

Form Approved
OMB No. 1905-0092. EIA 457B
(Expires May 31, 1990.)

This survey is voluntary and authorized under the Federal Energy Administration Act of 1974 (Public Law 93-275) as amended. Information about specific households will be kept strictly confidential. The data will be summarized within large groupings for statistical purposes.

1987 Residential Energy Consumption Survey



Energy Information Administration
U.S. Department of Energy

Location # _____	111-116
Housing Unit # _____	117-118

TIME INTERVIEW STARTED AM
 PM

1. In what year did your family move into this (house/apartment)?

- | | | |
|--------------------|------------------|------------|
| 01 [] Before 1940 | 07 [] 1980-1983 | |
| 02 [] 1940-1949 | 08 [] 1984 | 121- |
| 03 [] 1950-1959 | 09 [] 1985 | 122 |
| 04 [] 1960-1969 | 10 [] 1986 | |
| 05 [] 1970-1974 | 11 [] 1987 | --ASK Q. 2 |
| 06 [] 1975-1979 | 12 [] 1988 | |

IF "1985" OR LATER, ASK:

2. In which month did you move in? (SPECIFY MONTH AND ENTER LAST DIGIT OF YEAR.)

MONTH: 123-124

YEAR: 198

3. In what year was this (house/building) built? Just your estimate.

- | | | |
|--------------------|------------------|------|
| 01 [] BEFORE 1940 | 07 [] 1980-1983 | |
| 02 [] 1940-1949 | 08 [] 1984 | |
| 03 [] 1950-1959 | 09 [] 1985 | 125- |
| 04 [] 1960-1969 | 10 [] 1986 | 126 |
| 05 [] 1970-1974 | 11 [] 1987 | |
| 06 [] 1975-1979 | 12 [] 1988 | |

4. Altogether (counting all areas that are used as year-round living space), how many rooms do you have in your living quarters? Do not count bathrooms, unheated porches, foyers, or hallways. (SEE INSTRUCTION BELOW.)

NUMBER OF ROOMS: 127-128

5. How many complete bathrooms and how many half-bathrooms do you have? (A complete bathroom is a room with a flush toilet, bathtub or shower, and a sink/washbasin with running water. A half-bath has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.)

NUMBER OF COMPLETE BATHROOMS:
 NONE 129

NUMBER OF HALF BATHROOMS:
 NONE 130

INTERVIEWER INSTRUCTIONS:

Q. 4 -- Generally count any room as long as it is a comfortable place to rest, read, study, etc., year-round.

Do not count laundry rooms, unfinished attics or basements, open porches, or unfinished space used for storage.

HAND RESPONDENT EXHIBIT 6/7/10

6. What is the main fuel used for <u>heating</u> your home? (SEE INSTRUCTIONS BELOW.)	Q. 6 MAIN FUEL (MARK ONLY ONE)	Q. 7 MARK ALL THAT APPLY	131- 132
GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD	01 <input type="checkbox"/>	<input type="checkbox"/>	133
LPG GAS (BOTTLED OR TANK GAS)	02 <input type="checkbox"/>	<input type="checkbox"/>	134
FUEL OIL	03 <input type="checkbox"/>	<input type="checkbox"/>	135
KEROSENE OR COAL OIL	04 <input type="checkbox"/>	<input type="checkbox"/>	136
ELECTRICITY	05 <input type="checkbox"/>	<input type="checkbox"/>	137
COAL OR COKE	06 <input type="checkbox"/>	<input type="checkbox"/>	138
WOOD	07 <input type="checkbox"/>	<input type="checkbox"/>	139
SOLAR COLLECTORS	08 <input type="checkbox"/>	<input type="checkbox"/>	140
OTHER (SPECIFY): _____	21 <input type="checkbox"/>	<input type="checkbox"/>	141
DON'T KNOW	96 <input type="checkbox"/>	<input type="checkbox"/>	142
NO HEATING FUEL USED -- TAKE BACK EXHIBIT 6/7/10; SKIP TO Q. 32.	00 <input type="checkbox"/>		
NO ADDITIONAL FUEL -- SKIP TO Q. 9		<input type="checkbox"/>	143

7. What other fuels, if any, are used to heat your home -- including those that are used to provide heat just occasionally? ↑

MARK ALL THAT APPLY _____
(IF NONE, MARK "NO ADDITIONAL FUEL")

IF ONE OR MORE ADDITIONAL FUELS MENTIONED IN Q. 7, ASK:

8. Does your main heating fuel -- (FUEL NAMED IN Q. 6) -- provide almost all of the heat for your home, about three-fourths, or closer to half of the heat for your home?
- 1 ALMOST ALL (MORE THAN 95%)
 - 2 ABOUT THREE-FOURTHS (67-94%) 144
 - 3 CLOSER TO HALF (66% OR LESS)

INTERVIEWER INSTRUCTIONS:

Q. 6 -- If two or more heating fuels are used, the main heating fuel is the one that provides most of the heat for the home.

Q. 6-7 -- If household recently converted to a different fuel, or is in the process of conversion, mark answer for fuel(s) in use during January of 1987.

9. In November of 1984 was the main fuel used to heat this (house/apartment) the same as it is now?

- 1 [] YES -- SKIP TO Q. 12 145
 0 [] NO -- ASK Q. 10
 5 [] NO FUEL USED IN 1984--SKIP TO Q. 12
 6 [] DON'T KNOW -- SKIP TO Q. 12

IF "NO," ASK:

10. What was the main fuel used to heat this (house/apartment) in November of 1984?

- 01 [] GAS FROM UNDERGROUND PIPES
 SERVING THE NEIGHBORHOOD
 02 [] LPG GAS (BOTTLED OR TANK GAS)
 03 [] FUEL OIL
 04 [] KEROSENE OR COAL OIL
 05 [] ELECTRICITY 146-
 147
 06 [] COAL OR COKE
 07 [] WOOD
 08 [] SOLAR COLLECTORS
 21 [] OTHER (SPECIFY): _____

 95 [] NO FUEL USED
 96 [] DON'T KNOW

11. In what month and year was the main heating fuel changed?

MONTH: _____ 148-149
 YEAR: 198 _____ 150-151

TURN TO EXHIBIT 12/13

	Q.12 MAIN EQUIPMENT (MARK ONLY ONE)	Q. 13 MARK ALL THAT APPLY	152- 153
12. What is the main heating equipment used with your main heating fuel?			
HOT WATER PIPES RUNNING THROUGH A SLAB FLOOR (RADIANT HEATING) . . .	01 <input type="checkbox"/>	<input type="checkbox"/>	154
STEAM OR HOT WATER SYSTEM WITH RADIATORS OR CONVECTORS	02 <input type="checkbox"/>	<input type="checkbox"/>	155
CENTRAL WARM-AIR FURNACE WITH DUCTS TO INDIVIDUAL ROOMS (DO NOT COUNT HEAT PUMP HERE).	03 <input type="checkbox"/>	<input type="checkbox"/>	156
HEAT PUMP.	04 <input type="checkbox"/>	<input type="checkbox"/>	157
BUILT-IN ELECTRIC UNITS (PERMANENTLY INSTALLED IN WALL, CEILING, OR BASEBOARD).	05 <input type="checkbox"/>	<input type="checkbox"/>	158
FLOOR, WALL, OR PIPELESS FURNACE	06 <input type="checkbox"/>	<input type="checkbox"/>	159
ROOM HEATER BURNING GAS, OIL, KEROSENE (NOT PORTABLE).	07 <input type="checkbox"/>	<input type="checkbox"/>	160
HEATING STOVE BURNING WOOD, COAL, COKE	08 <input type="checkbox"/>	<input type="checkbox"/>	161
FIREPLACE(S)	09 <input type="checkbox"/>	<input type="checkbox"/>	162
PORTABLE ELECTRIC HEATER(S).	10 <input type="checkbox"/>	<input type="checkbox"/>	163
PORTABLE KEROSENE HEATER(S).	11 <input type="checkbox"/>	<input type="checkbox"/>	164
COOKING STOVE, RANGE, OR OVEN (USED TO HEAT HOME, AS WELL AS FOR COOKING)	12 <input type="checkbox"/>	<input type="checkbox"/>	165
OTHER (SPECIFY): _____	21 <input type="checkbox"/>	<input type="checkbox"/>	166
DON'T KNOW	96 <input type="checkbox"/>	<input type="checkbox"/>	167
NO ADDITIONAL EQUIPMENT		<input type="checkbox"/>	168

13. What other types of equipment, if any, are used to heat your home -- including those that are used to provide heat just occasionally? MARK ALL THAT APPLY _____ ↑
(IF NONE, MARK "NO ADDITIONAL EQUIPMENT".)

TAKE BACK EXHIBIT 12/13

IF "CENTRAL WARM-AIR FURNACE" MENTIONED IN Q. 12 OR Q. 13, ASK:

14. For the central warm-air furnace, is the warm air forced through the ducts by a fan?	1 <input type="checkbox"/> YES	169
	0 <input type="checkbox"/> NO	
	6 <input type="checkbox"/> DON'T KNOW	

IF "HEATING STOVE BURNING WOOD, COAL, COKE" MENTIONED IN Q. 12 OR Q. 13, ASK:

15. Is the heating stove airtight?	1 <input type="checkbox"/> YES	170
	0 <input type="checkbox"/> NO	
	6 <input type="checkbox"/> DON'T KNOW	

IF SINGLE FAMILY HOME OR MOBILE HOME, ASK Q. 16. OTHERWISE SKIP TO Q. 17

16. How old is your main heating equipment, just approximately? (INTERVIEWER: PROBE FOR BEST GUESS.)		
1 <input type="checkbox"/> LESS THAN 2 YEARS OLD	4 <input type="checkbox"/> 10-14 YEARS OLD	171
2 <input type="checkbox"/> 2-4 YEARS OLD	5 <input type="checkbox"/> 15 YEARS OLD OR OLDER	
3 <input type="checkbox"/> 5-9 YEARS OLD	6 <input type="checkbox"/> DON'T KNOW	

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 17. OTHERWISE SKIP TO Q. 18

17. Does the main equipment for heating your home also heat one or more other apartments, households or businesses?	0 <input type="checkbox"/> NO, HOME HEATING EQUIPMENT IS FOR RESPONDENT'S HOME ONLY	172
	1 <input type="checkbox"/> YES, HOME HEATING EQUIPMENT IS FOR ONE OR MORE OTHER APARTMENTS, HOUSES, OR BUSINESSES	
	6 <input type="checkbox"/> DON'T KNOW	

18. At what temperature do you usually keep your home during the day in the wintertime when someone is at home? (SEE INSTRUCTION BELOW.)
- DEGREES FAHRENHEIT: 173-174
 HEAT TURNED OFF
19. At what temperature do you usually keep your home during the day in the wintertime when no one is at home? (SEE INSTRUCTION BELOW.)
- DEGREES FAHRENHEIT: 175-176
 HEAT TURNED OFF
20. At what temperature do you usually keep your home during sleeping hours in the wintertime? (SEE INSTRUCTION BELOW.)
- DEGREES FAHRENHEIT: 177-178
 HEAT TURNED OFF

HAND RESPONDENT EXHIBIT 21

21. Please look at this list and tell me the ways, if any, you use to adjust the temperature in your home during the heating season. (MARK ALL THAT APPLY.)
- 207-208:02
- THERMOSTAT FOR MAIN HEATING EQUIPMENT 211
 - THERMOSTAT FOR SUPPLEMENTAL HEATING EQUIPMENT . . 212
 - OPENING AND CLOSING WINDOWS OR DOORS 213
 - OPENING AND CLOSING HOT AIR VENTS 214
 - TURN HEATER ON OR OFF (UP OR DOWN) 215
 - TURN RADIATORS OR CONVECTORS ON OR OFF 216
 - ADJUST DRAFT OR AMOUNT OF FUEL FOR WOOD OR COAL FIRE 217
 - USE COOKING STOVE, OVEN, OR RANGE TO HEAT HOME 218
 - OTHER (SPECIFY): _____ 219
 - NO WAY TO ADJUST THE TEMPERATURE 220

INTERVIEWER INSTRUCTIONS:

Q. 18-20 -- If respondent keeps different sections of the house at different temperatures, we want to know 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, we want the downstairs temperature.

