

INITIAL QUESTIONNAIRE -United Kingdom-

Name of the participant: _____

ENERGY

- 1. How do you normally use your washing machine? (You can mark more than one option).**
 - Full load.
 - When I have any some clothes to wash, even if it's not full load.
 - With cold water.
 - With hot water.
 - Economic programmes.
- 2. When do you use the dryer?**
 - Always.
 - Only when the weather is bad (rainy, cold and cloud...).
- 3. When you are cooking, do you cover the pots and pans?**
 - Yes
 - No
- 4. When you leave a room for a short period of time (at about 15 minutes), what do you do with the lights?**
 - I always switch them off.
 - I sometimes don't switch them off.
 - I never switch them off, because I will come back quickly.
- 5. When you switch off tv, computer and other electrical appliances, do you make sure none of them are in stand-by mode? (In this situation usually you can see a small red light on).**
 - Yes
 - No
- 6. Do you pay attention to energy efficiency label when you buy a new appliance?**
 - Yes
 - No

7. During the winter, how do you use your heating system and what do you wear normally at home?

- I have a temperature about 25°C at home, so I can wear a t-shirt.
- I have a temperature about 20°C at home and I wear a sweater.

WATER

8. Does your house have any water saving systems installed?

- Yes
- No

If so, indicate which ones:

WC tank

- Double discharge button.
- Discharge interruption button.
- Object to reduce capacity.

Taps / shower

- Flow redactor.
- Aerator.
- Low-flow shower head.

9. How do you wash the dishes?

- I use a small bowl of water to soap dishes and one for rinsing.
- I soap all at the same time with the tap close and then I open the tap and clean altogether.
- I just open the tap and wash the dishes, I'm not thinking about the water consumption, there's a lot in UK.

10. How do you wash your car?

- I use a bucket and sponge.
- I use a hose.
- I bring it into a car wash.

11. How often do you take a bath?

- More than once a week.
- Once a week.
- Between once a week and once a month.
- Less than once a month.

WASTE

12. How would you characterise the quantity of waste you produce?

- Excessive
- Normal
- Low

Why?

13. Do you separate your waste?

- Yes
- No

14. What do you do with used oil?

- I throw it down the sink.
- I recycle it.
- I make soap.

15. Do you keep your own bag when you do the shopping, even if in the shop they give them to you for free?

- Yes
- No

16. Do you take into account these criteria when shopping?

	NEVER	SOMETIMES	ALMOST ALWAYS	ALWAYS
Do I really need it?				
Is it over-packaged?				
Can be reusable (non single-use products)				

17. How often do you buy take-away food?

- More than once a week.
- Once a week.
- Between once a week and once each two weeks.
- Once a month.
- Less than once a month.

RESPONSIBLE CONSUME

18. How often do you shop in each of these establishments?

Periodicity of shopping Establishment	Daily	Weekly	Bi-weekly	Monthly	Rarely	Never
Large supermarkets						
Street market						
Local shop						
Ecological shop						
Green consumer group (direct purchase from producers)						

19. Do you take into account these criteria when shopping?

	NEVER	SOMETIMES	ALMOUST ALWAYS	ALWAYS
Are these products harmful to the environment and our own health?				
Country of origin of the products				
Labelling				
Are they season-products?				
Organic				
Fair trade				

20. What do you usually use to carry your lunch?

- Foil
- Cling film
- A napking
- A luch-box
- A reusable bag

21. Do you consider the toxicity of the cleaning products before buying them?

- Yes
- No

If so, do you make any of the products commonly used for cleaning from natural or artisanal recipes? (Not toxics).

- Yes
- No

TRANSPORTATION

22. How would you run a distance at about 2 miles?

- Walking
- By bicycle
- By public transport
- By car

23. How often do you use public transport?

- Everyday
- More than once a week.
- Once a week.
- Between once a week and once each two weeks.
- Once a month.
- Less than once a month.

If you use it less than once a month, the reason is (you can mark more than one option):

- It's too expensive.
- It's uncomfortable.
- It takes much more time than the car.

24. Suppose that you are going out with your friends by car, do you try to share cars?

- Yes
- No

25. Suppose that you have some colleagues living in the same area or route to your job, do you try to share cars with them, even if you have to modify a bit your timetable?

- Yes
- No

26. Have you ever tried carpooling? Carpooling (also car-sharing, ride-sharing, lift-sharing and covoiturage), is the sharing of car journeys so that more than one person travels in a car. There are multiple websites in which drivers and passengers can find each other for the same trip).

- Yes
- No

If no, would you use it?

- Yes
- No

27. Do you have a bicycle?

- Yes
- No

If so, how often do you use it?

- More than once a week.
- Once a week.
- Between once a week and once each two weeks.
- Once a month.
- Less than once a month.

And what do you use your bike for?

- Urban mobility
- Free time activity
- Sport
- Other

FINAL QUESTIONNAIRE -United Kingdom-

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And what do you use your bike for?

- Urban mobility
- Free time activity
- Sport
- Other

CÓDIGO HOGAR

PROGRAMA HOGARES VERDES. CUESTONARIO INICIAL - España-

Los datos obtenidos mediante este cuestionario servirán a los técnicos del Programa Hogares Verdes para conocer mejor las características de partida de las viviendas o sedes sociales de las entidades participantes en el programa. Los datos se utilizarán con fines estadísticos, no empleándose referencias concretas salvo consentimiento previo de dichas entidades. Gracias por su colaboración.

