Example of a retrospective (post-intervention only) questionnaire

From Christopher D Maidment (2016), *The health impacts of household energy efficiency measures*, PhD thesis (unpublished), The University of Sheffield

This example is for illustration only. It is not a validated questionnaire, though it does include questions from two validated health questionnaire (the VAS and the EQ5). You should make sure that any questionnaire – and the questions within it – is suitable for your scheme. Avoid just using an 'off the peg' questionnaire.

This questionnaire is designed to capture data on the post-intervention and on the change from pre-intervention. This is for use in the situation where pre-intervention data was not collected at the start.

It is a hybrid form of questionnaire, which combines questions to collect data about the client and their household, questions from two validated health questionnaire (the VAS and the EQ5) and questions about the condition of the home. Such hybrid questionnaires can be difficult to use in the field without proper training and understanding by those delivering it.

Question 4 uses a group approach, which is no longer recommended practice. It is now considered preferable to ask: 'how old are you?' and record the person's actual age (e.g. 53). This gives you ratio data which makes inferential statistics easier than the ordinal data that is the output here. In analysis it also helps the researcher to create his/her own age ranges e.g. for a project particularly interested in people who are 50 and over.

In place of Euroqol questions on wellbeing, it may be preferable to consider using the Office of National Statistics wellbeing indicators. These are validated questions and are the UK's official measure of wellbeing. There is a national dataset with good demographic splits and local authority and ward level scores. This can be useful for analysis of attribution in any economic analysis of impact.

The University Of Sheffield.

Sheffield Hallam University

About you

Please note that your answers will remain confidential

Office use only:

Ref No:

1. IF YOU WOULD LIKE TO BE ENTERED INTO THE **PRIZE DRAW**, PLEASE PROVIDE YOUR NAME AND ADDRESS.

If not, you can leave the box blank.

Postcode:

2. How long have you lived at your current address?

3. What is your gender?

- ☐ Male
- ☐ Female

4. How old are you?

- ☐ Under 18
- ☐ 18-24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or over

5. Which of these best describes what you are doing at present? *If more than one of these applies to you, please tick the main ONE only*

- ☐ Full-time paid work (30 hours or more each week)
- ☐ Part-time paid work (under 30 hours each week)

→ If working full or part time, what is your occupation?

- ☐ Full-time education at school, college or university
- ☐ Unemployed
- ☐ Permanently sick or disabled
- ☐ Fully retired from work

→ If retired or sick / disabled, what was your occupation?

- ☐ Looking after the home
- ☐ Doing something else

6. How would you describe your..

	Very bad	Bad	Fair	Good	Very good
..mood and happiness?	☐	☐	☐	☐	☐
..energy levels?	☐	☐	☐	☐	☐
..relationships with others?	☐	☐	☐	☐	☐

7. In the last 12 months, how many times have you visited the following health services **regarding your own health?**

Doctor / GP _____ Walk-in centre _____ Hospital _____

Total number of nights spent in hospital in the last 12 months _____

8. Over the last year, has your health...

☐ ..worsened a lot? ☐ ..worsened a little? ☐ ..not changed? ☐ ..improved a little? ☐ ..improved a lot?

And has your general mood and mental wellbeing...

☐ ..worsened a lot? ☐ ..worsened a little? ☐ ..not changed? ☐ ..improved a little? ☐ ..improved a lot?

9. Do you suffer from any of the following problems and, if so, have you seen a doctor or health professional about it in the last 12 months?

*(Please tick **one** box in **each** row)*

	No, I do not suffer from this	Yes but I have not seen a doctor	Yes and I have seen a doctor
Joint pain, arthritis	☐	☐	☐
Respiratory problems, breathing, wheeze	☐	☐	☐
Psychological / emotional conditions	☐	☐	☐
Heart problems, angina	☐	☐	☐
Circulatory problems, high blood pressure	☐	☐	☐
Persistent flu symptoms, headaches	☐	☐	☐
Allergies, hay fever	☐	☐	☐
Falls or accidents in the home	☐	☐	☐
Other(s), please state:			
_____	☐	☐	☐

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

10. Mobility

I have no problems in walking about ❑

I have some problems in walking about ❑

I am confined to bed ❑

11. Self-Care

I have no problems with self-care ❑

I have some problems washing or dressing myself ❑

I am unable to wash or dress myself ❑

12. Usual Activities

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

I have no problems with performing my usual activities ❑

I have some problems with performing my usual activities ❑

I am unable to perform my usual activities ❑

13. Pain/Discomfort

I have no pain or discomfort ❑

I have moderate pain or discomfort ❑

I have extreme pain or discomfort ❑

14. Anxiety/Depression

I am not anxious or depressed ❑

I am moderately anxious or depressed ❑

I am extremely anxious or depressed ❑

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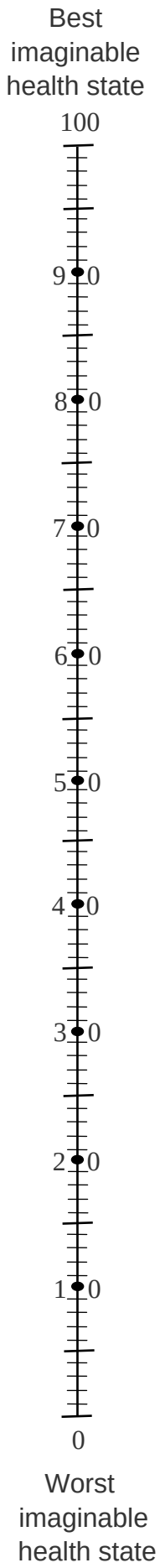
15.