If the respondent doesn't know temperature, but does know thermostat setting, record thermostat setting. Otherwise, probe for best estimate.

TURN TO EXHIBIT 22/25

22. During the last winter -- from October 1986 to April 1987 -- was there any period of 2 hours or more when you wanted to use your main source of heat but could not use it for any of these reasons?

(INTERVIEWER: READ AND MARK "YES" OR "NO" FOR EACH ITEM. SEE INSTRUCTION BELOW IF RESPONDENT REPORTS LIVING AT ANOTHER ADDRESS DURING ALL OR PART OF THE OCTOBER 1986 TO APRIL 1987 PERIOD.)

- 22a. A utility company shut off either your heating fuel or electricity needed to run your heating system 1 [] YES 0 [] NO -- GO TO Q. 23a 221

IF "YES," ON Q. 22a, ASK:

- 22b. Was this because you forgot to pay, you could not pay, or was there some other reason? (CHOOSE MOST IMPORTANT REASON IF MORE THAN ONE APPLIES.) 1 [] FORGOT TO PAY 222
2 [] COULD NOT PAY
5 [] OTHER: (SPECIFY): _____

- 22c. Thinking of all the times you were without heat because your fuel or electricity was shut off, altogether about how many hours or days were you without heat? [] HOURS _____ OR [] DAYS _____ 223-225

- 23a. You ran out of coal, wood, fuel oil or other bulk fuel 1 [] YES 0 [] NO -- GO TO Q. 24a 226

IF "YES," ON Q. 23a, ASK:

- 23b. Was this because you forgot to pay for or order fuel, because you could not pay for the fuel, or was there some other reason? (CHOOSE MOST IMPORTANT REASON IF MORE THAN ONE APPLIES.) 1 [] FORGOT TO PAY 227
2 [] COULD NOT PAY
5 [] OTHER: (SPECIFY:) _____

- 23c. Thinking of all the times you were without heat because you ran out of coal, fuel oil, or other bulk fuel, altogether about how many hours or days were you without heat? [] HOURS _____ OR [] DAYS _____ 228-230

- 24a. Your landlord did not provide heat 1 [] YES 0 [] NO -- GO TO Q. 25a 231

IF "YES," ON Q. 24a, ASK:

- 24b. Did the landlord fail to provide heat because you forgot to pay the rent, because you could not pay the rent, or was there some other reason? (CHOOSE MOST IMPORTANT REASON IF MORE THAN ONE APPLIES.) 1 [] FORGOT TO PAY 232
2 [] COULD NOT PAY
5 [] OTHER: (SPECIFY:) _____

- 24c. Thinking of all the times you were without heat because the landlord did not provide heat, altogether about how many hours or days were you without heat? [] HOURS _____ OR [] DAYS _____ 233-235

- 25a. Your heating system was broken 1 [] YES 0 [] NO -- GO TO Q. 26a. 236

IF "YES," ON Q. 25a, ASK:

- 25b. Did you have to delay repairing or replacing your heating system because you could not pay for the repair or replacement? 1 [] YES 0 [] NO 237

- 25c. Thinking of all the times you were without heat because your heating system was broken, altogether about how many hours or days were you without heat? [] HOURS _____ OR [] DAYS _____ 238-240

INTERVIEWER INSTRUCTIONS:

All questions on this page -- Assume the respondent that these questions apply to all permanent residences of the household from October 1986 to April 1987.

IF "YES," TO 22a OR 23a OR 24a OR 25a, ASK:

- 26a. How many different times were you without your main source of heat during the last winter -- from October 1986 to April 1987? **TIMES WITHOUT MAIN SOURCE OF HEAT:** 241-242
- 26b. During the time your home was without your main source of heat, were you able to heat your home in some other way? 1 YES 243
2 NO -- SKIP TO Q. 27
5 OTHER (SPECIFY:) _____

IF "YES," OR "OTHER," TO 26b, ASK:

- 26c. How were you able to heat your home? (INTERVIEWER. WRITE DOWN WHATEVER RESPONDENT REPORTS.) 244-245
246-247

27. Has any wood been burned in your home in the past 12 months? 1 YES 248
0 NO -- SKIP TO Q. 32

IF "YES" HAND RESPONDENT EXHIBIT 28, AND ASK:

28. This exhibit illustrates about one cord of wood. Did your household burn less than this amount, or about this amount or more? 1 LESS THAN ONE CORD -- ASK Q. 29 249
2 ONE CORD OR MORE -- SKIP TO Q. 30

IF "LESS THAN ONE CORD," ON Q. 28, TURN TO EXHIBIT 29 AND ASK:

29. Which of these is most nearly the amount of wood burned in your household in the past 12 months? 1 A FEW LOGS OR SCRAPS OF WOOD 250
2 1/4 TO 1/3 OF A CORD
3 1/2 CORD (ABOUT ONE PICK-UP TRUCK OF WOOD)
4 OVER 1/2 CORD BUT LESS THAN A FULL CORD

TAKE BACK EXHIBIT 29; SKIP TO Q. 31

IF "ONE CORD OR MORE" ON Q. 28, TURN TO EXHIBIT 30 AND ASK:

30. This exhibit shows wood piles of different sizes. Just using these as general reference points, about how many cords of wood did you burn in your household in the past 12 months? (SEE INSTRUCTION BELOW.) **NUMBER OF CORDS:** 251-253

TAKE BACK EXHIBIT 30; ASK Q. 31

31. Did you purchase any wood to burn in your home in the last 12 months? 1 YES 254
0 NO

INTERVIEWER INSTRUCTIONS:

Q. 30 -- Exhibit 30 is intended only for general reference. Probe for respondent's best estimate of number of cords burned -- this, of course, will ordinarily be a number different from the specific quantities shown on the exhibit. Record answer to nearest cord, or cord plus fraction, as given by respondent (for example: 1, 1-1/2, 4, 10, 12, and so on).

HAND RESPONDENT EXHIBIT 32/34

32. Which fuel is used most for heating water (other than just for cooking purposes)?

- 01 [] GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
 - 02 [] LPG GAS (BOTTLED OR TANK GAS)
 - 03 [] FUEL OIL
 - 04 [] KEROSENE OR COAL OIL
 - 05 [] ELECTRICITY 255-
 - 06 [] COAL OR COKE 256
 - 07 [] WOOD
 - 08 [] SOLAR COLLECTORS
 - 21 [] OTHER (SPECIFY): _____
-
- 00 [] NO FUEL USED -- TAKE BACK EXHIBIT 32/34 SKIP TO Q. 38
 - 96 [] DON'T KNOW

33. In addition to your main fuel, do you use any other fuel for heating water (other than just for cooking purposes)?

- 1 [] YES
- 0 [] NO -- TAKE BACK EXHIBIT 32/34 SKIP TO Q. 35 257

IF "YES," ASK:

34. What is the additional fuel?

- 01 [] GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
 - 02 [] LPG GAS (BOTTLED OR TANK GAS)
 - 03 [] FUEL OIL
 - 04 [] KEROSENE OR COAL OIL 258-
 - 05 [] ELECTRICITY 259
 - 06 [] COAL OR COKE
 - 07 [] WOOD
 - 08 [] SOLAR COLLECTORS
 - 21 [] OTHER (SPECIFY): _____
-
- 96 [] DON'T KNOW

TAKE BACK EXHIBIT 32/34

35. Do you have hot running water in your home?

- 1 [] YES
- 0 [] NO 260

IF ONE-FAMILY HOUSE OR MOBILE HOME, ASK:

36. About how old is your water heater, just approximately? (INTERVIEWER: PROBE FOR BEST GUESS.)

- 1 LESS THAN 2 YEARS
- 2 2 - 4 YEARS
- 3 5 - 9 YEARS
- 4 10 - 14 YEARS 261
- 5 15 YEARS OR MORE
- 6 DON'T KNOW
- 0 DO NOT HAVE A HOT WATER HEATER

IF 2 OR MORE UNITS IN BUILDING, ASK Q. 37.
OTHERWISE SKIP TO Q. 38

262

37. Does the equipment for heating water for your home also heat water for one or more other apartments, houses, or businesses?

- 0 NO, HOT WATER EQUIPMENT IS FOR RESPONDENT'S HOME ONLY
- 1 YES, HOT WATER EQUIPMENT HEATS WATER FOR ONE OR MORE OTHER APARTMENTS, HOUSES, OR BUSINESSES
- 6 DON'T KNOW

38. Do you have air-conditioning equipment, either a central system or individual window or wall units? (MARK ALL THAT APPLY.)
- YES, CENTRAL SYSTEM 263
 - YES, INDIVIDUAL (WINDOW/WALL) UNITS 264
 - NO -- SKIP TO Q. 45

IF "INDIVIDUAL (WINDOW/WALL) UNITS" ON Q. 38, ASK:

39. How many individual window or wall units do you have? NUMBER OF UNITS: 265-266

IF "CENTRAL SYSTEM" ON Q. 38, ASK:

40. Does the central air-conditioning system use electricity, gas from underground pipes, or LPG?
- 3 ELECTRICITY 267
 - 1 GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
 - 2 LPG GAS (BOTTLED OR TANK GAS)
 - 6 DON'T KNOW

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 41, OTHERWISE SKIP TO Q. 42

41. Does the air-conditioning equipment that cools your home also cool other apartments, houses, or businesses?
- 0 NO, A/C IS FOR RESPONDENT'S HOME ONLY
 - 1 YES, A/C COOLS ONE OR MORE OTHER APARTMENTS, HOUSES, OR BUSINESSES
 - 6 DON'T KNOW 268

42. How many rooms in your (house/apartment) can be cooled by your air conditioning? Do not count bathrooms, hallways, foyers, or enclosed porches. NUMBER OF ROOMS: 269-270
- 95 ENTIRE HOUSE OR APARTMENT

HAND RESPONDENT EXHIBIT 43

43. Which of the statements on this exhibit best describes the way you used your air conditioner(s) last summer? (MARK ONLY ONE.)
- 0 DID NOT USE AT ALL 271
 - 1 TURNED ON ONLY A FEW DAYS OR NIGHTS WHEN REALLY NEEDED
 - 2 TURNED ON QUITE A BIT
 - 3 TURNED ON JUST ABOUT ALL SUMMER
 - 5 OTHER (SPECIFY): _____

TAKE BACK EXHIBIT 43

44. When you are using your air conditioning, about what temperature do you usually keep the cooled area? (SEE INSTRUCTION BELOW.) DEGREES FAHRENHEIT: 272-273

INTERVIEWER INSTRUCTIONS:

Q. 44 -- If respondent keeps different sections of the house at different temperatures, we want to know the temperature in the part of the house where the people are. If, for example, the air conditioning is turned off upstairs during the day because the family is downstairs, we want the downstairs temperature.

