

STATUS

THE STANDARDISED
TENANT SATISFACTION
SURVEY

ISSUE: 4NB

HOW TO COMPLETE THE QUESTIONNAIRE

Please read these instructions carefully before completing the questionnaire

- 1) It should be completed by the tenant at this address, or their partner/spouse or carer.
- 2) Please read the instructions for answering each question carefully.
- 3) Ignore the numbers beside each question – they are for office use only.
- 4) Please check that you have answered all the questions that apply to you.
- 5) Please return the completed questionnaire in the envelope provided.
- 6) If you do not wish to take part please return the blank questionnaire in the envelope provided.

INFORMATION ABOUT YOUR HOUSEHOLD

Building up a picture of each household allows us to assess which groups of tenants are satisfied with their home and the services provided by their landlord.

<p>1. How long have you/your household been a tenant of this landlord?</p> <p style="text-align: center;">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>3. How many people usually live here in total?</p> <p style="text-align: right;">WRITE NUMBER IN BOX <input type="text"/></p> <hr/> <p>4. How many people living in your household are aged under 16?</p> <p style="text-align: right;">WRITE NUMBER IN BOX <input type="text"/></p> <p style="text-align: right;">Please enter "0" if none in household</p> <hr/> <p>5. How many people living in your household are aged 60 or over?</p> <p style="text-align: right;">WRITE NUMBER IN BOX <input type="text"/></p> <p style="text-align: right;">Please enter "0" if none in household</p>
<p>2. And how long have you/your household lived in this home?</p> <p style="text-align: center;">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>6. How would you describe the composition of your household?</p> <p style="text-align: center;">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.

7. To which of these groups do you and your household consider you belong?

TICK ONE BOX ONLY FOR EACH ✓

White

TENANT

PARTNER/SPOUSE

British

 1

 1

Irish

 2

 2

Any other White background
(please tick and write in)

 3 _____

 3 _____

Mixed

White and Black Caribbean

 4

 4

White and Black African

 5

 5

White and Asian

 6

 6

Any other mixed background
(please tick and write in)

 7 _____

 7 _____

Asian or Asian British

Indian

 8

 8

Pakistani

 9

 9

Bangladeshi

 10

 10

Chinese

 15

 15

Any other Asian background
(please tick and write in)

 11 _____

 11 _____

Black or Black British

Caribbean

 12

 12

African

 13

 13

Any other Black background
(please tick and write in)

 14 _____

 14 _____

Other (please tick and write in)

 16 _____

 16 _____

8. Does anyone in your household have any long-term illness, health problems or disability which limits their daily activities or the work they can do, including any problems which are due to old age?

TICK ONE BOX ONLY ✓

Yes

 1

No

 2

Don't know

 3

9. Does anyone in your household use a wheelchair?

TICK ONE BOX ONLY ✓

Yes

 1

No

 2

HOUSING AND SERVICES

Understanding how you feel about your home and the services you receive is important to your landlord.

10. 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

11. Overall, how satisfied or dissatisfied are you with the following?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied
a) The overall quality of your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) The general condition of this property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) This neighbourhood as a place to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) The value for money for your rent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12. How satisfied or dissatisfied are you with each of the following services provided by your landlord?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	No opinion
a) Advice on rent payments	<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) Advice on moving home	<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) Support provided to new tenants	<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) Support provided to vulnerable tenants	<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) How enquiries are dealt with generally	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

13. Of the following, which do you consider to be the **three** most important?

TICK NO MORE THAN 3 BOXES ✓

a) Keeping tenants informed	<input type="checkbox"/> 1
b) Overall quality of your home	<input type="checkbox"/> 1
c) Taking tenants' views into account	<input type="checkbox"/> 1
d) Repairs and maintenance	<input type="checkbox"/> 1
e) Dealing with anti-social behaviour	<input type="checkbox"/> 1
f) Neighbourhood as a place to live	<input type="checkbox"/> 1
g) Value for money for your rent	<input type="checkbox"/> 1

14. To what extent are any of the following a problem in your neighbourhood?

TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓

	Very big problem	Fairly big problem	Not a very big problem	Not a problem at all
a) Rubbish or litter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Noisy neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) Pets and animals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Disruptive children / Teenagers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Racial or other harassment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) Drunk or rowdy behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g) Vandalism and graffiti	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h) People damaging your property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i) Drug use or dealing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j) Abandoned or burnt out vehicles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k) Other crime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l) Noise from traffic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m) Car parking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CONTACT WITH YOUR LANDLORD

Knowing about your experience when contacting your landlord helps them improve the service they provide.

