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Monetary Valuation of Environmental Goods: Alternatives to Contingent Valuation

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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.

1. Are you a male or a female?

Male

2 Female

2. In what year were you (U) born, and in what year was your partner (P) born?

| | | | | | | | | | | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|
| U | P | U | P | U | P | U | P | U | P | U | P | U | P |
| <input type="checkbox"/> 1900 | <input type="checkbox"/> | <input type="checkbox"/> 1912 | <input type="checkbox"/> | <input type="checkbox"/> 1924 | <input type="checkbox"/> | <input type="checkbox"/> 1936 | <input type="checkbox"/> | <input type="checkbox"/> 1948 | <input type="checkbox"/> | <input type="checkbox"/> 1960 | <input type="checkbox"/> | <input type="checkbox"/> 1972 | <input type="checkbox"/> |
| <input type="checkbox"/> 1901 | <input type="checkbox"/> | <input type="checkbox"/> 1913 | <input type="checkbox"/> | <input type="checkbox"/> 1925 | <input type="checkbox"/> | <input type="checkbox"/> 1937 | <input type="checkbox"/> | <input type="checkbox"/> 1949 | <input type="checkbox"/> | <input type="checkbox"/> 1961 | <input type="checkbox"/> | <input type="checkbox"/> 1973 | <input type="checkbox"/> |
| <input type="checkbox"/> 1902 | <input type="checkbox"/> | <input type="checkbox"/> 1914 | <input type="checkbox"/> | <input type="checkbox"/> 1926 | <input type="checkbox"/> | <input type="checkbox"/> 1938 | <input type="checkbox"/> | <input type="checkbox"/> 1950 | <input type="checkbox"/> | <input type="checkbox"/> 1962 | <input type="checkbox"/> | <input type="checkbox"/> 1974 | <input type="checkbox"/> |
| <input type="checkbox"/> 1903 | <input type="checkbox"/> | <input type="checkbox"/> 1915 | <input type="checkbox"/> | <input type="checkbox"/> 1927 | <input type="checkbox"/> | <input type="checkbox"/> 1939 | <input type="checkbox"/> | <input type="checkbox"/> 1951 | <input type="checkbox"/> | <input type="checkbox"/> 1963 | <input type="checkbox"/> | <input type="checkbox"/> 1975 | <input type="checkbox"/> |
| <input type="checkbox"/> 1904 | <input type="checkbox"/> | <input type="checkbox"/> 1916 | <input type="checkbox"/> | <input type="checkbox"/> 1928 | <input type="checkbox"/> | <input type="checkbox"/> 1940 | <input type="checkbox"/> | <input type="checkbox"/> 1952 | <input type="checkbox"/> | <input type="checkbox"/> 1964 | <input type="checkbox"/> | <input type="checkbox"/> 1976 | <input type="checkbox"/> |
| <input type="checkbox"/> 1905 | <input type="checkbox"/> | <input type="checkbox"/> 1917 | <input type="checkbox"/> | <input type="checkbox"/> 1929 | <input type="checkbox"/> | <input type="checkbox"/> 1941 | <input type="checkbox"/> | <input type="checkbox"/> 1953 | <input type="checkbox"/> | <input type="checkbox"/> 1965 | <input type="checkbox"/> | <input type="checkbox"/> 1977 | <input type="checkbox"/> |
| <input type="checkbox"/> 1906 | <input type="checkbox"/> | <input type="checkbox"/> 1918 | <input type="checkbox"/> | <input type="checkbox"/> 1930 | <input type="checkbox"/> | <input type="checkbox"/> 1942 | <input type="checkbox"/> | <input type="checkbox"/> 1954 | <input type="checkbox"/> | <input type="checkbox"/> 1966 | <input type="checkbox"/> | <input type="checkbox"/> 1978 | <input type="checkbox"/> |
| <input type="checkbox"/> 1907 | <input type="checkbox"/> | <input type="checkbox"/> 1919 | <input type="checkbox"/> | <input type="checkbox"/> 1931 | <input type="checkbox"/> | <input type="checkbox"/> 1943 | <input type="checkbox"/> | <input type="checkbox"/> 1955 | <input type="checkbox"/> | <input type="checkbox"/> 1967 | <input type="checkbox"/> | <input type="checkbox"/> 1979 | <input type="checkbox"/> |
| <input type="checkbox"/> 1908 | <input type="checkbox"/> | <input type="checkbox"/> 1920 | <input type="checkbox"/> | <input type="checkbox"/> 1932 | <input type="checkbox"/> | <input type="checkbox"/> 1944 | <input type="checkbox"/> | <input type="checkbox"/> 1956 | <input type="checkbox"/> | <input type="checkbox"/> 1968 | <input type="checkbox"/> | <input type="checkbox"/> 1980 | <input type="checkbox"/> |
| <input type="checkbox"/> 1909 | <input type="checkbox"/> | <input type="checkbox"/> 1921 | <input type="checkbox"/> | <input type="checkbox"/> 1933 | <input type="checkbox"/> | <input type="checkbox"/> 1945 | <input type="checkbox"/> | <input type="checkbox"/> 1957 | <input type="checkbox"/> | <input type="checkbox"/> 1969 | <input type="checkbox"/> | <input type="checkbox"/> 1981 | <input type="checkbox"/> |
| <input type="checkbox"/> 1910 | <input type="checkbox"/> | <input type="checkbox"/> 1922 | <input type="checkbox"/> | <input type="checkbox"/> 1934 | <input type="checkbox"/> | <input type="checkbox"/> 1946 | <input type="checkbox"/> | <input type="checkbox"/> 1958 | <input type="checkbox"/> | <input type="checkbox"/> 1970 | <input type="checkbox"/> | <input type="checkbox"/> 1982 | <input type="checkbox"/> |
| <input type="checkbox"/> 1911 | <input type="checkbox"/> | <input type="checkbox"/> 1923 | <input type="checkbox"/> | <input type="checkbox"/> 1935 | <input type="checkbox"/> | <input type="checkbox"/> 1947 | <input type="checkbox"/> | <input type="checkbox"/> 1959 | <input type="checkbox"/> | <input type="checkbox"/> 1971 | <input type="checkbox"/> | <input type="checkbox"/> 1983 | <input type="checkbox"/> |

