

**Sample Baseline Questionnaire:
For Solar Water Heater roll-out Projects**



CITY ENERGY SUPPORT UNIT
a south african sustainable energy and
climate protection initiative



SOLAR WATER HEATER PROJECT BASELINE SURVEY

Questionnaire No. (office use only)	
Checked by (office use only)	
Coded by (office use only)	

INTRODUCTION

Hello, my name is _____.

Have you heard about the solar water heater project that is planned for this community and have you seen the recent installations? I work for the project.

Before we install these in your household, we would need some information from you so that we can install the technology properly and we can monitor over time how your lives are going to improve as a result of it.

Please note that the information you give us is confidential. All your answers will be added to those from other participants, and nothing you say will be quoted directly. Please feel free to say exactly what you want to say in response to the questions that I am going to ask you. We will not share your personal information with any other person or institution.

Are you happy with us asking you now some questions about your household and house?



Questionnaire details	Date: Area:								
Home Owner's details	Surname: First name: Home owner Tel: ID Number:								
Address	Erf no: Street:								
Electricity and Water	Does your house have water? <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table> Does your house have electricity? <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			Yes	No		
Yes	No								
Yes	No								
Respondent's details [target the most senior women in charge of the house or, alternatively, the male head of the house]	Surname: First name: cell no: Phone of [name]: Gender: <table border="1"> <tr> <td>Female</td> <td></td> </tr> <tr> <td>Male</td> <td></td> </tr> </table>	Female		Male					
Female									
Male									

For enumerator: Codes for visits (Please tick accordingly)

RESPONDENT QUALIFIES	
Questionnaire completed	
Selected respondent not at home but appointment made	
Selected respondent at home but not available and appointment made	
No one at home	
DOES NOT QUALIFY	
Vacant house / stand / not a house	
Respondent is not capable to be interviewed / cannot communicate without assistance	
REFUSAL	
Contact person refused	

Interviewer / Supervisor pledge: **I certify** that this interview has been completed in full with the respondent and according to the instructions I received from the **Project managers** and it has been thoroughly checked.

Interviewer name:	Tel no:		
Supervisor name (management only):			
Sample checked (management only)	Yes	No	Date:



1. HOUSEHOLD MEMBER CHARACTERISTICS

1.1. How many people live in this household including you? Indicate TOTAL number of people in the household (incl. shacks).

(By household, I mean all the people who live here permanently for at least four days a week, and who usually eat together or take part in joint activities.)

Number of household members:

1.1.1. How many elderly people above the age of 60 live in the household?

Number of elderly people:

1.1.2. How many children under the age of 18 do you have living with you in your household?

Number of children:

1.1.3. How many of the people in your household do have special needs?

(Person in wheelchair, mentally or physically disabled)

Number of people with special needs

1.1.4 Who is the decision maker of the household and how old is that person?

(Please tick and specify age in brackets)

Grandfather	Grandmother	Father/Husband	Mother/Wife	Son/Brother	Daughter/Sister
()	()	()	()	()	()

2. DWELLING'S SPATIAL, LEGAL AND SERVICE CHARACTERISTICS

2.1. Do you own the house you live in – is it registered in your name?

(Please tick)

Yes	Yes, but house documents are still under the previous owner name	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, then skip next question.

2.1.1. If NO, does it belong to?

(Please tick)

Family member who lives in the house	Family member who lives elsewhere	A friend living there or another member of the household	A friend who lives somewhere else	The landlord -a stranger-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**2.2. Do you pay rent to someone who does not live here?
(Please tick ✓)**

Yes	No	Not sure

If NO, then skip next question.

**2.2.1. Is the monthly rental...
(Please tick ✓)**

None	<R300/m	R301-700/m	>R701/m

2.2.2. When did you or your family start living IN THIS NEW HOUSE?

Year	Month or Season

2.3. If you have electricity in your house, do you pay for it?

Yes	No	I don't have electricity

If they pay for electricity, skip next one.

