

CONSENT FORM – SMART ENERGY RESEARCH LAB

Please complete this after you have read the Information Sheet, then proceed to complete the survey overleaf.

Your unique code is: XXXXX

YOUR CONSENT

To participate UCL needs to obtain your consent to access the smart meter data that is collected for your address and to combine this with other information as described in the Information Sheet.

If you are willing to participate, please provide your consent by ticking each of the boxes and sign your name below. All boxes must be ticked to take part in the study.

- I confirm that I am aged 18 or over and regularly live at this address ☐
- I confirm that I have read and understood the Information Sheet ☐
- I understand that I can withdraw consent at any time using the contact details provided to me ☐
- I consent to UCL collecting smart meter data for this address from this point going forward and historic smart meter data for up to the previous 12 months (*if you have lived at this address for less than 12 months then please tell us in the question provided below*) ☐
- I understand that my personal information (name, address, smart meter data, survey responses, and Energy Performance Certificate data) will be used by approved UK researchers for the purposes of scientific research in the public interest, as explained in the Information Sheet. Please note: your name and address will never be made publicly available and you will never be identified in any research results ☐
- I understand that according to data protection legislation, 'public task' will be the lawful basis for processing ☐

Did you move into this address in the last 12 months? ☐ No ☐ Yes*

*This is so that we do not access smart meter data for any previous household that lived at your address.

If you answered 'Yes', please write in the month and year you moved in: ←

Month Year

I have read and understood the information provided and I voluntarily consent to participate in the study

Please print your name, the date and sign below:

Title eg. Mr/Mrs/Miss/Ms

First name

Surname

Date DD MM 2 0 2 0 Signature

Please return this form and the completed survey using the self-addressed stamped envelope provided. A confirmation of your consent will be sent to you for your records.

HOW TO COMPLETE THE SURVEY

The survey includes questions about your energy use and heating, your accommodation, and your household. This will assist researchers when analysing the results and help them to understand patterns in your energy consumption data. This survey should be completed by a household member aged **18 years or above who regularly lives at the accommodation**. All your answers will be kept private and confidential.

Please mark your answers by putting a tick ✓ in the appropriate box. If you make a mistake or you change your mind, please shade in the whole box to show the mistake and then tick ✓ the correct answer[s]. Please try to answer all questions as directed, but if you feel unable or unwilling to answer a question it is fine to skip it.

Thank you in advance for your time.

ABOUT YOUR ENERGY USE AND HEATING

A1: Before we contacted you about this study, did you know you had a smart meter?

TICK ✓ ONE ANSWER ONLY

- ☐ Yes -> CONTINUE TO A2
- ☐ No -> SKIP TO A3

A2: To what extent, if at all, would you say that having a smart meter has affected the way you use gas or electricity in your accommodation?

TICK ✓ ONE ANSWER ONLY

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ Don't know

A3: What type of central heating does your accommodation have? By central heating we mean a central system that generates heat for multiple rooms.

TICK ✓ ALL THAT APPLY WHETHER OR NOT YOU USE IT

- ☐ No central heating -> SKIP TO A6
- ☐ Gas e.g. gas boiler
- ☐ Electric storage heaters (not electric radiators)
- ☐ Electric radiators (not electric storage heaters)
- ☐ Other Electric e.g. heat pump
- ☐ Oil
- ☐ Solid fuel e.g. wood or coal
- ☐ Biomass for boiler
- ☐ District or community heating
- ☐ Other central heating (please specify):

> CONTINUE TO A4

IF NO CENTRAL HEATING SKIP TO A6, OTHERWISE CONTINUE TO A4

A4: Which, if any, of the following controls does your central heating system have?

