

Supplementary Information

Framing Processes in the Envisioning of Low-Carbon, Resilient Cities: Results from Two Visioning Exercises. *Sustainability* 2015, 7, 8649-8683

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Visions and Pathways 2040 Foundation Workshops

Pre-workshop Questionnaire (to be completed online)

Section 1: Stepping into the future

- (1) What have been the main forces and processes of change that have shaped [SPECIFIC CITY (Melbourne/Sydney)] life over the last 30 years?
- (2) Imagine you are living in [SPECIFIC CITY (Melbourne/Sydney)] in 2040. It is now a global model city of a super-low-carbon city that can bounce back from extreme weather events and other shocks. You receive a visit from friends (via a time machine) from the year 2014. What are the first things you would want to show these time tourists that would ‘prove’ that an extraordinary 26 years have passed?
- (3) What “disruptive” forces do you think will affect [SPECIFIC CITY (Melbourne/Sydney)] pathway to a low carbon city over the next 30 years? Please consider them under the following headings and mark each force with a “P” for a positive influence or an “N” for a negative influence. (*Instruction: please separate each force with a comma, e.g. disruptive force 1 (P), disruptive force 2 (N), disruptive force 2 (P/N), etc.*)
 - TECHNOLOGIES AND PHYSICAL INFRASTRUCTURE:
 - LIFESTYLES AND BEHAVIOUR:
 - NATURAL ENVIRONMENT:

- BUSINESS, GOVERNANCE AND ECONOMICS:

Section 2: Expectations and previous experience

- (4) What are your reasons for attending this Visions and Pathways 2040 workshop (apart from having been invited)?
- (5) What are your expectations of the workshop in terms of its objectives and outcomes?
- (6) Have you participated in a visioning workshop before?
- (7) Could you provide us with the following details about the visioning processes you have participated in:
 - AIM OF THE VISIONING PROCESS:
 - WHEN WAS THE PROCESS RUN (YEAR) AND WHO ORGANISED IT:
 - SUMMARY OF THE PROCESS FOLLOWED:

Section 3: Demographics and contact information

Contact/personal information

- Phone number:
- Email address:
- Profession/role:
- Organisation:
- Name:

Age

Gender