DATOS DE LA ENTIDAD:

* Nombre de la entidad:

* Domicilio social:

Calle/Avenida/Plaza:

Localidad:

Código Postal:

* Teléfono:

* Correo electrónico:

* Web:

DATOS GENERALES DE LA VIVIENDA

* Tipo de vivienda:

Pareado	Adosado	Vivienda aislada	Piso
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Superficie aproximada de la vivienda m^2
(Sin contabilizar terrazas abiertas, patios o garajes)

Menos de 50m ²	<input type="text"/>
Entre 50 y 100 m ²	<input type="text"/>
Más de 100 m ²	<input type="text"/>

* Antigüedad de la vivienda (años que lleva construida):

Menos de 5 años	<input type="text"/>
Entre 5 y 10 años	<input type="text"/>
Más de 10 años	<input type="text"/>

* Número total de personas que viven en la vivienda:

1	2	3	4	5	6	7	8	9	10	+10

ENERGÍA

* ¿Cuál es el sistema de calefacción principal de la vivienda? (Marcar sólo una opción).

No tengo	
Radiadores eléctricos	
Suelo radiante	
Chimenea	
Estufa	
Calefacción central	
Aire caliente por aparatos de climatización	
Calefactores eléctricos de aire caliente	
Otro (indicar)	

*¿A qué temperatura media mantienes tu casa en invierno?

Zona de la vivienda:	Salón / cocina	Dormitorios
Temperatura por la mañana (°C)		
Temperatura por la tarde (°C)		
Temperatura por la noche (°C)		

* ¿Qué tipo de energía utiliza el sistema principal de calefacción de la vivienda?

Electricidad	
Gasoil	
Gas natural	
Gas butano	
Leña / biomasa	
Otra (indicar)	

* El sistema principal de calefacción de la vivienda es:

Individual	
Comunitario	

*¿Qué tipo de energía utilizas para producir agua caliente?

Electricidad	
Gasoil	
Gas natural	
Gas butano	
Leña / biomasa	
Energía solar	
Otra (indicar)	

*¿Cuántas veces pones la lavadora a la semana?

0	1	2	3	4	5	+5

*¿Cuántas veces pones la secadora a la semana?

0	1	2	3	4	5	+5

*¿Cuántas veces pones el lavavajillas a la semana?

0	1	2	3	4	5	+5

*¿Cuántos aparatos eléctricos mantienes en situación de “Stand by”? (En esa situación suele permanecer un piloto rojo encendido) (indica el número).

*¿Cuántas bombillas de bajo consumo o LED tienes en tu vivienda? (indica el número).

AGUA

*¿Tiene tu vivienda un contador de agua propio?

Sí	
No	

*¿Tienes instalado algún sistema para economizar

agua?

Sí	
No	

• En caso afirmativo, señala cuál o cuáles:

Cisterna WC

Dos botones para descarga larga y descarga corta	
Botón para “cortar” la descarga	
Objeto en el depósito de la cisterna para reducir la descarga	

Grifos /ducha

Economizador en grifos (aireador, perlizador)	
Reductor de caudal en ducha	
Alcachofa de bajo consumo	

RESIDUOS

*La cantidad de residuos que se generan en tu hogar, la consideras:

	¿Por qué motivo?
Excesiva	
Normal	
Reducida	

*¿Tomáis alguna medida de reducción o reutilización?

Sí	
No	

¿Cuales?

* ¿Realizáis separación selectiva de residuos?

Sí	
No	

*¿Que tipo de residuos separáis?:

Envases de plástico, brick, latas,...	
Papel y cartón	
Vidrio	
Aceite	
Pilas	
Ropa/Calzado/Juguetes	

Enseres/Voluminosos/Aparatos eléctricos y electrónicos	
Otros	

***En caso de realizar separación selectiva de residuos, indica la cantidad y tipo de residuos que genera semanalmente tu vivienda, aproximadamente.**

Tipo de residuo	Nº de bolsas / semana
Todo mezclado	
Basura orgánica	
Papel y cartón	
Envases	
Vidrio	
Aceite	
Pilas	

MOVILIDAD

***¿Utilizáis el transporte público (autobús o tranvía) para vuestros desplazamientos?**

Sí	
No	

*** ¿Para qué utilizáis el transporte público?**

Para ir al trabajo	
Para ir a estudiar	
Viajes	
Otros	

*** En caso afirmativo, indica con qué frecuencia**

Todos los días	
Una vez a la semana	

Más de una vez al mes	
Menos de una vez al mes	
Casi nunca	

* ¿Tenéis bicicleta?

Sí	
No	

¿Cuántas bicicletas tenéis en casa?

0	1	2	3	4	5	+5

* ¿Para qué utilizáis la bicicleta?

Desplazamientos urbanos	
Ocio	
Deporte	
Otros	

* ¿Con qué frecuencia utilizáis la(s) bicicleta(s)?

Todos los días	
Una vez a la semana	
Más de una vez al mes	
Menos de una vez al mes	

Casi nunca	
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CONSUMO

***¿Con qué frecuencia compráis en cada uno de estos establecimientos?**

(Marca tu respuesta para todos los establecimientos).

Periodo	Periodo					
	A diario	Semanal	Quincenal	Mensual	Ocasional	Nunca
Establecimiento						
Grandes superficies (Mercadona, Eroski, Dia, Lidl, ...)						
Mercadillo ambulante						
Tienda local						
Tienda ecológica/herbolario						
Grupo de consumo ecológico (compra directa a los productores)						

*** A la hora de hacer la compra:**

	SÍ	NO
¿Os planteáis previamente la "reducción del consumo" en el hogar?		
¿Realizáis con antelación la "lista de la compra"?		
¿Lleváis tu carrito, mochila o bolsa/s reutilizables?		

*** ¿Tenéis en cuenta los siguientes criterios a la hora de hacer la compra?**

(marca tu respuesta para todos los criterios).