**2.3.1 If you do not pay for electricity, please tell us why not?
(Please tick ✓)**

We do not have a connection	
We can not afford to use electricity.	
We are connected to our neighbour and pay to him.	
We don't use more than the 75 kWh	
Other (please specify)	

2.3.2. If you have water in our house, do you pay the municipality for it?

Yes	No	I don't have water

If they pay for water, skip next one.

**2.3.3 If you do not pay for water, please tell us why not?
(Please tick ✓)**

We don't get the bill	
The municipality gives us water for free	
We don't use more than the free 6kl water per month	
We don't have the money to pay the bill.	
Other (please specify)	

3. JOBS, INCOME AND EXTERNAL SUPPORT

**3.1 How many members of the household earn an income (including jobs and GRANTS)?
(Please tick ✓)**

None	1	2	3	4	5	More than 5



**3.1.1 Which activities bring money into the household?
(Please tick all of them√)**

None	Small business	Government grants	Remittances (money send to household by children working in other city or overseas)	Pension	Employment	Others

4. ENERGY CONSUMPTION AND EXPENDITURE

LIGHTING

**4.1 What do you use for lighting in your house and how many of each light are in your house?
(Please state number of each type)**

TYPE	NUMBER
Conventional light bulb [Incandescent]	
CFLs	
Candles	
Petroleum Light	
Other (please specify)	



Incandescent



CFL

COOKING

**4.2 What kind of fuel do you use for cooking in your household?
(Please tick all of them√)**

Electricity	
Paraffin	
Gas	
Charcoal	
Fuel wood	
Other (please specify)	

4.2.1 Who of the people in your household does most of the cooking?



HEATING

4.3 Do you use anything to heat your home in winter? (Please tick ✓)

Yes	No	Not sure

If NO, skip next question.

4.3.1 If you do, what do you use? (Please tick all of them ✓)

Paraffin	
Electricity	
Gas	
Wood	
Coal	
Other (please specify)	

EXPENDITURE

4.4 How much money do you spend PER MONTH IN SUMMER for...
(double-check the answer with answer for question 2.3 on page 4)

Water	R
Electricity	R
Fuel for heating (paraffin, gas, wood, charcoal)	R

Remember!
Do not pay= R0
Don't know/have
not been in house in
winter= blank

4.4.1 How much money do you spend PER MONTH IN WINTER for...

Water	R
Electricity	R
Fuel for heating (paraffin, gas, wood, charcoal)	R

4.4.1 Considering basic needs, such as food, clothing and schooling, please tick ✓ the sentence below which best reflects your situation:

Option 1:	We regularly pay for these items without worrying too much about the costs	
Option 2:	We can't spend as much as we would like but food is always on the table	
Option 3:	We must sometimes borrow money to pay for food, clothing and schooling	
Option 4:	We often spend a few days without food and kids don't go to school	

4.5 I will read you the following words, please tell me if you have heard of it before.
(Please tick ✓)

	Yes	No
Sustainable energy		
Renewable energy		
Energy efficient		

4.6 Do you think that by saving electricity in your home you can make a difference in the current energy situation in the country?

Yes	No	Don't know



**4.7. Which of the following statements best describes your attitude towards energy saving?
Choose one.**

Option 1:	It doesn't really concern me	
Option 2:	I feel I should save as much energy/electricity as possible	
Option 3:	I use as much energy/electricity as I need	
Option 4:	I think other people should save more energy/electricity, I don't use very much at all	

4.8. When you see the lights have been left on and nobody is in that room, what do you usually do? Choose one.

Switch the lights off later	Wait for someone else to turn the lights off	Turn it off immediately yourself	Leave them on

4.9. How often do you check your electricity consumption (the number of units)?

Never	Once a month	Once a week	Every day

If NO, skip next question.

