

ISSUE: 3NB

Please read these instructions carefully before completing the questionnaire

HOW TO COMPLETE THE QUESTIONNAIRE

- The questionnaire should be completed by the tenant at this address, or their partner/spouse
- Please read the instructions for each question carefully. Most questions ask you to "TICK ONE BOX ONLY"
- Ignore the numbers beside each question - they are for office use only
- Please check you have answered all the questions that you should have answered
- Please return the completed questionnaire in the envelope provided

INFORMATION ABOUT YOUR HOUSEHOLD

<p>Q1 How long have you/your household been a tenant of this landlord?</p> <p>TICK ONE BOX ONLY ✓</p> <p>Under 1 year <input type="checkbox"/> 1</p> <p>1-2 years <input type="checkbox"/> 2</p> <p>3-5 years <input type="checkbox"/> 3</p> <p>6-10 years <input type="checkbox"/> 4</p> <p>11-20 years <input type="checkbox"/> 5</p> <p>21+ years <input type="checkbox"/> 6</p> <p>Don't know/can't remember <input type="checkbox"/> 7</p>	<p>Q3 How many people usually live here in total?</p> <p>WRITE NUMBER IN BOX <input type="text"/></p>
<p>Q2 And how long have you/your household lived in this home?</p> <p>TICK ONE BOX ONLY ✓</p> <p>Under 1 year <input type="checkbox"/> 1</p> <p>1-2 years <input type="checkbox"/> 2</p> <p>3-5 years <input type="checkbox"/> 3</p> <p>6-10 years <input type="checkbox"/> 4</p> <p>11-20 years <input type="checkbox"/> 5</p> <p>21+ years <input type="checkbox"/> 6</p> <p>Don't know/can't remember <input type="checkbox"/> 7</p>	<p>Q4 How many people living in your household are aged under 16?</p> <p>WRITE NUMBER IN BOX <input type="text"/></p> <p>Please enter "0" if none in household</p>
	<p>Q5 How many people living in your household are aged 60 or over?</p> <p>WRITE NUMBER IN BOX <input type="text"/></p> <p>Please enter "0" if none in household</p>
	<p>Q6 How would you describe the composition of your household?</p> <p>TICK ONE BOX ONLY ✓</p> <p>One adult under 60 <input type="checkbox"/> 1</p> <p>One adult aged 60 or over <input type="checkbox"/> 2</p> <p>Two adults both under 60 <input type="checkbox"/> 3</p> <p>Two adults, at least one 60 or over <input type="checkbox"/> 4</p> <p>Three or more adults, 16 or over <input type="checkbox"/> 5</p> <p>1-parent family with child/ren, at least one under 16 <input type="checkbox"/> 6</p> <p>2-parent family with child/ren, at least one under 16 <input type="checkbox"/> 7</p> <p>Other <input type="checkbox"/> 8</p>

All the information you give will be kept completely confidential. It will only be used to monitor your Landlord's performance. The anonymous results may be passed to the relevant government department so they can compare your Landlord's performance with that of other Landlords.

Q7 To which of these groups do you consider you belong?

TICK ONE BOX ONLY ✓

White

British

Irish

Any other White background (please tick and write in)

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (please tick and write in)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please tick and write in)

Black or Black British

Caribbean

African

Any other Black background (please tick and write in)

Chinese

Other (please tick and write in)

Q8 Do you have any longstanding illness, disability or infirmity? 'Long standing' means anything that has troubled you over a period of time or that is likely to affect you over a period of time

TICK ONE BOX ONLY ✓

Yes 1 GO TO Q9 ↻

No 2 GO TO Q9 ↻

Don't know 3 GO TO Q10 ↻

Q9 If you have such an illness or disability does this limit your activities in any way?

TICK ONE BOX ONLY ✓

Yes 1

No 2

Q10 Does anyone in your household use a wheelchair?

TICK ONE BOX ONLY ✓

Yes 1

No 2

INFORMATION ABOUT YOUR HOUSING AND NEIGHBOURHOOD

Q11 Taking everything into account, how satisfied or dissatisfied are you with the overall service provided by your landlord?

TICK ONE BOX ONLY ✓

Very satisfied 1

Fairly satisfied 2

Neither satisfied nor dissatisfied 3

Fairly dissatisfied 4

Very dissatisfied 5

Q12 Taking into account your home and the services your landlord provides, do you think that the rent for this property represents good or poor value for money?

TICK ONE BOX ONLY

- Very good value 1
- Fairly good value 2
- Neither good nor poor value 3
- Fairly poor value 4
- Very poor value 5

Q13 Overall, how satisfied or dissatisfied are you with your accommodation?

TICK ONE BOX ONLY

- Very satisfied 1
- Fairly satisfied 2
- Neither satisfied nor dissatisfied 3
- Fairly dissatisfied 4
- Very dissatisfied 5

Q14 Do you think the number of rooms you have in your home is....?