	NUNCA	A VECES	CASI SIEMPRE	SIEMPRE
Realmente lo necesito				
Está sobre-envasado el alimento				
Son productos nocivos para el medio ambiente y nuestra propia salud				
Origen o procedencia de los productos				
Me fijo en el etiquetado				

***¿Consumís de forma habitual algún producto de alimentación procedente de ganadería o agricultura ecológica?**

Fruta	
Verdura	
Zumos	
Pastas y legumbres	
Galletas, cereales...	
Carne	
Otro	

***¿Consumís de forma habitual algún producto de alimentación procedente de comercio justo?**

Café	
Té, infusiones	
Chocolate	
Galletas, cereales...	
Pastas y legumbres	
Otro	

*** Abre el armario y cuenta el número de productos de limpieza que usas en casa:**

1	2	3	4	5	6	7	8	9	+ 10	+ 15	+ 20

***¿Elaboráis alguno de los productos que utilizáis habitualmente para la higiene personal o limpieza del hogar con recetas naturales o artesanales?**

Jabón aseo personal	
Pasta de dientes	
Cremas hidratantes	
Jabón lavadora	
Fregasuelos	
Limpia WC	
Otro	

Datos de consumo de energía y agua. (A rellenar por el técnico del Programa Hogares Verdes)

CÓDIGO HOGAR

PROGRAMA HOGARES VERDES. CUESTONARIO FINAL - España-

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- * Nombre de la entidad:
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DATOS GENERALES DE LA VIVIENDA

- * Tipo de vivienda:

Pareado	
Adosado	
Vivienda aislada	
Piso	

- * Superficie aproximada de la vivienda m²
(Sin contabilizar terrazas abiertas, patios o garajes)

Menos de 50m ²	
Entre 50 y 100 m ²	
Más de 100 m ²	

* **Antigüedad de la vivienda** (años que lleva construida):

Menos de 5 años	
Entre 5 y 10 años	
Más de 10 años	

* **Número total de personas que viven en la vivienda:**

Una persona	
Dos personas	
Tres personas	
Cuatro personas	
Cinco personas	
Seis personas	
Siete personas	
Ocho personas	
Nueve personas	
Diez personas	
Más de diez	

ENERGÍA

* ¿Cuál es el sistema de calefacción principal de la vivienda? (Marcar sólo una opción).

No tengo	
Radiadores eléctricos	
Suelo radiante	
Chimenea	
Estufa	
Calefacción central	
Aire caliente por aparatos de climatización	
Calefactores eléctricos de aire caliente	
Otro (indicar)	

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Electricidad	
Gasoil	
Gas natural	
Gas butano	
Leña / biomasa	
Otra (indicar)	

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Leña / biomasa	
Energía solar	
Otra (indicar)	

* ¿Cuántas veces pones la lavadora a la semana?

Menos de una vez	
Una vez	
Dos veces	
Tres veces	
Cuatro veces	
Cinco veces	
Más de cinco veces	

*¿Cuántas veces pones la secadora a la semana?

Menos de una vez	
Una vez	
Dos veces	
Tres veces	
Cuatro veces	
Cinco veces	
Más de cinco veces	

*¿Cuántas veces pones el lavavajillas a la semana?

Una vez	
Dos veces	
Tres veces	
Cuatro veces	
Cinco veces	
Más de cinco veces	

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AGUA

*¿Tiene tu vivienda un contador de agua propio?

Sí	
No	

***¿Tienes instalado algún sistema para economizar agua?**

Sí	
No	

• **En caso afirmativo**, señala cuál o cuáles:

Cisterna WC

Dos botones para descarga larga y descarga corta	
Botón para “cortar” la descarga	
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RESIDUOS

***La cantidad de residuos que se generan en tu hogar, la consideras:**

		¿Por qué motivo?
Excesiva		
Normal		
Reducida		

***¿Tomáis alguna medida de reducción o reutilización?**

Sí	
No	

¿Cuales?

*** ¿Realizáis separación selectiva de residuos?**

Sí	
No	

***¿Qué tipo de residuos separáis?:**

Envases de plástico, brick, latas,...	
Papel y cartón	
Vidrio	
Aceite	
Pilas	
Ropa/Calzado/Juguetes	
Enseres/Voluminosos/Aparatos eléctricos y electrónicos	
Otros	

***En caso de realizar separación selectiva de residuos, indica la cantidad y tipo de residuos que genera semanalmente tu vivienda, aproximadamente.**

Tipo de residuo	Nº de bolsas / semana
Todo mezclado	
Basura orgánica	
Papel y cartón	
Envases	
Vidrio	
Aceite	
Pilas	

MOVILIDAD

***¿Utilizáis el transporte público (autobús o tranvía) para vuestros desplazamientos?**

Sí	
No	

*** ¿Para qué utilizáis el transporte público?**

Para ir al trabajo	
Para ir a estudiar	
Viajes	
Otros	

*** En caso afirmativo, indica con qué frecuencia**

Todos los días	
Una vez a la semana	
Más de una vez al mes	
Menos de una vez al mes	

Casi nunca	
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* ¿Tenéis bicicleta?

Sí	x
No	

* ¿Cuántas bicicletas tenéis en casa?

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Dos	
Tres	
Cuatro	
Cinco	
Más de cinco	

* ¿Para qué utilizáis la bicicleta?

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(Puedes marcar varias opciones).

