

U.S. Department of Energy

Energy Information Administration

1997

Residential Energy Consumption Survey

Household Questionnaire

INTRODUCTION TO INTERVIEW

Hello, I am _____ from Response Analysis Corporation, a social science research firm. We are conducting a study for the U.S. Department of Energy about energy consumption in homes.

Although your participation is voluntary, we hope you will participate in this important study of energy usage. Your identity and all the responses you give me will be kept strictly confidential. The survey will take about 30 minutes.

Public reporting burden for this collection of information is estimated to average 30 minutes per response. Any comments you may have regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be sent to the Energy Information Administration, Office of Statistical Standards, EI-73, 1000 Independence Ave., SW, Washington, DC 20585; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 2

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Section A: HOUSING CHARACTERISTICS

A-1 **URBRUR** First, I want to ask you some questions about the type of house or building you live in. Which of the following best describes the location of your home? Do you live in a city, a town, the suburbs, or in a rural area?

- City 1
- Town 2
- Suburbs 3
- Rural 4

A-2 **TYPEHUQ1** Please tell me which of the following best describes the kind of structure you live in? Is it a . . .

- single-family home not attached to any others, 2
- townhouse or rowhouse, 3
- duplex or triplex, 6
- apartment, or 7
- a mobile home? 1
- Some other type of structure (If volunteered) 8

[If some other type of structure] **TYPEHUQ2** Can you briefly describe this type of structure? (Interviewer will mark the category below that best applies and then record verbatim response.)

- Single-family detached 2
- Single-family attached 3
- Apartment building with 2-4 units 4
- Apartment building 5 or more units 5
- Mobile home 1

A-3 [If a single-family home] **STORIES** How many stories does your home have? Does it have one, two, or three or more stories, or is it a split-level or some other type of building?

- One story 1
- Two stories 2
- Three or more stories 3
- Split-level 4
- Some other type (Specify _____) 5

A-4 [If a single-family home] **HOMEBASE** Now think about the foundation of your home. Most homes are built over a basement or a crawl space, or on a concrete slab, or some combination of these? Is any part of your home over a

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|------------------------------|------------|-----------|-------------------|
| Basement, | 1 | 0 | 6 |
| Crawl space, or | 1 | 0 | 6 |
| Concrete slab? | 1 | 0 | 6 |

[If Basement = Yes] **BASEHEAT** About how much of the basement would you say is warm enough to sit, work, or play in during the winter months? Is it . . .

- All, 1
- Part, or 2
- None? 0
- Don't know 6

A-5 [If an apartment] TYPEHUQ3 **Are there more than four apartments in the apartment building you live in?**

- Yes 1
- No 0

[If Yes] NUMFLRS **How many floors are there in your apartment building?**

Enter the number

A-6 [If an apartment] CONVERT **Was the structure you live in originally designed and built as an apartment building or was it converted into an apartment building?**

- Built as an apartment building 1
- Converted into an apartment building 2

[If converted structure] ORIGTYP **What was the original purpose of the structure?**
(Interviewer will mark the category below that best applies and then record verbatim response.)

- Single-family home--Detached 2
- Single-family--Attached
 Townhouse/Rowhouse 6
- Duplex 7
- Commercial/Manufacturing structure 8
- Very ambiguous 9
- Don't know 0

A-7 [If an apartment] COMMUSE **Does the building in which your apartment is located contain any space that is used for commercial or manufacturing activities?**

- Yes 1
- No 0

[If yes] COMMAMT **How much of the total space in your building would you say is used for these other kinds of activities? Would you say it is . . .**

- Less than 10 percent, 1
- About one-quarter, 2
- About half, 3
- About three-quarters, or 4
- Nearly the entire building? 5
- Don't know/Can't say 6

A-8 [If a mobile home] WIDTH **Is your mobile home a single-wide or double-wide home?**

- Single-wide 1
- Double-wide 2
- Triple-wide (if volunteered) 3

A-9 [If a mobile home] TYPEHUQ4 **Does your mobile home have any permanently attached structures--such as a room or porch that is enclosed from the wind and rain-- that weren't part of the mobile home when it was first manufactured?**

- Yes 1
- No 0

A-10a NCOMBATH **How many full bathrooms do you have in your home? A full bathroom is one that has a sink with running water, and a toilet, and either a bathtub or shower.**

Enter the number

A-10b NHAFBATH **And how many half bathrooms do you have - that is, bathrooms that have either a toilet or a bathtub or a shower?**

Enter the number

A-10c BEDROOMS **How many bedrooms do you have in your home?** [If a one-room efficiency or studio apartment, BEDROOMS=0 and OTHROOMS=1.]

Enter the number

A-10d OTHROOMS **Other than bedrooms and bathrooms, how many other rooms are there in your home? Do not count laundry rooms, foyers, unfinished storage spaces, porches, or garages.**

Enter the number

A-11 PRKGPLCE [If a single family of a mobile home] **Does your home have a garage or a covered carport?**

- Yes 1
- No 0

[If Yes] GARPOR **Which does it have? Is it a . . .** (Mark all that apply.)

- One-car garage, 1
- Two-car garage, 2
- Three or more car garage, or a 3
- Covered carport? 4

A-12 SQFTEST Please look at Exhibit A-12. Which of the categories shown best describes the total heated floorspace in your home? Your best estimate will do.

- Fewer than 600 square feet 01
- 600 to 999 square feet 02
- 1,000 to 1,599 square feet 03
- 1,600 to 1,999 square feet 04
- 2,000 to 2,399 square feet 05
- 2,400 to 2,999 square feet 06
- 3,000 or more square feet 07
- Don't know 96

[If any response other than Don't know] **HOWSURE How sure are you of the estimate you just provided? Are you . . .**

- Very sure,** 1
- Somewhat sure,** 2
- Somewhat unsure** 3
- Not sure at all** 4
- Don't know 6

A-13 KOWNRENT Do you or members of your household own this home or do you rent?

- Own/Buying 1
- Rent 2
- Occupied without payment of rent . . . 3

[If KOWNRENT = Rent or Occupied without payment of rent] **HUPROJ Is this residence in a public housing project -- that is, is it owned by a housing authority?**

- Yes 1
- No 0
- Don't know 6

[If HUPROJ = No or Don't know] **RENTHelp Is your household paying lower rent because the federal, state, or local government is paying part of the cost?**

- Yes 1
- No 0
- Don't know 6

A-14 KOWNCOND Is this home part of a condominium or cooperative?

- Yes, Condominium 1
- Yes, Cooperative 2
- No 0

A-15 YEARMADE Please look at Exhibit A-15. In what year was this house/building built? Your best estimate is fine.

| | | | |
|-------------|----|------------|----|
| BEFORE 1940 | 01 | 1990 | 09 |
| 1940-49 | 02 | 1991 | 10 |
| 1950-59 | 03 | 1992 | 11 |
| 1960-69 | 04 | 1993 | 12 |
| 1970-76 | 05 | 1994 | 13 |
| 1977-79 | 06 | 1995 | 14 |
| 1980-86 | 07 | 1996 | 15 |
| 1987-89 | 08 | 1997 | 16 |
| | | Don't know | 96 |

[If 1995, 1996, 1997 or Don't Know] OCCUPY Did your household move into this home or apartment after December 1994?

| | | |
|-----|---|-------------------|
| Yes | 1 | |
| No | 0 | ----> SKIP TO B-1 |

[If Yes] OCCUPYY In what month and year did your household move in?

| | |
|------------|---|
| 1995 | 1 |
| 1996 | 2 |
| 1997 | 3 |
| Don't Know | 6 |

OCCUPYM

| | | | |
|----------|----|-----------|----|
| January | 01 | July | 07 |
| February | 02 | August | 08 |
| March | 03 | September | 09 |
| April | 04 | October | 10 |
| May | 05 | November | 11 |
| June | 06 | December | 12 |

Section B: KITCHEN APPLIANCES

B-1 **STOVEN** Now I have some questions about your use of kitchen appliances. Please look at Exhibit B-1. Do you have a kitchen stove that has both burners and an oven?