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today



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About your home

1. What type of house do you live in?

- ☐ Detached house
- ☐ Terraced house
- ☐ Semi-detached house
- ☐ End-terraced house
- ☐ Flat
- ☐ Other

2. Roughly when was your house built? _____

3. How many rooms does the property have, **not** including hallways, landings or cellars?

Total _____ How many of these are bedrooms? _____ ..and bathrooms? _____

4. How many people live in your household? Adults _____ Children _____

5. Does anyone regularly smoke inside your home? ☐ Yes ☐ No

6. Are there any pets in the home? ☐ Yes ☐ No

What animals if so? _____

7. Do you own or rent your home?

- ☐ Own outright
- ☐ Rent
- ☐ Own with a mortgage or loan
- ☐ Live here rent free
- ☐ Shared ownership
- ☐ Other

8. If renting, who is your landlord?

- ☐ Housing association
- ☐ Employer of a household member
- ☐ Council (local authority)
- ☐ Relative or friend
- ☐ Private landlord or letting agency
- ☐ Other

9. What fuel do you mainly use for heating?
(e.g. gas, electricity, coal)

10. Which of these measures do you currently have in your home?

11. **For the measures you have in your home only,** please circle below to tell us..

	Yes	No	Not sure	..how long ago was it installed?			..and, who paid?			
Loft insulation	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Cavity wall insulation	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
External wall insulation	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Internal wall insulation	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Renewable energy *(e.g. solar panels)*	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Double or triple glazing	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Home energy monitor	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Draught proofing	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Efficient ‘a-rated’ (condensing) boiler	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*
Central heating	☐	☐	☐	*0-2 years*	*2-5 years*	*Over 5 years*	*I / We paid*	*Received a grant*	*Landlord or Council*	*Other*

12. Does your home have any problems with the following?
(Slight = barely noticeable, Extreme = making the home unliveable)

	Not at all	Slight problems	Moderate problems	Large problems	Extreme problems	Don't know
Condensation	☐	☐	☐	☐	☐	☐
Damp	☐	☐	☐	☐	☐	☐
Mould	☐	☐	☐	☐	☐	☐
Draughts	☐	☐	☐	☐	☐	☐

13. How satisfied are you with your home regarding the..

	Not at all	Slightly	Somewhat	Very	Extremely
...standard of housing?	☐	☐	☐	☐	☐
...indoor temperature?	☐	☐	☐	☐	☐
...humidity indoors?	☐	☐	☐	☐	☐
...freshness of air indoors?	☐	☐	☐	☐	☐

14. In general, how often do you...

	Never	Seldom	Sometimes	Often	Almost always	Don't know
...have problems paying energy bills?	☐	☐	☐	☐	☐	☐
...open a window for ventilation?	☐	☐	☐	☐	☐	☐
...use an extractor fan when cooking?	☐	☐	☐	☐	☐	☐
... use an extractor fan in the bathroom?	☐	☐	☐	☐	☐	☐
...hang clothes to dry indoors?	☐	☐	☐	☐	☐	☐
...heat living areas and bedroom(s) in winter?	☐	☐	☐	☐	☐	☐
...heat the same rooms in summer?	☐	☐	☐	☐	☐	☐

And, finally..

15. **Compared to this time last year,** has the standard of your housing...

☐ ..worsened a lot? ☐ ..worsened a little? ☐ ..not changed? ☐ ..improved a little? ☐ ..improved a lot?

Has the indoor environment (such as the temperature, humidity, air freshness)...

☐ ..worsened a lot? ☐ ..worsened a little? ☐ ..not changed? ☐ ..improved a little? ☐ ..improved a lot?

Have any problems with damp, mould and condensation..

☐ ..worsened a lot? ☐ ..worsened a little? ☐ ..not changed? ☐ ..improved a little? ☐ ..improved a lot?

Have any problems with paying your bills..

☐ ..worsened a lot? ☐ ..worsened a little? ☐ ..not changed? ☐ ..improved a little? ☐ ..improved a lot?

16. Over the last year, have you made any changes to how you use your heating, how you dry clothes, how often you open windows for ventilation or use extractor fans?

If so, or if you have any general comments or questions, please provide details:

17. Would anyone else living at your address be willing to complete a shorter version of this survey? Or would you be happy to complete it on their behalf? If so, please tick the box below and I will post some more questionnaires.

☐ Yes, please send more questionnaires for the other members of my household

If you have answered 'Yes' to question 17, please provide your name and address on the front page of the questionnaire.

Thank you for your time

Please return the completed questionnaire in the envelope provided

If you have any questions regarding this research, please contact Chris Maidment at the University of Sheffield (Tel: 0114 222 6647, email: pcp11cdm@sheffield.ac.uk).

For any questions regarding your health, please contact your GP.