15. Have you contacted your landlord within the last 12 months?

TICK ONE BOX ONLY ✓

- Yes 1 GO TO 16 ⬇️
 No 2 GO TO 22 ⬇️
 Can't remember 3 GO TO 22 ⬇️

ONLY ANSWER QUESTIONS 16 TO 21 IF YOU ANSWERED "YES" TO 15



16. How did you last contact your landlord?

TICK ONE BOX ONLY ✓

- Phoned 1
 Visited office 2
 Wrote 3
 E-mailed 6
 Other 4
 Can't remember 5

17. What did you last have contact about?

TICK ONE BOX ONLY ✓

- Repairs 1
 Rent/housing benefit 2
 Transfer/exchange 3
 Neighbours/Neighbourhood issues 4
 Garden/Communal areas 7
 Other (write in) _____ 5
 Can't remember 6

18. 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

19. Did you find the staff...?

TICK ONE BOX ONLY ✓

- Helpful 1
 Unhelpful 2
 Neither 3
 Can't remember 4

20. 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

21. Were you satisfied or dissatisfied with the final outcome?

TICK ONE BOX ONLY ✓

- Satisfied 1
 Dissatisfied 2
 Neither 3
 Can't remember 4

REPAIRS AND MAINTENANCE

Information about repairs and maintenance helps your landlord improve the service they provide.




22. 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 3
 Fairly dissatisfied 4
 Very dissatisfied 5
 No opinion/don't know 6

23. Have you had any repairs completed in the last 12 months?

TICK ONE BOX ONLY ✓

- Yes 1 GO TO 24 
- No 2 GO TO 25 
- Can't remember 3 GO TO 25 

ONLY ANSWER QUESTION 24 IF YOU ANSWERED "YES" TO 23



24. 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 | 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 |

COMMUNICATION AND INFORMATION

Providing the right information, and knowing how you want to receive it, is important to your landlord.



25. Which methods do you prefer your landlord to use to inform you or consult with you about issues that may affect you?

TICK AS MANY BOXES AS APPLY ✓

- a) Open meetings/AGM 1
- b) Residents' groups/forums 1
- c) On-line forums 1
- d) By letter 1
- e) Telephone call 1
- f) Personal visit 1
- g) By email 1
- h) Magazine/newsletter 1
- i) Other (write in) 1 _____

26. How satisfied or dissatisfied are you that your views are being taken into account by your landlord?

TICK ONE BOX ONLY ✓

- Very satisfied 1
- Fairly satisfied 2
- Neither 3
- Fairly dissatisfied 4
- Very dissatisfied 5
- No opinion 6

27. 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 3
- Fairly poor 4
- Very poor 5

ANTI-SOCIAL BEHAVIOUR

Gathering information about anti-social behaviour complaints will help your landlord to appropriately deal with them.