If the respondent doesn't know temperature, but does know thermostat setting, record thermostat setting. Otherwise, probe for best estimate.

45. How many doors do you have in your home that go from a heated area to the outside or to an unheated area? (SEE INSTRUCTION BELOW.)

NUMBER OF DOORS:

311-312

NONE -- SKIP TO Q. 50

HAND RESPONDENT EXHIBIT 46

46. Please look at this exhibit of different kinds of doors. How many of each of these types of doors do you have?

Q. 46 NUMBER OF DOORS	Q. 47 NUMBER WITH STORM DOOR OR INSULATING GLASS	Q. 48 NUMBER OF STORM/ INSULATING DOORS PUT IN SINCE SEPT. 1, 1985	Q. 49
a. Sliding glass doors _____ <input type="checkbox"/> NONE 313	_____ <input type="checkbox"/> NONE 314	_____ <input type="checkbox"/> NONE 315	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 316-319
b. Other doors to the outside _____ <input type="checkbox"/> NONE 320	_____ <input type="checkbox"/> NONE 321	_____ <input type="checkbox"/> NONE 322	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 323-326

TAKE BACK EXHIBIT 46

FOR EACH TYPE OF DOOR FOR WHICH ANSWER IS "ONE OR MORE," ASK:

47. (Does/How many of) the door(s) have (a storm door/storm doors) or insulating glass? _____

FOR EACH TYPE OF STORM DOOR OR DOOR WITH INSULATING GLASS, ASK:

48. How many of the (storm/insulated glass) doors were put in your home since September 1, 1985? _____

IF ONE OR MORE, ASK:

49. In what month and year (was it/were they) installed? _____

INTERVIEWER INSTRUCTIONS:

Q. 45-46 -- Count each pair of sliding glass doors as one door. Include doors that go to an unheated porch or garage. Do not include doors to a heated hallway in an apartment building, doors that are permanently sealed shut, or doors to an unheated attic or basement.

Q. 48 -- Count as "In Process" any work started but not yet completed. Do not count work done before this household moved in.

50. How many windows do you have in your home? Please include basement, attic, garage, and porch windows only if these areas are heated. (SEE INSTRUCTION BELOW.)

Q. 50 NUMBER OF WINDOWS	Q. 51 NUMBER WITH STORM WINDOWS OR INSULATING GLASS	Q. 52 NUMBER STORM WINDOWS PUT IN SINCE SEPT. 1, 1985	Q. 53
_____	_____	_____	MONTH: _____ YEAR: 198 _____
<input type="checkbox"/> NONE 327-328	<input type="checkbox"/> NONE 329-330	<input type="checkbox"/> NONE 331-332	<input type="checkbox"/> IN PROCESS 333-336

51. How many of the windows have storm windows or insulating glass? (SEE INSTRUCTION BELOW.)

IF ONE OR MORE WINDOWS WITH STORM WINDOWS OR INSULATING GLASS, ASK:

52. How many of the storm windows or windows with insulating glass were put in your home since September 1, 1985?

IF ONE OR MORE ASK:

53. In what month and year were they put in?

IF THE NUMBER OF WINDOWS IN Q. 50 IS GREATER THAN THE NUMBER OF WINDOWS WITH STORM WINDOWS OR INSULATING GLASS IN Q. 51, ASK:

54. You have mentioned that one or more of your windows does not have a storm window or insulating glass. For any of these windows without storm windows or insulating glass, do you use insulating drapes, plastic sheets or other protection?

YES
 NO -- SKIP TO Q. 56

IF "YES," ASK:

55. Thinking now only of your windows without storm windows or insulating glass, about how many windows have insulating drapes, plastic sheets or other protection?

NUMBER WITH PROTECTION:

337

338-339

INTERVIEWER INSTRUCTIONS:

Q. 50 -- 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.

Q. 51 -- Windows made of double glass and other types of insulating glass count the same as storm windows.

Q. 52 -- Count as "In Process" any work started but not yet completed. Do not count work done before this household moved in.

IF ONE-FAMILY HOUSE OR MOBILE HOME, ASK Q. 56ff. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 86 ON PAGE 18.

56. Do you have roof or ceiling insulation in your home?

- 1 YES
- 0 NO -- SKIP TO Q. 62 340
- 6 DON'T KNOW -- SKIP TO Q. 62

IF "YES," HAND RESPONDENT EXHIBIT 57 AND ASK:

57. About how much of the roof or ceiling area is insulated?

- 0 VERY LITTLE (LESS THAN 5%)
- 1 1/4 (5 - 33%)
- 2 1/2 (34 - 66%) 341
- 3 3/4 (67 - 95%)
- 4 ALL (96 - 100%)

TURN TO EXHIBIT 58

58. This exhibit shows different kinds of insulation. Please tell me whether or not you have each one in your roof or ceiling area.

a. BATT/BLANKET	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 342	_____ INCHES [] DON'T KNOW 343-344
b. LOOSE PARTICLES/ LOOSE FILL	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 345	_____ INCHES [] DON'T KNOW 346-347
c. FIRM FOAM/ FIRM PLASTIC	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 348	_____ INCHES [] DON'T KNOW 349-350
d. SPRAYED-IN FOAM	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 351	_____ INCHES [] DON'T KNOW 352-353
e. OTHER (SPECIFY): _____ _____	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 354	_____ INCHES [] DON'T KNOW 355-356

FOR EACH "YES," ASK:

59. About how many inches of (INSULATION TYPE) do you have in your roof or ceiling area? _____

TAKE BACK EXHIBIT 58

60. Was any of the roof or ceiling insulation added or installed in your home since September 1, 1985?

INTERVIEWER: COUNT AS "IN PROCESS" ANY WORK STARTED BUT NOT YET COMPLETED. DO NOT COUNT ANY CHANGES MADE BEFORE THIS HOUSEHOLD MOVED IN.

- 1 YES
- 0 NO -- SKIP TO Q. 62 357
- 2 IN PROCESS -- SKIP TO Q. 62

IF "YES," ASK:

61. In what month and year was the work completed?

- MONTH: _____
- YEAR: 198 _____ 358-361
- [] IN PROCESS

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 86

62. Do you have insulation in all, some, or none of the outside walls of your home? 362

1 ALL
 2 SOME
 0 NONE -- SKIP TO Q. 65
 6 DON'T KNOW -- SKIP TO Q. 65

IF "ALL" OR "SOME," ASK:

63. Was any of the insulation in the outside walls added or installed in your home since September 1, 1985? 363
 (SEE INSTRUCTION AT BOTTOM OF FACING PAGE.)

1 YES
 0 NO -- SKIP TO Q. 65
 2 IN PROCESS -- SKIP TO Q. 65

IF "YES," ASK:

64. In what month and year was the work completed? 364-367
 (SEE INSTRUCTION AT BOTTOM OF FACING PAGE.)

MONTH: _____
 YEAR: 198
 IN PROCESS

HAND RESPONDENT EXHIBIT 65

65. Please look at this list and as I read each item, tell me which, if any, you have in your home:

	Q. 65 HAVE SOME IN HOME	Q. 66 INSTALLED SINCE SEPTEMBER 1, 1985	Q. 67 MONTH/YEAR INSTALLED	
a. Insulation in the basement or crawl space below the floor of your home	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 368	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 369	MONTH: _____ YEAR: <u>198</u> <input type="checkbox"/> IN PROCESS 370-373	
b. Insulation around heating and/or cooling ducts	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 374	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 375	MONTH: _____ YEAR: <u>198</u> <input type="checkbox"/> IN PROCESS 376-379	
c. Insulation around the hot water and/or cooling pipes	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 411	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 412	MONTH: _____ YEAR: <u>198</u> <input type="checkbox"/> IN PROCESS 413-416	407- 408: 04
d. Insulation around the hot water heater	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 417	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 418	MONTH: _____ YEAR: <u>198</u> <input type="checkbox"/> IN PROCESS 419-422	
e. Caulking	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 423	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 424	MONTH: _____ YEAR: <u>198</u> <input type="checkbox"/> IN PROCESS 425-428	
f. Weather stripping around any windows or doors to the outside	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW 429	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 430	MONTH: _____ YEAR: <u>198</u> <input type="checkbox"/> IN PROCESS 431-434	

FOR EACH "YES" ON Q. 65, ASK:

66. Was any of the -- (SPECIFIED ITEM) -- added or installed since September 1, 1985? ↑
 (SEE INSTRUCTION AT BOTTOM OF FACING PAGE.)

IF "YES, ADDED OR INSTALLED SINCE SEPTEMBER 1, 1985", ASK:

67. In what month and year was the work completed? ↑
 (SEE INSTRUCTION AT BOTTOM OF FACING PAGE.)

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 86

TURN TO EXHIBIT 68

68. Please look at this list and as I read each item tell me which, if any, have been added or installed in your home since September 1, 1985. (SEE INSTRUCTION AT BOTTOM OF PAGE.)

	Q. 68	Q. 69
a. An automatic set-back or clock thermostat	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 435	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 436-439
b. Flame retention head burner for furnace (fuel oil)	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 440	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 441-444
c. Automatic flue door (vent damper)	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 445	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 446-449
d. Electrical or mechanical furnace ignition system (spark ignition)	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 450	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 451-454
e. Closeable shutters, insulating drapes, reflective film	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 455	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 456-459
f. Plastic sheets (over windows or other openings)	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 460	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 461-464
g. Heat pump	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 465	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 466-469
h. Wood-burning stove	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 470	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 471-474

FOR EACH "YES," ASK:

69. In what month and year was the work completed?
(SEE INSTRUCTION BELOW.)



TAKE BACK EXHIBIT 68

INTERVIEWER INSTRUCTIONS:

Was item added or installed since September 1, 1985 (Q. 63,66,68) -- Mark "Yes," "No," or "In Process" for each item. Count as "In Process" any work started but not yet completed. Do not count any changes made before this household moved in.

Month/year installed (Q. 64,67,69)-- If household has done item more than once, write down the most recent date.

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q.86

511-513

70. Do you have a heated swimming pool, hot tub or jacuzzi? (DO NOT COUNT A CHILDREN'S WADING POOL AS A SWIMMING POOL.)

HEATED SWIMMING POOL 1 YES 0 NO
 HOT TUB 1 YES 0 NO
 JACUZZI 1 YES 0 NO

IF "YES" ON HEATED SWIMMING POOL, HOT TUB OR JACUZZI, ASK:

HAND RESPONDENT EXHIBIT 71

71. What fuel is used to heat the water? (IF MORE THAN ONE FUEL IS USED, CHECK FUEL USED MOST.)

01 GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
 02 LPG GAS (BOTTLED OR TANK GAS)
 03 FUEL OIL
 04 KEROSENE OR COAL OIL
 05 ELECTRICITY 514-
 06 COAL OR COKE 515
 07 WOOD
 08 SOLAR COLLECTORS
 21 OTHER (SPECIFY): _____

 96 DON'T KNOW

TAKE BACK EXHIBIT 71

INTERVIEWER:

THIS IS A BLANK PAGE.

