



UvA-DARE (Digital Academic Repository)

Monetary Valuation of Environmental Goods: Alternatives to Contingent Valuation

Baarsma, B.E.

Publication date
2000

[Link to publication](#)

Citation for published version (APA):

Baarsma, B. E. (2000). *Monetary Valuation of Environmental Goods: Alternatives to Contingent Valuation*. Thela Thesis.

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: <https://uba.uva.nl/en/contact>, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

Appendix II The Schiphol Questionnaire

This appendix contains the complete text of the Schiphol questionnaire. First, the introductory letter is shown, followed by the text of the questionnaire. There are twenty-five versions of the questionnaire. Here, version P is given.

■
Questionnaire

SEO  INTOMART ■
January 1998

SATISFACTION WITH THE LIVING ENVIRONMENT

7.4397

Dear Madam, Dear Sir,

Within the context of a research project on 'Satisfaction with the living environment', a sample survey is held among Dutch households. Your household has been selected to be part of this survey. We sincerely hope that a member of your household is willing to participate in the survey. We would greatly appreciate it if the head of the family (that is, the main breadwinner or his/her partner) fills in the questionnaire and returns it to Intomart in the enclosed return envelop, within two weeks after having received the questionnaire.

Before filling in the questionnaire, we kindly request you to carefully read the instructions given below. Only correctly filled in questionnaires can be processed electronically. Therefore it is of the utmost importance that you adhere to the instructions.

(The instructions concerned have been left out of the translation)

ANY REMARKS OF YOUR OWN CONCERNING THE QUESTIONNAIRE

If you wish to make any remarks concerning the questionnaire itself, or concerning the research project, please write these down on the back of the last page of this questionnaire. We kindly request you not to make any remarks in the margins next to the questions, or between the questions contained in the questionnaire.

6. How would you categorise the dwelling you live in?

- | | |
|--|--|
| 1 <input type="checkbox"/> Single-family house, detached
→ CONTINUE WITH QUESTION 8 | 4 <input type="checkbox"/> Single-family terraced house
→ CONTINUE WITH QUESTION 8 |
| 2 <input type="checkbox"/> One of two semi-detached single-family houses
→ CONTINUE WITH QUESTION 8 | 5 <input type="checkbox"/> Flat, tenement, ground-floor flat, upstairs flat, or maisonette |
| 3 <input type="checkbox"/> Single-family house, corner house
→ CONTINUE WITH QUESTION 8 | 6 <input type="checkbox"/> Other type of dwelling, viz. |

7. On which floor do you live?

- | | | |
|---|---|---|
| 1 <input type="checkbox"/> Ground floor | 4 <input type="checkbox"/> Third floor | 7 <input type="checkbox"/> Otherwise, viz.: |
| 2 <input type="checkbox"/> First floor | 5 <input type="checkbox"/> Fourth floor | |
| 3 <input type="checkbox"/> Second floor | 6 <input type="checkbox"/> Fifth floor | |

8. Since when have you been living in your current dwelling?

- | | | | |
|---|--------------------------------------|----------------------------------|--|
| 1 <input type="checkbox"/> 1905 or before | 5 <input type="checkbox"/> 1961-1970 | 9 <input type="checkbox"/> 1991 | 13 <input type="checkbox"/> 1995 |
| 2 <input type="checkbox"/> 1906-1930 | 6 <input type="checkbox"/> 1971-1980 | 10 <input type="checkbox"/> 1992 | 14 <input type="checkbox"/> 1996 |
| 3 <input type="checkbox"/> 1931-1945 | 7 <input type="checkbox"/> 1981-1985 | 11 <input type="checkbox"/> 1993 | 15 <input type="checkbox"/> 1997 |
| 4 <input type="checkbox"/> 1946-1960 | 8 <input type="checkbox"/> 1986-1990 | 12 <input type="checkbox"/> 1994 | 16 <input type="checkbox"/> Don't know |