Yes 1
No 0

[If Yes] ELSTOVE NGSTOVE LPSTOVE OTHSTOVE **What type of fuel does that stove use? Is it ...**

Electricity, 05
Natural gas from underground pipes, 01
Bottled gas (LPG or Propane), or 02
Some other fuel? 21
Don't know 96

[If No] STOVE **Do you have a separate built-in range top or burners?**

Yes 1
No 0

[If Yes] ELSTOVE NGSTOVE LPSTOVE OTHSTOVE **What type of fuel does that stove use? Is it ...**

Electricity, 05
Natural gas from underground pipes, 01
Bottled gas (LPG or Propane), or 02
Some other fuel? 21
Don't know 96

[If No] OVEN **Do you have a separate built-in oven?**

Yes 1
No 0

[If Yes] ELOVEN NGOVEN LPOVEN OTHOVEN **What type of fuel does that oven use? Is it ...**

Electricity, 05
Natural gas from underground pipes, 01
Bottled gas (LPG or Propane), or 02
Some other fuel? 21
Don't know 96

B-2 [If STOVEN=Yes or OVEN=Yes] OVENUSE **Please look at Exhibit B-2. Which of the categories shown best describes, on average, how often you use your oven?**

More than once a day 1
Once a day 2
Between once a day and once a week 3
Once a week 4
Less than once a week 5

B-3 [If STOVEN=Yes or OVEN=Yes] **OVENCLN Does your oven have a self-cleaning feature?**

- Yes 1
- No 0
- Don't know 6

[If OVENCLN = Yes] **TYPECLN Is your self-cleaning oven one that cleans continuously or do you have to manually start the cleaning cycle.**

- Continuous cleaning 1
- Manually start the cleaning cycle 2
- Don't know 6

B-4 **MICRO Do you use a microwave oven to do any cooking?**

- Yes 1
- No 0

[If Yes] **AMTMICRO Please look at Exhibit B-4. Which answer best describes how much of your food is cooked in the microwave?**

- Most or all 1
- About half 2
- Some or very little 3
- Used only for snacks,
defrosting, or reheating food 4

B-5 **NUMMEAL Please look at Exhibit B-5. Which of the categories shown best describes, on average, how often hot meals are usually cooked in your home?**

- Three or more times a day 01
- Two times a day 02
- Once a day 03
- A few times each week 04
- About once a week 05
- Less than once a week 06

B-6 [If more than one fuel is used for cooking] **FUELFOOD You mentioned that you used (enter the names of the fuels mentioned in B-1 and electricity if B-4=Yes and electricity not mentioned in B-1) to prepare your meals. Which of these fuels is used most for cooking in your home?**

- Electricity 05
- Natural gas from underground pipes 01
- Bottled gas (LPG or Propane) 02
- Some other fuel 21
- Don't know 96

B-7 **NUMFRIG How many refrigerators do you use in your home?**

- One 1
- Two 2
- Three or more 3
- None 6 ---> SKIP to B-10

[If there are two or more refrigerators in the home read this introduction:] **FIRST I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE REFRIGERATOR THAT YOU USE THE MOST.**

B-8a *TYPFR1* **Please look at Exhibit B-8a. Which of the pictures best describes the type of refrigerator you have?**

- Full-size with one door 1
- Full-size with two doors 2
- Half or quarter-size 3
- Some other kind 4
- Don't know 6

[If Two doors] *DOORSFR1* **Are those doors side-by-side or top-and-bottom?**

- Side-by-side 1
- Top-and-bottom 2
- Other 3

B-8b *SIZFR1* [If *DOORSFR1* = Top-and-Bottom or Other] **Please look at Exhibit B-8b. How would you describe the size of this refrigerator?**

- Very small (10 cubic feet or less) 1
- Small (11 to 14 cubic feet) 2
- Medium (15 to 18 cubic feet) 3
- Large (19 to 22 cubic feet) 4
- Very large (more than 22 cubic feet) 5
- Don't know 6

B-8c *REFRIGT1* [If *DOORSFR1* = Top-and-Bottom or Other] **What type of defrosting does this refrigerator have? Is it . .**

- Manual or** 1
- Frost-free?** (either automatic or semi-automatic) 2
- No working freezer section (if volunteered) 3
- Don't know 6

B-8d *ICE* [If *DOORSFR1*=Side-by-Side] **Does this refrigerator have through-the-door ice and water service?**

- Yes 1
- No 0

B-8e *AGERFR1* **Please look at the Yellow Card. About how old is this refrigerator?**

- Less than 2 years old 01
- 2 to 4 years old 02
- 5 to 9 years old 03
- 10 to 19 years old 04
- 20 years or older 05
- As old as the home (if volunteered) 06
- Don't know 96

[If B-7 is One or None SKIP to B-10, Otherwise read this introduction:] **NOW I WOULD LIKE TO ASK YOU THE SAME QUESTIONS ABOUT YOUR** (if B-7 = "Two" insert **OTHER**; if B-7 = "Three or more" insert **SECOND MOST USED**) **REFRIGERATOR**

B-9a *TYPFR2* **Please look at Exhibit B-8a. Which of the pictures best describes the type of refrigerator you have?**

- Full-size with one door, 1
- Full-size with two doors 2
- Half or quarter-size 3
- Some other kind 4
- Don't know 6

[If Two doors] *DOORSFR2* **Are those doors side-by-side or top-and-bottom?**

- Side-by-side 1
- Top-and-bottom 2
- Other 3

B9b *SIZFR12* [If *DOORSFR1* = Top-and-Bottom or Other] **Please look at Exhibit B-8b. How would you describe the size of this refrigerator?**

- Very small (10 cubic feet or less) 1
- Small (11 to 14 cubic feet) 2
- Medium (15 to 18 cubic feet) 3
- Large (19 to 22 cubic feet) 4
- Very large (more than 22 cubic feet) 5
- Don't know 6

B-9c *REFRIGT2* [If *DOORSFR1* = Top-and-Bottom or Other] **What type of defrosting does this refrigerator have? Is it . .**

- Manual or** 1
- Frost-free?** (either automatic or semi-automatic) 2
- No working freezer section (if volunteered) 3
- Don't know 6

B-9d *MONRFR12* **During the past 12 months, how many months was this refrigerator turned on?**

Enter the number

B-9e *AGERFR12* **Please look at the Yellow Card. About how old is this refrigerator?**

- Less than 2 years old 01
- 2 to 4 years old 02
- 5 to 9 years old 03
- 10 to 19 years old 04
- 20 years or older 05
- As old as the home (if volunteered) . . 06
- Don't know 96

B-10 SEPFREEZ Does your household use a separate freezer that is not part of a refrigerator?

Yes 1
No 0

[If Yes] *NUMFREEZ* **How many separate freezers are used in your home?**

One 1
Two 2
Three or more 3

[If more than one freezer read this introduction:] **NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE SEPARATE FREEZER THAT YOU USE THE MOST**

B-10a UPRTFRZR What model freezer is this? Is it

An upright or (vertical cabinet with a door on the front) 1
A chest-type? (horizontal cabinet with the door on the top) 2

B-10b SIZFREEZ Please look at Exhibit B-8b. How would you describe the size of this freezer?

Very small, (10 cubic feet or less) 1
Small, (11 to 14 cubic feet) 2
Medium (15 to 18 cubic feet) 3
Large (19 to 22 cubic feet) 4
Very large (more than 22 cubic feet) 5
Don't know 6

B-10c FREEZER What type of defrosting does this freezer have? Is it . .

Manual or 1
Frost-free? (either automatic or semi-automatic) 2

B-10d AGEFRZR Please look at the Yellow Card. About how old is this freezer?

Less than 2 years old 01
2 to 4 years old 02
5 to 9 years old 03
10 to 19 years old 04
20 years or older 05
As old as the home (if volunteered) 06
Don't know 96

B-11 DISHWASH Does your household use an automatic dishwasher?

Yes 1
No 0

[If Yes] *DWASHUSE* **Please look at Exhibit B-11. Which category best describes how often your household actually uses the automatic dishwasher in an average week?**

Less than 4 times a week 1
4 to 6 times a week 2
At least once each day 3

Section C: OTHER APPLIANCES

C-1 **CWASHER** Now I have some questions about your use of other appliances commonly used in homes. Do you use a clothes washer in your home? [Do not include community clothes washers that are located in the basement or laundry room of apartment buildings.]

Yes 1
No 0

[If Yes] **WASHLOAD** Please look at Exhibit C-1. In an average week, how many loads of laundry are washed in your clothes washer?

1 load or less each week 1
2 to 4 loads 2
5 to 9 loads 3
10 to 15 loads 4
More than 15 loads 5
Don't know 6

C-2 **DRYER** Do you use a clothes dryer in your home? [Do not include community clothes dryers that are located in the basement or laundry room of apartment buildings.]