TICK ONE BOX ONLY

- Too few 1
- Too many 2
- About right 3

Q15 How would you describe the general condition of this property?

TICK ONE BOX ONLY

- Very good condition 1
- Fairly good condition 2
- Neither good nor poor 3
- Fairly poor condition 4
- Very poor condition 5

Q16 How satisfied or dissatisfied are you with this neighbourhood as a place to live?

TICK ONE BOX ONLY

- Very satisfied 1
- Fairly satisfied 2
- Neither satisfied nor dissatisfied 3
- Fairly dissatisfied 4
- Very dissatisfied 5

Q17 Do you think that each of these is a serious, slight or not a problem in your neighbourhood?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING

- | | Not a
problem | Slight
problem | Serious
problem |
|---------------------------------------|----------------------------|----------------------------|----------------------------|
| a) Vandalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b) Graffiti | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c) Dogs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d) Litter and rubbish in the street | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e) Problems with neighbours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f) Racial harassment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g) Noise from people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h) Noise from traffic | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i) People causing damage to your home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| j) Drug dealing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| k) Other crime | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

CONTACT WITH YOUR LANDLORD

Q18 Have you been in contact with your landlord in the last 12 months (other than to pay your rent)?

TICK ONE BOX ONLY ✓

Yes

1

GO TO Q19



No

2

GO TO Q25



Can't remember

3

GO TO Q25



ONLY ANSWER Q19 TO Q24 IF YOU HAVE ANSWERED "YES" TO Q18



Q19 How did you last contact your landlord?

TICK ONE BOX ONLY ✓

Phoned

1

Visited office

2

Wrote

3

Email

4

Other

5

Can't remember

6

Q20 What did you last have contact about?

TICK ONE BOX ONLY ✓

Repairs

1

Rent/housing benefit

2

Transfer/exchange

3

Neighbours

4

Other

5

Can't remember

6

Q21 When you last had contact, was getting hold of the right person...?

TICK ONE BOX ONLY ✓

Easy

1

Difficult

2

Neither

3

Can't remember

4

Q22 Did you find the staff...?

TICK ONE BOX ONLY ✓

Helpful

1

Unhelpful

2

Neither

3

Can't remember

4

Q23 And were they...?

TICK ONE BOX ONLY ✓

Able to deal with your problem

1

Unable to deal with your problem

2

Neither

3

Can't remember

4

Q24 Were you satisfied or dissatisfied with the final outcome?

TICK ONE BOX ONLY ✓

Satisfied

1

Dissatisfied

2

Neither

3

Can't remember

4

YOUR REPAIR SERVICE



Q25 Generally, how satisfied or dissatisfied are you with the way your landlord deals with repairs and maintenance?

TICK ONE BOX ONLY ✓

Very satisfied

1

Fairly satisfied

2

Neither satisfied nor dissatisfied

3

Fairly dissatisfied

4

Very dissatisfied

5

No opinion/don't know

6

Q26 Have you requested any repairs to your home in the last 12 months?

TICK ONE BOX ONLY

- Yes 1
No 2
Can't remember 3

Q27 And have you had any repairs completed in the last 12 months?

TICK ONE BOX ONLY

- Yes 1 GO TO Q28 
No 2 GO TO Q29 
Can't remember 3 GO TO Q29 

ONLY ANSWER Q28 IF YOU ANSWERED "YES" TO Q27



Q28 Thinking about your last completed repair, how would you rate it in terms of...?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING



- | | Very good | Fairly good | Neither good nor poor | Fairly poor | Very poor | No opinion |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Being told when workers would call | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b) Time taken before work started | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c) Speed with which work was completed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d) Attitude of workers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e) Overall quality of repair work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f) Keeping dirt and mess to a minimum | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

COMMUNICATING WITH YOUR LANDLORD



Q29 Generally, how good or poor do you feel your landlord is at keeping you informed about things that might affect you as a tenant?

TICK ONE BOX ONLY

- Very good 1
Fairly good 2
Neither good nor poor 3
Fairly poor 4
Very poor 5

Q30 How much account do you feel your landlord takes of tenants' views when making decisions?

TICK ONE BOX ONLY

- A lot 1
A little 2
None at all 3
No opinion 4

Q31 Thinking about the housing services that your landlord provides, how satisfied or dissatisfied are you with the opportunities for participation in management and decision-making?

TICK ONE BOX ONLY

- Very satisfied 1
Fairly satisfied 2
Neither satisfied nor dissatisfied 3
Fairly dissatisfied 4
Very dissatisfied 5
No opinion 6

Q32 Have you heard of Tenant Participation Compacts - agreements between local councils and their tenants - which set out how tenants will be involved in shaping local decisions about housing?

TICK ONE BOX ONLY

- Yes 1 GO TO Q33 ↻
- No 2 GO TO Q34 ↻

ONLY ANSWER Q33 IF YOU ANSWERED "YES" TO Q32

Q33 How satisfied or dissatisfied are you with your locally-agreed Tenant Participation Compact?