9. Since when have you been living in this region?

- | | | | |
|---|--------------------------------------|----------------------------------|--|
| 1 <input type="checkbox"/> 1905 or before | 5 <input type="checkbox"/> 1961-1970 | 9 <input type="checkbox"/> 1991 | 13 <input type="checkbox"/> 1995 |
| 2 <input type="checkbox"/> 1906-1930 | 6 <input type="checkbox"/> 1971-1980 | 10 <input type="checkbox"/> 1992 | 14 <input type="checkbox"/> 1996 |
| 3 <input type="checkbox"/> 1931-1945 | 7 <input type="checkbox"/> 1981-1985 | 11 <input type="checkbox"/> 1993 | 15 <input type="checkbox"/> 1997 |
| 4 <input type="checkbox"/> 1946-1960 | 8 <input type="checkbox"/> 1986-1990 | 12 <input type="checkbox"/> 1994 | 16 <input type="checkbox"/> Don't know |

10. Why did you opt for a dwelling in this region?

YOU CAN CROSS MORE THAN ONE BOX

- | | |
|--|--|
| 1 <input type="checkbox"/> Close to relatives, friends and acquaintances | 1 <input type="checkbox"/> Other reasons, viz. |
| 1 <input type="checkbox"/> Close to work and/or school | |
| 1 <input type="checkbox"/> Good accessibility by own transport and /or by public transport | |
| 1 <input type="checkbox"/> It was not really a choice: the dwelling was allocated to me and/or no dwellings were available in other neighbourhoods | |

11. Are you the owner of the dwelling, or do you rent it?

- | | |
|---|--|
| 1 <input type="checkbox"/> Owner
→ CONTINUE WITH QUESTION 12 | <input type="checkbox"/> Tenant
→ CONTINUE WITH QUESTION 15 |
|---|--|

19. Does the dwelling have a garden that you can use?1 Yes2 No**20. Does the dwelling have a balcony that you can use?**1 Yes2 No**21. Does the dwelling that you are living in have insulation?
YOU CAN CROSS MORE THAN ONE BOX**1 Yes, it has thermal insulation1 Yes, it has draught proofing1 Yes, it has noise insulation1 No**22. Are you satisfied, happy, with the dwelling in which you are living now?**1 Very satisfied3 Neither satisfied,
nor dissatisfied4 Dissatisfied2 Satisfied5 Very dissatisfied**23. Are you satisfied with the place of your residence?**1 Very satisfied3 Neither satisfied,
nor dissatisfied4 Dissatisfied2 Satisfied5 Very dissatisfied**24. Is your dwelling situated in the centre, in a suburb, or outside the built-up area?**1 Centre3 Suburb2 Neither in the centre nor in a suburb (in
between the suburb and the centre)4 Outside the built-up area5 Does not apply**25. Would you please indicate the extent to which the following sound sources cause noise nuisance at your place of living?***PLEASE INDICATE THE EXTENT BY CROSSING THE BOX UNDER THE GRADE MARK THAT APPLIES, WHERE 1 = NEVER ANY NOISE NUISANCE; 2 = SOMETIMES; 3 = REGULARLY; 4 = OFTEN; 5 = PRACTICALLY ALWAYS*

Sound sources:	1 never	2 sometimes	3 regularly	4 often	5 always
Cars, buses, mopeds, trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric trams/subway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeroplanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry/businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotels, restaurants, pubs, and other places of entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise nuisance from neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children at play and/or youngsters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sound sources, viz.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE NEXT TWO QUESTIONS (QUESTIONS 26 AND 27) ARE ABOUT THE SOUND SOURCE THAT CAUSES YOU THE MOST NOISE NUISANCE

**26. Which of your activities suffers the most disturbance from this main sound source?
YOU CAN CROSS MORE THAN ONE BOX**

- | | | |
|---|---|--|
| 1 <input type="checkbox"/> Conversations (including
phone conversations) | 1 <input type="checkbox"/> Watching television | 1 <input type="checkbox"/> Working |
| 1 <input type="checkbox"/> Reading | 1 <input type="checkbox"/> Listening to music | 1 <input type="checkbox"/> Other activities, viz.: |
| 1 <input type="checkbox"/> Studying | 1 <input type="checkbox"/> Resting or sleeping | |
| 1 <input type="checkbox"/> Listening to the radio | 1 <input type="checkbox"/> Open air
recreation | |

**27. On which days, and at what times, does the main sound source cause the noise nuisance?
YOU CAN CROSS MORE THAN ONE BOX**

On which days?