THERE ARE NO QUESTIONS 72-85.

GO TO NEXT PAGE.

These next questions are about household appliances.

86. Do you have a refrigerator in your home that you use regularly or occasionally? 1 YES 657
 0 NO -- SKIP TO Q. 89

IF "YES," ASK:

87. Do you have one refrigerator or more than one that is presently in use? (How many altogether?) 1 ONE 658
 2 TWO
 3 THREE OR MORE

ASK ABOUT EACH REFRIGERATOR -- FIRST ASK ABOUT REFRIGERATOR USED MOST: (SEE INSTRUCTION BELOW.)

HAND RESPONDENT EXHIBIT 88

88. Which of these best describes your refrigerator? (MARK ONE)

- Freezer section (or ice cube section) must be defrosted periodically
- Freezer section defrosts automatically after frost builds up (catch pan must be emptied)
- Full frost-free (frost does not build up)
- No working freezer section

REFRIGERATOR #1	REFRIGERATOR #2
659	660
1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>

TAKE BACK EXHIBIT 88

INTERVIEWER INSTRUCTIONS:

Q. 88 -- If respondent has more than two refrigerators, ask about two used most.

HAND RESPONDENT EXHIBIT 89

89. Thinking of all the different kinds of cooking done here, including cooking in the oven, on a range, and with small appliances, which fuel is used most?

- 01 GAS FROM UNDERGROUND PIPES
SERVING THE NEIGHBORHOOD
- 02 LPG GAS (BOTTLED OR TANK GAS)
- 03 FUEL OIL
- 04 KEROSENE OR COAL OIL
- 05 ELECTRICITY 661-
- 06 COAL OR COKE 662
- 07 WOOD
- 21 OTHER (SPECIFY): _____
- _____
- 00 NO COOKING DONE -- SKIP TO Q. 91

TURN TO EXHIBIT 90

90. Which of these are used for cooking here in your (house/apartment)?

- | | | | |
|---|--------------------------------|-------------------------------|-----|
| ELECTRIC STOVE-TOP OR ELECTRIC BURNERS | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 663 |
| GAS STOVE-TOP OR GAS BURNERS | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 664 |
| MICROWAVE OVEN | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 665 |
| ELECTRIC OVEN OTHER THAN MICROWAVE | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 666 |
| GAS OVEN | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 667 |
| OUTDOOR GAS GRILL
(USING GAS FROM UNDERGROUND PIPES) | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 668 |
| OUTDOOR GAS GRILL
(USING LPG-BOTTLED OR TANK GAS) | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 669 |

TURN TO EXHIBIT 91

91. Please look at this list and, as I read each item, tell me which of these you use here in your (house/apartment)? (INTERVIEWER: READ AND MARK "YES" or "NO" FOR EACH ITEM).

AUTOMATIC CLOTHES WASHER	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	670
WRINGER WASHING MACHINE (ELECTRIC)	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	671
ELECTRIC DISHWASHER	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	672
ELECTRIC CLOTHES DRYER	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	673
GAS CLOTHES DRYER	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	674
OUTDOOR GAS LIGHT	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	675
ELECTRIC DEHUMIDIFIER	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	676
ELECTRIC HUMIDIFIER	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	677
EVAPORATIVE COOLER (SWAMP COOLER)	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	678
"WHOLE HOUSE" COOLING FAN (IN ATTIC OR ENTRANCE TO ATTIC)	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	679
WINDOW OR CEILING FAN	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	680
ELECTRIC BLANKET	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	707-708, 07 711
WATER BED WITH HEATER	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	712
FROST FREE FREEZER (SEPARATE APPLIANCE FROM REFRIGERATOR)	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	713
MANUAL DEFROST FREEZER (SEPARATE APPLIANCE FROM REFRIGERATOR)	1	<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	714
BLACK AND WHITE TELEVISION SET		<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	NUMBER: <input type="text"/> 715
COLOR TELEVISION SET		<input type="checkbox"/>	YES	0	<input type="checkbox"/>	NO	NUMBER: <input type="text"/> 716

IF "YES," FOR BLACK AND WHITE TV SET, ASK:

92. How many black and white television sets do you use here in your home? _____

IF "YES," FOR COLOR TV SET, ASK:

93. How many color television sets do you use here in your home? _____

TAKE BACK EXHIBIT 91. HAND RESPONDENT EXHIBIT 94.

94. Do you have any other kinds of equipment that use a lot of energy that we have not mentioned? 1 YES 717
0 NO

IF "YES" ON Q. 94, ASK:

95. Please describe the equipment and how you use it.

TAKE BACK EXHIBIT 94

718-720

96. Now I have some questions about the people who live here. Please tell me who they are, just in relation to (HOUSEHOLDER). I would also like to know their ages on their last birthdays. Please begin with (HOUSEHOLDER). (SEE INSTRUCTIONS BELOW.)

PERSON NUMBER	WHO IS RESPONDENT?	RELATIONSHIP TO HOUSEHOLDER	SEX		AGE	Q. 101 - EMPLOYMENT (AGE 14+)			
			FEMALE	MALE		FULL TIME	PART TIME	NOT EMPLOYED	
1		HOUSEHOLDER	1[]	2[]		1[]	2[]	0[]	721-727
2			1[]	2[]		1[]	2[]	0[]	731-737
3			1[]	2[]		1[]	2[]	0[]	741-747
4			1[]	2[]		1[]	2[]	0[]	751-757
5			1[]	2[]		1[]	2[]	0[]	761-767
6			1[]	2[]		1[]	2[]	0[]	771-777
7			1[]	2[]		1[]	2[]	0[]	807-808:08 811-817
8			1[]	2[]		1[]	2[]	0[]	821-827
9			1[]	2[]		1[]	2[]	0[]	831-837
10			1[]	2[]		1[]	2[]	0[]	841-847
11			1[]	2[]		1[]	2[]	0[]	851-857
12			1[]	2[]		1[]	2[]	0[]	861-867

I have listed (READ RELATIONSHIPS FROM Q. 96 ABOVE). Have I missed

97. Any babies or small children? YES (ADD TO LISTING)
 NO
98. Any lodgers, boarders, or persons in your employ who live here? YES (ADD TO LISTING)
 NO
99. Anyone who usually lives here but is away traveling or in the hospital? (SEE INSTRUCTION BELOW.) YES (ADD TO LISTING)
 NO
100. Anyone else staying here who does not have a regular residence elsewhere? YES (ADD TO LISTING)
 NO

FOR OFFICE USE ONLY:

868-869

FOR EACH PERSON AGED 14 YEARS OR OLDER, ASK:

101. Is he/she employed full-time (30 hours or more per week), part-time, or not employed? _____

INTERVIEWER INSTRUCTIONS:

In general, the householder is the person (or one of the persons) in whose name the home is owned or rented.

For questions on this and the following pages, where the term "HOUSEHOLDER" is inserted, use the appropriate designation -- you, your husband, wife, partner -- depending on who is the householder and whom you are interviewing.

Q. 96 -- Be sure to list relationships, not names. Include members of a second family that share the housing unit. Check box to indicate which household member is the respondent.

Q. 99 -- Persons who are normally members of the household but who are now living away from home (e.g., college students or members of the Armed Forces) should not be listed.

102. Does another family share your home with you? 1 YES (SEE INSTRUCTION BELOW.)
0 NO 870

INTERVIEWER: MARK ANSWER. ASK, IF NECESSARY.

- | | | | |
|---|--|--|-----|
| <u>HOUSEHOLDER'S
MARITAL STATUS</u> | 103. Which of the following best describes (HOUSEHOLDER): now married, widowed, divorced or separated, or never married? | 1 <input type="checkbox"/> NOW MARRIED | 871 |
| | | 2 <input type="checkbox"/> WIDOWED | |
| | | 3 <input type="checkbox"/> DIVORCED OR SEPARATED | |
| | | 4 <input type="checkbox"/> NEVER MARRIED | |

HAND RESPONDENT EXHIBIT 104

104. Which of the groups on this exhibit best describes (HOUSEHOLDER)?
- | | |
|--|-----|
| 1 <input type="checkbox"/> WHITE | 872 |
| 2 <input type="checkbox"/> BLACK OR NEGRO | |
| 3 <input type="checkbox"/> AMERICAN INDIAN, ALASKAN NATIVE | |
| 4 <input type="checkbox"/> ASIAN, PACIFIC ISLANDER | |
| 5 <input type="checkbox"/> OTHER (SPECIFY): _____ | |

TAKE BACK EXHIBIT 104

105. Is (HOUSEHOLDER) of Spanish or Hispanic origin or descent? 1 YES
0 NO 873

INTERVIEWER INSTRUCTIONS:

Q.102 -- If answer is "YES," check whether the additional family (or unrelated individual) has a separate room or apartment that is defined by our rules as separate living quarters. Separate living quarters are those in which the occupants (1) live and eat separately from other persons in building, and (2) have direct access from outside the building or through a common hall.

Separate living quarters should be listed separately on your housing unit address list for this location. See sampling instructions as to whether an additional interview should be completed.

If the second family's space does meet the rules for separate living quarters, that space should be excluded from the information obtained in this interview. Go back over this interview to make corrections if necessary.

If the second family's space does not meet the definition of separate living quarters, be sure that the members of the second family are included in the list of household members in Q. 96

I have just a few questions for background statistical purposes.

106. What is the highest grade (or year) (HOUSEHOLDER) attended in school?
- | | | |
|--|-----------------|-------------|
| 00 [] NEVER ATTENDED SCHOOL
SKIP TO Q. 108 | | |
| 01 [] FIRST | 07 [] SEVENTH | |
| 02 [] SECOND | 08 [] EIGHTH | |
| 03 [] THIRD | 09 [] NINTH | |
| 04 [] FOURTH | 10 [] TENTH | |
| 05 [] FIFTH | 11 [] ELEVENTH | |
| 06 [] SIXTH | 12 [] TWELFTH | 874-
875 |

COLLEGE (ACADEMIC YEARS)

- | | |
|-----------|-------------------|
| 13 [] C1 | 16 [] C4 |
| 14 [] C2 | 17 [] C5 |
| 15 [] C3 | 18 [] C6 OR MORE |

107. Did (HOUSEHOLDER) finish that grade (or year)?
- | | |
|-----------|-----|
| 1 [] YES | |
| 0 [] NO | 876 |

HAND RESPONDENT EXHIBIT 108

108. In the past 12 months, did you or any member of your family living here receive any income or benefits from: (INTERVIEWER: READ AND MARK "YES" OR "NO" FOR EACH ITEM.)
- 907-908:09
- | | | | |
|--|-----------|----------|-----|
| a. Wages or salaries. | 1 [] YES | 0 [] NO | 911 |
| b. Self-employment from business or farm. | 1 [] YES | 0 [] NO | 912 |
| c. Aid to Families with Dependent Children (AFDC). | 1 [] YES | 0 [] NO | 913 |
| d. Supplemental Security Income (SSI) | 1 [] YES | 0 [] NO | 914 |
| e. General Assistance or other public assistance | 1 [] YES | 0 [] NO | 915 |
| f. Food Stamps. | 1 [] YES | 0 [] NO | 916 |
| g. Social Security or Railroad Retirement | 1 [] YES | 0 [] NO | 917 |
| h. Unemployment compensation | 1 [] YES | 0 [] NO | 918 |

TURN TO EXHIBIT 109

109. Now let's look at this list of income groups. Please tell me which group letter best describes the total combined income in the last 12 months of all members of your family living here, from all sources -- wages, dividends, Social Security, and so forth -- before taxes and deductions. (Family includes all related persons living in this household.)

