Additional Doc 10. Fuel Poverty and Health Booster Fund Questionnaires

The attached questionnaires were designed in 2015 by Sheffield Hallam University and the Department for Energy and Climate Change, for local authorities that were awarded funds under the Fuel Poverty and Health Booster Fund in 2015 to use in evaluating their schemes.

There is a pre-installation questionnaire and a post-installation questionnaire. These are both shown below.

The option to collect the NHS number of the resident is included if local authorities are confident they can access health data using the NHS number. Currently only Wigan is doing this.

CONSENT FORM

This evaluation is being undertaken for the purpose of research and analysis to measure the impact interventions which increase the warmth, safety or energy efficiency of a home have on a household's health and wellbeing; and if there are any consequential impacts on health services.

I understand that by ticking each box I am consenting to this element of the survey. I understand that it will be assumed that leaving boxes unticked means that I DO NOT consent to that part of the research and evaluation.

- ☐ I understand that my participation in this evaluation is voluntary and that I am free to withdraw at any time without giving any reason, and this will not affect my access to any support or assistance under this scheme.
- ☐ I understand that any data collected about me through this evaluation will be handled and processed in accordance with the UK Data Protection Act 1998.
- ☐ I agree that data collected about me and my property in this evaluation may be shared with the Department of Energy and Climate Change (DECC) and may be matched against existing datasets held by DECC regarding the property's Energy Performance Certificates (EPC) for the purpose of research and statistical analysis.
- ☐ I agree as part of this evaluation that the local authority may share my information with the NHS in order to match against my existing medical records for the purpose of statistical analysis.

To assist in the collection of this data, please provide your NHS number, if known:

- ☐ I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications.
- ☐ I agree to be contacted in the future by the study team researchers to participate in follow-up surveys.

Name of participant	
Date	
Signature	

Name of person taking consent	
Date	
Signature	

Health Booster Fund scheme impact evaluation

Please interview the occupant of the household that generated the referral from the health professional. If he/ she is not present then another occupant may complete on behalf of the household. However the same person should be interviewed post-intervention. Only one person per household should be interviewed.

Pre-installation information

To be completed at the first contact with the household (before or at the time of providing measures/ advice)

Date data collected:

○ **Consent form (attached) approved and signed**

Q1) OCCUPANTS

Basic information

Q1a How many people live in the property?

Q1b What is the age of the youngest household member?

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

Q1c Are any of the people living in the house over the age of 75?

- Yes
- No

Q1d What best describes the ethnic group or background of the majority of occupants living in the property?
Give all possible response options before person decides

- White English / Welsh / Scottish / Northern Irish / British
- White Irish
- Gypsy or Irish Traveller
- Any other White background ***(please specify)***
- Mixed / Multiple ethnic background: White and Black Caribbean
- Mixed / Multiple ethnic background: White and Black African
- Mixed / Multiple ethnic background: White and Asian
- Any other Mixed / Multiple ethnic background ***(please specify)***
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Any other Asian background ***(please specify)***
- Black / Black British: African
- Black / Black British: Caribbean
- Any other Black / African / Caribbean background ***(please specify)***
- Arab
- Any other ethnic group ***(please specify)***
- Prefer not to answer

Other, please specify:

Health information

Q1e Please complete **for each household member**:

Does the **respondent** have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 2: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 3: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 4: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 5: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 6: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 7: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 8: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 9: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Household member 10: Does this household member have one or more of the following health conditions and/or disabilities?
Please tick all that apply

- ☐ A cardiovascular condition (incl. coronary heart disease, stroke, high blood pressure (hypertension) transient ischemic attack etc)
- ☐ Respiratory condition (COPD, childhood asthma etc)
- ☐ Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc)
- ☐ Musculoskeletal conditions (incl. Osteoarthritis, Rheumatoid Arthritis etc)
- ☐ Blood conditions (incl. Sickle Cell Disease, Thalassemia etc)
- ☐ Cancer
- ☐ Diabetes
- ☐ Mental health condition
- ☐ Disability (that is the consequence of an impairment that is physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)
- ☐ Is pregnant
- ☐ A long-standing illness, disability or infirmity
- ☐ None
- ☐ Don't know
- ☐ Prefer not to answer