Please include all controls, even if you don't use them to control the central heating

TICK ✓ ALL THAT APPLY WHETHER OR NOT YOU USE IT

- ☐ The heating can be controlled by a timer
- ☐ The heating can be controlled by a temperature setting
- ☐ The heating can be controlled by a 'smart' device including an app on a smart phone
- ☐ The heating can ONLY be controlled manually by a switch to turn it on and off as needed
- ☐ None of these
- ☐ Don't know

IF HEATING CAN BE CONTROLLED BY A TEMPERATURE SETTING OR SMART DEVICE CONTINUE TO A5, OTHERWISE SKIP TO A6

A5: What temperature do you set your controller to in the winter months for the late afternoons or evenings?

If you have more than one controller, choose what you would consider the main one.

WRITE IN NUMBER BELOW

°C OR °F

- ☐ Don't know/doesn't apply

A6: Other than central heating, does your household use any standalone heaters in your accommodation? This could be an electric heater, fireplace and so on.

TICK ✓ ONE ANSWER ONLY

- ☐ No -> **SKIP TO A9**
- ☐ Yes -> **CONTINUE TO A7**

A7: Some standalone heaters use mains gas or electricity supply, such as gas fires or plugged in electric bar heaters, while others have their own source of fuel.

Do any of your standalone heaters have their own source of fuel (e.g. from logs, coal or bottled gas)?

TICK ✓ ONE ANSWER ONLY

- ☐ Yes, some or all have their own source of fuel (e.g. logs, coal, bottled gas, etc) -> **CONTINUE TO A8**
- ☐ No, all are powered by mains gas or electric -> **SKIP TO A9**

A8: In your opinion, during very cold winter weather, how often are these standalone heaters typically used in your household?

TICK ✓ ONE ANSWER ONLY

- ☐ Daily
- ☐ Most days
- ☐ Rarely – only if I/we really have to
- ☐ Never
- ☐ Varies – depends on temperature or other reasons
- ☐ Don't know

A9: Does your household adjust your heating for any of the following reasons?

TICK ✓ ALL THAT APPLY

- ☐ When it is especially cold
- ☐ Because of children/infants/babies
- ☐ Visitors
- ☐ Pets
- ☐ Illness
- ☐ Working at home
- ☐ None of these

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A10: When your accommodation is unoccupied for more than a day or so, how often will your household adjust the heating controls to ensure the heating either won't, or is much less likely to come on?

TICK ✓ ONE ANSWER ONLY

- ☐ Always
- ☐ Very often
- ☐ Quite often
- ☐ Not very often
- ☐ Never
- ☐ Not applicable, cannot do this

A11: During the winter months, are there any living spaces (e.g. bedrooms, living/dining rooms, kitchens) in your accommodation that your household does not normally heat?

TICK ✓ ONE ANSWER ONLY

- ☐ Yes
- ☐ No

A12: We now would like you to tell us about the main way in which water from your hot water taps and shower, if you have one, is heated.

Note: "Electric heater" includes heat pump, immersion heater, other electric heating sources.

TICK ✓ ALL THAT APPLY

	Taps	Shower
Gas Boiler	<input type="checkbox"/>	<input type="checkbox"/>
Electric heater	<input type="checkbox"/>	<input type="checkbox"/>
Solar water heater	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

A13: How often do you personally do each of the following?

TICK ✓ ONE ANSWER ONLY FOR EACH ACTION BELOW

Switch off lights in rooms that aren't being used

- ☐ Always
- ☐ Very often
- ☐ Quite often
- ☐ Not very often
- ☐ Never
- ☐ Not applicable, cannot do this

Put more clothes on when feeling cold rather than putting the heating on or turning it up

- ☐ Always
- ☐ Very often
- ☐ Quite often
- ☐ Not very often
- ☐ Never
- ☐ Not applicable, cannot do this

A14: How much effort, if any, would you say your household makes to limit or reduce the amount of gas or electricity used?

TICK ✓ ONE ANSWER ONLY

- ☐ A great deal of effort
- ☐ Some effort
- ☐ A little effort
- ☐ No effort at all
- ☐ Don't know

A15: How often will your household open the windows in your accommodation on the following types of days?