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Pastas y legumbres	
Galletas, cereales...	
Carne	
Otro	

***¿Consumís de forma habitual algún producto de alimentación procedente de comercio justo?**

Café	
Té, infusiones	
Chocolate	
Galletas, cereales...	
Pastas y legumbres	
Otro	

*** Abre el armario y cuenta el número de productos de limpieza que usas en casa:**

1	2	3	4	5	6	7	8	9	+ 10	+ 15	+ 20

***¿Elaboráis alguno de los productos que utilizáis habitualmente para la higiene personal o limpieza del hogar con recetas naturales o artesanales?**

Jabón aseo personal	
Pasta de dientes	
Cremas hidratantes	
Jabón lavadora	
Fregasuelos	
Limpia WC	
Otro	

***Después del Programa Hogares Verdes, ¿qué nuevos elementos y cambios de hábitos ha introducido para conseguir ahorrar agua, energía y residuos? Señale con una cruz.**

Instalación de lámparas de bajo consumo / LED	
Compra de electrodomésticos de mayor eficiencia energética (CLASE A)	
Uso menor de la lavadora	
Uso menor de la secadora	
Uso de la lavadora a menor temperatura y/o programas cortos (programa ECO)	
Uso del lavavajillas en programas de menor temperatura (programa ECO)	
Aumento de la temperatura del frigorífico y congelador (al menos durante el invierno).	
Calefacción a menor temperatura.	
Aire acondicionado a mayor temperatura.	
Apagar aparatos eléctricos en stand-by.	
Mejora del aislamiento de la vivienda (por ejemplo instalación de burletes en puertas y ventanas, cambio de ventanas por otras de doble cristal, mayor revestimiento en las paredes, etc.).	
Instalación de energías renovables.	
Instalación de economizadores en los grifos.	
Instalación de economizadores en las duchas.	
Recogida del agua fría de la ducha en un cubo mientras se espera a que salga la caliente.	
Instalación de una cisterna con dispositivo de ahorro o introducción de un objeto para reducir la capacidad.	
Instalación de sistemas de riego por goteo.	
Creación de un pequeño huerto (sobre terreno o urbano).	
Reciclaje.	
Compra de productos con menos envases.	
Utilización de carrito o bolsa reutilizable para la compra.	
Menor uso del coche.	
Mayor uso de la bicicleta.	
Educar a mis hijos para que colaboren en el ahorro del Hogar	
Transmitir a mis vecinos / amigos / familiares la importancia de ahorrar y los beneficios ambientales que tiene.	
Otros (por favor, indique cuáles).	

¿Volvería a participar en un proyecto similar de Medio Ambiente de la Asociación Columbares? Por favor, conteste sinceramente, la respuesta en ningún caso (aunque sea negativa) será utilizada en su perjuicio. Para nosotros es muy importante conocer la utilidad e interés de los participantes en este tipo de iniciativas.

Sí	
No	

Istituto:

Indirizzo:

GREEN HOMES ITALIA: QUESTIONARIO INIZIALE

Nel ringraziarvi per la collaborazione, Vi informiamo che i dati raccolti attraverso il seguente questionario saranno utilizzati esclusivamente con lo scopo di raccogliere informazioni sul 'consumo energetico' di partenza delle scuole partecipanti al progetto GIEL.

Green in Everyday Life è finanziato nell'ambito del programma europeo ERASMUS+ e realizzato in Italia da Consorzio ABN .

Superficie approssimativa dell'edificio scolastico senza includere terrazze, cortili, giardini (m²): _____

Numero approssimativo di persone (tra personale e studenti) che frequentano l'edificio scolastico: _____

Sezione 1. ENERGIA

<p>1.1 Qual è il principale sistema di riscaldamento dell'edificio scolastico?</p> <ul style="list-style-type: none"> <input type="checkbox"/> non c'è un sistema di riscaldamento <input type="checkbox"/> radiatori <input type="checkbox"/> riscaldamento a pavimento <input type="checkbox"/> termoconvettori <input type="checkbox"/> altro, specificare _____ 	<p>1.2 Quale fonte di energia viene utilizzata per il riscaldamento?</p> <ul style="list-style-type: none"> <input type="checkbox"/> elettricità <input type="checkbox"/> gasolio <input type="checkbox"/> metano <input type="checkbox"/> legna/biomassa <input type="checkbox"/> altro, specificare _____
--	--

<p>1.3 Che tipo di energia viene usata per la produzione di acqua calda?</p> <ul style="list-style-type: none"> <input type="checkbox"/> elettricità <input type="checkbox"/> gasolio <input type="checkbox"/> metano <input type="checkbox"/> legna/biomassa <input type="checkbox"/> altro, specificare _____ 	<p>1.4 Si utilizza l'aria condizionata?</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI <input type="checkbox"/> NO
--	--

<p>1.5 Se possibile, indichi il numero approssimativo di dispositivi elettronici che vengono lasciati in modalità stand-by (quando cioè la spia rossa è accesa)</p> <p>_____</p>	<p>1.6 Come viene illuminato l'edificio?</p> <p><input type="checkbox"/> lampadine ad incandescenza</p> <p><input type="checkbox"/> lampade al neon</p> <p><input type="checkbox"/> lampade a led</p> <p><input type="checkbox"/> altro, specificare _____</p>
---	--

<p>1.7 Sono presenti nell'edificio lampadine a basso consumo?</p> <p><input type="checkbox"/>SI</p> <p><input type="checkbox"/>NO</p>	<p>1.8 Se Sì, quante aule sono illuminate da lampadine a risparmio energetico?</p> <p>_____</p>
---	---

1.9 Per favore indichi il consumo approssimativo annuo di acqua, elettricità, metano/gas, gasolio (si faccia riferimento all'anno scolastico 2014-2015)

Acqua

Periodo di Fatturazione					
Consumo (m ³)					

Elettricità

Periodo di Fatturazione					
Consumo (KWh)					

Metano/Gas

Periodo di Fatturazione					
Consumo (m ³)					

Gasolio

Periodo di Fatturazione					
Consumo (litri)					