Q1f Under each heading, please tick the **ONE** box that best describes the respondent's health **TODAY**:

MOBILITY

- ◯ I have no problems in walking about
- ◯ I have slight problems in walking about
- ◯ I have moderate problems in walking about
- ◯ I have severe problems in walking about
- ◯ I am unable to walk about

SELF-CARE

- ◯ I have no problems washing or dressing myself
- ◯ I have slight problems washing or dressing myself
- ◯ I have moderate problems washing or dressing myself
- ◯ I have severe problems washing or dressing myself
- ◯ I am unable to wash or dress myself

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- ◯ I have no problems doing my usual activities
- ◯ I have slight problems doing my usual activities
- ◯ I have moderate problems doing my usual activities
- ◯ I have severe problems doing my usual activities
- ◯ I am unable to do my usual activities

PAIN / DISCOMFORT

- ◯ I have no pain or discomfort
- ◯ I have slight pain or discomfort
- ◯ I have moderate pain or discomfort
- ◯ I have severe pain or discomfort
- ◯ I have extreme pain or discomfort

ANXIETY / DEPRESSION

- ◯ I am not anxious or depressed
- ◯ I am slightly anxious or depressed
- ◯ I am moderately anxious or depressed
- ◯ I am severely anxious or depressed
- ◯ I am extremely anxious or depressed

We would like to know how good or bad the respondent's health is TODAY:
Imagine a scale numbered from 0 to 100.
100 means the best health you can imagine. 0 means the worst health you can imagine.

What number on the scale indicates how the respondent's health is TODAY?

Benefits information

Q1g Is anyone in the household receiving one or more of the following means-tested benefits?
Please tick all that apply

- ☐ Pension credit (not state pension)
- ☐ Income support
- ☐ Income-based Jobseeker's Allowance
- ☐ Child Tax Credit
- ☐ Working Tax Credit
- ☐ Income-related Employment and Support Allowance
- ☐ Universal Credit
- ☐ None of these
- ☐ Don't know
- ☐ Prefer not to answer

Q1h Is anyone in the household receiving a disability benefit or premium?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Prefer not to answer

Income information

Q1i What is the household income per month **before** housing costs (rent, mortgage), in £?
(estimated values are accepted)

What are the housing costs (rent, mortgage) per month, in £?
(estimated values are accepted)

- ○ Tick if either of above answers are unknown

If answers to Q1(i) are unknown, please answer Q1(j) below, otherwise go to Q2

Q1j After housing costs, is the household income estimated to be:

- ○ More than £800
- ○ Less than £800
- ○ Unknown

Q2) PROPERTY

Structural information

Q2a What is the current SAP/ EPC certificate for the property?

- ◯ G
- ◯ F
- ◯ E
- ◯ D
- ◯ C
- ◯ B
- ◯ A
- ◯ Unknown

Q2b What type of tenure is the property?

- ◯ Social rented
- ◯ Private rented
- ◯ Owner occupier

Q2c What is the property type?

- ◯ Flat
- ◯ End-terrace
- ◯ Mid-terrace
- ◯ Semi-detached
- ◯ Detached
- ◯ Bungalow

Q2d What is the property age?

- ◯ Post 1964
- ◯ 1945-1964
- ◯ 1919-1944
- ◯ Pre-1919

Q2e How many bedrooms are there?

- ◯ Bedsit
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5+

Energy efficiency information

Q2f Does the property use mains gas as the primary heating fuel?

- ◯ Yes
- ◯ No

Q2g What is the age of the current heating system?

- ◯ Less than 3 years
- ◯ 3-12 years
- ◯ More than 12 years
- ◯ Unknown

Q2h What type of fuel does the household primarily use?