TICK ONE BOX ONLY

- Very satisfied 1
- Fairly satisfied 2
- Neither satisfied nor dissatisfied 3
- Fairly dissatisfied 4
- Don't know 5

IMPROVING SERVICES

Q34 Of the following services, which do you consider to be the three most important?

TICK NO MORE THAN 3 BOXES

- Keeping tenants informed 1
- Overall quality of your home 2
- Taking tenants' views into account 3
- Repairs and maintenance 4
- Involving tenants in the management of their housing 5
- Value for money for your rent 6

Q35 How much do you think the following services need improving?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING

- | | No improvement needed | Some improvement needed | Much improvement needed | No opinion |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Keeping tenants informed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b) Overall quality of your home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c) Taking tenants' views into account | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d) Repairs and maintenance | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e) Involving tenants in the management of their housing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f) Value for money for your rent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

ANY OTHER COMMENTS?

Q36 Is there anything else you would like to say about your home and/or the services your landlord provides?

PLEASE WRITE IN BELOW

BACKGROUND INFORMATION

Please complete these questions which will help us to see if there are differences between the views of different tenants. All information you give will be kept completely confidential.

Q37 Which of these are you?

TICK ONE BOX ONLY



Tenant of this home

1

Tenant's partner/spouse

2

Other household member

3

Q38

AGE

TICK ONE BOX ONLY FOR EACH



TENANT

PARTNER/SPOUSE

16-24

1

1

25-34

2

2

35-44

3

3

45-54

4

4

55-59

5

5

60-64

6

6

65-74

7

7

75+

8

8

Not applicable

9

9

Q39

GENDER

TICK ONE BOX ONLY FOR EACH



TENANT

PARTNER/SPOUSE

Male

1

1

Female

2

2

Not applicable

3

3

Q40

WORK STATUS

TICK ONE BOX ONLY FOR EACH



TENANT

PARTNER/SPOUSE

Employee in full time job (30 hours or more per week)

1

1

Employee in part time job (less than 30 hours per week)

2

2

Self employed - full or part time

3

3

Government supported training

4

4

Unemployed and available for work

5

5

Wholly retired from work

6

6

Full-time education at school, college or university

7

7

Looking after family/home

8

8

Permanently sick/disabled

9

9

Doing something else

10

10

Not applicable

11

11

Q41 What is or was your occupation? please write in:

Q42 What kinds of income do you (and your partner) receive? TICK AS MANY BOXES AS APPLY ✓

Earnings from employment or self-employment	<input type="checkbox"/> 1
Pension from a former employer	<input type="checkbox"/> 2
State pension	<input type="checkbox"/> 3
Pension tax credit	<input type="checkbox"/> 4
Child benefit	<input type="checkbox"/> 5
Job Seeker's Allowance	<input type="checkbox"/> 6
Income support	<input type="checkbox"/> 7
Disabled Living Allowance/ Attendance Allowance	<input type="checkbox"/> 8
Other state benefits	<input type="checkbox"/> 9
Interest from savings, etc.	<input type="checkbox"/> 10
Other kinds of regular allowance from outside the household	<input type="checkbox"/> 11
Working tax credit	<input type="checkbox"/> 12
Child tax credit	<input type="checkbox"/> 13
Other sources	<input type="checkbox"/> 14

Q43 Which group represents you (and your partner's) total net income from all these sources after deductions for income tax and national insurance?

IF UNSURE, PLEASE ESTIMATE

WEEKLY OR (ANNUAL) TICK ONE BOX ONLY ✓

Under £60 (Less than £3,120)	<input type="checkbox"/> 1
£60-£99 (£3,120-£5,199)	<input type="checkbox"/> 2
£100-£159 (£5,200-£8,319)	<input type="checkbox"/> 3
£160-£199 (£8,320-£10,399)	<input type="checkbox"/> 4
£200-£299 (£10,400-£15,599)	<input type="checkbox"/> 5
£300-£399 (£15,600-£20,799)	<input type="checkbox"/> 6
£400 or more (£20,800 or more)	<input type="checkbox"/> 7

Q44 Which of these statements best describes you (and your partner's) income?

TICK ONE BOX ONLY ✓

Wholly from state benefits/state pensions	<input type="checkbox"/> 1
Partly from state benefits/state pensions	<input type="checkbox"/> 2
No state benefits/state pensions (apart from child benefit)	<input type="checkbox"/> 3

Q45 Does your household currently receive housing benefit (either paid to you, or directly to your landlord)?

TICK ONE BOX ONLY ✓

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3

Q46 Does housing benefit pay for all the rent or just part of it?

TICK ONE BOX ONLY ✓

All	<input type="checkbox"/> 1
Part	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Don't receive housing benefit	<input type="checkbox"/> 4

Thank you for completing this Questionnaire. Please return it as requested in the envelope provided.