CIRCLE LETTER FOR INCOME GROUP

919-920

- | | | |
|--------------------------|--------------------------|--------------------------|
| 01 A LESS THAN \$ 3,000 | 10 I \$11,000 - \$12,499 | 19 Q \$27,500 - \$29,999 |
| 02 B \$ 3,000 - \$ 3,999 | 12 J \$12,500 - \$13,999 | 20 R \$30,000 - \$32,499 |
| 03 C \$ 4,000 - \$ 4,999 | 13 K \$14,000 - \$14,999 | 21 S \$32,500 - \$34,999 |
| 04 D \$ 5,000 - \$ 5,999 | 14 L \$15,000 - \$17,499 | 22 T \$35,000 - \$39,999 |
| 05 E \$ 6,000 - \$ 7,499 | 15 M \$17,500 - \$19,999 | 23 U \$40,000 - \$49,999 |
| 07 F \$ 7,500 - \$ 8,999 | 16 N \$20,000 - \$22,499 | 24 V \$50,000 - \$74,999 |
| 08 G \$ 9,000 - \$ 9,999 | 17 O \$22,500 - \$24,999 | 25 W \$75,000 OR OVER |
| 09 H \$10,000 - \$10,999 | 18 P \$25,000 - \$27,499 | |

96 DON'T KNOW

97 REFUSED

TAKE BACK EXHIBIT 109

IF ANSWER TO Q. 109 IS GROUP R THROUGH W (INCOME \$30,000 OR OVER), SKIP TO Q. 115 ON PAGE 26.
 IF ANSWER TO Q. 109 IS GROUP A THROUGH Q (INCOME UNDER \$30,000), "DON'T KNOW", OR "REFUSED", CONTINUE WITH Q. 110.

HAND RESPONDENT EXHIBIT 110

110. Between October 1, 1986, and September 30, 1987, did your household receive any of the following services free or at reduced cost from the federal, state, or local government? (INTERVIEWER: READ AND MARK "YES" OR "NO" FOR EACH ITEM.)

- a. Insulation in the attic, outside wall, or basement/crawl space below the floor of the house 1 YES 0 NO 921
- b. Insulation around the hot water heater. 1 YES 0 NO 922
- c. Repair of broken windows or doors to keep out the cold or hot weather 1 YES 0 NO 923
- d. Weather stripping or caulking around any windows or doors to the outside 1 YES 0 NO 924
- e. Storm doors or windows added. 1 YES 0 NO 925
- f. Repair of broken furnace 1 YES 0 NO 926
- g. Furnace tuneup and/or modifications 1 YES 0 NO 927
- h. Other home energy-saving devices (Specify): _____ 1 YES 0 NO 928

TURN TO EXHIBIT 111

111. The government has a home energy assistance program that helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company or fuel dealer.

Between October 1, 1986 and September 30, 1987 did your household receive government energy assistance (either directly or through the utility company or fuel dealer) for any of the following: (INTERVIEWER: READ AND MARK "YES" OR "NO" FOR EACH ITEM).

- 111a. Help in paying home heating costs 1 YES 0 NO 929
- 111b. Help in paying home cooling costs 1 YES 0 NO 930
- 111c. Help in paying other home energy costs. 1 YES 0 NO 931

IF "YES" ON Q. 111c, ASK:

112. Please describe this other assistance.

IF "YES" ON Q. 111a (ASSISTANCE TO HELP PAY HOME HEATING COSTS), TURN TO EXHIBIT 113 AND ASK:

113. Were heating assistance payments made in the form of checks, coupons, or vouchers sent to this household or were the payments sent directly to the utility company or fuel dealer? (INTERVIEWER: READ AND MARK "YES" OR "NO" FOR EACH ITEM).

- a. Check to household 1 YES 0 NO 932
- b. Coupon/voucher to household. 1 YES 0 NO 933
- c. Assistance sent directly to electric or gas company, or fuel dealer 1 YES 0 NO 934

114. Altogether, how much government energy assistance to help pay heating costs has been provided directly to this household and/or provided on behalf of this household to a utility company or fuel dealer, between October 1, 1986 and September 30, 1987? (PROBE FOR BEST ESTIMATE). NUMBER OF DOLLARS \$ _____ .00

935-938

TAKE BACK EXHIBITS

ASK EVERYONE

115. Do you or members of your household own your home or do you rent?

- 1 OWN (BUYING) 939
- 2 RENT -- SKIP TO Q. 118
- 3 OCCUPIED WITHOUT PAYMENT OF RENT -- SKIP TO Q. 120

IF "OWN (BUYING)," ASK:

116. Is this (house/apartment) part of a condominium or cooperative?

- 1 YES, CONDOMINIUM
 - 2 YES, COOPERATIVE
 - 0 NO
- 940
- SKIP TO Q. 120

INTERVIEWER: THERE IS NO QUESTION 117

IF "RENT," ASK:

118. Is this residence in a public housing project -- that is, is it owned by a local housing authority?

- 1 YES -- SKIP TO Q. 120
- 0 NO 945
- 6 DON'T KNOW

IF "NO" OR "DON'T KNOW," ASK:

119. Are you paying lower rent because the federal, state, or local government is paying part of the cost?

- 1 YES
- 0 NO 946
- 6 DON'T KNOW

HAND RESPONDENT EXHIBIT 120

120. We may have covered some of these points before, but just to be sure, please look at this exhibit and tell me whether these fuels are used for these purposes in your household.

	USED	NOT USED	PAID BY HOUSEHOLD	INCLUDED IN RENT	OTHER (SPECIFY)	
<u>ELECTRICITY</u>						
a. FOR HOT WATER	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	947-948
b. FOR HEATING YOUR HOME	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	949-950
c. FOR AIR-CONDITIONING (CENTRAL OR WINDOW/WALL UNITS)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	951-952
d. FOR COOKING	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	953-954
e. FOR LIGHTING AND OTHER APPLIANCES	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	955-956
<u>GAS FROM UNDERGROUND PIPES SERVING YOUR NEIGHBORHOOD</u>						
f. FOR HOT WATER	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	957-958
g. FOR HEATING YOUR HOME	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	959-960
h. FOR CENTRAL AIR-CONDITIONING	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	961-962
i. FOR COOKING INSIDE HOME	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	963-964
j. FOR COOKING ON OUTDOOR GRILL	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	965-966
k. FOR OTHER APPLIANCES (INCLUDE OUTSIDE GAS LIGHT HERE)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	967-968
<u>LPG GAS (BOTTLED OR TANK GAS)</u>						
l. FOR HOT WATER	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	969-970
m. FOR HEATING YOUR HOME	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	971-972
n. FOR CENTRAL AIR-CONDITIONING	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	973-974
o. FOR COOKING INSIDE HOME	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	975-976
p. FOR COOKING ON OUTDOOR GRILL	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	977-978
q. FOR OTHER APPLIANCES (INCLUDE OUTSIDE GAS LIGHT HERE)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	979-980
<u>FUEL OIL</u>						
r. FOR HOT WATER	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	1007-1008:10 1011-1012
s. FOR HEATING YOUR HOME	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	1013-1014
t. FOR COOKING AND OTHER USES	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	1015-1016
<u>KEROSENE</u>						
u. FOR HOT WATER	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	1017-1018
v. FOR HEATING YOUR HOME	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	1019-1020
w. FOR COOKING AND OTHER USES	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	1021-1022

FOR EACH USE OF EACH FUEL, ASK:

121. Is that paid for by your household, included in your rent, or do you get it some other way? _____

TAKE BACK EXHIBIT 120

IF GAS FROM UNDERGROUND PIPES IS NOT USED, ASK Q. 122. OTHERWISE, SKIP TO INSTRUCTION AT TOP OF NEXT PAGE.

122. Is gas from underground pipes available in this neighborhood? 1 YES
0 NO
6 DON'T KNOW

1023

INTERVIEWER: IF USE OF ANY FUEL IS "PAID BY HOUSEHOLD" IN QUESTIONS ON PRECEDING PAGE, CONTINUE BELOW. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 147 ON PAGE 35.

1024

123. A budget plan is a plan under which the utility company or fuel dealer and household agree that the household will pay the same amount for fuel each month for a number of months. Is your household on a budget plan for the main fuel used to heat your home?
- 1 YES
0 NO

(INTERVIEWER: THERE IS NO QUESTION 124.)

TURN TO EXHIBIT 125/126

125. Do any of your household fuel bills include costs of fuel used for purposes other than for your own living quarters, such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 1 YES 1030
0 NO -- TAKE BACK EXHIBIT 125/126 --
SKIP TO INSTRUCTIONS FOR
Q. 133 ON PAGE 30.

IF "YES," ASK:

126. For which of the purposes listed on the exhibit are costs of fuel included in your household fuel bills?
(INTERVIEWER: MARK ALL THAT APPLY.)

- | | |
|--|------|
| <input type="checkbox"/> FARM BUILDINGS OR MACHINERY | 1031 |
| <input type="checkbox"/> THE HOUSE OR APARTMENT OF ANOTHER HOUSEHOLD | 1032 |
| <input type="checkbox"/> A BUSINESS OR OFFICE | 1033 |
| <input type="checkbox"/> OTHER PURPOSES (SPECIFY): _____ | 1034 |
-

IF "YES" ON Q. 125, CONTINUE BELOW

127. Which fuel bills include costs of fuel used for purposes other than your own living quarters? (MARK AS MANY AS APPLY.)

- ELECTRICITY 1035
 GAS FROM UNDERGROUND PIPES 1036
 LPG GAS (BOTTLED OR TANK GAS) 1037
 FUEL OIL 1038
 KEROSENE 1039

TURN TO EXHIBIT 128/132

IF "ELECTRICITY" ON Q. 127, ASK:

128. Over the period of a year, about how much of your household's electricity bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?

- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1040
 3 3/4 (67 - 95%)

IF "GAS FROM UNDERGROUND PIPES" ON Q. 127, ASK:

129. Over the period of a year, about how much of your household's gas bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?

- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1041
 3 3/4 (67 - 95%)

IF "LPG GAS" ON Q. 127, ASK:

130. Over the period of a year, about how much of your household's LPG bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?

- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1042
 3 3/4 (67 - 95%)

IF "FUEL OIL" ON Q. 127, ASK:

131. Over the period of a year, about how much of your household's fuel oil bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?

- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1043
 3 3/4 (67 - 95%)

IF "KEROSENE" ON Q. 127, ASK:

132. Over the period of a year, about how much of your household's kerosene bill is used for non-household uses, such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?

- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1044
 3 3/4 (67 - 95%)

TAKE BACK EXHIBIT 128/132

IF HOUSEHOLD USES AND PAYS FOR LPG GAS (SEE QUESTIONS 120-121 PARTS l-q), ASK Q. 133ff., OTHERWISE, SKIP TO INSTRUCTION FOR Q. 136.

133. About how many deliveries of LPG does your household usually get in a year?

NUMBER OF DELIVERIES: 1045-1046

94 CASH AND CARRY, PICK UP AT STORE

95 LIVED HERE LESS THAN 1 YEAR

134. Did you buy LPG for this (house/apartment) in the past 12 months from one company or from more than one company?

1 ONE COMPANY 1047

2 MORE THAN ONE COMPANY

IF "MORE THAN ONE COMPANY," ASK:

135. How many different companies?

2 TWO

3 THREE 1048

4 FOUR OR MORE

IF HOUSEHOLD USES AND PAYS FOR FUEL OIL (SEE QUESTIONS 120-121 PARTS r-t), ASK Q. 136, OTHERWISE, SKIP TO INSTRUCTION FOR Q. 140.

136. About how many deliveries of fuel oil does your household usually get in a year?

NUMBER OF DELIVERIES: 1049-1050

94 CASH AND CARRY, PICK UP AT STORE

95 LIVED HERE LESS THAN 1 YEAR

137. Did you buy fuel oil for this (house/apartment) in the past 12 months from one company or from more than one company?

1 ONE COMPANY 1051

2 MORE THAN ONE COMPANY

IF "MORE THAN ONE," ASK:

138. How many different companies?

2 TWO

3 THREE 1052

4 FOUR OR MORE

HAND RESPONDENT EXHIBIT 139

139. About how much fuel oil does household use in a year -- which of these groups would it be, just approximately? PROBE FOR BEST ESTIMATE.

1 LESS THAN 100 GALLONS PER YEAR

2 100-499 GALLONS PER YEAR

3 500-999 GALLONS PER YEAR 1053

4 1000 OR MORE GALLONS PER YEAR

TAKE BACK EXHIBIT 139

IF HOUSEHOLD USES AND PAYS FOR KEROSENE (SEE QUESTIONS 120-121 PARTS u-w), ASK Q. 140ff. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 144.

140. During the past 12 months, did you have kerosene delivered to your home, did you buy it and bring it home, or did you get kerosene both ways? (MARK ALL THAT APPLY).

- 1 DELIVERED -- GO TO Q. 140a
- 2 BOUGHT AND BROUGHT HOME -- GO TO Q. 140b
- 0 NO KEROSENE DELIVERED OR BOUGHT IN PAST 12 MONTHS -- SKIP TO INSTRUCTION FOR Q. 144

IF "DELIVERED," ASK:

140a. How many different companies or stores delivered kerosene to your home in the past 12 months?

- 1 ONE
- 2 TWO
- 3 THREE
- 4 FOUR OR MORE

IF "BOUGHT AND BROUGHT HOME," ASK:

140b. About how much per gallon did you pay for kerosene, on the average?

PRICE PER GALLON: \$ _____
 DON'T KNOW

IF "DON'T KNOW," PROBE: About how much did you pay in total each time you bought kerosene?

PAYMENT: \$ _____

141. How many times in the past 12 months did you (have kerosene delivered/buy kerosene)?

TOTAL NUMBER OF DELIVERIES/PURCHASES FOR PAST 12 MONTHS: DON'T KNOW

IF TOTAL NUMBER GIVEN ON Q. 141, ASK:

142. On the average, about how many gallons of kerosene did you (have delivered/buy) each time?

NUMBER OF GALLONS: DON'T KNOW

IF "DON'T KNOW" ON Q. 141, ASK:

143. Altogether, about how many gallons of kerosene did you (have delivered/buy) during the past 12 months?

NUMBER OF GALLONS: DON'T KNOW

IF "DON'T KNOW" ON Q. 143, HAND RESPONDENT EXHIBIT 143.

143a. Using this card, can you tell me which group best describes the amount of kerosene your household used in the past 12 months? PROBE FOR BEST ESTIMATE.

- 1 LESS THAN 25 GALLONS
- 2 25 - 49 GALLONS
- 3 50 - 99 GALLONS
- 4 100 - 499 GALLONS
- 5 500 - 999 GALLONS
- 6 1,000 OR MORE GALLONS

TAKE BACK EXHIBIT 143

CONTINUE IF ANY ELECTRIC, GAS (FROM UNDERGROUND PIPES OR LPG), FUEL OIL, OR KEROSENE BILLS ARE PAID BY HOUSEHOLD. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 147.

144. In addition to the types of fuel you use, we are interested in the quantities used and in the amount that people pay for electricity, gas, fuel oil, or kerosene in different parts of the United States.

I have a form that would authorize the companies that supply your household to provide that information to Response Analysis Corporation. The authorization applies to the period from September 1986 through December 1990.

Since this study is being done nationwide, it will give a good picture of the differences in fuel cost and usage all over the country. The information is needed to help establish important national energy policies.

INTERVIEWER: REMOVE THE AUTHORIZATION FORM FROM THE QUESTIONNAIRE AND HAND TO RESPONDENT. EITHER YOU OR RESPONDENT SHOULD FILL IN THE NAME(S) OF COMPANIES. IF MORE THAN ONE LPG OR FUEL OIL OR KEROSENE COMPANY HAS BEEN USED SINCE SEPTEMBER 1, 1986, FILL IN ADDITIONAL COMPANY NAMES ON OTHER SIDE OF FORM. PLEASE PRINT.

1 AUTHORIZATION FORM SIGNED

0 AUTHORIZATION FORM NOT SIGNED -- INTERVIEWER, EXPLAIN BELOW: 1059

IF AUTHORIZATION FORM IS SIGNED, ASK Q. 145ff, OTHERWISE, SKIP TO INSTRUCTION FOR Q. 147

145. Do your fuel bills come addressed to (NAME OF SIGNATURE ON AUTHORIZATION FORM), or are they in another name? 1060

1 SAME NAME -- SKIP TO Q. 146

2 ANOTHER NAME

IF BILL IS IN ANOTHER NAME, ASK:

145a. What is that name and address:

BILLING NAME: _____

STREET ADDRESS: _____

CITY AND STATE: _____

ZIP CODE: _____

146. Would it be possible for you to give me your customer number at your electric/gas company? This number is on your bills from the company.

ELECTRIC COMPANY -- CUSTOMER NUMBER: _____ 1061

NOT AVAILABLE/REFUSED

GAS (FROM UNDERGROUND PIPES) -- CUSTOMER NUMBER: _____ 1062

NOT AVAILABLE/REFUSED

INTERVIEWER

THE AUTHORIZATION FORM IS TO BE FILLED
OUT AT THIS POINT IN THE INTERVIEW. USE
THE SEPARATE FORM THAT IS INSERTED IN THE
QUESTIONNAIRE.

IF HOUSEHOLD HAS ONE OR MORE FUELS "INCLUDED IN RENT" OR "OTHER" (SEE Q. 121), ASK Q. 147 OTHERWISE, SKIP TO Q. 148.

147. We may be needing some additional information about fuels used in this building (house). May I have the name of the person or company to whom you pay rent or who is responsible for paying the fuel bills for this building (house)?

1063

NAME: _____

TELEPHONE NUMBER: (AREA CODE: _____) _____

STREET ADDRESS: _____

CITY OR TOWN/STATE/ZIP CODE: _____

ASK EVERYONE

148. For interview verification purposes, may I have your name, phone number, and mailing address please?

RESPONDENT'S NAME: _____

TELEPHONE NUMBER: (AREA CODE: _____) _____

STREET ADDRESS: _____

CITY OR TOWN/STATE/ZIP CODE: _____

IF APARTMENT, MOBILE HOME/TRAILER COMPLEX AND THE NAME OF THE COMPLEX IS NOT INCLUDED IN THE ADDRESS ABOVE, ASK:

149. Does this (building/development/complex/park) have a name? YES
 NO

IF "YES," ASK:

150. What is the name?

NAME: _____

ASK EVERYONE

Now some questions about cars.

151. How many members of your household can drive a car?

NUMBER OF DRIVERS: 525-526
 NONE

HAND RESPONDENT EXHIBIT 152

152. Do you or other members of your household own or have the regular use of any cars, trucks, vans, or similar vehicles? (DO NOT INCLUDE MOTORCYCLES OR MOPEDS. SEE INSTRUCTION BELOW.)

1 YES 527
 0 NO -- TAKE BACK EXHIBIT 152 AND SKIP TO Q. 165

IF "YES," ASK:

153. How many do you have?

NUMBER OF VEHICLES: 528-529

ASK ABOUT EACH VEHICLE.

154. Which type(s) do you have? (SEE INSTRUCTION BELOW.)

607-608:06

					V E H I C L E N U M B E R				
					1	2	3	4	
	STANDARD PASSENGER CAR	01 <input type="checkbox"/>	530-531	01 <input type="checkbox"/>	553-554	01 <input type="checkbox"/>	611-612	01 <input type="checkbox"/>	634-635
	2-SEAT CAR	02 <input type="checkbox"/>		02 <input type="checkbox"/>		02 <input type="checkbox"/>		02 <input type="checkbox"/>	
	STATION WAGON	03 <input type="checkbox"/>		03 <input type="checkbox"/>		03 <input type="checkbox"/>		03 <input type="checkbox"/>	
	LARGE VAN	04 <input type="checkbox"/>		04 <input type="checkbox"/>		04 <input type="checkbox"/>		04 <input type="checkbox"/>	
	MINI VAN	05 <input type="checkbox"/>		05 <input type="checkbox"/>		05 <input type="checkbox"/>		05 <input type="checkbox"/>	
	PICKUP TRUCK	06 <input type="checkbox"/>		06 <input type="checkbox"/>		06 <input type="checkbox"/>		06 <input type="checkbox"/>	
	JEEP OR SIMILAR VEHICLE	07 <input type="checkbox"/>		07 <input type="checkbox"/>		07 <input type="checkbox"/>		07 <input type="checkbox"/>	
	OTHER (SPECIFY:)	21 <input type="checkbox"/>		21 <input type="checkbox"/>		21 <input type="checkbox"/>		21 <input type="checkbox"/>	

TAKE BACK EXHIBIT 152

155. Please tell me the make and model name (of each one). (SEE INSTRUCTION BELOW.)

	MAKE	532-533	555-556	613-614	636-637
	MODEL NAME	534-535	557-558	615-616	638-639
	MODEL YEAR	536-537	559-560	617-618	640-641

156. What is the model year (of each one)? (ENTER LAST 2 DIGITS OF MODEL YEAR)

	MODEL YEAR	19	19	19	19

INTERVIEWER INSTRUCTIONS:

Q. 152 -- "Regular use" means keeping the vehicle at home.

Q. 154 -- If household has more than four vehicles, mark answers for the four vehicles used most.

Q. 155 -- A model name may consist of several parts -- be sure to get the complete model name. Here are some examples, where the complete model name is in parentheses: Ford (Galaxie), Chevrolet (V10 Suburban), GMC (V15 Jimmy), Toyota (2WD Cargo Van). If respondent does not know the model name of a truck, probe for size (1/2 ton, 3/4 ton, etc.)