Yes 1
No 0

[If Yes] **ELDRYER NGDRYER LPDRYER** What fuel does your clothes dryer use? Is it ...

Electricity, 05
Natural gas, or 01
Bottled gas? 02
Don't know 96

[If Yes] **DRYRUSE** Please look at Exhibit C-2. How often do you use your clothes dryer?

Use it every time you wash clothes 1
Use it for some, but not all, loads of wash 2
Use it infrequently 3

C-3 **WATERBED** Does your household use any waterbed heaters?

Yes 1
No 0

[If Yes] **NOWTBDHT** How many waterbed heaters do you use?

Enter the number

WTBEDUSE ... and how many of these heaters are used all year long?

Enter the number

C-4 CFAN **Does your household use any ceiling fans?**

Yes 1
No 0

[If Yes] NUMCFAN **How many ceiling fans does your household use?**

Enter the number

C-5 [If a Single-family home] SWIMPOOL **Does your home have its own swimming pool with a filtering system?**

Yes 1
No 0

[If Yes] POOL **Is it a heated pool?**

Yes 1
No 0

[If Yes] FUELPOOL **What fuel is used most often to heat the pool water?**

Electricity 05
Natural gas from under ground pipes . 01
Bottled gas (LPG or Propane) 02
Solar 08
Other (Specify _____) 21
Don't know 96

C-6 RECBATH **Does your home have a heated hot tub, spa, or jacuzzi, other than a bathtub?**

Yes 1
No 0

[If Yes] FUEL TUB **And what fuel is used most often to heat the water in your hot tub, spa, or jacuzzi?**

Electricity 05
Natural gas from under ground pipes . 01
Bottled gas (LPG or Propane) 02
Solar 08
Other (Specify _____) 21
Don't know 96

C-7 TVCOLOR **How many color television sets do you use in your home?**

Enter the number

[If TVCOLOR>0] VCR **How many VCR's do you use in your home?**

Enter the number

For each of the following appliances please tell me, yes or no, whether they are used in your home.

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| C-8a <i>WELLPUMP</i> Electric pump for well water? | 1 | 0 |
| C-8b <i>SWAMPCOL</i> Evaporative or swamp cooler? | 1 | 0 |
| C-8c <i>AQUARIUM</i> Large, 20 gallons or more, heated aquariums? | 1 | 0 |
| C-8d <i>DIPSTICK</i> Automobile block heaters, dip-stick engine heaters, or battery blankets? | 1 | 0 |
| C-9a <i>NOCORD</i> A portable cordless telephone? | 1 | 0 |
| C-9b <i>ANSMACH</i> A telephone answering machine? | 1 | 0 |
| C-9c <i>STEREO</i> Stereo equipment? | 1 | 0 |
| C-9d <i>BATTOOLS</i> Portable appliances or tools, such as hand-held vacuum cleaners or power drills, that are powered by a rechargeable battery? | 1 | 0 |

[If Yes] *BATCHRG* How do you maintain these portable appliances or tools when they are not being used? Do you keep them plugged in all the time or do you let the batteries run down and then recharge them as needed?

- Keep them plugged in all the time 1
- Recharge them as needed 2
- Both ways are used 3

Do you use any of the following kinds of office equipment in you home?

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| C-10 <i>COMPUTER</i> A personal computer? | 1 | 0 |
| [If Yes] <i>MULTPC</i> Do you use more than one personal computer in your home? | 1 | 0 |

[If Yes] *NUMPC* How many PCS do you use?

Enter the number

| | | |
|---|---------|---|
| [If Yes] <i>MODEM</i> A modem connecting the computer to a telephone line? | 1 | 0 |
| [If Yes] <i>PRINTER</i> A laser printer? | 1 | 0 |

C-11 FAX **A separate fax (facsimile) machine?** 1 0

C-12 COPIER **A photocopier?** 1 0

C-13 [If COMPUTER=Yes] PCUSE **Altogether, how many hours a week is/are your personal computer(s) turned on? Is it/Are they turned on . . .**

- Less than 2 hours per week, 1
- 2 to 15 hours per week, 2
- 16 to 40 hours per week, or 3
- Is it turned on all the time? 4

[If More than 16 hours] PCTASK **Do you use your computer principally for personal use, such as paying bills, doing homework, or playing games, or do you use it principally for business purposes, that is, as part of your job?**

- Personal use 1
- Business use 2
- Both or About equally (if volunteered) 3

[If Business Use or Both] TELECOM **How would you describe the business use of your personal computer? Do you, or anyone else telecommute? That is, does anyone work on your computer at home instead of traveling to their employer's place of business?**

- Yes, telecommute 1
- No, other business use 0

[If Yes] TELLDAYS **How many days each week, on average, is the personal computer used for telecommuting?**

Enter the number of days

Section D: SPACE HEATING

D-1 **FUELHEAT** Now I have some questions about the types of equipment and fuels you use to heat your home. Please look at the Blue Card. What is the main fuel used for heating your home? That is, which fuel is the one that provides the most heat for your home?

| | |
|--|----|
| Electricity | 05 |
| Natural gas from underground pipes | 01 |
| Bottled gas, that is, LPG or Propane | 02 |
| Fuel oil | 03 |
| Kerosene | 04 |
| Wood | 07 |
| Solar | 08 |
| Some other fuel? (Specify _____) | 21 |
| Don't heat home | 99 |

[If Don't heat home] **DNTHEAT** It's unusual not to heat a home at all. Just to clarify, is it that you have heating equipment but don't use it, or does your home not have any heating equipment?

| | |
|--|---|
| Have equipment, but don't use it | 1 |
| Don't have any heating equipment | 2 |

[If Have equipment] **FUELHEAT** Please look at the Blue Card. Even though you don't use your heating equipment, we are still interested in the fuel it uses. What is the main fuel used for running your heating equipment?

| | |
|--|----|
| Electricity | 05 |
| Natural gas from underground pipes | 01 |
| Bottled gas, that is, LPG or Propane | 02 |
| Fuel oil | 03 |
| Kerosene | 04 |
| Wood | 07 |
| Solar | 08 |
| Some other fuel (Specify _____) | 21 |

D-2 **EQUIPM** Please look at Exhibit D-2. Please tell me which type of heating equipment provides most of the heat for your home.

| | |
|--|----|
| Heat pump | 04 |
| Central warm-air furnace with ducts to individual rooms (other than a heat pump) | 03 |
| Steam/Hot water system with radiators or convectors in each room or pipes in the floor | 02 |
| Built-in electric units in each room (installed in walls, ceiling, or baseboard) | 05 |
| Built-in floor/wall pipeless furnace | 06 |
| Built-in room heater (burning gas, oil, or kerosene) ... | 07 |
| Heating stove (burning wood, coal, or coke | 08 |
| Portable electric heaters | 10 |
| Portable kerosene heaters | 11 |
| Fireplace | 09 |
| Cooking stove (that is used to heat your home as well as to cook) | 12 |
| Equipment not listed (Specify _____) | 21 |
| No heating equipment used | 00 |

D-3 **EQUIPAGE** Please look at the Yellow Card. Approximately, how old is your household's (name the equipment identified in D-2) heating system?

- Less than 2 years old 01
- 2 to 4 years old 02
- 5 to 9 years old 03
- 10 to 19 years old 04
- 20 years or older 05
- As old as the home (if volunteered) . . 06
- Don't know 96

D-4 **HEATOTH** Does the main space heating system for your home also heat any other apartments, condos, households, businesses, or farm buildings?

- Yes 1
- No 0

D-5 **EQUIPAUX** In addition to the (name the equipment identified in D-2), do you use any other types of equipment to heat your home, even only once in a while?

- Yes 1
- No 0
- Don't know 6

[If Yes] Please look at Exhibit D-2. Please tell me which types you occasionally use to provide heat in addition to the (name the equipment identified in D-2). Prompt: Is there any other heating equipment you use? [Record all that are used.]

