

# Thank you

Just a few final questions.

Environmental Change Institute



- When did you fill in the booklet? ☐ Now and then during the day  
☐ At the end of the day(s)
- Did you feel rushed this day? ☐ Yes  
☐ No
- What kind of day was this? ☐ An ordinary day  
☐ An unusual day
- Would you take part again? ☐ Yes  
☐ No

## Final checklist

Before you return this booklet in the prepaid envelope, please check that you have:

1. filled in and **signed** the consent form (page 2) ☐
2. completed the **questionnaire** (page 3/4) ☐
3. always noted your **location**, even when at home ☐
4. always said **how many people** were with you ☐
5. removed the **electricity recorder** ☐



This activity and instruction booklet  
belongs to

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Please note your activities  
from 5pm on  
until 9pm the next day.

ID:

# Welcome to METER

## A study to understand our electricity use

Thank you for being part of this important research project.

This booklet contains

- Your consent form (page 2)
- A questionnaire (page 3)
- How to complete the activity section (page 5)
- Your activity section
- Checklist (on the back)

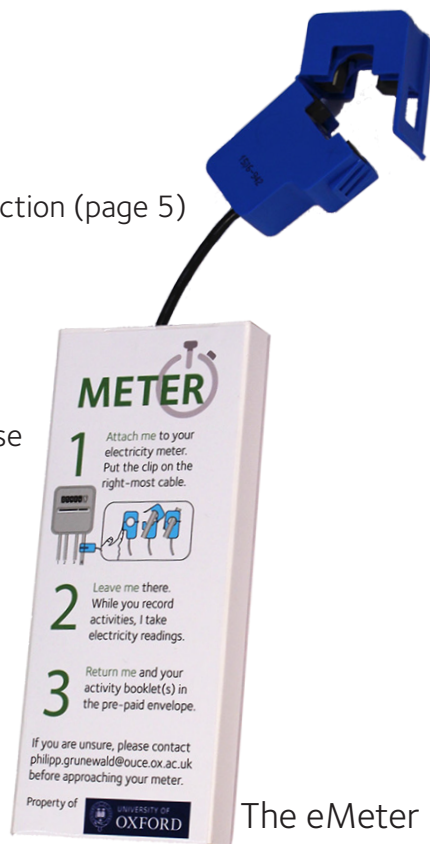
Before completing this booklet please  
**ensure your eMeter is attached.**

The eMeter is set up to record your electricity use profile only while you record activities.

Instructions for how to attach the device are shown on its case.

If you are unsure about the process,  
please contact

Philipp.Grunewald@ouce.ox.ac.uk



The eMeter

When you are done, please

**return booklet and eMeter in the pre-paid envelope.**

**Final checklist on the back of this booklet**

## Room for your notes:

### Your data

We can only use your data with your permission. We will share your use profile with you via email. If at any point you want your data to be removed, you can email us – no questions asked. To find out more about our data handling and research ethics, please visit [energy-use.org/data\\_policy.php](http://energy-use.org/data_policy.php).

We use the data to develop a better understanding of what activities most rely on electricity and when.

### Any questions?

Please contact  
Dr Philipp Grunewald  
[philipp.grunewald@ouce.ox.ac.uk](mailto:philipp.grunewald@ouce.ox.ac.uk)  
or visit [energy-use.org](http://energy-use.org)

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### Your consent

I agree for my anonymised data to be used for research ☐

I understand that I have the right to withdraw this consent after reviewing my profile or at any point in time ☐

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Signed\*

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Date

\* If you are under 18, please ask your parent or guardian to sign for you.

