

# 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

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1. Name of surveyor \*

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2. Email address of surveyor \*

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3. 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)

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4. Dwelling ID of dwelling being surveyed \*

Note: Please enter the dwelling ID as provided for dwellings in your city.

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## Background

5. What is your age? \*

*Mark only one oval.*

Under 30

30 or over



9. Air in summer: \*

Mark only one oval per row.

	1	2	3	4	5	6	7
<b>1(Still)-7(Draughty)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1(Dry)-7(Humid)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1(Fresh)-7(Stuffy)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1(Odourless)-7(Smelly)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Conditions in summer: \*

Mark only one oval.

1(Unsatisfactory overall)

1

2

3

4

5

6

7

7(Satisfactory overall)

Comfort

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





15. Air in monsoon: \*

Mark only one oval per row.

	1	2	3	4	5	6	7
<b>1(Still)-7(Draughty)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1(Dry)-7(Humid)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1(Fresh)-7(Stuffy)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1(Odourless)-7(Smelly)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Conditions in monsoon: \*

Mark only one oval.

1(Unsatisfactory overall)

1

2

3

4

5

6

7

7(Satisfactory overall)

Noise

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

This question refers to conditions all year round

Mark only one oval per row.

	1	2	3	4	5	6	7
<b>Noise overall : 1(Unsatisfactory) - 7(Satisfactory)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Noise from people between rooms: 1(Too little) - 7(Too much)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Noise from neighbours: 1(Too little) - 7(Too much)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other noise from outside: 1(Too little) - 7(Too much)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lighting

18. 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
<b>1(Unsatisfactory)-7(Satisfactory)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1(Too little)-7(Too much)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.*

1(Less healthy)

1

2

3

4

5

6

7

7(More healthy)

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
<b>Cooling</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Heating</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Ventilation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lighting</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Noise</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Is it important to have control \*

Mark only one oval per row.

	Yes	No
<b>Cooling</b>	<input type="radio"/>	<input type="radio"/>
<b>Heating</b>	<input type="radio"/>	<input type="radio"/>
<b>Ventilation</b>	<input type="radio"/>	<input type="radio"/>
<b>Lighting</b>	<input type="radio"/>	<input type="radio"/>
<b>Noise</b>	<input type="radio"/>	<input type="radio"/>

22. Other comments about personal control

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Design overall

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

Mark only one oval.

1(Unsatisfactory)

1

2

3

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7

7(Satisfactory)

24. Other comments

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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
<b>Cooling :</b> <b>1(Much lower) -</b> <b>7(Much higher)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Electricity:</b> <b>1(Much lower) -</b> <b>7(Much higher)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Water :</b> <b>1(Much lower) -</b> <b>7(Much higher)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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Other comments

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

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