- REVERSE Heat pump 04
- WARMAIR Central warm-air furnace with ducts to individual rooms (other than a heat pump) 03
- STEAMR Steam/hot water system with radiators or convectors in each room or pipes in the floor/walls 02
- PERMELEC Built-in electric units in the walls, ceiling, or baseboards) 05
- PIPELESS Built-in floor/wall pipeless furnace 06
- ROOMHEAT Built-in room heater burning gas, oil, or kerosene 07
- WOODKILN Heating stove burning wood, coal, or coke 08
- CARRYEL Portable electric Heaters 10
- CARRYKER Portable kerosene Heaters 11
- CHIMNEY Fireplace 09
- RANGE Cooking stove (used to heat your home as well as to cook) 12
- DIFEQUIP Some other type of equipment (Specify _____) 21
- DKEQUIP Don't Know 96

[If WARMAIR or STEAMR or DIFEQUIP = Yes] *ELECAUX UGASAUX LPGAUX FOILAUX KEROAUX WOODAUX SOLARAUX OTHERAUX DKAUX* **What fuel does the (type of equipment) of heating equipment use?**

| | |
|--|----|
| Electricity | 05 |
| Natural gas from underground pipes | 01 |
| Bottled gas (LPG or Propane) | 02 |
| Fuel oil | 03 |
| Kerosene | 04 |
| Wood | 07 |
| Solar | 08 |
| Other (Specify _____) | 21 |
| Don't know | 96 |

[If PIPELESS = Yes] *ELECAUX UGASAUX LPGAUX FOILAUX KEROAUX WOODAUX OTHERAUX DKAUX* **What fuel does the pipeless furnace use?**

| | |
|--|----|
| Electricity | 05 |
| Natural gas from underground pipes | 01 |
| Bottled gas (LPG or Propane) | 02 |
| Fuel oil | 03 |
| Kerosene | 04 |
| Wood | 07 |
| Some other fuel (Specify _____) | 21 |
| Don't know | 96 |

[If ROOMHEAT = Yes] *UGASAUX LPGAUX FOILAUX KEROAUX DKAUX* **What fuel does the room heater use?**

| | |
|--|----|
| Natural gas from underground pipes | 01 |
| Bottled gas (LPG or Propane) | 02 |
| Fuel oil | 03 |
| Kerosene | 04 |
| Don't know | 96 |

[If WOODKILN = Yes] *WOODAUX OTHERAUX DKAUX* **What fuel does the heating stove use?**

| | |
|---------------------------------------|----|
| Wood | 07 |
| Some other fuel (Specify _____) | 21 |
| Don't know | 96 |

[If CHIMNEY = Yes] *UGASAUX LPGAUX WOODAUX OTHERAUX DKAUX* **What fuel does the fireplace use?**

| | |
|--|----|
| Wood | 07 |
| Natural gas from underground pipes | 01 |
| Bottled gas (LPG or Propane) | 02 |
| Some other fuel (Specify _____) | 21 |
| Don't know | 96 |

[If Natural gas or Bottled gas] NGFPFLUE **Does this fireplace have a flue to the outside or is it entirely self-contained?**

- Flue to the outside 1
- Flueless (self-contained) 2

[If Natural gas or Bottled gas] USENGFP **During the winter months how frequently do you use your gas fireplace? Do you use it . . .**

- Most days,** 1
- About once a week, or** 2
- Fewer than 4 times each month?** . . 3

[If RANGE = Yes] ELECAUX UGASAUX LPGAUX FOILAUX KEROAUX WOODAUX OTHERAUX DKAUX **What fuel does the cooking stove use?**

- Electricity 05
- Natural gas from underground pipes 01
- Bottled gas (LPG or Propane) 02
- Fuel oil 03
- Kerosene 04
- Wood 07
- Other (Specify _____) 21
- Don't know 96

D-6 [If D-4 = Yes] EQMAMT **Thinking about your main heating equipment, the (name the equipment identified in D-2) that uses (main heating fuel identified in D-1), how much of the heat for your home would you say that this heating equipment provides . . .**

- Almost all,** 1
- About three-fourths, or** 2
- Closer to half of all your heat?** . . . 3
- Don't know 6

D-7 [If FUELHEAT = Solar or SOLARAUX = 1 ask] ACTSOLAR **Does your solar heating system require pumps or fans (other than ceiling fans) to circulate warm air or hot fluids between solar collectors and the rooms they heat?**

- Yes 1
- No 0
- Don't know 6

D-8 THERMAIN **Please look at Exhibit D-8. Do you have a thermostat that controls your main (insert name of main heating system) heating equipment and allows you to set the system to a specific temperature during the heating season? [Interviewer: If needed, add: "A thermostat automatically responds to temperature changes and turns the heat on or off until the desired temperature is reached."]**

- Yes 1
- No 0
- Don't know 6

[If Yes] **SETBACK** Is that thermostat either an automatic set-back or clock thermostat?

Yes 1
No 0
Don't know 6

[If Yes] **AUTOHEAT** Have you actually programmed the thermostat or do you use its' manual features to control the temperature setting?

The thermostat is programmed 1
Use the manual features 2

D-9 At what temperature does your household usually keep your home in the winter?

[Interviewer: If respondent keeps different parts of the house at different temperatures, record the temperature in the part of the house where the people are. If, for example, the heat is turned off upstairs during the day because the family is downstairs, record the downstairs temperature. If the respondent doesn't know the temperature, but knows the thermostat setting, record the thermostat setting. Otherwise, probe for the best estimate.]

a. **TEMPHOME** During the *day* when *someone* is home?

Enter degrees Fahrenheit
Heat Turned Off 95

b. **TEMPGONE** During the *day* when *no one* is home?

Enter degrees Fahrenheit
Heat Turned Off 95

c. **TEMPNITE** During *sleeping hours*?

Enter degrees Fahrenheit
Heat Turned Off 95

D-10 HEATROOMS Of the (enter the number from A-9c and A-9d) rooms in your home, were there any that were not heated last winter?

Yes 1
No 0

[If No] **HEATNOT** How many rooms were not heated last winter?

Enter the number

Section E: WATER HEATING

E-1 **FUELH2O** Please look at the Blue Card. Which fuel do you use the most to heat water for washing or bathing?

| | | |
|--------------------------------------|----|------------------|
| Electricity | 05 | |
| Natural gas from underground pipes | 01 | |
| Bottled gas, that is, LPG or Propane | 02 | |
| Fuel oil | 03 | |
| Kerosene | 04 | |
| Wood | 07 | |
| Solar | 08 | |
| Some other fuel (Specify _____) | 21 | |
| Don't know | 96 | |
| Don't use hot water | 99 | ---> SKIP to F-1 |

E-2 **WHEATOTH** Does the main equipment for heating water for your home also heat water for any other apartments, condos, households, businesses, or farm buildings?

| | |
|------------|---|
| Yes | 1 |
| No | 0 |
| Don't know | 6 |

E-3 **WHEATSIZ** Please look at Exhibit E-3. Please tell me the approximate size of your household's main water heater tank.

| | | |
|------------------------------------|---|------------------|
| Small (30 gallons or less) | 1 | |
| Medium (31 to 49 gallons) | 2 | |
| Large (50 gallons or more) | 3 | |
| Don't have a separate water heater | 0 | ---> SKIP to F-1 |
| Don't know | 6 | |

E-4 **WHEATAGE** Please look at the Yellow Card. Approximately, how old is your household's main water heater?

| | |
|-------------------------------------|----|
| Less than 2 years old | 01 |
| 2 to 4 years old | 02 |
| 5 to 9 years old | 03 |
| 10 to 19 years old or | 04 |
| 20 years or older | 05 |
| As old as the home (if volunteered) | 06 |
| Don't know | 96 |

E-5 UAUXH2OF **In addition to** (name of fuel from E-1) **does your household use any other fuel for heating water?**

- Yes 1
- No 0

[If Yes] FAUXH2O **Please look at the Blue Card. What is this additional water heating fuel?**

- Electricity 05
- Natural gas from underground pipes 01
- Bottled gas (LPG or Propane) 02
- Fuel oil 03
- Kerosene 04
- Wood 07
- Solar or 08
- Some other fuel (Specify _____) 21
- Don't know 96

E-6 **SHOWERS Please look at Exhibit E-6. Because bathing and showering affect how much energy a household uses to heat water, can you give me an estimate of how many baths and showers are taken by all the members of your household during a typical week?**

- Fewer than 10 1
- 10-20 2
- More than 20 3
- Don't Know 6

Section F: AIR CONDITIONING

F-1 *AIRCOND* Now I have some questions about air-conditioning. Do you use air conditioning in your home?