Sezione 2. ACQUA

<p>2.1 Sono presenti sistemi/dispositivi per il risparmio dell'acqua?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>	<p>2.2 Se Sì, indichi quale:</p> <p>Scarico WC:</p> <ul style="list-style-type: none"> <input type="checkbox"/> doppio pulsante per lo scarico <input type="checkbox"/> pulsante per interruzione scarico <p>Lavandino:</p> <ul style="list-style-type: none"> <input type="checkbox"/> riduttori di flusso <input type="checkbox"/> frangigetto
<p>2.3 L'edificio comprende anche un giardino?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>	<p>2.4 Se Sì, come viene annaffiato?</p> <ul style="list-style-type: none"> <input type="checkbox"/> manualmente <input type="checkbox"/> con sistema automatizzato
<p>2.5 L'edificio dispone di una piscina?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>	<p>2.6 Se Sì, con quale frequenza viene sostituita l'acqua?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 volta all'anno <input type="checkbox"/> 2-3 volte all'anno <input type="checkbox"/> più di 3 volte all'anno <input type="checkbox"/> ogni 4-6 anni

Sezione 3. MOBILITÀ

<p>3.1 L'Istituto scolastico prevede un servizio bus per gli alunni?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>	<p>3.2 Se Sì, si tratta di un servizio accessibile a chiunque ne voglia usufruire?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>	<p>3.3 Approssimativamente, la maggior parte del personale dipendente raggiunge l'edificio con un mezzo privato?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>
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Sezione 4. RIFIUTI

<p>4.1 L'Istituto scolastico prevede la raccolta differenziata dei rifiuti?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>	<p>4.2 Se Sì, che tipo di rifiuti vengono separati? (è possibile barrare più risposte)</p> <p><input type="checkbox"/> plastica, alluminio, lattine, vetro <input type="checkbox"/> carta e cartone <input type="checkbox"/> pile esauste <input type="checkbox"/> rifiuti organici</p>
--	---

4.3 Qual è, a su parere, il rifiuto prodotto in quantità maggiore nell'edificio scolastico?

Sezione 5. ALIMENTAZIONE

<p>5.1 L'Istituto scolastico offre un servizio mensa per gli studenti? (sia esso interno o gestito da ditte esterne)</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>	<p>5.2 Nella 'dieta giornaliera' proposta, sono previsti ortaggi/frutta di stagione?</p> <p><input type="checkbox"/>SI <input type="checkbox"/>NO</p>
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Istituto:

Indirizzo:

GREEN HOMES ITALIA: QUESTIONARIO FINALE

Nel ringraziarvi per la collaborazione, Vi informiamo che i dati raccolti attraverso il seguente questionario saranno utilizzati esclusivamente con lo scopo di raccogliere informazioni sul 'consumo energetico' finale delle scuole partecipanti al progetto GIEL.

Green in Everyday Life è finanziato nell'ambito del programma europeo ERASMUS+ e realizzato in Italia da Consorzio ABN .

Superficie approssimativa dell'edificioscolastico senza includere terrazze, cortili, giardini (m²): _____

Numero approssimativo di persone (tra personale e studenti) che frequentano l'edificioscolastico: _____

Sezione 1. ENERGIA

<p>1.1 Qual è il principale sistema di riscaldamento dell'edificio scolastico?</p> <ul style="list-style-type: none"> <input type="checkbox"/> non c'è un sistema di riscaldamento <input type="checkbox"/> radiatori <input type="checkbox"/> riscaldamento a pavimento <input type="checkbox"/> termoconvettori <input type="checkbox"/> altro, specificare _____ 	<p>1.2 Quale fonte di energia viene utilizzata per il riscaldamento?</p> <ul style="list-style-type: none"> <input type="checkbox"/> elettricità <input type="checkbox"/> gasolio <input type="checkbox"/> metano <input type="checkbox"/> legna/biomassa <input type="checkbox"/> altro, specificare _____
--	--

<p>1.3 Che tipo di energia viene usata per la produzione di acqua calda?</p> <ul style="list-style-type: none"> <input type="checkbox"/> elettricità <input type="checkbox"/> gasolio <input type="checkbox"/> metano <input type="checkbox"/> legna/biomassa <input type="checkbox"/> altro, specificare _____ 	<p>1.4 Si utilizza l'aria condizionata?</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI <input type="checkbox"/> NO
--	--

<p>1.5 Se possibile, indichi il numero approssimativo di dispositivi elettronici che vengono lasciati in modalità stand-by (quando cioè la spia rossa è accesa)</p> <p>_____</p>	<p>1.6 Come viene illuminato l'edificio?</p> <ul style="list-style-type: none"> <input type="checkbox"/> lampadine ad incandescenza <input type="checkbox"/> lampade al neon <input type="checkbox"/> lampade a led <input type="checkbox"/> altro, specificare _____
--	---

<p>1.7 Sono presenti nell'edificio lampadine a basso consumo?</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI <input type="checkbox"/> NO 	<p>1.8 Se Sì, quante aule sono illuminate da lampadine a risparmio energetico?</p> <p>_____</p>
--	---

Sezione 2. ACQUA

<p>2.1 Sono presenti sistemi/dispositivi per il risparmio dell'acqua?</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI <input type="checkbox"/> NO 	<p>2.2 Se Sì, indichi quale:</p> <p>Scarico WC:</p> <ul style="list-style-type: none"> <input type="checkbox"/> doppio pulsante per lo scarico <input type="checkbox"/> pulsante per interruzione scarico <p>Lavandino:</p> <ul style="list-style-type: none"> <input type="checkbox"/> riduttori di flusso <input type="checkbox"/> frangigetto
--	--

<p>2.3 L'edificio comprende anche un giardino?</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI <input type="checkbox"/> NO 	<p>2.4 Se Sì, come viene annaffiato?</p> <ul style="list-style-type: none"> <input type="checkbox"/> manualmente <input type="checkbox"/> con sistema automatizzato
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<p>2.5 L'edificiodispone di una piscina?</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI <input type="checkbox"/> NO 	<p>2.6 Se Sì, con quale frequenza viene sostituita l'acqua?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 volta all'anno <input type="checkbox"/> 2-3 volte all'anno
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	<input type="checkbox"/> più di 3 volte all'anno <input type="checkbox"/> ogni 4-6 anni
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Sezione 3. MOBILITÀ