4.9.1. If you do, where do you check the electricity consumption?

Electricity meter in my home	On pre-paid slip	On my municipality bill

5. HEALTH CHARACTERISTICS

5.1 If you look at the last year, did people in your household suffer of one of the following illnesses? (Please tick ✓)

Coughing	
Cold/flu (fever, running nose,)	
Sore throat	
Asthma	
TB	
Red and itchy eyes	
Other (please specify)	

5.2 How often (in average) do people in your household suffer from cold, flu, coughing, and sore throat? (Please tick ✓)

Very often (3 or more times/year)	Often (twice per year)	Not a lot (once per year)	Hardly ever (can't remember last time)



5.2.1 What do you think are the main causes for the illnesses?

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5.2.2 How many times per year do people in the household get medical help for this sicknesses? Treatment can include pharmacy assistance, private doctor, community clinic and others (Please tick ✓)

Never	< twice/year	2-4 times/year	5 or more times/year

5.2.3 Where do you usually get your medical help from? (Please tick ✓)

Private doctor	Hospital	Traditional healer	Community Health Clinic	Pharmacy assistant	Self-medication

6. PROJECT PARTICIPATION

6.1. We know that you pay for electricity and other services. Would you be prepared to pay a monthly contribution for ensuring the project works well and, if so, how much? (Please tick ✓)

Nothing	R20	R30	R40	R50

6.2. How do you think the solar-water heater will change your life? (Please explain in the box below.)

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6.3. Which actions/activities/projects do you think the community needs? DO NOT PROMPT and tick ✓ only two according to the answers

Schooling	
Crèche / aftercare for young children	
Greening. Yard hedges / trees / grass	
Youth clubs. Sport Fields.	
Adult Education	
Other (please specify):	



6.4. Please tell me more about the people in your household. What is their age, gender, education and what kind of job do they have?

(The number of people in the table should be the same with the number of people in household in question 1.1.)

	Age	Gender (M/F)	Schooling degree (None, Primary, Secondary, Diploma, other)	If you work, what do you do?
Person 1				
Person 2				
Person 3				
Person 4				
Person 5				
Person 6				
Person 7				
Person 8				
Person 9				
Person 10				
Person 11				
Person 12				
Person 13				
Person 14				
Person 15				



7. HOT WATER

7.1. How often do you check the household water consumption on your water meter?

Never	Once a month	Once a week	Every day

7.1.2. If you do, where do you check your water consumption?

On my water meter in my house	On my water bill from the municipality

7.2. How important is it for you to have hot water at home?

(Please tick ✓)

Very important (Kubaluleke kakhulu)	Somewhat important (Kubalulekile)	Not very important (Akubalulekanga kango)	We don't care (Asiwakhathalelanga)

7.2.1. How do you regularly heat water?

(Please tick ✓)

With gas	With paraffin	With fuel wood	With an electric stove (using pots)	With an electric kettle	With an electric geyser	We do not heat water

7.2.2. How many times per day does the household heat water for any purpose –bathing, boiling food, boiling water for coffee/tea, etc.-?

(Please tick ✓)

Never	1-2 times per day	3-4 times per day	5 or more times per day

7.2.3. How much water do you approximate boil each day?

(Please tick ✓)

(A kettle=2 litres, a small pot=1 litre, a medium pot=2-3 litres, a large pot=4-5 litres)

<4 litres	4-8 litres	8-12 litres	>12 litres

7.2.4. At what time do you use hot water mostly?

(Please tick ✓ all of them)

5-8am	8-12am	12-3pm	3-7pm	7-9pm

7.2.5. For what do you use the hot water?

(Please tick ✓ all of them)

Washing clothes		Other (please specify)
Washing dishes		
Cooking		
Bathing		
Tea/ Coffee		



**7.2.6. What do people in your household use to wash themselves?
(Please tick all of them)**

Bath	Shower	Bucket	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**7.2.7. If the solar- water heater would provide hot water for free, would you use the shower?
(Please tick)**

Yes	Maybe	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7.2.8. If you could heat your water without paying for it, how much hot water would you use?
(Please tick)**

Much more than I use now	A little more than I use now	Less than I use now	The same as I use now
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.2.9. When you heat water for household purposes (cooking/washing/etc), which of the following is usually true? Choose one.

I don't heat any water	I fill the pot or kettle	I heat as much water as I need to use for the task	I don't consider how much I need	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.3. Do you feel a solar-water heater could be unsafe for your household?

Yes, because.../No, because...

**8.2. Does the house have a garden which gets watered from the house?
(Please tick)**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Space for comments from households or enumerators: