

Recycling Questionnaire

Name.....

Age.....

Do you recycle/re-use at home?



Yes



No

What do you recycle/re-use?

Paper



Cardboard



Plastic



Glass



Tins/Cans



Other..... (Please list below)

.....

.....

.....

Do you recycle/re-use at school?



Yes



No

What do you recycle/re-use at school?

Paper



Cardboard



Plastic



Glass



Tins/Cans



Other..... (Please list below)

.....
.....
.....

How is your recycling collected?

Taken from doorstep by an agency



Taken to Recycling Centre



How could you recycle more?

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Thank you for completing this questionnaire.