<p>3.1 L'Istituto scolastico prevede un servizio bus per gli alunni?</p> <p><input type="checkbox"/> SI <input type="checkbox"/> NO</p>	<p>3.2 Se Sì, si tratta di un servizio accessibile a chiunque ne voglia usufruire?</p> <p><input type="checkbox"/> SI <input type="checkbox"/> NO</p>	<p>3.3 Approssimativamente, la maggior parte del personale dipendente raggiunge l'edificio con un mezzo privato?</p> <p><input type="checkbox"/> SI <input type="checkbox"/> NO</p>
---	---	---

Sezione 4. RIFIUTI

<p>4.1 L'Istituto scolastico prevede la raccolta differenziata dei rifiuti?</p> <p><input type="checkbox"/> SI <input type="checkbox"/> NO</p>	<p>4.2 Se Sì, che tipo di rifiuti vengono separati? (è possibile barrare più risposte)</p> <p><input type="checkbox"/> plastica, alluminio, lattine, vetro <input type="checkbox"/> carta e cartone <input type="checkbox"/> pile esauste <input type="checkbox"/> rifiuti organici</p>
--	--

<p>4.3 Qual è, a su parere, il rifiuto prodotto in quantità maggiore nell'edificio scolastico?</p> <hr/>
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Sezione 5. ALIMENTAZIONE

<p>5.1 L'Istituto scolastico offre un servizio mensa per gli studenti? (sia esso interno o gestito da ditte esterne)</p> <p><input type="checkbox"/> SI</p>	<p>5.2 Nella 'dieta giornaliera' proposta, sono previsti ortaggi/frutta di stagione?</p> <p><input type="checkbox"/> SI</p>
---	---

▫NO	▫NO
-----	-----

A seguito della partecipazione al Programma *Green in Everyday Life* ritiene che siano cambiati i comportamenti di risparmio energetico nella sua scuola e negli alunni delle classi partecipanti?

Indichi uno o più elementi tra quelli di seguito elencati:

- Gli alunni hanno acquisito maggiore consapevolezza sull'uso efficiente delle risorse energetiche e sui temi legati all'inquinamento
- Gli alunni adottano comportamenti eco-friendly, cioè di risparmio energetico prestando maggiore attenzione nel ridurre il consumo di acqua e di energia
- Sono state introdotte o si intende introdurre nella struttura scolastica lampadine a basso consumo
- L'Istituto Scolastico ha acquistato o intende acquistare dispositivi per controllare e regolare il consumo energetico
- L'Istituto Scolastico ha installato o intende installare dispositivi per tenere sotto controllo il consumo di acqua (come ad esempio doppio pulsante per lo scarico per lo scarico del WC o riduttori di flusso per i lavandini della scuola)
- Nell'Istituto Scolastico si presta più attenzione nello spegnere le spie rosse dei dispositivi elettronici
- Nell'Istituto Scolastico la raccolta differenziata avviene in maniera più attenta e responsabile
- Altro _____

HOUSEHOLD CODE:

**GREEN HOMES INITIAL AND FINAL QUESTIONNAIRE. -
Sweden-**

The data obtained from this survey will be used to better understand the characteristics of starting point of households participating in the programme. The data will be used for statistical purposes and references to specific participants will not be used. Thank you for your cooperation.

***Type of housing you live in:**

Flat Attached house Semi-detached house Individual house

***Approximate floor area of the house (m²):** (Not including open terraces, yards or garages): _____

<50m² 50m²-100 m² >100 m²

***How old is the house:**

< 5 years 5-10 years > 10 years

***Number of persons living in the house:** _____

ENERGY

***What is the main heating system in your home? (Mark only one)**

Radiators Under floor heating Heater

***What type of energy does the main heating system use?**

Electricity diesel fuel natural gas wood/biomass Other _____

***The main heating system in your household is:** Individual Common

***Do you use any other heating system as a support?**

Fireplace Wood using heater Electric radiators Other _____

***What type of energy do you use to produce hot water?**

Electricity Diesel fuel Natural gas Wood/biomass solar Other _____

***What's the winter temperature in different places in your home?**

	Living room/kitchen	Bedroom
Temperature in the morning (°C)		
Temperature in the afternoon (°C)		
Temperature during the night (°C)		

***Can you change the temperature in your apartment?** Yes No

***Are you lowering the indoor temperatures at night?**

Always Sometime Never

***Are you lowering indoor temperatures when leaving the apartment/house?**

Always Sometime Never

***Do you have air conditioning?** Yes No

***Do you have your own washing machine?** Yes No

***How many times per week do you use washing machine?** _____

***Do you wash clothes only when the washing machine is full?** Yes No

***How many times per week do you use drier?** _____

***How many times per week do you use dishwasher?** _____

***Do you always wash dishes only when the machine is full?** Yes No

***Do you rinse dishes in running hot water before putting them in the dishwasher?**

Always Sometime Never

***Do you rinse dishes in running water when washing dishes by hand?**

Always Sometime Never

***How often do you defrost your fridge?**

1 time per month 1 time per 2 months 1 time per 3 months 1 time per 6 months

***How many electronic devices do you maintain in stand-by mode?**

(In this situation there usually you can see a small red light on) _____

***Is your TV on while you use your computer?**

Always Sometime Never

***How many light bulbs there are in the house in total?** _____

***Do you use low energy light bulbs?** Yes No

***How many in total?** _____

***Are you turning lights off when leaving a room?**

Always Sometime Never

*Indicate your consumption of water, electricity, natural gas and / or diesel fuel in the year prior to their participation in "Green Homes programme" (fill in the number of boxes needed to cover one year)