Yes 1
No 0 ----> SKIP to F-12

F-2 *COOLMAINCOOLUNIT* What kind of air-conditioning equipment does your household have? Is it

A central system, 1
Individual units in the windows or wall, or . 2
Both central and individual units 3
Don't know 6

[If "A central system" or "Both central and individual units" and EQUIPM <> Heat pump or Central warm-air furnace] DUCTS **Central air-conditioning requires that the system have ducts to carry the cooled air to the individual rooms. These ducts may also carry warm air for space heating. Does your home have ducts like these?"**

Yes 1
No 0
Don't know 6

F-3 *ACHOUSE* [If respondent lived here last summer, ask] Last summer did your household's air-conditioning equipment cool . . .

All the rooms in your house/apartment or 1
Only some of the rooms? 2
None of the rooms are cooled 3
Did not live here last summer 0

[If "Only some of the rooms"] *ACROOMS* **Of the (enter the number from A-9c and A-9d) rooms in your home, how many were cooled by your household's air-conditioning last summer?**

Enter the number

F-4 *FUELCOOL* [If F-2 = "A central system" or "Both central and individual units"; Else Skip to F-7] Does your central air-conditioner run on electricity or is it one of the few that uses natural gas or bottled gas?

Electricity 05
Natural Gas from underground pipes 01
Bottled Gas (LPG/Propane) 02
Don't know 96

[If Electricity] *CENACHP* **Is your central air-conditioning system a heat pump?**

Yes 1
No 0
Don't know 6

F-5 **AGECENAC** Please look at the Yellow Card. Approximately, how old is your household's central air-conditioning equipment?

- Less than 2 years old 01
- 2 to 4 years old 02
- 5 to 9 years old 03
- 10 to 19 years old 04
- 20 years or older 05
- As old as the home (if volunteered) . . 06
- Don't know 96

F-6 **USECENAC** Please look at Exhibit F-6. Which of the statements shown best describes the way your household used the central air-condition system last summer?

- Not used at all 0
- Turned on only a few days or nights
when really needed 1
- Turned on quite a bit 2
- Turned on just about all summer 3
- Not here last summer 4
- Other 5
- Don't know 6

[If USECENAC= 2 or 3 and D-8, SETBACK=Yes] **AUTOOCOOL** Earlier you told me that you have an automatic set-back or clock thermostat. Do you use the programming features of that thermostat to control the temperature setting of your central air-conditioner or do you use its' manual controls?

- Use the programming features 1
- Use the manual controls 2
- Use separate thermostat for AC 3
- Set-back thermostat used only
for heating (If volunteered) 4

F-7 **ACOTHERS** Does the central air conditioning equipment that cools your home also cool any other apartments, condos, households, businesses, or farm buildings?

- Yes 1
- No 0
- Don't know 6

F-8 [If F-2 is "Individual units in the windows or wall" or "Both central and individual units"; Otherwise SKIP to F-12] **NUMBERAC** How many window or wall air-conditioning units do you have in your home?

Enter the number

F-9 ANYWWHP **Are any of these window/wall units a heat pump?**

Yes 1
No 0

[if Yes] WWHTPUMP **How many of these units are heat pumps?**

Enter the number

F-10 WWACAGE **Please look at the Yellow Card. Approximately, how old is your household's MOST-USED window/wall unit?**

Less than 2 years old 01
2 to 4 years old 02
5 to 9 years old 03
10 to 19 years old 04
20 years or older 05
As old as the home (if volunteered) .. 06
Don't know 96

F-11 USEWWAC **Please look at Exhibit F-6. Which of the statements shown best describes the way your household used the (most used) wall or window unit air-conditioner last summer?**

Not used at all 0
Turned on only a few days or nights
when really needed 1
Turned on quite a bit 2
Turned on just about all summer 3
Not here last summer 4
Other 5
Don't know 6

F-12 TREESHAD **Does your home have any large trees that shade your home from the afternoon summer sun?**

Yes 1
No 0
Don't know 6

Section G: MISCELLANEOUS

G-1 **LGT12** Thinking of a typical November weekday, how many indoor lights are turned on for more than 12 hours each day in your home?

Enter the number

G-2 **OUTLGTNT** Are any outdoor lights left on all night?

Yes 1
No 0

[If Yes] **GASLIGHT** Do any of these lights use natural gas?

Yes 1
No 0

G-3 **SLDDRS** Does your home have any sliding glass doors that go from a heated area to the outside or to an unheated area?

Yes 1
No 0

[If Yes] **DOOR1SUM** How many of these sliding glass doors does your home have?
[Interviewer: Count each pair of sliding glass doors as one door.]

Enter the number

G-4 **WINDOWS** Please look at Exhibit G-4. Approximately, how many windows does your home have? Each window that opens separately should be counted as one window. Leave out of your count any windows that are in unheated parts of your home.

1 or 2 01
3 to 5 02
6 to 9 03
10 to 19 04
20 to 29 05
More than 30 06
None (volunteered) .. 00

[Interviewer: If asked, double hung or slider windows count as one window. Each window that opens separately should be counted as one window. Also count windows that are fixed in place. Do not include windows (glass panels) in doors.]

G-5 **ADQINSUL** Overall, would you say that your home is

Well insulated, 1
Adequately insulated, or ... 2
Poorly insulated? 3
No insulation (if volunteered) . 4

Don't know 6

Section H: FUELS USED

H-1 USEEL USENG USELP USEFO USEKERO USEWOOD USESOLAR **You have mentioned using** (CAPI will list the fuels identified as used by the household). **Do you use** (CAPI will list the fuels which have not been identified as used by the household) **for any purpose in your home?**

Yes 1
No 0

[If Yes] **Which of these fuels do you use?** [Record all that apply.]

| | |
|--|----|
| Electricity | 05 |
| Natural gas from underground pipes | 01 |
| Bottled gas (LPG or Propane) | 02 |
| Fuel oil | 03 |
| Kerosene | 04 |
| Wood | 07 |
| Solar | 08 |

[If Electricity is named] ELWARM *ELWATER* ELFOOD ELCOOL ELOTHER **How do you use electricity in your home? Do you use it for. . . .**

| | <u>Yes</u> | <u>No</u> |
|-----------------------------------|------------|-----------|
| Heating your home | 1 | 0 |
| Air conditioning | 1 | 0 |
| Heating water | 1 | 0 |
| Cooking | 1 | 0 |
| Some other use (Specify _____) .. | 1 | 0 |

[If Natural gas is named] UGWARM *UGWATER* UGCOOK UGOTHER **How do you use natural gas in your home? Do you use it for. . . .**

| | <u>Yes</u> | <u>No</u> |
|-----------------------------------|------------|-----------|
| Heating your home | 1 | 0 |
| Heating water | 1 | 0 |
| Cooking | 1 | 0 |
| Some other use (Specify _____) .. | 1 | 0 |

[If Bottled gas is named] LPWARM LPWATER LPCOOK LPGRILL LPOTHER **How do you use bottled gas in your home? Do you use it for. . . .**

| | <u>Yes</u> | <u>No</u> |
|-----------------------------------|------------|-----------|
| Heating your home | 1 | 0 |
| Heating water | 1 | 0 |
| Operating a Cooking Stove | 1 | 0 |
| Outdoor Grill | 1 | 0 |
| Some other use (Specify _____) .. | 1 | 0 |

[If Fuel oil is named] FOWARM FOWATER **How do you use fuel oil in your home? Do you use it for. . . .**

| | <u>Yes</u> | <u>No</u> |
|-----------------------------|------------|-----------|
| Heating your home | 1 | 0 |
| Heating water | 1 | 0 |

[If Kerosene is named] KRWARM KRWATER KROTHER **How do you use kerosene in your home? Do you use it for. . . .**

| | <u>Yes</u> | <u>No</u> |
|------------------------------------|------------|-----------|
| Heating your home | 1 | 0 |
| Heating water | 1 | 0 |
| Some other use (Specify _____) . . | 1 | 0 |

[If Wood is named] WDWARM WDWATER WDOTHER **How do you use wood in your home? Do you use it for. . . .**

| | <u>Yes</u> | <u>No</u> |
|------------------------------------|------------|-----------|
| Heating your home | 1 | 0 |
| Heating water | 1 | 0 |
| Some other use (Specify _____) . . | 1 | 0 |

[If Solar is named] SOLWARM SOLWATER SOLPOOL **How do you use solar in your home? Do you use it for. . . .**

| | <u>Yes</u> | <u>No</u> |
|--------------------------------|------------|-----------|
| Heating your home | 1 | 0 |
| Heating water | 1 | 0 |
| Swimming pool heater | 1 | 0 |

H-2 PELHEAT PELHOTWA PELCOOK PELAC PELLIGHT PGASHEAT PGASHTWA PUGCOOK PUGOTH FOPAY LPGPAY [Ask for all fuels/end uses not already recorded by CAPI as N/A] **In the past 12 months was the (fuel) used for (end use) paid for by your household, included in the rent or condo fee, or paid some other way?**

| | <u>HH Pays</u> | <u>Rent/Fee</u> | <u>Other Way</u> | <u>Don't Know</u> |
|-----------------------------------|----------------|-----------------|------------------|-------------------|
| Electricity for . . . | | | | |
| Heating your home | 1 | 2 | 3 | 8 |
| Air-Conditioning | 1 | 2 | 3 | 8 |
| Heating water | 1 | 2 | 3 | 8 |
| Cooking | 1 | 2 | 3 | 8 |
| Lighting and Appliances | 1 | 2 | 3 | 8 |
| Natural Gas for . . . | | | | |
| Heating your home | 1 | 2 | 3 | 8 |
| Heating water | 1 | 2 | 3 | 8 |
| Cooking | 1 | 2 | 3 | 8 |
| Other uses | 1 | 2 | 3 | 8 |
| Fuel Oil | 1 | 2 | 3 | 8 |
| Bottled Gas | 1 | 2 | 3 | 8 |

H-3 [If electricity or natural gas used for any purpose and KOWNRENT=Own/Buying] DEREG **You may have heard that you will be able to shop for and select an electricity or natural gas supplier in the same way that you choose a long-distance telephone company. Some households are able to do this now. Is yours one of those households?**

[Interviewer: If the respondent does not understand the question then add: **In the past your electricity and natural gas have been supplied by your local company. Now, companies outside your local area that provide electricity and natural gas will be able to contact you and ask that you buy from them instead of the local company.**]

Yes 1
No 2

[If Yes] WCHFUEL **Which fuel could you purchase this way?**

Electricity, 1
Natural gas, or 2
Both 3

H-4 [If USELP=Yes] LPGDELV **Is bottled gas delivered to your home?**

Yes 1
No 0
Don't know 6

[If Yes] NDIFLPCO **How many different companies delivered bottled gas to you in the past 12 months?**

Enter the number

[If Yes] NLPDELNC **About how many deliveries did your household get in the past 12 months?**

Enter the number
Don't know 96
Did not live here the full 12 months ... 95

H-5 [If USEFO=Yes] QUANTFO **Please look at Exhibit H-5. About how much fuel oil did your household use in the past 12 months?**

Less than 100 gallons 1
100 to 499 gallons 2
500 to 1,000 gallons 3
More than 1,000 gallons 4
Don't know 6

H-5a [If USEFO=Yes] FODEL **Is fuel oil delivered to your home?**

Yes 1
No 0
Don't know 6

[If Yes] NDIFFOCO **How many different companies delivered fuel oil to your household in the past 12 months?**

Enter the number
Don't know 96

[If Yes] NFODELNC **About how many deliveries did your household get in the past 12 months?**

Enter the number
Don't know 96
Did not live here the full 12 months ... 95

H-6 [If USEKERO=Yes] KERODEL **You mentioned that you use kerosene in your household. Is kerosene delivered to your home?**

Yes 1
No 0
Don't know 6

[If Yes] NDIFKRCO **How many different companies delivered kerosene to your household in the past 12 months?**

Enter the number
Don't know 96

[If Yes] NKRDEL **About how many deliveries did your household get in the past 12 months?**

Enter the number
Don't know 96

H-6a [If USEKERO=Yes] KEROCASH **Did your household buy kerosene in the past 12 months and bring it home, that is, cash and carry?**

Yes 1
No 0
Don't know 6

[If Yes] NOCRCASH **How many times in the past 12 months did your household buy kerosene and bring it home?**

Enter the number
Don't know 96
Did not live here the full 12 months ... 95

[If Yes] NKR GALNC **Please look at Exhibit H-6. There are five common sizes of portable kerosene containers: 1 gallon, 3 gallon, 5 gallon, 10 gallon, and 55 gallon. On average how much kerosene did your household buy and bring home each time?**

- 1 gallon 01
- 3 gallons 02
- 5 gallons 03
- 10 gallons 04
- 55 gallons 05
- Other 06
- Not sure 07

[If Yes] PRICEKER **On average, about how much per gallon did your household pay for kerosene?**

Enter the amount price
Don't know 96

[If Yes] TOTPAYKER **About how much did you pay for kerosene each time your household bought it (total amount)?**

Enter the total amount
Don't know 96

H-7 [If USEWOOD=Yes] TYPEWOOD **You mentioned that you use wood as a fuel in your household. What kinds of wood do you burn? Do your burn . . .**

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| Wood logs? | 1 | 0 |
| Wood scraps such as mill waste or bark? | 1 | 0 |
| Wood pellets? | 1 | 0 |

[If Wood logs=Yes or Wood scraps=Yes] WOODAMT **Please look at Exhibit H-7. In the past 12 months about how much wood has you household burned?**

- Less than half a cord 1
- More than half but less than a whole cord 2
- At least one full cord 3
- More than one full cord 4
- Don't know 6

[If 1+ cord] CORDPLUS **About how many cords would estimate you used?**

- 1 1
- 1 ½ 2
- 2 3
- 2 ½ 4
- 3 or more 5

[If 3+ cords] Enter the number

H-8 **KNWL DGE** I have just spent the past few minutes asking you a lot of questions about the energy you use in your home and the equipment that uses that energy. Some people are more sure than others about their knowledge of these things. In the course of answering these questions, how sure would you say you are with your answers. Would you say . . .

- Very sure, 1
- Somewhat sure, or 2
- Not too sure? 3
- Don't know how sure 6

Section I: FUEL BILLS

I-1 **SIGNFORM** You have just told us how your household uses energy. We would like to find out how much (name the fuels that the household uses) you actually used in the past year. We realize that this would be very difficult for you to tell us right now. But we can get that information directly from your fuel suppliers. So we can contact your fuel suppliers, would you please sign this form?

Authorization Form Signed 1
Authorization Form Not Signed 0 ----> SKIP TO J-1

For verification purposes, may I have your name, mailing address, and telephone number. My supervisor may want to call you to see if I really talked to you.

What is your name? _____

What is your mailing address?

Street _____

City _____

State _____ ZIP _____

What is your telephone number? _____

I-2 [If household uses and pays for electricity] **What is the name and account number for your household's electricity supplier?**

NAME _____

ACCOUNT NUMBER _____

BILNAMEL Does your electricity bill come addressed to you or is it in another name?

Same name 1

Another name 2

[If another name] **What is the billing name?**

BILLING NAME _____

I-3 [If household uses and pays for natural gas] **What is the name and account number for your household's natural gas supplier?**

NAME_____

ACCOUNT NUMBER_____

BILNAMNG **Does your natural gas bill come addressed to you or is it in another name?**

Same name 1
Another name 2

[If another name] **What is the billing name?**

BILLING NAME_____

I-4 [If household uses and pays for bottled gas] **What is the name and account number for your household's bottled gas (LPG) supplier?**

NAME_____

ACCOUNT NUMBER_____

BILNAMLP **Does your bottled gas (LPG) bill come addressed to you or is it in another name?**

Same name 1
Another name 2

[If another name] **What is the billing name?**

BILLING NAME_____

I-5 [If household uses and pays for fuel oil] **What is the name and account number for your household's fuel oil supplier?**

NAME_____

ACCOUNT NUMBER_____

BILNAMFO **Does your fuel oil bill come addressed to you or is it in another name?**

Same name 1
Another name 2

[If another name] **What is the billing name?**

BILLING NAME_____

I-6 [If household uses and pays for kerosene] **What is the name and account number for your household's kerosene supplier?**

NAME_____

ACCOUNT NUMBER_____

BILNAMKR **Does your kerosene bill come addressed to you or is it in another name?**

- Same name 1
- Another name 2

[If another name] **What is the billing name?**

BILLING NAME_____

I-7 [If NLPDELCD>1 or NFODELNC>1 or NDIFKRCO>1] OTHSUPPS **Are there any others who supplied fuel oil, bottled gas, or kerosene that we haven't covered?**

