Flats recycling project survey – paper version Please write in capital letters.

١.	Please select your block of hats from the options below.
	□
	□
2.	Which age group do you belong to?
	□ Under 16 (please note 16 is the minimum age to fill in this survey)
	□ 16-18
	□ 18-24
	□ 25-34
	□ 35-44
	□ 45-54
	□ 55-64
	□ 65-74
	□ 75 +
	□ Prefer not to say
3.	To which gender identity do you most identify?
	□ Male
	□ Female
	□ Non-binary
	□ Prefer to self-describe (please state)
	□ Prefer not to say
1	How would you describe your household?
4.	□ Single
	_
	□ Couple □ Family
	□ Family □ House Share
	□ Student House Share
	□ Prefer not to say
5.	Do you own or rent your home?
	□ Own
	□ Rent
	□ Prefer not to say
6.	Do you recycle any of your waste?
	□ Yes (go to question 7)
	□ No (go to question 10)

7.	□ Food and drink cartons	apply) □ Tins & cans □ Plastic bottles □ Food waste □ Garden waste □ Batteries □ Other (please specify)	
8.	What is your main reason for recyclin lt is easy lfeel that it's a moral obligation Everyone else does lt saves money Other (please specify)	□ To protect our environment	
9.	Where do you find information on wh District website Leaflets from district council General internet search Information on recycling bags	□ Social media□ Labels on items□ Bin stickers/labels	
10. What stops you from recycling (more)? □ I'm not sure what (more) I can recycle □ I don't see the benefit in recycling □ I don't have space in my home to store recycling □ I don't have time □ It's not my job □ There's no incentive to recycle □ There are no recycling facilities where I live □ Other (please specify)			
	.How do you feel waste is managed a □ Excellently □ Adequately □ Very poorly	and collected in your local area? □ Well □ Poorly □ I don't know	
12. How would you rate the recycling facilities at your block of flats? Number/size of bins			
13. Please feel free to add more details to describe your local recycling facilities			