Water * It's difficult to assume this number since many apartment buildings in Sweden do not measure this value

Invoice period						
Consumption (m ³)						

Electricity

Invoice period						
Consumption(KWh)						

Natural gas

Invoice period						
Consumption (m ³)						

WATER

*Does your house has an individual water consumption meter Yes No

*Does your house have any water saving systems installed? Yes No

• If so, indicate which ones:

WC tank

Double discharge button Discharge interruption button

Object to reduce capacity

Taps / shower

Flow redactor Aerator Low-flow shower head

*How long time does your family shower every day? _____ (in minutes)

*Do you have your own garden Yes No

• If so: It's private (for your household) It's shared

*If it's private, what is it's extensions: _____m²

* What's its main watering system: manual automatic

MOBILITY

*Do you use public transportation (bus, tram) Yes No

*If so, how often do you use the public transportation?

Every day	
Once per week	
More than once per month	
Less than once per month	
Almost never	

*Do you own a bicycle? Yes No

*How many bicycles do you have at home? _____

*What do you use bicycle for? _____

Urban mobility	
Free time activity	
Sport	
Other	

***How often do you use your bicycle(s)**

Every day	
Once per week	
More than once per month	
Less than once per month	
Almost never	

***If you have a car, indicate the number of kilometres driven in the year prior to your participation in "Green Homes"**

(You can look it up from the oil change bills or repairs to relate dates and odometer data. Fill in the number of boxes needed to cover one year)

Period						TOTAL
Car 1 (Kms)						
Car 2 (Kms)						
Car 3 (Kms)						
Motorcycle 1 (Kms)						

***Indicate, where appropriate, major trips were made in the last year by different household members, using different means of transportation except your own vehicles** *(record only routes with distances exceeding 1,000 km in round trip. Do not include trips made for work)*

Trip	Means of transport

WASTE

***How would you characterise the quantity of waste you produce?**

Excessive Normal Low

Why?

***Do you take any measures for reducing or reusing?** Yes No

Which ones?

--

***Do you separate your waste?** Yes No

***What type of residues do you separate?**

Plastic containers, tetrapaks, cans...	
Paper and cardboard	
Glass	
Batteries	
Clothing/shoes/toys	
Household goods / bulky goods / electrical and electronic equipment	
Other	

***In case of selective separation of waste, indicate the amount and type of waste generated by your household every week or so:**

Type of Waste	Number of bags per week
Mixed	
Organic	
Paper	
Packaging	
Glass	

CONSUMPTION

***How often do you shop in each of these establishments?**

Establishment \ Periodicity of shopping	Daily	Weekly	Bi-weekly	Monthly	Rarely	Never
	Large supermarkets					
Street market						
Local shop						
Ecological shop						
Green consumer group (direct purchase from producers)						

***When you shop:**

	YES	NO
Do you think about reduction of consumption before shopping?		
Do you make a shopping list?		
Do you bring a reusable bag with you		

***Do you take into account these criteria when shopping?**

	NEVER	SOMETIMES	ALMOUST ALWAYS	ALWAYS
Do I really need it?				
Is it over-packaged?				
Are these products harmful to the environment and our own health				
Country of origin of the products				
Labelling				

***Do you consume any ecological product on regular basis?**

fruits	
vegetables	
juices	
Pasta and legumes	
Cookies, cereals ...	
Meat	
Other	

***Do you consume any fair trade product on regular basis?**

coffee	
Tea, infusions	
chocolate	
Cookies, cereals ...	
Pasta and legumes	
other	

***Do you make any of the products commonly used for personal hygiene or cleaning from natural or artisanal recipes?**

Soap	
Toothpaste	
Moisturisers	
Laundry soap	
Liquid for washing floors	
Toilet cleanser	
Other	

GREEN HOMES PROGRAMME. INITIAL QUESTIONNAIRE – Morocco-

The data obtained from this survey will be used to better understand the characteristics of starting point of households participating in the programme. The data will be used for statistical purposes and references to specific participants will not be used without previous consent. Thanks for your cooperation.

DATA OF THE ENTITY:

***Name of the entity:**

***Address:**

***Phone:**

***Email:**

GENERAL HOUSEHOLD DATA

****Type of housing you live in:**

***Approximate floor area of the house (m²):**
(Not including open terraces, yards or garages) :

***How old is the house:**

***Number of persons living in the house:** _____

***ENERGY**

***What is the main heating system in your home? (Mark only one)**

***What's the winter temperature in different places in your home?**

	Living room/kitchen	Bedroom
Temperature in the morning (°C)		
Temperature in the afternoon (°C)		
Temperature during the night (°C)		

What type of energy do you use to produce hot water?

electricity natural gas

* How many times per week do you use washing machine? _____

*How many electronic devices do you maintain in stand-by mode? _____

(In this situation there usually you can see a small red light on)

*Are there any low-consumption or LED light bulbs in your household? Yes No
How many?

WATER

*Does your house has an individual water consumption meter Yes No

*Does your house have any water saving systems installed? Yes No

• If so, indicate which ones:

Object to reduce capacity

Low-flow shower head

WASTE

*How would you characterise the quantity of waste you produce?

Why?

*Do you take any measures for reducing or reusing? Yes No

Which ones?

* Do you separate your waste? Yes No

MOBILITY

*Do you use public transportation (bus, tram) Yes No

* When do you use the public transportation?

