RESIDE - Occupant satisfaction survey

This survey is being conducted to help with future planning and design of residences. The information collected will be treated as completely confidential by the survey team. Survey reports will use summaries of information and not reveal the identities of individuals.

Please fill in as many questions as you can. Write any further comments in the spaces provided

Thank you for your help

* Indicates required question

- 1. Name of surveyor *
- 2. Email address of surveyor *
- Address of dwelling being surveyed: IMPORTANT please enter address as: *
 Flat/house number, building name, street name, city, postal code (ensure that address entered works in google maps)
- Dwelling ID of dwelling being surveyed *
 Note: Please enter the dwelling ID as provided for dwellings in your city.

Background

5. What is your age? *

Mark only one oval.

Under 30

30 or over

6. What is your gender? *

Mark only one oval.

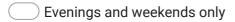
____ Male

____ Female

7. Are you normally at home? *

Mark only one oval.

Most of the time



Comfort

How would you describe typical conditions in SUMMER/ WINTER/ MONSOON?

8. Temperature in summer: *

Mark only one oval per row.

	1	2	3	4	5	6	7
1(Uncomfortable)-7(C omfortable)	\bigcirc						
1(Too hot)-7(Too cold)	\bigcirc						
1(Stable)-7(Varies during the day)	\bigcirc						

9. Air in summer: *

Mark only one oval per row.

	1	2	3	4	5	6	7
1(Still)-7(Draughty)	\bigcirc						
1(Dry)-7(Humid)	\bigcirc						
1(Fresh)-7(Stuffy)	\bigcirc						
1(Odourless)-7(Smell y)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	

10. Conditions in summer: *

Mark only one oval.

1(Unsatisfactory overall)



Comfort

How would you describe typical conditions in SUMMER/ WINTER/ MONSOON?

11. Temperature in winter: *

Mark only one oval per row.

	1	2	3	4	5	6	7
1(Uncomfortable)-7(C omfortable)	\bigcirc						
1(Too hot)-7(Too cold)	\bigcirc						
1(Stable)-7(Varies during the day)	\bigcirc						

12. Air in winter: *

Mark only one oval per row.

	1	2	3	4	5	6	7
1(Still)-7(Draughty)	\bigcirc						
1(Dry)-7(Humid)	\bigcirc						
1(Fresh)-7(Stuffy)	\bigcirc						
1(Odourless)-7(Smell y)	\bigcirc						

13. Conditions in winter: *

Mark only one oval.



Comfort

How would you describe typical conditions in SUMMER/ WINTER/ MONSOON?

14. Temperature in monsoon: *

Mark only one oval per row.

	1	2	3	4	5	6	7
1(Uncomfortable)-7(C omfortable)	\bigcirc						
1(Too hot)-7(Too cold)	\bigcirc						
1(Stable)-7(Varies during the day)	\bigcirc						

15. Air in monsoon: *

Mark only one oval per row.

	1	2	3	4	5	6	7
1(Still)-7(Draughty)	\bigcirc						
1(Dry)-7(Humid)	\bigcirc						
1(Fresh)-7(Stuffy)	\bigcirc						
1(Odourless)-7(Smell y)	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc

16. Conditions in monsoon: *

Mark only one oval.

1(Unsatisfactory overall)

1	\bigcirc
2	\bigcirc
3	\bigcirc
4	\bigcirc
5	\bigcirc
6	\bigcirc
7	\bigcirc

7(Satisfactory overall)

Noise

17. How would you describe the effects of noise \dots ? *

This question refers to conditions all year round

Mark only one oval per row.

	1	2	3	4	5	6	7
Noise overall : 1(Unsatisfactory) - 7(Satisfactory)	\bigcirc						
Noise from people between rooms: 1(Too little) - 7(Too much)	\bigcirc	\bigcirc	\bigcirc				\bigcirc
Noise from neighbours: 1(Too little) - 7(Too much)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		\bigcirc
Other noise from outside: 1(Too little) - 7(Too much)	\bigcirc	\bigcirc		\bigcirc			\bigcirc

Lighting

 How would you describe the quality of the lighting ...? * This question refers to conditions all year round

Mark only one oval per row.

	1	2	3	4	5	6	7
1(Unsatisfactory)-7(S atisfactory)	\bigcirc						
1(Too little)-7(Too much)	\bigcirc						

Health

19. Do you feel that the building affects your health by making you feel less healthy or more healthy?

Please try to evaluate this building with respect to your experience of using buildings in general.

*

Mark only one oval.

Personal Control

20. How much control do you personally have over the following * 1(No control)-7(full control)

Mark only one oval per row.

	1	2	3	4	5	6	7
Cooling	\bigcirc						
Heating	\bigcirc						
Ventilation	\bigcirc						
Lighting	\bigcirc						
Noise	\bigcirc						\bigcirc

21. Is it important to have control *

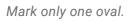
Mark only one oval per row.

	Yes	No
Cooling		\bigcirc
Heating	\bigcirc	\bigcirc
Ventilation	\bigcirc	\bigcirc
Lighting	\bigcirc	\bigcirc
Noise		\bigcirc

22. Other comments about personal control

Design overall

23. All things considered, how do you rate the design overall? *





24. Other comments

Utilities cost

25. How do your utilities costs (for cooling, electricity and water) compare with your * previous accommodation

Mark only one oval per row.

	1	2	3	4	5	6	7
Cooling : 1(Much lower) - 7(Much higher)	\bigcirc	\bigcirc			\bigcirc		
Electricity: 1(Much lower) - 7(Much higher)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Water : 1(Much lower) - 7(Much higher)							\bigcirc

26. Please give examples of how you have changed your use of heating/cooling, lighting, appliances and water since coming here

Other comments

27. If you have anything else to add which is relevant to the topics raised please put it here