TICK ✓ ONE ANSWER ONLY FOR EACH COLUMN

	On a typical cold day	On a typical warm day
Always	<input type="checkbox"/>	<input type="checkbox"/>
Very often	<input type="checkbox"/>	<input type="checkbox"/>
Quite often	<input type="checkbox"/>	<input type="checkbox"/>
Not very often	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

A16: Which of the following, if any, is your household considering replacing or adding to your heating or energy supply in the next 12 months?

TICK ✓ ALL THAT APPLY

- ☐ Not considering any changes
- ☐ Not applicable – cannot do this
- ☐ Gas boiler
- ☐ Solar panels for electricity
- ☐ Solar water heating
- ☐ Wood or solid fuel burning stove
- ☐ Heat pump
- ☐ Micro combined heat and power unit
- ☐ Wind turbine
- ☐ Other, please specify:

.....

ABOUT YOUR ACCOMMODATION

The next set of questions are about your accommodation.

B1: What type of accommodation do you live in?

TICK ✓ ONE ANSWER ONLY

A house or bungalow that is:

- ☐ detached
- ☐ semi detached
- ☐ terraced (including end terrace)

A self-contained flat, maisonette or apartment that is ...

- ☐ in a purpose-built block of flats or tenement
- ☐ part of a converted or shared house (including bedsits)
- ☐ in a commercial building (e.g. in an office building, hotel or over a shop)

B2: Is your accommodation self-contained? By this we mean all the rooms, including the kitchen, bathroom and toilet, are behind a door that only your household can use.

TICK ✓ ONE ANSWER ONLY

- ☐ Yes, all the rooms are behind a door that only my household can use -> **SKIP TO B4**
- ☐ No -> **CONTINUE TO B3**

B3: How many other households do you share with at the moment?

WRITE IN NUMBER BELOW

Number of other households

B4: Do you (or your household) own or rent this accommodation?

TICK ✓ ONE ANSWER ONLY

- ☐ Own it outright / buying it with a mortgage/ loan
- ☐ Part own and part rent (shared ownership)

Rent it (with or without housing benefit)

- ☐ Privately
- ☐ From council (local authority) or housing association
- ☐ Live here rent free

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B5: How many rooms are available for use only by this household?

Do NOT count:

- bathrooms
- toilets
- halls or landings
- rooms that can only be used for storage such as cupboards

Count all other rooms, for example:

- kitchens
- living rooms
- utility rooms
- bedrooms
- studies
- conservatories

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

WRITE IN NUMBER BELOW

Number of rooms

B6: How many of these rooms are bedrooms?

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

WRITE IN NUMBER BELOW

Number of bedrooms

B7: During the cold winter weather, can you normally keep comfortably warm in your living room?

TICK ✓ ONE ANSWER ONLY

- ☐ Yes
- ☐ No
- ☐ Don't know

B8: Do you have any problems with condensation, damp or mould in your home?

TICK ✓ ONE ANSWER ONLY

- ☐ Yes
- ☐ No
- ☐ Don't know

B9: Approximately when do you think your accommodation was built?

TICK ✓ ONE ANSWER ONLY

- ☐ Before 1900
- ☐ 1900 to 1929
- ☐ 1930 to 1949
- ☐ 1950 to 1975
- ☐ 1976 to 1990
- ☐ 1991 to 2002
- ☐ 2003 onwards
- ☐ Don't know

B10: Can we check if you have any of the following appliances in your accommodation?

TICK ✓ ALL THAT APPLY

Kitchen

- ☐ Electric oven
- ☐ Gas oven
- ☐ Electric hob
- ☐ Gas hob
- ☐ Dishwasher
- ☐ Fridge or combined fridge freezer
- ☐ Separate stand-alone freezer

Laundry

- ☐ Combined clothes washer dryer
- ☐ Washing machine
- ☐ Tumble dryer

Consumer electronics

- ☐ Laptop/computer
- ☐ TV

Cooling

- ☐ Air conditioning unit
- ☐ Cooling fan

ABOUT YOUR HOUSEHOLD

The next set of questions are about your household and will allow us to compare our results against other published statistical information about the general population in Great Britain.