To go to work	
To go to my place of study	
Travel	
Other	

*** If so, how often do you use it?**

Every day	
Once per week	
More than once per month	
Less than once per month	
Almost never	

*** Do you own a bicycle?** Yes No

CONSUMPTION

***How often do you shop in each of these establishments?**

Periodicity of shopping Establishment	Daily	Weekly	Bi-weekly	Monthly	Rarely	Never
Street market						
Local shop						

*** When you shop:**

	YES	NO
Do you think about reduction of consumption before shopping?		
Do you make a shopping list?		
Do you bring a reusable bag with you		

*** Do you take into account these criteria when shopping?**

	NEVER	SOMETIMES	ALMOUST ALWAYS	ALWAYS
Do I really need it?				
Is it over-packaged?				
Are these products harmful to the environment and our own health				
Country of origin of the products				
Labelling				

***Do you consume any ecological product on regular basis?**

Fruit	
vegetables	
Juices	
Pasta and legumes	
Cookies, cereals ...	
Meat	
Other	

***Do you consume any fair trade product on regular basis?**

coffee	
Tea, infusions	
chocolate	
Cookies, cereals ...	
Pasta and legumes	
other	

*** Open the closet and the number of cleaning products you use at home:**

1	2	3	4	5	6	7	8	9	+ 10	+ 15	+ 20

***Do you make any of the products commonly used for personal hygiene or cleaning from natural or artisanal recipes?**

Soap	
Toothpaste	
Moisturisers	
Laundry soap	
Liquid for washing floors	
Toilet cleanser	
Other	

Energy and water consumption data and water. *(to be filled in by the technician of Green Homes Programme)*

GREEN HOMES PROGRAMME. FINAL QUESTIONNAIRE –

Morocco-

The data obtained from this survey will be used to better understand the characteristics of starting point of households participating in the programme. The data will be used for statistical purposes and references to specific participants will not be used without previous consent. Thanks for your cooperation.

DATA OF THE ENTITY:

***Name of the entity:**

***Address:**

***Phone:**

***Email:**

GENERAL HOUSEHOLD DATA

****Type of housing you live in:**

***Approximate floor area of the house (m²):**
(Not including open terraces, yards or garages) :

***How old is the house:**

***Number of persons living in the house:** _____

***ENERGY**

***What is the main heating system in your home? (Mark only one)**

***What's the winter temperature in different places in your home?**

	Living room/kitchen	Bedroom
Temperature in the morning (°C)		
Temperature in the afternoon (°C)		
Temperature during the night (°C)		

What type of energy do you use to produce hot water?

electricity natural gas

* How many times per week do you use washing machine? _____

*How many electronic devices do you maintain in stand-by mode? _____

(In this situation there usually you can see a small red light on)

*Are there any low-consumption or LED light bulbs in your household? Yes No
How many?

WATER

*Does your house has an individual water consumption meter Yes No

*Does your house have any water saving systems installed? Yes No

• If so, indicate which ones:

Object to reduce capacity

Low-flow shower head

WASTE

*How would you characterise the quantity of waste you produce?

Why?

--

*Do you take any measures for reducing or reusing? Yes No

Which ones?

--

* Do you separate your waste? Yes No

MOBILITY

*Do you use public transportation (bus, tram) Yes No

* When do you use the public transportation?

To go to work	
To go to my place of	

study	
Travel	
Other	

*** If so, how often do you use it?**

Every day	
Once per week	
More than once per month	
Less than once per month	
Almost never	

*** Do you own a bicycle?** Yes No

CONSUMPTION

***How often do you shop in each of these establishments?**

Periodicity of shopping Establishment	Daily	Weekly	Bi-weekly	Monthly	Rarely	Never
Street market						
Local shop						

*** When you shop:**

	YES	NO
Do you think about reduction of consumption before shopping?		
Do you make a shopping list?		
Do you bring a reusable bag with you		

*** Do you take into account these criteria when shopping?**

	NEVER	SOMETIMES	ALMOUST ALWAYS	ALWAYS
Do I really need it?				
Is it over-packaged?				
Are these products harmful to the environment and our own health				
Country of origin of the products				
Labelling				

***Do you consume any ecological product on regular basis?**

Fruit	
vegetables	
Juices	
Pasta and legumes	
Cookies, cereals ...	
Meat	
Other	

***Do you consume any fair trade product on regular basis?**

coffee	
Tea, infusions	
chocolate	
Cookies, cereals ...	
Pasta and legumes	
other	

*** Open the closet and the number of cleaning products you use at home:**

1	2	3	4	5	6	7	8	9	+ 10	+ 15	+ 20

***Do you make any of the products commonly used for personal hygiene or cleaning from natural or artisanal recipes?**

Soap	
Toothpaste	
Moisturisers	
Laundry soap	
Liquid for washing floors	
Toilet cleanser	
Other	

Energy and water consumption data and water. *(to be filled in by the technician of Green Homes Programme)*

*** After Green Homes Programme, what new elements and changes in habits have you introduced in your life for saving water, energy and waste? Please tick.**

Installation of energy-saving lamps / LED	
Purchasing of more energy efficient appliances (Class A)	
Lower usage of washing machine	
Use of washing machine at lower temperatures and / or short programmes (ECO programme)	
Increasing the temperature in the refrigerator and freezer (at least in winter).	
Heating at a lower temperature.	
Air conditioning at a higher temperature.	
Turn off electrical appliances on stand-by.	
Improved housing insulation (e.g. installation of weather stripping on doors and windows, windows replacement, greater coating on the walls, etc.).	
Installation of renewable energy sources.	
Installation of economizers on taps.	
Installation of economizers in the showers.	
Collecting cold shower water in a bucket while waiting for hot water to come out	
Installation of a WC cistern with water-saving device or introduction of an object to reduce its capacity.	
Installation of drip irrigation systems.	
Creation of a small garden.	
Recycling.	
Buying products with less packaging.	
Using cart or reusable shopping bag.	
Lower usage of the car.	
Greater use of bicycles.	
Involve children in saving energy at home	
Speaking with my neighbours / friends / family about the importance of saving and its environmental benefits.	
Other (please specify).	