

INTRODUCTION

Thank you for taking part in the Low Carbon London smart meter trial.

This survey is an important part of the trial. It will help EDF Energy and the research team at Imperial College London understand who benefits most from smart metering and how different households respond to the information their smart meter and in-home display gives them.

This short questionnaire will take just over 10 minutes to complete. We do appreciate your help with this trial and can assure you anonymity. Neither you nor your household will be identified in any published findings or to anyone outside of the project partners.

*By way of a 'thank you', we will give **£20 cash** (collected at the Post Office) to every household from which we receive a completed questionnaire either by post or online.*

After completing this paper questionnaire, please post it to OUTLOOK RESEARCH LTD, FREEPOST LON29381, LONDON NW1 8ZY. You can use the envelope provided (no stamp needed). Alternatively, you can complete the questionnaire online at www.lclsurvey.com (you will need to enter the unique respondent code shown at the bottom of this page).



Before continuing, please confirm the following:

(i) Have you had a smart meter installed in your household? The meter comes with a display unit (see photo above).

Yes ☐ No ☐ Don't know ☐

(ii) Are you at least jointly responsible for decisions regarding your household energy?

Yes ☐ No ☐

PLEASE ONLY CONTINUE WITH THE QUESTIONNAIRE IF YOU HAVE ANSWERED 'YES' TO BOTH THE QUESTIONS ABOVE.

IF YOU ARE NOT RESPONSIBLE FOR ENERGY DECISIONS IN YOUR HOUSEHOLD, PLEASE PASS THIS QUESTIONNAIRE ON TO SOMEBODY WHO IS.

UNIQUE RESPONDENT CODE: XXXXXXXX (This code will tell us who has completed the questionnaire – there is no need to enter your name or address. Once the survey is finished we will contact all of those who responded and we will provide details of how to claim your 'thank-you')

Please answer as honestly and accurately as possible. You should answer all questions.

A. HOUSEHOLD INFORMATION

We'd like to know more about the people who live in your household. This information will help us to better understand the different types of households that are taking part in the trial.

Q1. INCLUDING YOU, how many people currently live in your household?

Please **write the number** in the boxes below

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And please tell us the sex and age of each of those people, including yourself

For each person, please tick **one** box for their gender and **one** box for their age (if you are not sure of their age, please make your best guess).

You can answer for up to 8 people.

	YOU are:	Person 2 is:	Person 3 is:	Person 4 is:	Person 5 is:	Person 6 is:	Person 7 is:	Person 8 is:
SEX								
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AGE								
0-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35-44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45-54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55-64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65-74	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. If you live with anybody else, which of the following best describes your relationship with them?

Please tick **all** the boxes which apply

I live with my...

Husband/wife/partner	<input type="checkbox"/>	Brother(s) / sister(s)	<input type="checkbox"/>
Parent(s)	<input type="checkbox"/>	Extended family (e.g. grandparent, aunt, uncle, cousin)	<input type="checkbox"/>
Child/children	<input type="checkbox"/>	Friend(s)	<input type="checkbox"/>
Flatmate	<input type="checkbox"/>	Landlord	<input type="checkbox"/>
Other (please tell us who):	<div style="border: 1px solid black; height: 20px; width: 350px;"></div>		

Q3. Does your household own or rent your home?

*Please tick **one** box only*

- | | | | |
|---|--------------------------|---|--------------------------|
| Owns outright | <input type="checkbox"/> | Owns with a mortgage or loan | <input type="checkbox"/> |
| Rents (with or without housing benefit) – from private landlord | <input type="checkbox"/> | Rents (with or without housing benefit) – from local authority/Council or Housing Association | <input type="checkbox"/> |
| Part owns and part rents (shared ownership) | <input type="checkbox"/> | Lives here rent-free | <input type="checkbox"/> |

Other (please specify):

Q4. Here is a list of daily newspapers. Which, if any, of these do you read or look at regularly? By regularly we mean on average at least three out of four issues.

*Please tick **all the boxes which apply**, noting whether this is the printed version or online.*

- | | Printed version | Online version |
|------------------|--------------------------|--------------------------|
| Daily Express | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Mail | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Mirror | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Record | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Star | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily Telegraph | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening Standard | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Times | <input type="checkbox"/> | <input type="checkbox"/> |
| The Guardian | <input type="checkbox"/> | <input type="checkbox"/> |
| The Independent | <input type="checkbox"/> | <input type="checkbox"/> |
| The Metro | <input type="checkbox"/> | <input type="checkbox"/> |
| The Sun | <input type="checkbox"/> | <input type="checkbox"/> |
| The Times | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify)

No newspapers read or looked at regularly ☐

Q5. Do you or anyone else in your household work from home during a normal week (Monday-Friday)?