- ◯ Gas
- ◯ Electricity
- ◯ Oil
- ◯ Solid fuel - coal
- ◯ Solid fuel - biomass (e.g. wood)
- ◯ Other ***(please specify)***

Other, please specify

Q2i Does the property have a boiler?

- ◯ Yes
- ◯ No
- ◯ Unknown

If the answer to Q2(i) is 'yes', please answer the following additional question, otherwise go to Q2(j)

What type of boiler is used in the property?

- ◯ All condensing
- ◯ Combination
- ◯ Standard
- ◯ Back boiler
- ◯ Unknown

Q2j Which of these energy efficiency measures does the property already have?
Please tick all that apply

- ☐ Loft insulation
- ☐ Cavity wall insulation
- ☐ Solid wall insulation
- ☐ Draft proofing
- ☐ Double glazing
- ☐ Secondary glazing
- ☐ Other ***(please specify)***

Other, please specify:

Q2k Has the loft insulation been installed or upgraded since 1985?

- ○ Yes
- ○ No
- ○ Unknown

Q3) ENERGY USE

Q3a If known, what is the overall household energy cost per year, in £?

- [ ] Unknown

If the answer to Q3(a) is 'unknown', please answer the following additional question, otherwise go to Q3(b)

What is the estimated total energy cost per year?

- [ ] £1400 or more (£120 or more per month)
- [ ] Less than £1400 (less than £120 per month)

Q3b Which methods do you use to pay for your electricity/ gas/ other fuel?
Please tick all that apply

- [ ] Direct Debit or standing order
- [ ] Monthly or quarterly bill
- [ ] Pre-payment (keycard or token) meter
- [ ] Included in rent
- [ ] Frequent cash payment method (more frequent than monthly)
- [ ] Fuel direct or direct from benefits
- [ ] Fixed annual bill (however much gas or electricity is used e.g. Stay Warm)
- [ ] Other
- [ ] Don't know

Q3c Over the winter, how easy or difficult has it been to keep your home warm when the heating is on?

- [ ] Very easy to keep warm
- [ ] Fairly easy to keep warm
- [ ] Fairly difficult to keep warm
- [ ] Very difficult to keep warm
- [ ] Don't know

Q3d How well are you and your household keeping up with your energy bills at the moment?

- ◯ Managing very well
- ◯ Managing quite well
- ◯ Get by alright
- ◯ Having some difficulties
- ◯ Having severe difficulties
- ◯ Prefer not to say

Q3e What support has the household requested, or what measures does it seem the property requires?

Energy efficiency measures:
Please tick all that apply

- [ ] Boiler
- [ ] Loft insulation
- [ ] Double glazing
- [ ] Secondary glazing
- [ ] Central heating system
- [ ] Cavity wall insulation
- [ ] Solid wall insulation
- [ ] Draft proofing
- [ ] Other ***(please specify)***

Other, please specify:

Advice or referrals:
Please tick all that apply

- [ ] Debt advice
- [ ] Benefit entitlement checks
- [ ] Income maximisation or money saving advice
- [ ] Switching support
- [ ] Advice on use of heating system
- [ ] Energy saving advice
- [ ] Advice on housing options (e.g. if under-occupying)
- [ ] Referral for flu jab
- [ ] Referral to fire service (for trip and fall prevention etc)
- [ ] Referral for other health intervention
- [ ] Hazard check
- [ ] Other ***(please specify)***

Other, please specify:

Q4) REFERRAL - TO BE COMPLETED BY THE LOCAL AUTHORITY

Q4a What agency referred this household for support?

- ◯ Hospital
- ◯ GP
- ◯ Practice nurse
- ◯ Health visitor
- ◯ Midwife
- ◯ District nurse
- ◯ Social worker
- ◯ Occupational therapist
- ◯ Ambulance service
- ◯ Community group
- ◯ Charity
- ◯ Police
- ◯ Fire service
- ◯ Other ***(please specify)***

Other, please specify:

Q4b What was the method of referral?