3. How would you categorise your own household?

- 1 Married, with children
- 2 Married, without any children
- 3 Single-parent family

- 4 Living together, with children
- 5 Living together, without any children
- 6 Single, living alone

- 7 Lodging (sub-tenant, students' hostel)

4. How many of your (and/or of your partner's) children are living in your home, and how old are they?

IF NO CHILDREN ARE LIVING AT HOME (ANY MORE), PLEASE CROSS 0 IN ALL FOUR LINES.

| | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Number of children below the age of 4 living at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of children in the age group of 4-12 living at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of children in the age group of 12-18 living at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of children in the age group of 18 and older living at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. In what year was your house built?

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

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

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"/> |

Continued:

| | 1 very dissat- isfied | 2 dissat- isfied | 3 neither dissat- isfied/ nor sat- isfied | 4 sat- isfied | 5 very sat- isfied |
|--|--------------------------------|--------------------------|--|--------------------------|-----------------------------|
| Noise nuisance caused by trains | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Traffic safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Possibilities for day nursery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity of hospitals, medical care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity of the work place of the main breadwinner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity of the work places of other family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity of possibilities for recreation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

29. On the whole, are you satisfied with the neighbourhood where you live? Could you indicate the level of your satisfaction by awarding report marks between 1 and 5 (where 1=very dissatisfied, and 5=very satisfied).

| | 1 very dis- satisfied | 2 dissatisfied | 3 neither dissatisfied/ nor satisfied | 4 satisfied | 5 very satisfied |
|--------------------------------------|-----------------------------|--------------------------|--|--------------------------|--------------------------|
| My valuation of my neighbourhood is: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. Would you like to move away from your current neighbourhood within the next six months?

1 Yes

2 No → CONTINUE WITH QUESTION 32

31. What is the most important reason for your wish to move?

PLEASE CROSS ONE BOX ONLY.

- 1 High rent (for a rented dwelling) or high costs of living (for owner-occupancy)
- 2 Change of job
- 3 To live closer to the work place
- 4 Noise nuisance in the neighbourhood
- 5 Unsafety of the neighbourhood
- 6 Dwelling is becoming too cramped (e.g., because of having children)
- 7 Divorce
- 8 Getting married/Living together

9 Living closer to relatives/acquaintances

10 Looking for a dwelling with an elevator/without stairs

11 Dwelling is too old-fashioned

12 Bad quality of the present dwelling

13 Other reason, viz.:

BEFORE ANSWERING QUESTIONS 32 - 37, PLEASE READ THE DETAILS GIVEN ON PAGE 2

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"/> | | | |

37. Do you (U) always work outside your home, or do you sometimes work at home, or do you perhaps have a practice or a shop at home? And what about your partner (P)?

| | | | | | |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | U | P | | U | P |
| Never work at homes | <input type="checkbox"/> | <input type="checkbox"/> | Often work at home | <input type="checkbox"/> | <input type="checkbox"/> |
| Hardly ever work at home | <input type="checkbox"/> | <input type="checkbox"/> | Always work at home/Have a practice/shop at home | <input type="checkbox"/> | <input type="checkbox"/> |

38. How do you evaluate your own health in comparison to the health of other people in your age group? Could you please indicate this by giving a report mark between 1 and 10, where 1=very bad, and 10=excellent?

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <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"/> |

39. Do you ever suffer from one or more of the following health problems? YOU CAN CROSS MORE THAN ONE BOX

| | |
|---|---|
| 1 <input type="checkbox"/> Headache | 1 <input type="checkbox"/> Allergies |
| 1 <input type="checkbox"/> Complaints of the bronchial tubes (e.g., asthma) | 1 <input type="checkbox"/> Sleeping disorders |
| 1 <input type="checkbox"/> Stress/psychological complaints | 1 <input type="checkbox"/> Concentration problems at the work place |
| 1 <input type="checkbox"/> Dizziness | 1 <input type="checkbox"/> Concentration problems at home |
| 1 <input type="checkbox"/> High blood pressure | 1 <input type="checkbox"/> other complaints, viz. |
| 1 <input type="checkbox"/> Complaints of the abdomen | |
| 1 <input type="checkbox"/> Tinnitus/hearing problems | |
| 1 <input type="checkbox"/> Cardiovascular diseases | |

40. Have you taken any prescribed medicine for one or more of these health problems during the past month?

1 Yes 2 No

41. Do you consider yourself to be environment-friendly?

1 Yes 2 To a certain extent 3 No

42. Which means of transport did you use during the past year? And how often did you use them?

PLEASE INDICATE FOR EACH MEANS OF TRANSPORT THE FREQUENCY THAT APPLIES

| | Every day | A few times per week | A few times per month | A few times per year | (Practically) never |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Bicycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Own car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rental car and/or car on loan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taxicab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tram, subway and/or bus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Train | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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