(This is sometimes called teleworking or telecommuting.)

*Please tick **one** box only*

- | | |
|---------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Occasionally | <input type="checkbox"/> |
| About half the time | <input type="checkbox"/> |
| Most/all weekdays | <input type="checkbox"/> |

B. PROPERTY INFORMATION

We'd also like to know more about the property you live in.

Q6. What type of accommodation do you live in?

Please tick **one** box only

A whole house or bungalow that is:

- Detached ☐
- Semi-detached ☐
- Terraced – middle ☐
- Terraced – end ☐

A flat, maisonette or apartment that is:

- In a purpose built block or tenement ☐
- Part of a converted house/building ☐
- In a commercial building, (for example in an office building, hotel, or over a shop) ☐

A mobile or temporary structure:

- A caravan or other mobile or temporary structure ☐

Q7. How many rooms are in your home?

Please do **not** count:

- Bathrooms
- Toilets
- Halls or landings
- Rooms that can only be used for storage, such as cupboards
- Outbuildings/garden buildings without electricity

Please count all other rooms, for example:

- Kitchens
- Living rooms
- Utility rooms
- Bedrooms
- Studies
- Conservatories
- Outbuildings/garden buildings with electricity

If two rooms have been converted into one, count them as one room

Please **write the number** in the boxes below

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Q8. How many of these rooms are bedrooms?

Please include all rooms built or converted for use as bedrooms, even if they are currently not being used as bedrooms.

Please **write the number** in the boxes below

--	--

Q9. Which, if any, of the following insulation types do you have in your home?

*Please tick **one** box for each type of insulation*

	Yes	No	Don't know
Double glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof or loft insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water tank insulation/lagging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other type of insulation (please tell us which)

C. CENTRAL HEATING INFORMATION

Q10. What type of central heating does your home have? Central heating is a central system that produces heat for radiators (or underfloor heating etc) in several rooms.

*Please tick **all the boxes which apply***

- No central heating ☐
- Gas ☐
- Electric (including storage heaters) ☐
- Oil ☐
- Solid fuel (for example wood, coal) ☐
- Other central heating ☐
- Don't know ☐

Q11. IF you have central heating, please select one option from the list below that BEST describes the main way or ways you use your central heating system.

(If you do not have central heating please skip this question.)

*Please tick **all that apply***

- I switch the heating on manually at the boiler when needed ☐
- I control the room temperature using the thermostatic valves on the radiators ☐
- The heating switches on and off automatically at set times of the day ☐
- The heating is controlled automatically by a thermostatic temperature control ☐
- I'm not sure how it is controlled/used ☐

Q12. What is the main way of heating your household water?

Please tick **one** box

Hot water storage tank with electric immersion heater ☐

Hot water storage tank with gas boiler – used for both central heating and hot water ☐

Hot water storage tank with gas boiler – used for hot water only ☐

Gas boiler (*without* hot water storage tank) – used for both central heating and hot water ('combi' boiler) ☐

Gas boiler (*without* hot water storage tank) – used for hot water only ☐

Another way ☐

(please tell us how) _____

Don't know ☐



D. LIGHTING INFORMATION

The next question asks you about the lighting in your home. We are interested only in the living, kitchen, dining areas and the bedroom(s). In your home these could either be separate rooms or areas within an open-plan layout (e.g. you may have an open-plan living room/diner, or a kitchen-diner).

Q13. Please record the number of each type of light bulb you HAVE in your living room/area, your kitchen/kitchen area, your dining room/area and your bedroom(s).

Please write a number in each box (or '0' if you have none of that type)

- *Please include all lighting types (ceiling lights, lamps and wall lights etc)*
- *You might want to check before answering. If you are still not sure, please answer the question as best you can.*
- *If different areas share lighting do not enter the same lighting twice*

	In your living room/area	In your kitchen/kitchen area	In your dining room/area	In bedroom 1	In bedroom 2	In bedroom 3
Traditional (incandescent) bulbs 						
'Low energy' (fluorescent) bulbs 						





	In your living room/ area	In your kitchen/ kitchen area	In your dining room/ area	In bedroom 1	In bedroom 2	In bedroom 3
Halogen bulbs 						
LED bulbs 						
Fluorescent tubes 						







E. APPLIANCES INFORMATION





Q14. We are interested to find out how many of each of the following you or other household members use in your home. Please include appliances that are used anywhere in your home, garage or outbuildings.

