Yes No

**25b. If Yes, what changes have you made?**

**25c. [if Yes to 25a]** How important was the Green Doctor visit in your decision to make these changes? *[prompted; single choice]*

- a. Crucial – how?

**23. Do you think the average temperature will increase in the next 30 years?**

Yes No Not sure

**24. Thinking about energy saving behaviour, since our visit have you started to do/do more frequently any of the following?**

**A (Already doing),  
S (Started doing),  
F (doing more Frequently)  
D (Don't want to do),  
C (Can't do)**





- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

- a. Crucial – how?
- b. Some influence – how influential and why not essential? [O]
- c. No influence – why not and what was? [O]

**WASTE**

**26. Have your recycling habits changed since our visit?**

Yes  No

26a. If Yes, how?

**26b. [if Yes to 26a]** How important was the Green Doctor visit in your decision to change your recycling habits? *[prompted; single choice]*

Other \_\_\_\_\_

**I agree that this data will be used for research purposes:** Yes  No

**Date of Visit:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

SAMPLE