- Yes 1
- No 0 ----> SKIP to I-8

ADDITIONAL SUPPLIERS

FUEL: [] FUEL OIL [] BOTTLED GAS [] KEROSENE

SUPPLIER NAME_____

ACCOUNT NUMBER_____

FUEL: [] FUEL OIL [] BOTTLED GAS [] KEROSENE

SUPPLIER NAME_____

ACCOUNT NUMBER_____

FUEL: [] FUEL OIL [] BOTTLED GAS [] KEROSENE

SUPPLIER NAME_____

ACCOUNT NUMBER_____

FUEL: [] FUEL OIL [] BOTTLED GAS [] KEROSENE

SUPPLIER NAME_____

ACCOUNT NUMBER_____

I-8 **KFUELOT Do any of your household fuel bills include charges for fuel used for some purpose other than for the personal use of the members of your household?**

- Yes 1
- No 0
- Don't know 6

[If Yes] **PURPOSE Please look at the Pink Card. For which of the following purposes are costs of fuel included in your household fuel bills?**

- Farm buildings or machinery 1
- The house or apartment of another household 2
- A business or office 3
- Some use other than your own personal use? (Specify _____) 4

[If Yes] **BILLPUR Which fuel bills include costs of fuel used for purposes other than your own living quarters? Is it ...**

- Natural gas (from underground pipes),** 1
- Bottled gas (LPG or Propane),** 2
- Fuel oil,** 3
- Kerosene, or** 4
- Electricity?** 5

[If Natural gas] **BILLUGP Please look at the Pink Card. What portion of the natural gas bill is for nonhousehold uses?**

- Very little (1-4%) 0
- Some (5-33%) 1
- About half (34-66%) 2
- About three-quarters (67-95%) 3
- Most of it (96-99%) 4

[If Bottled gas] **BILLLGP Please look at the Pink Card. What portion of the bottled gas bill is for nonhousehold uses?**

- Very little (1-4%) 0
- Some (5-33%) 1
- About half (34-66%) 2
- About three-quarters (67-95%) 3
- Most of it (96-99%) 4

[If Fuel oil] **BILLPOLP Please look at the Pink Card. What portion of the fuel oil bill is for nonhousehold uses?**

- Very little (1-4%) 0
- Some (5-33%) 1
- About half (34-66%) 2
- About three-quarters (67-95%) 3
- Most of it (96-99%) 4

[If Kerosene] BILLKERP Please look at the Pink Card. What portion of the kerosene bill is for nonhousehold uses?

- Very little (1-4%) 0
- Some (5-33%) 1
- About half (34-66%) 2
- About three-quarters (67-95%) 3
- Most of it (96-99%) 4

[If Electricity] BILLELP Please look at the Pink Card. What portion of the electric bill is for nonhousehold uses?

- Very little (1-4%) 0
- Some (5-33%) 1
- About half (34-66%) 2
- About three-quarters (67-95%) 3
- Most of it (96-99%) 4

I-9 **[If home is rented, a condominium, or a cooperative] LEASER We may need some additional information about the fuels used in this building. May I have the name of the person or company to whom you pay rent or condominium/coop fees who is responsible for actually paying the (enter the names of the fuel bills paid) bills for this dwelling?**

Name _____

Street _____

City _____

State _____ ZIP _____

Telephone: Area Code: (_____) _____

[If Apartment/Mobile Home Complex] COMPLEXN Does the complex or development where you live have a formal name?

- Yes 1
- No 0

[If Yes] CPLXNAME What is the Name?

Name: _____

Section J: HOUSEHOLD CHARACTERISTICS

J-1 **Now I have a few questions about your household. These questions will help us to make sure that the sample of households we've surveyed is really representative of all American households.**

NHSLDMEM **Including yourself, how many people normally live in this household? Do not include anyone who is just visiting or children who may be away at college or in the military.**

Enter the number

[If > 1] *YEARS3* **Of this total, how many are adults over the age of 65?**

Enter the number

[If > 0] *YEARS4* **Of the adults over the age of 65, how many are over the age of 75?**

Enter the number

[If >1] *YEARS1* **Of the remaining members of this household, how many are infants under the age of 1?**

Enter the number

[If >1] *YEARS2* **Of the remaining members of this household, how many are children between the ages of 1 and 12?**

Enter the number

J-2 *HBUSINESS* **Do you operate a home-based business or service?**

Yes 1
No 0

J-3 *OTHWORK* **Is there any other kind of activity occurring in your home that uses a lot more energy than would normally be used in a home?**

Yes 1
No 0

[If Yes] *OTHACT* **Could you please tell me what that activity is?**

J-4 *ATHOME* **On a typical week day is there someone at home all day?**

Yes 1
No 0

J-5 **DRIVECAR** Do you or any other members of your household have the regular use of any cars, trucks or vans?

Yes 1
No 0

[If Yes] **VEHICLES** How many vehicles do you have?

Enter the number

J-6 **DRIVEMON** How many people in this household drive a car on a fairly regular basis? That is, drive a car at least once a month.

Enter the number

J-7 **HHINTRO** The next few questions are about the householder. That is, one of the people who own or rent the house/apartment. Are you a householder?

Yes 1
No 0

J-8 **HHSEX** Are you/Is the householder a male or a female?

Male 2
Female 1
Don't know 6
Refused 8

J-9 **HHAGE** How old are you/Is the householder?

Enter the age
Don't know 6
Refused 8

J-10 **EMPLOYHH** How would you describe your/the householder's employment status? Would you say . . .

Employed full-time, 1
Employed part-time, or 2
Not employed? 0
Don't know 6
Refused 8

J-11 **MARRIED** Are you/Is the householder living with a spouse or partner?

Yes 1
No 0
Don't know 6
Refused 8

J-12 SDESCENT Are you/ls the householder of Spanish or Hispanic origin or descent?

Yes 1
 No 0
 Don't know 6
 Refused 8

J-13 ORIGIN Please look at Exhibit J-13. Which best describes your/the householder's race?

White 1
 Black or African-American 2
 American Indian, Alaskan Native 3
 Asian, Pacific Islander 4
 Other (if volunteered) 5
 Hispanic (if volunteered) 7
 Don't know 6
 Refused 8

J-14 MONEYPY Please look at Exhibit J-14. Please tell me which category best describes the total combined income in the past 12 months of all members of your household living here from all sources -- wages, interest, alimony, Social Security, and so forth -- before taxes and deductions.

| | |
|----------------------------|----------------------------|
| Less than \$3,000 01 | \$22,500 to \$24,999 .. 15 |
| \$3,000 to \$3,999 02 | \$25,000 to \$27,499 .. 16 |
| \$4,000 to \$4,999 03 | \$27,500 to \$29,999 .. 17 |
| \$5,000 to \$5,999 04 | \$30,000 to \$32,499 .. 18 |
| \$6,000 to \$7,499 05 | \$32,500 to \$34,999 .. 19 |
| \$7,500 to \$8,999 06 | \$35,000 to \$39,999 .. 20 |
| \$9,000 to \$9,999 07 | \$40,000 to \$44,999 .. 21 |
| \$10,000 to \$10,999 .. 08 | \$45,000 to \$49,999 .. 22 |
| \$11,000 to \$12,499 .. 09 | \$50,000 to \$74,999 .. 23 |
| \$12,500 to \$13,999 .. 10 | \$75,000 to \$99,999 .. 24 |
| \$14,000 to \$14,999 .. 11 | More than \$100,000 . 25 |
| \$15,000 to \$17,499 .. 12 | Don't know 96 |
| \$17,500 to \$19,999 .. 13 | Refused 97 |
| \$20,000 to \$22,499 .. 14 | |

[If HHIncome=96 or 97] INC45PLU Was your household income in the past 12 months under \$45,000?