For each of the appliance types below, several sizes are shown. Please tell us how many appliances of each type and size you use

*Please **write in a number** in **all the boxes** below (or '0' if none of that type/size used)*

Fridges (not with freezer)			
			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Freezers					
					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fridge-freezers			
			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q15 Please also tell us how many of each of the following other appliances you or other household members use in your home.
Please include appliances that are located in your home, garage or outbuildings.

Again, please **write in the number next to appliance** type (or '0' if none used)

Electric hob	
Gas hob	
Electric oven	
Microwave	
Washing machine (not with dryer)	
Tumble dryer	
Washer-dryer	
Dishwasher	
Electric shower	
Over-sink electric water heater	
Portable electric heater (e.g., portable radiator / fan heater etc)	
Television	
Desktop PC/computer	
Laptop computer	
Printer	
Router (for broadband internet)	
Dvd/blu-ray player	
Cable TV box (e.g., Virgin)	
Satellite TV box (E.g., Sky)	
Freeview TV box	
Games console, e.g., Xbox, PS3, Wii (do not count handheld devices)	
Standby savers	

Q16. Please tell us about the televisions in use in your home. (NB: answers to questions will never be passed on to any third parties with identifying information).

Please record the screen type and the screen size for each one (for up to 6 TVs).

Larger screens tend to use more energy. In the UK screen size is measured in inches diagonally (e.g. bottom left corner to top right corner)

	TV 1	TV 2	TV 3	TV 4	TV 5	TV 6
SCREEN TYPE						
Traditional/older style (CRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LCD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plasma	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCREEN SIZE (INCHES):						
24 inches or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 to 32 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 to 49 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 inches or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. IN-HOME DISPLAY

Now, a few questions about your smart meter trial.

Q17. Where do you usually keep your smart meter in-home display unit?

*Please tick **one** box only*

- Kitchen ☐
- Hallway ☐
- Living Room ☐

Somewhere else (please say where)

I don't know where the display is ☐

Q18. How often do you and others in your household look at your in-home display?

*Please tick **one** box in each column*

	You	Others in the household
Several times every day	<input type="checkbox"/>	<input type="checkbox"/>
At least once every day	<input type="checkbox"/>	<input type="checkbox"/>
Every 2-3 days	<input type="checkbox"/>	<input type="checkbox"/>
Every 4-5 days	<input type="checkbox"/>	<input type="checkbox"/>
About once a week	<input type="checkbox"/>	<input type="checkbox"/>
Less often than once a week	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Q19. And how often do you and others in your household press any of the buttons on your smart meter in-home display?

*Please tick **one** box in each column*

	You	Others in the household
Several times every day	<input type="checkbox"/>	<input type="checkbox"/>
At least once every day	<input type="checkbox"/>	<input type="checkbox"/>
Every 2-3 days	<input type="checkbox"/>	<input type="checkbox"/>
Every 4-5 days	<input type="checkbox"/>	<input type="checkbox"/>
About once a week	<input type="checkbox"/>	<input type="checkbox"/>
Less often than once a week	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

G. ATTITUDES TO LOW CARBON ENERGY

Q20. Renewable energy is energy that comes from natural resources such as the sun, wind, rain, waves, or the earth's heat.

How interested, if at all, would you be in getting your electricity from a renewable energy source?

*Please tick **one** box only*

Very interested	<input type="checkbox"/>
Fairly interested	<input type="checkbox"/>
Not very interested	<input type="checkbox"/>
Not at all interested	<input type="checkbox"/>
Don't know/haven't thought about it	<input type="checkbox"/>

Q21. Microgeneration is small-scale generation of heat or electric power. It can be generated at a household level by, for example, solar electric panels (PV), solar hot water panels or small wind turbines.

How interested would you be in investing in micro-generation (not necessarily for your current home)?

*Please tick **one** box only*

- | | |
|-------------------------------------|--------------------------|
| Very interested | <input type="checkbox"/> |
| Fairly interested | <input type="checkbox"/> |
| Not very interested | <input type="checkbox"/> |
| Not at all interested | <input type="checkbox"/> |
| Don't know/haven't thought about it | <input type="checkbox"/> |

Q22. How concerned, if at all, are you about climate change, sometimes referred to as 'global warming'?

*Please tick **one** box only*

- | | |
|-----------------------|--------------------------|
| Very concerned | <input type="checkbox"/> |
| Fairly concerned | <input type="checkbox"/> |
| Not very concerned | <input type="checkbox"/> |
| Not at all concerned | <input type="checkbox"/> |
| Don't know/No opinion | <input type="checkbox"/> |

Q23. Which of these statements describes how you feel about your current lifestyle and the environment?

*Please tick **one** box only*

- | | |
|---|--------------------------|
| I'm happy with what I do at the moment | <input type="checkbox"/> |
| I'd like to do a bit more to help the environment | <input type="checkbox"/> |
| I'd like to do a lot more to help the environment | <input type="checkbox"/> |

H. BILLING EXPERIENCE

Q24. Have you received an electricity bill from EDF Energy since your smart meter was installed?

*Please tick **one** box only*

- | | |
|---|--------------------------|
| Yes but it covered the period before the smart meter was installed | <input type="checkbox"/> |
| Yes and it covered, partly or fully, the period after the smart meter was installed | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Q25. Which of the following best describes the amount you were charged in your most recent EDF electricity bill?

*Please tick **one** box only*

- | | |
|---------------------------------|--------------------------|
| Much higher than I expected | <input type="checkbox"/> |
| A little higher than I expected | <input type="checkbox"/> |
| About the amount I expected | <input type="checkbox"/> |
| A little lower than I expected | <input type="checkbox"/> |
| Much lower than I expected | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Q26. How confident or not are you that your electricity bill is accurate?

*Please tick **one** box only*

- | | |
|----------------------|--------------------------|
| Very confident | <input type="checkbox"/> |
| Fairly confident | <input type="checkbox"/> |
| Not very confident | <input type="checkbox"/> |
| Not at all confident | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Q27. How helpful or not would you say the smart meter and in-home display are in helping you understand your electricity bill?

*Please tick **one** box only*

- | | |
|---------------------------|--------------------------|
| Very helpful | <input type="checkbox"/> |
| Fairly helpful | <input type="checkbox"/> |
| Not very helpful | <input type="checkbox"/> |
| Not at all helpful | <input type="checkbox"/> |
| Have not thought about it | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Q28. How helpful or not would you say the smart meter and in-home display are in helping you *understand* how much electricity you consume?

*Please tick **one** box only*

- | | |
|---------------------------|--------------------------|
| Very helpful | <input type="checkbox"/> |
| Fairly helpful | <input type="checkbox"/> |
| Not very helpful | <input type="checkbox"/> |
| Not at all helpful | <input type="checkbox"/> |
| Have not thought about it | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Q29. How helpful or not would you say the smart meter and in-home display are in helping you *manage* your energy consumption?

*Please tick **one** box only*

- | | |
|---------------------------|--------------------------|
| Very helpful | <input type="checkbox"/> |
| Fairly helpful | <input type="checkbox"/> |
| Not very helpful | <input type="checkbox"/> |
| Not at all helpful | <input type="checkbox"/> |
| Have not thought about it | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Q30. How has your experience of the smart meter trial so far affected your perception of EDF Energy? Are you now...

*Please tick **one** box only*

- | | |
|--------------------------------|--------------------------|
| Much more positive | <input type="checkbox"/> |
| Bit more positive | <input type="checkbox"/> |
| Neither more nor less positive | <input type="checkbox"/> |
| Bit more negative | <input type="checkbox"/> |
| Much more negative | <input type="checkbox"/> |

Q31. Thinking about your overall experiences of the smart meter trial up to now, how likely would you be to recommend EDF Energy as an energy provider to friends and family? Please use a scale of 1 to 10, where 1 means 'I would never recommend' and 10 means 'I would definitely recommend'?

*Please tick **one** box only*

- | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I would never recommend | | | | | I would definitely recommend | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <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"/> |

J. CONSENT

Q32. Just to confirm that, as per the terms of the trial, the Low Carbon London project will use the responses to this survey to gain valuable insight into how customers engage with smart metering and to help energy suppliers, regulators and Government plan for the future. All of your personal data will be protected, as agreed in the terms of the trial.

Could you please confirm that you are happy for us to use your survey data in this way?

Yes ☐ No ☐

Q33. And finally, as part of the Low Carbon London trial, researchers from Imperial College London will be interviewing some households participating in the trial.



If you might be willing to discuss your experience of smart metering with a researcher from Imperial College (either by phone or in your home) then please tick the box below giving consent for Imperial College to contact you directly at some point during your participation in the trial.

*Please tick **one** box only*

Imperial College London may contact me (you can choose the contact methods below) ☐

I do not wish to be contacted by Imperial College London ☐

If you have agreed to be contacted, please provide your contact details for Imperial College London. The information you provide will be used only by Imperial College and only in relation to the Low Carbon London trial.

Your landline telephone number:	
Your mobile telephone number:	
Your email address:	

Thank you very much for taking part in this research and for your participation in the Low Carbon London Trial with EDF Energy.

Please send your completed questionnaire back to:

**OUTLOOK RESEARCH LTD
FREEPOST LON29381
LONDON NW1 8ZY**

You can use the envelope provided (no stamp required).