CONTINUE IF ONE OR MORE VEHICLES ON Q. 153; OTHERWISE SKIP TO Q. 165

ASK Q's. 157-164 FIRST ABOUT FIRST VEHICLE, THEN SECOND VEHICLE, THIRD, AND FOURTH; REPEAT MAKE AND MODEL OF EACH VEHICLE.

USE COLUMNS FOR VEHICLE NUMBERS CORRESPONDING TO THOSE ON PRECEDING PAGE

These next questions are about your (MAKE & MODEL 1/ MAKE & MODEL 2/ MAKE & MODEL 3/ MAKE & MODEL 4.)

157. Did you get this vehicle within the past 12 months or did you have it before that?

WITHIN PAST 12 MONTHS
ASK Q. 158

HAD IT MORE THAN 12 MONTHS
SKIP TO Q. 160

IF "WITHIN PAST 12 MONTHS," ASK:

158. In what month and year did you get it?

MONTH

YEAR

159. Approximately how many miles has it been driven since you have had it?

MILES

DON'T KNOW

IF "HAD IT MORE THAN 12 MONTHS" ON Q. 157, ASK:

160. Approximately how many miles was it driven during the past 12 months?

MILES

DON'T KNOW

161. I would like to obtain the odometer reading and Vehicle Identification Number for this vehicle -- directly from the vehicle. Is the vehicle available right now so that we may get this information?

YES

CHECK HERE AND ASK Q. 164

NO

GO TO NEXT PAGE AND ASK Q's 162-163

VEHICLE NUMBER			
1	2	3	4
538	561	619	642
1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
539-542	562-565	620-623	643-646
198 _____	198 _____	198 _____	198 _____
543-547	566-570	624-628	647-651
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
548-552	571-575	629-633	652-656
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECT EACH VEHICLE MARKED "YES" ON Q. 161 AFTER YOU COMPLETE HOUSE MEASUREMENTS IN Q's 180-184.

IF "NO" ON Q. 161 (THIS CAR IS NOT AVAILABLE) ASK Q. 162. IF "YES" ON Q. 161, ASK Q. 157 FOR NEXT VEHICLE; IF NO OTHER VEHICLES, SKIP TO Q. 165.

162. Do you know approximately what the odometer reading is for this vehicle?
- HAND RESPONDENT EXHIBIT 163.
163. I would still like to record the Vehicle Identification Number for this vehicle. Do you know what a Vehicle Identification Number is? (IF DON'T KNOW, EXPLAIN VIN.) What is the Vehicle Identification Number for this vehicle? (SEE INSTRUCTIONS BELOW.)

INTERVIEWER: REPORT HERE IF VIN REFUSED FOR ONE OR MORE VEHICLES. EXPLAIN RESPONDENT REACTION OR REASON FOR REFUSING VIN.

V	1	Make _____ Model _____	
		[] ₁ ODOMETER KNOWN _____ (ESTIMATED ODOMETER READING) _____	1353-1358
E	1	[] ₀ ODOMETER NOT KNOWN	1360
		VIN: _____	
H	1	[] ₁ VIN OBTAINED [] ₈ VIN NOT OBTAINED [] ₇ VIN REFUSED	1378 1380
		Make _____ Model _____	
I	2	[] ₁ ODOMETER KNOWN _____ (ESTIMATED ODOMETER READING) _____	1411-1416
		[] ₀ ODOMETER NOT KNOWN	1418
L	2	VIN: _____	
		[] ₁ VIN OBTAINED [] ₈ VIN NOT OBTAINED [] ₇ VIN REFUSED	1436 1438
N	3	Make _____ Model _____	
		[] ₁ ODOMETER KNOWN _____ (ESTIMATED ODOMETER READING) _____	1440-1445
U	3	[] ₀ ODOMETER NOT KNOWN	1447
		VIN: _____	
M	3	[] ₁ VIN OBTAINED [] ₈ VIN NOT OBTAINED [] ₇ VIN REFUSED	1465 1467
		Make _____ Model _____	
B	4	[] ₁ ODOMETER KNOWN _____ (ESTIMATED ODOMETER READING) _____	1618-1623
		[] ₀ ODOMETER NOT KNOWN	1625
R	4	VIN: _____	
		[] ₁ VIN OBTAINED [] ₈ VIN NOT OBTAINED [] ₇ VIN REFUSED	1643 1645

INTERVIEWER INSTRUCTIONS:

Q. 163 -- Explain what the VIN is if respondent does not know.

If respondent questions need for VIN, say:

"The VIN is a set of codes assigned to a vehicle at the factory that, when decoded, describes several of the vehicle's characteristics. These characteristics may then be used to calculate an estimated miles per gallon for that specific type of vehicle."

Review the exhibit card of possible VIN locations. Record the VIN and verify for correctness.

RECORD VEHICLE INSPECTION(S) BELOW.

IF "YES" ON Q. 161, SKIP THIS PAGE (Q. 164) FOR NOW. ASK Q. 157 FOR NEXT VEHICLE (IF NO OTHER VEHICLES, SKIP TO Q. 165). AFTER COMPLETING Qs. 165-179 AND THE MEASUREMENT PROCEDURE IN Qs. 180-184, INSPECT ALL VEHICLES MARKED "YES" ON Q. 161. RECORD VEHICLE INSPECTION(S) BELOW.

164. (SEE INSTRUCTIONS BELOW.)

V E H I C L E	1	Make _____ Model _____ <input type="checkbox"/> ODOMETER OBTAINED _____ (ODOMETER READING FROM VEHICLE) _____ <small>2</small> <small>1360</small> <small>1353-1358</small> <input type="checkbox"/> ODOMETER NOT OBTAINED <small>8</small> <input type="checkbox"/> ODOMETER REFUSED <small>7</small> VIN: _____ <small>1362</small> <small>1378</small> <input type="checkbox"/> VIN OBTAINED <input type="checkbox"/> VIN NOT OBTAINED <input type="checkbox"/> VIN REFUSED <small>1</small> <small>8</small> <small>7</small> <small>1380</small>
	2	Make _____ Model _____ <input type="checkbox"/> ODOMETER OBTAINED _____ (ODOMETER READING FROM VEHICLE) _____ <small>2</small> <small>1418</small> <small>1411-1416</small> <input type="checkbox"/> ODOMETER NOT OBTAINED <small>8</small> <input type="checkbox"/> ODOMETER REFUSED <small>7</small> VIN: _____ <small>1420</small> <small>1436</small> <input type="checkbox"/> VIN OBTAINED <input type="checkbox"/> VIN NOT OBTAINED <input type="checkbox"/> VIN REFUSED <small>1</small> <small>8</small> <small>7</small> <small>1438</small>
	3	Make _____ Model _____ <input type="checkbox"/> ODOMETER OBTAINED _____ (ODOMETER READING FROM VEHICLE) _____ <small>2</small> <small>1447</small> <small>1440-1445</small> <input type="checkbox"/> ODOMETER NOT OBTAINED <small>8</small> <input type="checkbox"/> ODOMETER REFUSED <small>7</small> VIN: _____ <small>1449</small> <small>1465</small> <input type="checkbox"/> VIN OBTAINED <input type="checkbox"/> VIN NOT OBTAINED <input type="checkbox"/> VIN REFUSED <small>1</small> <small>8</small> <small>7</small> <small>1467</small>
	4	Make _____ Model _____ <input type="checkbox"/> ODOMETER OBTAINED _____ (ODOMETER READING FROM VEHICLE) _____ <small>2</small> <small>1625</small> <small>1618-1623</small> <input type="checkbox"/> ODOMETER NOT OBTAINED <small>8</small> <input type="checkbox"/> ODOMETER REFUSED <small>7</small> VIN: _____ <small>1627</small> <small>1643</small> <input type="checkbox"/> VIN OBTAINED <input type="checkbox"/> VIN NOT OBTAINED <input type="checkbox"/> VIN REFUSED <small>1</small> <small>8</small> <small>7</small> <small>1645</small>

INTERVIEWER: REPORT HERE IF VIN REFUSED FOR ONE OR MORE VEHICLES. EXPLAIN RESPONDENT REACTION OR REASON FOR REFUSING VIN.

INTERVIEWER INSTRUCTIONS:

Q. 164 -- If respondent questions need for VIN, say:
 "The VIN is a set of codes assigned to a vehicle at the factory that, when decoded, describes several of the vehicle's characteristics. These characteristics may then be used to calculate an estimated miles per gallon for that specific type of vehicle."

Record VIN from the vehicle itself whenever possible. If VIN cannot be found on the vehicle, show Exhibit 163 (VIN LOCATIONS CARD), and attempt to secure VIN from one of these document sources.

165. INTERVIEWER: MARK TYPE OF HOUSING UNIT

- 1 MOBILE HOME OR TRAILER -- 1064-
SKIP TO Q. 169 1065
 - 2 ONE-FAMILY HOUSE
 - 1 ONE STORY
 - 2 TWO STORY
 - 3 THREE STORY
 - 4 SPLIT-LEVEL
 - 5 OTHER (SPECIFY): _____
- } IF ONE-FAMILY HOUSE, MARK STYLE BASED ON GENERAL APPEARANCE FROM OUTSIDE
- 3 HOUSE OR BUILDING WITH 2 TO 4 UNITS --
SKIP TO Q. 172
 - 4 APARTMENT BUILDING OR OTHER STRUCTURE WITH 5 OR MORE UNITS --
SKIP TO Q. 175

CONTINUE IF ONE-FAMILY HOUSE

166. Do you have a garage attached to your living space or under your house?

- 1 YES
- 0 NO -- SKIP TO Q. 169 1066

IF "YES" ON Q. 166, ASK:

167. Can the garage be heated during the winter months?

- 1 YES
- 0 NO -- SKIP TO Q. 169 1067

IF "YES" ON Q. 167, HAND RESPONDENT EXHIBIT 168 AND ASK:

168. How frequently is the garage heated during the winter months?

- 4 ALWAYS
- 3 USUALLY
- 2 OCCASIONALLY 1068
- 1 ALMOST NEVER
- 0 NEVER
- 5 OTHER (SPECIFY): _____

TAKE BACK EXHIBIT 168

CONTINUE WITH Q. 169 ON NEXT PAGE

IF ONE-FAMILY HOUSE OR MOBILE HOME, ASK Q. 169.

HAND RESPONDENT EXHIBIT 169

169. Does your home have a basement, an enclosed crawl space, a crawl space open to the outside, a concrete slab, or a combination of these?