- ◯ Email
- ◯ Online
- ◯ Electronic portal
- ◯ Postal
- ◯ Fax
- ◯ Telephone
- ◯ Other ***(please specify)***

Other, please specify:

Q4c What was the date of referral?

CONSENT FORM

This evaluation is being undertaken for the purpose of research and analysis to measure the impact interventions which increase the warmth, safety or energy efficiency of a home have on a household's health and wellbeing; and if there are any consequential impacts on health services.

I understand that by ticking each box I am consenting to this element of the survey. I understand that it will be assumed that leaving boxes unticked means that I DO NOT consent to that part of the research and evaluation.

- ☐ I understand that my participation in this evaluation is voluntary and that I am free to withdraw at any time without giving any reason, and this will not affect my access to any support or assistance under this scheme.
- ☐ I understand that any data collected about me through this evaluation will be handled and processed in accordance with the UK Data Protection Act 1998.
- ☐ I agree that data collected about me and my property in this evaluation may be shared with the Department of Energy and Climate Change (DECC) and may be matched against existing datasets held by DECC regarding the property's Energy Performance Certificates (EPC) for the purpose of research and statistical analysis.
- ☐ I agree as part of this evaluation that the local authority may share my information with the NHS in order to match against my existing medical records for the purpose of statistical analysis.

To assist in the collection of this data, please provide your NHS number, if known:

- ☐ I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications.
- ☐ I agree to be contacted in the future by the study team researchers to participate in follow-up surveys.

Name of participant	
Date	
Signature	

Name of person taking consent	
Date	
Signature	

Health Booster Fund scheme impact evaluation

Please interview the occupant of the household that generated the referral from the health professional. If he/ she is not present then another occupant may complete on behalf of the household. However the same person should be interviewed post-intervention. Only one person per household should be interviewed.

Post-intervention information

To be completed no less than three months after intervention and ideally after a winter has passed. The period of time between the pre- and post- surveys should be as close to consistent to all households as possible in any case. Please ensure you survey the same member of the household that completed the pre-intervention survey.

Date data collected:

○ **Consent form (attached) approved and signed**

Q5) SUPPORT PROVIDED

Q5a Did the household accept some form of support, assistance or advice?

- ◯ Yes
- ◯ No

If **No**, please specify why:

Q5b What support was provided to the household?

Energy efficiency measures - please indicate which measures were installed:
Please tick all that apply

- ☐ Boiler
- ☐ Loft insulation
- ☐ Double glazing
- ☐ Secondary glazing
- ☐ Central heating system
- ☐ Cavity wall insulation
- ☐ Solid wall insulation
- ☐ Draft proofing
- ☐ Other ***(please specify)***

Other, please specify:

Advice or referrals - please indicate what support was provided:
Please tick all that apply

- ☐ Debt advice
- ☐ Benefit entitlement checks
- ☐ Income maximisation or money saving advice
- ☐ Switching support
- ☐ Advice on use of heating system
- ☐ Energy saving advice
- ☐ Advice on housing options (e.g. if under-occupying)
- ☐ Referral for flu jab
- ☐ Referral to fire service (for trip and fall prevention etc)
- ☐ Referral for other health intervention
- ☐ Hazard check
- ☐ Other ***(please specify)***

Other, please specify:

Q5c Was the type of support, assistance, measures or advice provided **different from** the requirements originally identified?

- ◯ Yes
- ◯ No

If **Yes**, please specify why:

Q5d Were any costs incurred on the household to install any energy efficiency measures?