- | | |
|--------------------------------------|-------------------------------------|
| 1 <input type="checkbox"/> Monday | 1 <input type="checkbox"/> Friday |
| 1 <input type="checkbox"/> Tuesday | 1 <input type="checkbox"/> Saturday |
| 1 <input type="checkbox"/> Wednesday | 1 <input type="checkbox"/> Sunday |
| 1 <input type="checkbox"/> Thursday | 1 <input type="checkbox"/> Variable |

At what times?

- | |
|---|
| 1 <input type="checkbox"/> In the morning, between 06.00 and 08.00. |
| 1 <input type="checkbox"/> During the day, between 08.00 and 20.00. |
| 1 <input type="checkbox"/> In the evening, between 20.00 and 23.00. |
| 1 <input type="checkbox"/> During the night, between 23.00 and 06.00. |
| 1 <input type="checkbox"/> Variable |

28. Which aspects of your living environment are you satisfied with, and which are you dissatisfied with? For each aspect mentioned, please cross the box with the relevant mark, where 1=very dissatisfied; 2=dissatisfied; 3=neither dissatisfied, nor satisfied; 4=satisfied; 5=very satisfied.

	1 very dissat- isfied	2 dissat- isfied	3 neither dissat- isfied/ nor sat- isfied	4 sat- isfied	5 very sat- isfied
Parking situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open space planning (parks, public gardens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity of shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childrens' playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility by public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility by car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibilities for going-out (pubs, restaurants, cinema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of the people in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence in the neighbourhood (thefts, vandalism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise nuisance caused by neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise nuisance caused by the traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise nuisance causes by air traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. What is the highest level of your (U) finished education, and what is that of your partner (P)?

Highest level of finished education	U	P	<i>Continued:</i>	U	P
Primary school	<input type="checkbox"/>	<input type="checkbox"/>	Higher general secondary and pre-university education	<input type="checkbox"/>	<input type="checkbox"/>
Lower vocational education	<input type="checkbox"/>	<input type="checkbox"/>	Higher vocational education and Bachelor's degree of university education	<input type="checkbox"/>	<input type="checkbox"/>
Lower general secondary education	<input type="checkbox"/>	<input type="checkbox"/>	University education	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate vocational education	<input type="checkbox"/>	<input type="checkbox"/>			

33. What is your main day-time activity (U)? And what is that of your partner (P)?

Main activity	U	P	<i>Continued:</i>	U	P
Salaried employment	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>	Long illness (disablement insurance benefits)	<input type="checkbox"/>	<input type="checkbox"/>
Pensioner (old age, early retirement)	<input type="checkbox"/>	<input type="checkbox"/>	Trainee/student	<input type="checkbox"/>	<input type="checkbox"/>
Full-time househusband or housewife	<input type="checkbox"/>	<input type="checkbox"/>	Living off of private means	<input type="checkbox"/>	<input type="checkbox"/>
			Of no occupation	<input type="checkbox"/>	<input type="checkbox"/>

34. Are you (U) currently working part-time or full-time? And what about your partner (P)?

	U	P		U	P
Part time	<input type="checkbox"/>	<input type="checkbox"/>	Full time	<input type="checkbox"/>	<input type="checkbox"/>

35. If you look at an average week, on which days of the week do you (U) usually work? And what does the week of your partner (P) look like in this respect?

	U	P		U	P		U	P
Monday	<input type="checkbox"/>	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>			

36. Do you (U) or does your partner (P) ever work at night, for instance because you work shifts?

	U	P		U	P		U	P
Yes, often	<input type="checkbox"/>	<input type="checkbox"/>	Yes, occasionally	<input type="checkbox"/>	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>	<input type="checkbox"/>	No, never	<input type="checkbox"/>	<input type="checkbox"/>			

46. Considering your personal circumstances, which household income (is net income after taxes) would you consider to be very bad, bad, insufficient, sufficient, good, and very good? Please give amounts for all levels mentioned.