<p>28. Have you reported any anti-social behaviour to your landlord in the past 12 months?</p> <p style="text-align: center;">TICK ONE BOX ONLY ✓</p> <p>Yes <input type="checkbox"/>1 GO TO 29 </p> <p>No <input type="checkbox"/>2 GO TO 33 </p>	<p>29. When you last had contact, was getting hold of the right person...?</p> <p style="text-align: center;">TICK ONE BOX ONLY ✓</p> <p>Easy <input type="checkbox"/>1</p> <p>Difficult <input type="checkbox"/>2</p> <p>Neither <input type="checkbox"/>3</p> <p>Can't remember <input type="checkbox"/>4</p>																																										
<p>30. Did you find the staff...?</p> <p style="text-align: center;">TICK ONE BOX ONLY ✓</p> <p>Helpful <input type="checkbox"/>1</p> <p>Unhelpful <input type="checkbox"/>2</p> <p>Neither <input type="checkbox"/>3</p> <p>Can't remember <input type="checkbox"/>4</p>	<p>31. And were they...?</p> <p style="text-align: center;">TICK ONE BOX ONLY ✓</p> <p>Able to deal with your problem <input type="checkbox"/>1</p> <p>Unable to deal with your problem <input type="checkbox"/>2</p> <p>Neither <input type="checkbox"/>3</p> <p>Can't remember <input type="checkbox"/>4</p>																																										
<p>32. How satisfied or dissatisfied were you with the following aspects of how your report was handled?</p> <p style="text-align: center;">TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING ✓</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Very satisfied</th> <th style="width: 10%; text-align: center;">Fairly satisfied</th> <th style="width: 10%; text-align: center;">Neither</th> <th style="width: 10%; text-align: center;">Fairly dissatisfied</th> <th style="width: 10%; text-align: center;">Very dissatisfied</th> </tr> </thead> <tbody> <tr> <td>a) Advice provided by staff</td> <td style="text-align: center;"><input type="checkbox"/>1</td> <td style="text-align: center;"><input type="checkbox"/>2</td> <td style="text-align: center;"><input type="checkbox"/>3</td> <td style="text-align: center;"><input type="checkbox"/>4</td> <td style="text-align: center;"><input type="checkbox"/>5</td> </tr> <tr> <td>b) Being kept informed</td> <td style="text-align: center;"><input type="checkbox"/>1</td> <td style="text-align: center;"><input type="checkbox"/>2</td> <td style="text-align: center;"><input type="checkbox"/>3</td> <td style="text-align: center;"><input type="checkbox"/>4</td> <td style="text-align: center;"><input type="checkbox"/>5</td> </tr> <tr> <td>c) Support provided by staff</td> <td style="text-align: center;"><input type="checkbox"/>1</td> <td style="text-align: center;"><input type="checkbox"/>2</td> <td style="text-align: center;"><input type="checkbox"/>3</td> <td style="text-align: center;"><input type="checkbox"/>4</td> <td style="text-align: center;"><input type="checkbox"/>5</td> </tr> <tr> <td>d) How the report was dealt with</td> <td style="text-align: center;"><input type="checkbox"/>1</td> <td style="text-align: center;"><input type="checkbox"/>2</td> <td style="text-align: center;"><input type="checkbox"/>3</td> <td style="text-align: center;"><input type="checkbox"/>4</td> <td style="text-align: center;"><input type="checkbox"/>5</td> </tr> <tr> <td>e) Speed with which your report was dealt with</td> <td style="text-align: center;"><input type="checkbox"/>1</td> <td style="text-align: center;"><input type="checkbox"/>2</td> <td style="text-align: center;"><input type="checkbox"/>3</td> <td style="text-align: center;"><input type="checkbox"/>4</td> <td style="text-align: center;"><input type="checkbox"/>5</td> </tr> <tr> <td>f) The final outcome of your report</td> <td style="text-align: center;"><input type="checkbox"/>1</td> <td style="text-align: center;"><input type="checkbox"/>2</td> <td style="text-align: center;"><input type="checkbox"/>3</td> <td style="text-align: center;"><input type="checkbox"/>4</td> <td style="text-align: center;"><input type="checkbox"/>5</td> </tr> </tbody> </table>			Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	a) Advice provided by staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	b) Being kept informed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	c) Support provided by staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	d) How the report was dealt with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	e) Speed with which your report was dealt with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	f) The final outcome of your report	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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TENANT PARTICIPATION COMPACTS

This section will help your landlord to measure the awareness and success of the locally agreed Tenant Participation Compacts which set out how tenants will be involved in shaping local decisions about housing.

