

# Multiple Benefits Tenant Survey

Post-installation Survey

# Introduction

We have installed some energy efficiency measures in your home. We are committed to take actions, and provide support, to help make your home energy bills more affordable.

By completing this survey, you will help us understand how we can support you to reduce your energy bills. Your response will also show us how we can help others in your community to do the same.

A few things to note:

- The survey will take 10-12 minutes to complete.
- Completion of this survey is voluntary, but we'd really appreciate your assistance.
- You will not be identified in any reports or papers using information from this survey without your written permission.
- All information collected will be kept strictly confidential and stored securely. Any use of the data will be subject to standard data use policies which protect your privacy.

By participating in this survey, you confirm that you have understood this information and agree to take part in the survey.

If you have any questions, please email [housing provider email address]

Thank you for your taking the time to complete this survey.

# About you

1. Address
2. Postcode
3. Name of tenant
4. i) Housing provider   
ii) Property Reference Number (if applicable)
5. Today's date

## Paying Energy Bills

6. Over the past 3 months how easy or difficult has it been for you to pay for electricity, gas or other fuel to use in your home?

Very difficult	Difficult	Neither difficult or easy	Easy	Very easy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often do you feel stressed about paying your home energy bills?

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comfort at Home

8. Do you find the temperature of your living room uncomfortable:

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you responded "never" to Question 8, move to question 9.*

8a. Do you find the temperature in your living room:

Too warm	Too cold	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Do you find the temperature of your bedroom uncomfortable:**

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you responded "never" to Question 9, move to question 10.*

**9a. Do you find the temperature in your bedroom:**

Too warm	Too cold	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Over the last month, how often have you used a cooling appliance while at home?**

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you responded "rarely or never" to the previous question, answer question 11. If not, move to question 12.*

**11. Why have you rarely, or never, use a cooling appliance while at home?**

- I do not have a home cooling appliance
- I have a cooling appliance but cannot afford to use it while at home
- I do not have a home cooling appliance because I cannot afford to buy one
- I chose not to use cooling for other reasons
- My home has been cool, so I did not need to

**12. How do you currently cool your home or stay cool during when it is hot?**

- Free standing fan
- Leave doors and/or windows open
- Air conditioner
- I can't cool my home
- Ceiling fan
- Other

**13. Over the last month, how often have you used a heating appliance while at home?**

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you responded “never or rarely” to the previous question, answer question 14. If not, move to question 15.*

**14. Why have you rarely, or never, used a heating appliance while at home?**

- I do not have a home heating appliance
- I do not have a home heating appliance because I cannot afford to buy one.
- My home has been warm, so I did not need to
- I have a heating appliance but cannot afford to use it while at home
- I chose not to use heating for other reasons

**15. How do you currently heat your home or stay warm when it is cold?**

- Free standing electric heater
- Gas heater
- Air conditioner
- Oil heater
- Fire place
- Close windows and/or doors
- I can't heat my home
- Other

**16. How often do you have an issue with draughts in your home?**

- Never
- Rarely (every few days)
- Sometimes (morning or night most days)
- Often (morning and night most days)
- Always

**17. To what extent have you noticed mould or mildew in your home?**

- |  |  |
|--|--|
| <input type="checkbox"/> No visible mould / mildew | <input type="checkbox"/> Moderate mould / mildew patches                   |
| <input type="checkbox"/> Specks of mould / mildew  | <input type="checkbox"/> Extensive discoloured areas due to mould / mildew |

## Energy use at home

**18. How much control do you think you have over the energy use of your home?**

- |   |  |
|---|--|
| <input type="checkbox"/> Very low control | <input type="checkbox"/> High control      |
| <input type="checkbox"/> Low control      | <input type="checkbox"/> Very high control |
| <input type="checkbox"/> No control       | <input type="checkbox"/> I don't know      |

**19. Through this program so far, have you received any information about reducing your energy use or energy bills?**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, I received information             | <input type="checkbox"/> Not sure / I can't remember |
| <input type="checkbox"/> No, I have not yet received information |  |