By household we mean all people that live at your address and share cooking facilities, living room or sitting or dining area.

C1: How many people currently live in your household, including you?

Please include all those who are there regularly, even if not every day, including children who live away from home during term time.

WRITE IN NUMBER BELOW

C2: Including you, how many males and females are there in each of the following age groups in your household?

WRITE IN NUMBERS BELOW FOR EACH [if there is nobody in a category you can leave it blank]

	Male	Female
0-15	<input type="text"/>	<input type="text"/>
16-24	<input type="text"/>	<input type="text"/>
25-44	<input type="text"/>	<input type="text"/>
45-64	<input type="text"/>	<input type="text"/>
65-74	<input type="text"/>	<input type="text"/>
75-84	<input type="text"/>	<input type="text"/>
85+	<input type="text"/>	<input type="text"/>

C3: Thinking about the working situation of each member of your household aged 16 and over, including you, how many would you say fall into each category below?

WRITE IN NUMBERS BELOW FOR EACH ROW [if there is nobody in a category you can leave it blank]

Working (paid or unpaid):
30 hours a week or more

Working (paid or unpaid):
less than 30 hours a week

Not working because of long term
sickness or disability

Unemployed but
seeking work

Student

Retired/at home/not seeking work
(including looking after the home or family)

Other

C4: Including you, how many people in your household hold a degree (e.g. BA, BSc) or higher qualification (e.g. MA, PhD, PGCE)?

WRITE IN NUMBER BELOW [if nobody has this qualification you can write in zero]

☐ Don't know/prefer not to say

C5: Does your household have a plug-in electric vehicle? This does not include hybrid cars which are not plugged-in to charge.

TICK ✓ ONE ANSWER ONLY

☐ Yes -> CONTINUE TO C6

☐ No -> SKIP TO D1

☐ Don't know -> SKIP TO D1

Continued over page...



C6: When does your household tend to charge your electric vehicle at home?

TICK ✓ ONE ANSWER ONLY

- ☐ Mostly overnight (8pm to 7am)
- ☐ Mostly during the day (7am to 4pm)
- ☐ Mostly in the evening (4pm to 8pm)
- ☐ Varies - whenever it's needed
- ☐ Not applicable, charging is not done at home (e.g. at work)
- ☐ Don't know

ABOUT YOU

The last few questions are about you and help us to understand more about those participating in the study.

IF YOU ARE THE ONLY PERSON LIVING IN THE HOUSEHOLD SKIP TO D4,
OTHERWISE CONTINUE TO D1

D1: Which of these age groups do you fall into?

TICK ✓ ONE ANSWER ONLY

- ☐ Under 18
- ☐ 18-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85+

D2: Which of the following best describes how you think of yourself?

TICK ✓ ONE ANSWER ONLY

- ☐ Male
- ☐ Female
- ☐ In some other way
- ☐ Prefer not to say

D3: Which best describes your current employment situation?

TICK ✓ ONE ANSWER ONLY

- ☐ Working (paid or unpaid): 30 hours a week or more
- ☐ Working (paid or unpaid): less than 30 hours a week
- ☐ Not working because of long term sickness or disability
- ☐ Unemployed but seeking work
- ☐ Student
- ☐ Retired/at home/not seeking work (including looking after the home or family)
- ☐ Other
- ☐ Prefer not to say

D4: How well would you say you yourself are managing financially these days? Would you say you are ...

TICK ✓ ONE ANSWER ONLY

- ☐ Living comfortably
- ☐ Doing alright
- ☐ Just about getting by
- ☐ Finding it quite difficult
- ☐ Finding it very difficult
- ☐ Don't know
- ☐ Prefer not to say

**THANK YOU FOR PARTICIPATING
IN THIS RESEARCH.**

Please put the consent form and questionnaire in the
Freepost envelope and drop it in the post
(you do not need a stamp).