Yes, income under \$45,000 1
 No 0
 Don't know 6
 Refused 7

Section K: ENERGY ASSISTANCE

K-1 **In the past 12 months, did you or any member of your household living here receive any income or benefits from any of the following sources?**

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|---|------------|-----------|-------------------|
| WORKPAY Employment income from wages and salaries or self-employment income from a business or farm | 1 | 0 | 6 |
| RETIREPY Retirement income from Social Security, Railroad Retirement, or pensions and other retirement funds | 1 | 0 | 6 |
| CASHBEN Cash benefits from Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), or general assistance for public assistance .. | 1 | 0 | 6 |
| NCASHBEN Non-cash benefits from Food Stamps or public/subsidized housing | 1 | 0 | 6 |

K-2 **Please look at Exhibit K-2. The government has a home energy assistance program that helps people pay for their heating, cooling and other home energy costs. Some names used for the program are HEAP, LIHEAP, and HEAT. It is run by State, county, or local government. The assistance can be paid directly to the household or to the electric or gas company or fuel supplier. If heat is included in a household's rent, the payment can be used to help reduce the rent. During the past 12 months did anyone in your household receive government assistance for any of the following:**

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|---|------------|-----------|-------------------|
| HEATAID Help in paying home heating costs | 1 | 0 | 6 |
| COOLAID Help in paying home cooling or air-conditioning costs | 1 | 0 | 6 |
| LIFELINE Help with other home energy costs | 1 | 0 | 6 |
| NOLIHEAP Did not receive any assistance | 1 | 0 | 6 |

K-3 **[If HEATAID=Yes] Please look at Exhibit K-3. You mentioned that your household got help in paying for home heating costs. How were these payments received?**

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|--|------------|-----------|-------------------|
| CASHAID Check sent to your household | 1 | 0 | 6 |
| FUELPAID Check sent directly to your utility company or fuel dealer | 1 | 0 | 6 |
| OTHERPMT Some other payment, including a coupon or voucher, or two-party check, sent to your household | 1 | 0 | 6 |

GOVTAMT About how much money for your heating assistance did you or your utility or fuel supplier receive in the past 12 months?

Enter the amount received
Don't know (if volunteered) 6

K-4 NOPY Please think about the home or homes you lived in the past 12 months. Was there ever a time during that period when your electricity was discontinued because you were unable to pay your electric bill?

Yes 1
No 0

K-5 Was there ever a time during the past 12 months when you wanted to use your main source of heat, but could not, for one or more of the following reasons:

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| NOPYFIX Your heating system was <i>broken</i> and you were <i>unable</i> to pay for its repair or replacement? | 1 ... | 0 |
| NOPYFL You <i>ran out</i> of fuel oil, kerosene, LPG, coal, or wood because you were unable to pay for a delivery? . | 1 ... | 0 |
| NOPYEL The utility company discontinued your gas or electric service because you were <i>unable</i> to pay your bill? 1 ... | 1 ... | 0 |

K-6 [If NOPYFIX or NOPYFL or NOPYEL = Yes] NNOHEAT Thinking about these times that you went without heat -- how many separate times were there?

Enter the number of times ...

HRSNOHT Altogether, how many hours or days were you without heat in the past 12 months?

Enter the number of hours/days

In the past 12 months were you without heat during:

| | <u>Yes</u> | <u>No</u> | <u>Not Sure</u> |
|---|------------|-----------|-----------------|
| NOHWIN October through March | 1 ... | 0 ... | 6 |
| NOHSUM April through September | 1 ... | 0 ... | 6 |

OTHERWAY During these times, were you able to heat your home some other way?

Yes 1
No 0

Section L: EPA ENERGY STAR PROGRAM

L-1 SEENSTAR Please look at Exhibit EPA-1. The U.S. Environmental Protection Agency and the Department of Energy award an ENERGY STAR label to energy-efficient equipment. Have you ever heard of or seen this label on any products before?

Yes 1
No 0

[If Yes] WHATPROD What were those products? [Mark all that apply.]

Heating and Air Conditioning
Central air conditioner 11
Furnace or boiler 12
Heat pump 13
Thermostat 14
Office Equipment
Computer or monitor 21
Computer printer 22
Photocopying machine 23
Fax machine 24
Home Appliances
Dishwasher 31
Refrigerator 32
Room air conditioner 33
New home 40
Some other product 50

[If Yes] STARINFL Has the presence or absence of an ENERGY STAR label ever influenced your decision to purchase a particular product?

Yes 1
No 0

L-2 SEENLBL Please look at Exhibit EPA-2. Many new home appliances, such as refrigerators and clothes dryers, come with a big yellow information label that tells about the energy efficiency and energy costs of running the appliance. Do you recall ever seeing a label like this one on a product you bought or were considering buying?

Yes 1
No 0

[If Yes] READLBL Having seen this label, have you ever actually read one?

Yes 1
No 0

[If Yes] FTCCHNG Has the information in this label, ever influenced your decision to purchase a particular product?

Yes 1
No 0

THAT IS THE LAST QUESTION I HAVE.

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

HAVE A PLEASANT DAY/EVENING.

U.S. DEPARTMENT OF ENERGY Authorization Form RESIDENTIAL ENERGY CONSUMPTION SURVEY

| PSU# | SSU# | HU# | AddFlag | ✓ Digit |
|------|------|-----|---------|---------|
| | | | | |

I hereby give permission to the company/companies below to provide information to Response Analysis Corporation (or other designee of the U.S. Department of Energy) for confidential use in connection with their survey for the U.S. Department of Energy.

This authorization covers the following data for the period from October 1, 1996 through December 31, 1999:

- 1) the total amount of fuels used by my household
- 2) the total price charged for fuels used by my household

Companies are authorized to provide this information by monthly periods or by delivery date, whichever applies. A photocopy of this authorization may be accepted with the same authority as the original.

Signature: _____ Date: _____

PLEASE PRINT YOUR NAME: _____

PLEASE PRINT ADDRESS: _____

CITY OR POST OFFICE: _____ APT. NO. _____

TELEPHONE: _____ STATE _____ ZIP CODE _____

AREA CODE NUMBER

**PLEASE COMPLETE ONE BLOCK BELOW FOR EACH FUEL USED BY THE HOUSEHOLD.
(IF MORE THAN ONE SUPPLIER OF A PARTICULAR FUEL, USE THE OTHER SIDE OF THIS SHEET.)**

ELECTRICITY

| |
|--|
| PRINT FULL NAME OF ELECTRIC COMPANY _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |

NATURAL GAS

| |
|---|
| PRINT FULL NAME OF NATURAL GAS COMPANY _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |

**BOTTLED GAS
(LPG or Propane)**

| |
|--|
| PRINT FULL NAME OF BOTTLED GAS COMPANY _____ |
| LOCATION OF COMPANY (IF KNOWN) - STREET, CITY, STATE, AND ZIP _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |
| TELEPHONE (IF KNOWN) AREA CODE: _____ NUMBER: _____ |

**FUEL OIL
or KEROSENE**

| |
|--|
| PRINT FULL NAME OF FUEL OIL OR KEROSENE COMPANY _____ |
| LOCATION OF COMPANY (IF KNOWN) - STREET, CITY, STATE, AND ZIP _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |
| TELEPHONE (IF KNOWN) AREA CODE: _____ NUMBER: _____ |

U.S. DEPARTMENT OF ENERGY
Authorization Form (continued)
RESIDENTIAL ENERGY CONSUMPTION SURVEY

SECOND BOTTLED GAS COMPANY

**BOTTLED GAS
(LPG or Propane)**

| |
|--|
| PRINT FULL NAME OF BOTTLED GAS COMPANY _____ |
| LOCATION OF COMPANY (IF KNOWN) - STREET, CITY, STATE, AND ZIP _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |
| TELEPHONE (IF KNOWN) AREA CODE: _____ NUMBER: _____ |

THIRD BOTTLED GAS COMPANY

**BOTTLED GAS
(LPG or Propane)**

| |
|--|
| PRINT FULL NAME OF BOTTLED GAS COMPANY _____ |
| LOCATION OF COMPANY (IF KNOWN) - STREET, CITY, STATE, AND ZIP _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |
| TELEPHONE (IF KNOWN) AREA CODE: _____ NUMBER: _____ |

SECOND FUEL OIL or KEROSENE COMPANY

**FUEL OIL
or KEROSENE**

| |
|--|
| PRINT FULL NAME OF FUEL OIL or KEROSENE COMPANY _____ |
| LOCATION OF COMPANY (IF KNOWN) - STREET, CITY, STATE, AND ZIP _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |
| TELEPHONE (IF KNOWN) AREA CODE: _____ NUMBER: _____ |

THIRD FUEL OIL or KEROSENE COMPANY

**FUEL OIL
or KEROSENE**

| |
|--|
| PRINT FULL NAME OF FUEL OIL or KEROSENE COMPANY _____ |
| LOCATION OF COMPANY (IF KNOWN) - STREET, CITY, STATE, AND ZIP _____ |
| ACCOUNT NUMBER (IF KNOWN) _____ |
| TELEPHONE (IF KNOWN) AREA CODE: _____ NUMBER: _____ |