Recycling Survey Template

All questions are optional. Select one answer for each choice question.
Write your answers to the open questions in the space provided.

Think about the named recycling service during the past month. Your answers describe your experience; you do not need to estimate the weight of your recycling.

1. Do you have access to this recycling service?

- ☐ Yes
- ☐ No
- ☐ Not sure

2. How often did you use it in the past month?

- ☐ Never
- ☐ Once
- ☐ Two or three times
- ☐ About weekly
- ☐ More than weekly
- ☐ Not sure

3. How clear is the guidance on accepted materials?

- ☐ Very unclear
- ☐ Somewhat unclear
- ☐ Neither clear nor unclear
- ☐ Somewhat clear
- ☐ Very clear
- ☐ Have not seen guidance

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4. How convenient is the collection or drop-off arrangement?

- ☐ Very inconvenient
- ☐ Somewhat inconvenient
- ☐ Neither convenient nor inconvenient
- ☐ Somewhat convenient
- ☐ Very convenient
- ☐ Cannot access it

5. What is the main difficulty you face?

- ☐ No access
- ☐ Unclear sorting rules
- ☐ Storage space
- ☐ Collection timing
- ☐ Travel to drop-off
- ☐ Another difficulty
- ☐ No difficulty

6. Which recycling question would you like answered?

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7. What would make this service easier to use?