## About you

Gender ☐ Female ☐ Male ☐ Other

Age group ☐ 8 - 18 ☐ 19 - 34 ☐ 35 - 50 ☐ 51 - 70 ☐ Over 70

Occupation

\_\_\_\_\_  
Main occupation

\_\_\_\_\_  
Other (if any)

My working hours

(per week) ☐ 0 ☐ 1 - 15 ☐ 15 - 30 ☐ 30 - 45 ☐ Over 45

My hours are ☐ always the same ☐ variable to suit work ☐ flexible to suit me

I can work from home

☐ never ☐ rarely ☐ some-times ☐ often ☐ always

My income

☐ per week  
☐ per month  
☐ per year

Do you have to pay electricity bills?

☐ Yes, I do ☐ Yes, I contribute ☐ No, I don't

## Electrical appliances

- Please record in this column whether you were using a dishwasher, washing machine, tumble dryer, oven or microwave.
- If someone without a booklet used these appliances, please note this, e.g. 'Someone else used the oven'.
- You can record other appliances as part of your activities.

## Where were you?

- Record where you were during the activity (e.g. 'at home', 'at work', 'friend's house').
- If you were travelling, what was your mode of transport and the reason for travel (e.g. 'drive to supermarket', 'cycle to friend').

## Other people

- How many people were with you?
- If you are on your own, please write '0' or strike out with a line.
- Try not to leave this column blank.
- You do not have to be doing things together. This is about others who are 'around'.

## Enjoyment

- How much did you enjoy this time?
- The smiley face stands for 'I enjoyed this time very much'
- The sad face means 'I did not enjoy this time at all'
- The middle is 'neutral'
- You can put a cross in any of the 5 spaces
- Draw a line from one activity to the next if you like. You can even draw changing levels of enjoyment with a wavy line.

## Additional guidance

### What were you doing?

- In this column, record any activities you find worth noting
- Feel free to use more than one row if you were doing more than one activity at the same time
- If you were doing something you feel is private, just write “personal”

### Work

- You don’t need to record what you were doing during work time
- Include any work you’ve done at home

### School / college

- Please record whether you study at home or attend classes / lectures. Include the type of study, such as secondary school, university etc.
- If the studies are part of paid work, please note this

### Housework and childcare

- You can write ‘housework’, but provide detail if you can, such as “cooked supper”, “washed up”, “put my child to bed”, “mowed the lawn”, “cleaned the house”, “washed the car”...

### Sleeping

- Note when you woke/got up and when you went to bed/sleep
- If you are awake at night, do record that, too

### Reading

- If you were reading, please record what you read. For example, “read a newspaper”, “read on tablet”, “read a book”.

### Computer use

- What did you do on the computer? Paid work, work related to study or the home, play, entertainment...?

## Your past week

How many times did **you** use these?

	8 or more	5 – 7 times	2 – 4 times	Once	I didn't
Dish washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tumble dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum cleaner	<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"/>

How much time did you spend **per day** on ...

Typical use last week, excluding at work

	Over 3 hours	3 hours or less	1 hour or less	30 min or less	None
Mobile devices (phone / tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screens (TV, video, computer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (oven, hob, microwave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise (walk, cycle, sport)	<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"/>

# How to record your activities

More detailed instructions can be found at the back of this booklet.

1

## Note the time

Start at 5pm on the day shown on the cover.

Keep writing down your activities until the next evening.

2

## Say what you did

It is up to you how much detail you can provide.

Note energy related activities, such as cooking or washing.

You can provide less detail while at work or out of the house.

Time	What were you doing? <small>Please write down your activities</small>
<i>Example</i>	
5:00 p.m.	<i>Working</i>
5:15	<i>Drive home</i>
5:40	<i>Arrive home, cup of tea</i>
5:50	<i>Prepare dinner</i>
6:05	<i>Eat, watch TV</i>
6:30	<i>Clear up</i>
6:50	<i>TV, check emails</i>

Did you use a...	Dishwasher	Washing machine	Tumble dryer	Oven / Microwave	Location <small>Where were you? (home, work, outside...)</small>	Others <small>How many people were with you?</small>	Enjoyment <small>How much did you enjoy this time?</small>
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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[illegible]