- ◯ Yes
- ◯ No

If **Yes**, please specify how much, in £:

Q6) IMPACTS OF INTERVENTION ON HOUSEHOLD

Wellbeing

Q6a Under each heading, please tick the **ONE** box that best describes the respondent's health **TODAY**:

MOBILITY

- ◯ I have no problems in walking about
- ◯ I have slight problems in walking about
- ◯ I have moderate problems in walking about
- ◯ I have severe problems in walking about
- ◯ I am unable to walk about

SELF-CARE

- ◯ I have no problems washing or dressing myself
- ◯ I have slight problems washing or dressing myself
- ◯ I have moderate problems washing or dressing myself
- ◯ I have severe problems washing or dressing myself
- ◯ I am unable to wash or dress myself

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- ◯ I have no problems doing my usual activities
- ◯ I have slight problems doing my usual activities
- ◯ I have moderate problems doing my usual activities
- ◯ I have severe problems doing my usual activities
- ◯ I am unable to do my usual activities

PAIN / DISCOMFORT

- ◯ I have no pain or discomfort
- ◯ I have slight pain or discomfort
- ◯ I have moderate pain or discomfort
- ◯ I have severe pain or discomfort
- ◯ I have extreme pain or discomfort

ANXIETY / DEPRESSION

- ◯ I am not anxious or depressed
- ◯ I am slightly anxious or depressed
- ◯ I am moderately anxious or depressed
- ◯ I am severely anxious or depressed
- ◯ I am extremely anxious or depressed

We would like to know how good or bad the respondent's health is TODAY:
Imagine a scale numbered from 0 to 100.
100 means the best health you can imagine. 0 means the worst health you can imagine.

What number on the scale indicates how the respondent's health is TODAY?

[ ]

Energy use

Q6b If known, what is the new SAP/ EPC certificate for the property?

- G
- F
- E
- D
- C
- B
- A
- Unknown
- Unchanged

Q6c What is the overall household energy cost per year, in £?

- Unknown

If the answer to Q6(c) is 'unknown', please answer the following additional question, otherwise go to Q6(d)

What is the estimated total energy cost per year?

- £1400 or more (£120 or more per month)
- Less than £1400 (less than £120 per month)

Q6d Over the winter since the intervention, how easy or difficult has it been to keep your home warm when the heating is on?

- Very easy to keep warm
- Fairly easy to keep warm
- Fairly difficult to keep warm
- Very difficult to keep warm
- Don't know

Q6e Since the intervention, how well are you and your household keeping up with your energy bills?

- Managing very well
- Managing quite well
- Get by alright
- Having some difficulties
- Having severe difficulties
- Prefer not to say

Behaviour

Q6f Have you changed how often the heating is turned on or off since the intervention?

- ◯ Yes (turned on more)
- ◯ Yes (turned off more)
- ◯ No

Q6g Have you changed the temperature of your heating since the intervention?

- ◯ Yes (turned up more)
- ◯ Yes (turned down more)
- ◯ No

Q6h Have you changed the number of rooms that you heat since the intervention?

- ◯ Yes (more rooms)
- ◯ Yes (less rooms)
- ◯ No

Q6i Could you please describe any other ways in which you have changed the way you heat your home, use energy or reduced your energy bills since the intervention?

Benefits

Q6j Is anyone in the household receiving one or more of the following means-tested benefits?
Please tick all that apply

- ☐ Pension credit (not state pension)
- ☐ Income support
- ☐ Income-based Jobseeker's Allowance
- ☐ Child Tax Credit
- ☐ Working Tax Credit
- ☐ Income-related Employment and Support Allowance
- ☐ Universal Credit
- ☐ None of these
- ☐ Don't know
- ☐ Prefer not to answer

Q6k Is anyone in the household receiving a disability benefit or premium?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Prefer not to answer

Income

Q6l What is the household income per month **before** housing costs (rent, mortgage), in £?
(estimated values are accepted)

What are the housing costs (rent, mortgage) per month, in £?
(estimated values are accepted)

- ○ Tick if either of above answers are unknown

If answers to Q6(l) are unknown, please answer Q6(m) below

Q6m After housing costs, is the household income estimated to be:

- ○ More than £800
- ○ Less than £800
- ○ Unknown