*If you responded "Yes, I received information" to the previous question, answer question 20 and 21. If not, please go to question 22.*

**20. If yes, how useful was the information provided?**

- |  |  |
|--|--|
| <input type="checkbox"/> Not at all useful | <input type="checkbox"/> Very useful             |
| <input type="checkbox"/> Somewhat useful   | <input type="checkbox"/> Not sure / I don't know |

**21. How easy or difficult was the information to understand?**

- |  |  |
|--|--|
| <input type="checkbox"/> Very difficult            | <input type="checkbox"/> Easy                    |
| <input type="checkbox"/> Difficult                 | <input type="checkbox"/> Very easy               |
| <input type="checkbox"/> Neither difficult or easy | <input type="checkbox"/> Not sure / I don't know |

**22. Do you speak a language other than English at home?**

Yes	No	I'd prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. Which of the following languages do you speak at home (you may select more than one)?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Arabic    | <input type="checkbox"/> Khmer                  |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean                 |
| <input type="checkbox"/> Dari      | <input type="checkbox"/> Mandarin               |
| <input type="checkbox"/> Greek     | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Italian   | <input type="checkbox"/> Other (please specify) |

**24. How do you identify?**

Female	Male	Other	I'd prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 25. What is your age?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 55 - 64               |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 65 or older           |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> 45 - 54 |  |

## 26. Do you identify as Aboriginal or Torres Strait Islander?

Yes	No	I'd prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 27. Are you a person with a disability?

Yes	No	I'd prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 28. What is the highest level of education you have completed?

- |  |  |
|--|--|
| <input type="checkbox"/> Year 10 or below [1]      | <input type="checkbox"/> Diploma, Advanced Diploma or Associate Degree [5]                     |
| <input type="checkbox"/> Year 11 or 12 [2]         | <input type="checkbox"/> Bachelor's Degree [6]   |
| <input type="checkbox"/> Certificate I or II [3]   | <input type="checkbox"/> Bachelor Honours Degree, Graduate Certificate or Graduate Diploma [7] |
| <input type="checkbox"/> Certificate III or IV [4] | <input type="checkbox"/> Masters or Doctoral Degree [8]  |

## 29. How would you describe your current employment status?

- |   |  |
|---|--|
| <input type="checkbox"/> Employed, working full-time<br>(35 hours or more per week) [1] | <input type="checkbox"/> Not in the labour force<br>(e.g. retired, stay at home parent/carer)<br>[5] |
| <input type="checkbox"/> Employed, working part-time<br>(1-34 hours per week) [2]       | <input type="checkbox"/> Other (please specify) [6]  |
| <input type="checkbox"/> Unemployed, looking for full-time<br>work [3]                  | <input type="checkbox"/> Prefer not to say [7]   |
| <input type="checkbox"/> Unemployed, looking for part-time<br>work [4]                  |  |

## 30. What is the total weekly income of your household (before tax)?

- |   |  |
|---|--|
| <input type="checkbox"/> \$0 to \$599       | <input type="checkbox"/> \$3,000 or more       |
| <input type="checkbox"/> \$600 to \$999     | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> \$1,000 to \$2,999 |  |

## 31. Which of the following best describes your household?

- |  |   |
|--|---|
| <input type="checkbox"/> Single person with no children<br>at home [1] | <input type="checkbox"/> Multiple family household – two or<br>more families [5]                      |
| <input type="checkbox"/> Single person with children at<br>home [2]    | <input type="checkbox"/> Group household – two or more<br>unrelated persons (e.g. share-house)<br>[6] |
| <input type="checkbox"/> Couple with no children at home<br>[3]        | <input type="checkbox"/> Other type of household [7]  |
| <input type="checkbox"/> Couple with children at home [4]              | <input type="checkbox"/> Prefer not to say [8]  |

Thank you for completing this survey.