<p> 33. 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?</p> <p style="text-align: center;">TICK ONE BOX ONLY ✓</p> <p>Yes <input type="checkbox"/>1 GO TO 34 </p> <p>No <input type="checkbox"/>2 GO TO 35 </p>
<p>ONLY ANSWER QUESTION 34 IF YOU ANSWERED YES TO QUESTION 33</p>
<p>34. How satisfied or dissatisfied are you with your locally-agreed Tenant Participation Compact?</p> <p style="text-align: center;">TICK ONE BOX ONLY ✓</p> <p>Very satisfied <input type="checkbox"/>1</p> <p>Fairly satisfied <input type="checkbox"/>2</p> <p>Neither <input type="checkbox"/>3</p> <p>Fairly dissatisfied <input type="checkbox"/>4</p> <p>Very dissatisfied <input type="checkbox"/>5</p> <p>No opinion <input type="checkbox"/>6</p>

ANY OTHER COMMENTS

35. 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

This information is optional, but by answering these questions you will help your landlord make sure that they are not discriminating against you or anyone else.

36. TICK ONE BOX ONLY FOR EACH ✓

AGE	TENANT	PARTNER/SPOUSE
16-24	<input type="checkbox"/> 1	<input type="checkbox"/> 1
25-34	<input type="checkbox"/> 2	<input type="checkbox"/> 2
35-44	<input type="checkbox"/> 3	<input type="checkbox"/> 3
45-54	<input type="checkbox"/> 4	<input type="checkbox"/> 4
55-59	<input type="checkbox"/> 5	<input type="checkbox"/> 5
60-64	<input type="checkbox"/> 6	<input type="checkbox"/> 6
65-74	<input type="checkbox"/> 7	<input type="checkbox"/> 7
75-84	<input type="checkbox"/> 8	<input type="checkbox"/> 8
85+	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Not applicable		<input type="checkbox"/> 10

37. TICK ONE BOX ONLY FOR EACH ✓

GENDER	TENANT	PARTNER/SPOUSE
Male	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Not applicable		<input type="checkbox"/> 3

38. How would you describe your sexual orientation?

TICK ONE BOX ONLY ✓

Heterosexual	<input type="checkbox"/> 1
Gay man	<input type="checkbox"/> 2
Gay woman	<input type="checkbox"/> 3
Bisexual	<input type="checkbox"/> 4
Other	<input type="checkbox"/> 5
Prefer not to say	<input type="checkbox"/> 6

39. What is your religion?

TICK ONE BOX ONLY ✓

None	<input type="checkbox"/> 1
Christian (All denominations)	<input type="checkbox"/> 2
Buddhist	<input type="checkbox"/> 3
Hindu	<input type="checkbox"/> 4
Jewish	<input type="checkbox"/> 5
Muslim	<input type="checkbox"/> 6
Sikh	<input type="checkbox"/> 7
Any other religion	<input type="checkbox"/> 8
Prefer not to say	<input type="checkbox"/> 9

40.

TICK ONE BOX ONLY FOR EACH ✓

WORK STATUS

TENANT

PARTNER/SPOUSE

- Employee in full time job (30 hours or more per week)
- Employee in part time job (Less than 30 hours per week)
- Self employed - full or part time
- Government supported training
- Unemployed and available for work
- Wholly retired from work
- Full-time education at school, college or university
- Looking after family/home
- Permanently sick/disabled
- Doing something else
- Not applicable

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

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

41. What kinds of income do you (and your partner) receive?

TICK AS MANY BOXES AS APPLY ✓

- a) Earnings from employment or self-employment
- b) Pension from a former employer
- c) State pension
- d) Child benefit
- e) Income support
- f) Other state benefits
- g) Tax credits
- h) Interest from savings, etc.
- i) Other kinds of regular allowance from outside the household
- j) Other sources e.g rent
- k) No source of income

- 1
- 1
- 1
- 1
- 1
- 1
- 1
- 1
- 1
- 1
- 1

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

TICK ONE BOX ONLY ✓

- Yes
- No
- Don't know

- 1
- 2
- 3

43. 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 ✓

- Up to £99
 - £100-£199
 - £200-£299
 - £300-£399
 - £400-£499
 - £500-£599
 - £600-£699
 - £700-£999
 - £1,000 or more
- Less than £5,199
 - £5,200-£10,399
 - £10,400-£15,599
 - £15,600-£20,799
 - £20,800-£25,999
 - £26,000-£31,199
 - £31,200-£36,399
 - £36,400-£51,999
 - £52,000 or more

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

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