Very bad would be a net monthly income of about

Bad would be a net monthly income of about

Insufficient would be a net monthly income of about

Sufficient would be a net monthly income of about

Good would be a net monthly income of about

Very good would be a net monthly income of about

47. How does the numerical part (the 4 digits) of your postal code read?

The numerical part of my postal code:

48. Here is a picture of a ladder, representing the ladder of life. Suppose we say that the top of the ladder (step 10) represents the best possible life for you, and the bottom (step 0) represents the worst possible life for you.

Where on the ladder do you feel that you personally stand at the present time? (Please cross one box only)

10 <input type="checkbox"/>
9 <input type="checkbox"/>
8 <input type="checkbox"/>
7 <input type="checkbox"/>
6 <input type="checkbox"/>
5 <input type="checkbox"/>
4 <input type="checkbox"/>
3 <input type="checkbox"/>
2 <input type="checkbox"/>
1 <input type="checkbox"/>

49. When answering the last three questions, please take as the starting point your current living situation, which will be changed at some points, to be indicated later.

If your present dwelling is a flat or an upstairs, please read 'balcony' where 'garden/balcony' is printed. If your present dwelling is situated (partly) on the ground floor, please read 'garden' where 'garden/balcony' is printed.

On the next page you find descriptions of 4 different living situations. If you were asked to rank these situations from best to worst, which would be your first (= 'best') choice? And which would be your second, your third, and your fourth (= 'worst') choice?

N.B.: NOISE NUISANCE DURING THE NIGHT MEANS BETWEEN 23.00 AND 6.00 H.; DURING THE DAY MEANS BETWEEN 8.00 AND 20.00 H. AND IN THE EARLY MORNING/EVENING MEANS BETWEEN 06.00 AND 08.00 AND BETWEEN 20.00 AND 23.00 H., RESPECTIVELY.
SOCIAL NOISE NUISANCE MEANS NOISE CAUSED BY NEIGHBOURS, PUBS AND RESTAURANTS, ET CETERA.

Please look carefully at the four different living situations and also take into account your income and other personal circumstances.

	Living situation 1	Living situation 2	Living situation 3	Living situation 4
My first choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My second choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My third choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My fourth choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Could you please give report marks to the four living situations, between 1 and 10, where 10 is the best possible situation for you, and 1 is the worst possible situation? So, please grade your first – fourth choice with marks between 1 and 10, allotting a lower mark to each subsequent choice (the report mark for the second choice has to be lower than the report mark for your first choice, et cetera).

	1	2	3	4	5	6	7	8	9	10
My report mark for my first choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My report mark for my second choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My report mark for my third choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My report mark for my fourth choice is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. You have now ranked and graded four living situations, but which of these four situations represent situations that are really acceptable to you (that is: situations that you would actually accept)?

PLEASE CROSS ONE BOX ONLY

- 1 Only my first choice
 2 My first and second choices
 3 My first, second and third choices
 4 All of my four choices
 5 None of my four choices

Series P.

Living situation 1
Parking facilities: moderate
Accessibility by public transport: moderate
Green areas: fair
Garden/balcony: absent
Social noise nuisance: rare
Aircraft noise nuisance: every day, mainly during the night
Your present housing expenses or rent will be 50% less

Living situation 2
Parking facilities: good
Accessibility by public transport: good
Green areas: only few
Garden/balcony: present
Social noise nuisance: once every two weeks, mainly during the night
Aircraft noise nuisance: once every two weeks, mainly in the early morning and in the evening
Your present housing expenses or rent will be 10% higher

Living situation 3
Parking facilities: bad
Accessibility by public transport: moderate
Green areas: only few
Garden/balcony: absent
Social noise nuisance: once a week, mainly during the night
Aircraft noise nuisance: once a week, mainly during the day
Your present housing expenses or rent will be 25% less

Living situation 4
Parking facilities: good
Accessibility by public transport: bad
Green areas: only few
Garden/balcony: absent
Social noise nuisance: once a month, mainly during the night
Aircraft noise nuisance: once every two weeks, mainly during the night
Your present housing expenses or rent will be 50% higher

Thank you very much for your kind co-operation