- | | | | |
|---|--------------------------|------------------------------------|------|
| 1 | <input type="checkbox"/> | BASEMENT | 1069 |
| 2 | <input type="checkbox"/> | CRAWL SPACE -- ENCLOSED | |
| 3 | <input type="checkbox"/> | CRAWL SPACE -- OPEN TO THE OUTSIDE | |
| 4 | <input type="checkbox"/> | CONCRETE SLAB -- SKIP TO Q. 175 | |
| 5 | <input type="checkbox"/> | COMBINATION (MARK ALL THAT APPLY.) | |
| | <input type="checkbox"/> | BASEMENT | 1070 |
| | <input type="checkbox"/> | CRAWL SPACE -- ENCLOSED | 1071 |
| | <input type="checkbox"/> | CRAWL SPACE -- OPEN TO THE OUTSIDE | 1072 |
| | <input type="checkbox"/> | CONCRETE SLAB | 1073 |

TAKE BACK EXHIBIT 169

IF "BASEMENT," "CRAWL SPACE," ON "COMBINATION," ASK:

170. About how much of the basement or crawl space would you say is warm enough to sit, work or play in during the winter months -- all, part, or none?

- | | | | |
|---|--------------------------|-----------------------|------|
| 1 | <input type="checkbox"/> | ALL -- SKIP TO Q. 175 | |
| 2 | <input type="checkbox"/> | PART | 1074 |
| 0 | <input type="checkbox"/> | NONE | |

IF "PART," OR "NONE," HAND RESPONDENT EXHIBIT 171 AND ASK:

171, About how much of the floor area above the unheated basement or crawl space is insulated?

- | | | | |
|---|--------------------------|----------------------------------|------|
| 0 | <input type="checkbox"/> | NONE, VERY LITTLE (LESS THAN 5%) | |
| 1 | <input type="checkbox"/> | 1/4 (5 - 33%) | |
| 2 | <input type="checkbox"/> | 1/2 (34 - 66%) | 1075 |
| 3 | <input type="checkbox"/> | 3/4 (67 - 95%) | |
| 4 | <input type="checkbox"/> | ALL (96 - 100%) | |
| 6 | <input type="checkbox"/> | DON'T KNOW | |

TAKE BACK EXHIBIT 171 -- SKIP TO Q. 175

IF THIS IS A BUILDING WITH 2 TO 4 HOUSING UNITS, ASK Q. 172 OTHERWISE, SKIP TO Q. 175.

172. Does this building have a basement? 1076
 1 [] YES
 0 [] NO -- SKIP TO Q. 175

IF "YES," ASK:

173. Is any part of the basement for the 1077
 exclusive or primary use of your
 household?
 1 [] YES
 0 [] NO -- SKIP TO Q. 175

IF "YES," ASK:

174. Thinking of the basement space used 1078
 by your household -- about how much
 of that space is warm enough to sit,
 work or play in during the winter
 months -- all, part, or none?
 1 [] ALL
 2 [] PART
 0 [] NONE

ASK EVERYONE

HAND RESPONDENT EXHIBIT 175

175. Since September 1984, have any of the kinds of things listed on this exhibit been done to your home -- that is, anything that has either increased or decreased the total number of square feet of space, or that has changed the number of square feet of heated space?

1 YES 1111
 0 NO -- SKIP TO Q. 180

1107-
1108:11

IF "YES", ON Q. 175 ASK:

176. Did the total number of square feet of space increase, decrease, or remain the same?

1 INCREASED 1112
 2 DECREASED
 3 REMAINED THE SAME

177. Did the amount of heated space increase, decrease, or remain the same?

1 INCREASED 1113
 2 DECREASED
 3 REMAINED THE SAME

178. Please give me a description of the work that was done.

1114-
1115

179. In what month and year was the work completed?

MONTH: _____
 YEAR: 198 _____
 IN PROCESS

TAKE BACK EXHIBIT 175

1116-
1119

180. So far, we've been talking about things in your household that affect your energy use. What we need also is a measure of your year-round living space.

With your permission, I would like to measure your home. I can do it from the inside or the outside. With your home, I think it would be most accurate to do it on the (inside/outside).

INTERVIEWER INSTRUCTIONS:

In general, measure all parts of the housing unit enclosed from the weather.

Basements or cellars

Include basements or cellars in one-family houses.

Include basement space in buildings with 2 to 4 housing units, if it is for the exclusive or primary use of household for this interview. See Q. 173.

Exclude basements and cellars in buildings with 5 or more units.

Exclude crawl spaces.

Attics

Include attics if heated or finished.

Exclude attics if unheated and also unfinished.

Garages, sheds, or barns

Include garages if attached to house and enclosed from the weather.

Exclude garages, sheds, or barns if not attached to house or if open to the weather.

Porches

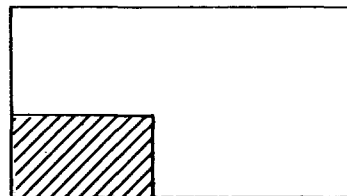
Include porches if enclosed from the weather.

Exclude porches if open to the weather.

Buildings with 2 or more housing units: Measure only the space used by household for this interview (do not measure the entire building).

Unheated areas: Within the housing unit that you measure, indicate unheated area(s) in the diagrams with lines. Give dimensions of unheated area(s).

Indicate unheated areas this way →

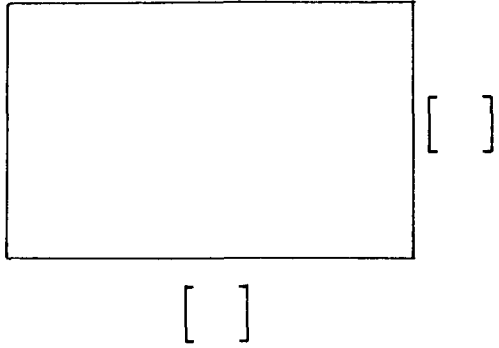


USE BACKS OF MEASUREMENT PAGES FOR ADDITIONAL SPACE AS NEEDED, FOR SKETCHES AND MEASUREMENTS.

RECORD MEASUREMENTS ON DIAGRAM TO NEAREST FOOT

START HERE

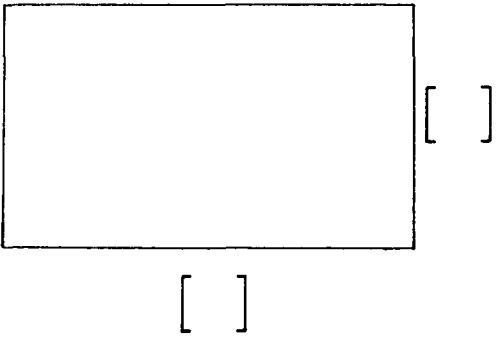
if this household has a basement or cellar (see instruction on facing page for basements and cellars)

BASEMENT MEASUREMENTS <input type="checkbox"/> FULL BASEMENT <input type="checkbox"/> HALF BASEMENT	
RECTANGULAR SHAPE 	DRAW DIAGRAM, IF OTHER THAN RECTANGULAR

INTERVIEWER: HAVE YOU MARKED WITH LINES AND GIVEN DIMENSIONS OF UNHEATED AREAS IN DIAGRAM ABOVE?

START HERE

if this household does not have a basement or cellar

FIRST STORY MEASUREMENTS <input type="checkbox"/> FULL STORY <input type="checkbox"/> HALF STORY	
RECTANGULAR SHAPE 	DRAW DIAGRAM, IF OTHER THAN RECTANGULAR

INTERVIEWER: HAVE YOU MARKED WITH LINES AND GIVEN DIMENSIONS OF UNHEATED AREAS IN DIAGRAM ABOVE?

CONTINUE ON PAGE 47 FOR SECOND AND THIRD STORIES

FOR OFFICE USE ONLY

Ftr Codes		Unit A			Unit B			Unit C			Unit D			# of Units	
1120	21 22	23	24-25	26-27	28	29-30	31-32	33	34-35	36-37	38	39-40	41-42	43	
B															
	1144	45 46	47	48-49	50-51	52	53-54	55-56	57	58-59	60-61	62	63-64	65-66	67
1															

IF NO SECOND OR THIRD STORY TO MEASURE, GO TO Q. 181

RECORD MEASUREMENTS ON DIAGRAM TO NEAREST FOOT

SECOND STORY MEASUREMENTS	<input type="checkbox"/> FULL STORY <input type="checkbox"/> HALF STORY
RECTANGULAR SHAPE	DRAW DIAGRAM, IF OTHER THAN RECTANGULAR

INTERVIEWER: HAVE YOU MARKED WITH LINES AND GIVEN DIMENSIONS OF UNHEATED AREAS IN DIAGRAM ABOVE?

THIRD STORY MEASUREMENTS	<input type="checkbox"/> FULL STORY <input type="checkbox"/> HALF STORY
RECTANGULAR SHAPE	DRAW DIAGRAM, IF OTHER THAN RECTANGULAR

INTERVIEWER: HAVE YOU MARKED WITH LINES AND GIVEN DIMENSIONS OF UNHEATED AREAS IN DIAGRAM ABOVE?

FOR OFFICE USE ONLY

1207-1208:12

Flr Codes			Unit A				Unit B				Unit C				Unit D		# of Units
1168	69	70	71	72-73	74-75	76	77-78	79-80	1211	12-13	14-15	16	17-18	19-20	21		
2																	
1222	23	24	25	26-27	28-29	30	31-32	33-34	35	36-37	38-39	40	41-42	43-44	45		
3																	

Heated	Unheated	DK Htd/Unhtd
1246-1250	1251-1255	1256-1259

181. One part of my task is to mark on my diagram any parts of your home that are not heated during the heating season.

TELL RESPONDENT WHAT PARTS OF HOME, IF ANY, YOU HAVE MARKED AS NOT HEATED DURING HEATING SEASON. THEN ASK:

Is that correct -- have I missed any unheated areas?

REVISE SKETCHES AS NECESSARY;
THEN MARK APPROPRIATE BOX AT
RIGHT.

0 NO UNHEATED AREAS 1260

1 ALL UNHEATED AREAS HAVE BEEN
MARKED WITH LINES



2 ENTIRE UNIT IS UNHEATED (NO
HEATING EQUIPMENT)

INTERVIEWER INSTRUCTIONS:

DOUBLE-CHECK BASEMENTS AND GARAGES

- If the respondent reported an unheated basement (Q. 170 or 174), is it shaded in the drawing?
- If the respondent reported an unheated attached garage (Q. 167), is it shaded in the drawing?

182. INTERVIEWER: MARK BOX TO INDICATE HOW MEASUREMENTS WERE OBTAINED FOR (HOUSE/APARTMENT).

INTERVIEWER INSTRUCTIONS:

DOUBLE-CHECK MEASUREMENTS OBTAINED FROM PLANS OR FROM RESPONDENT ESTIMATES.

ESTIMATES SHOULD INCLUDE:

- Basements
- Attached garages
- Finished or heated attics
- Enclosed porches

ESTIMATES SHOULD EXCLUDE:

- Detached garages
- Attics that are unfinished and unheated
- Porches that are not permanently enclosed
- Areas under construction

- 01 MEASURED INSIDE
- 02 MEASURED OUTSIDE 1261-
- 03 COMBINATION OF INSIDE AND 1262
OUTSIDE MEASUREMENTS
- 04 RESPONDENT GAVE TOTAL
SQUARE FEET FROM PLAN
- 05 RESPONDENT'S ESTIMATES
- 21 OTHER MEASUREMENT
PROCEDURE (SPECIFY): _____

TURN PAGE TO COMPLETE INTERVIEW

FOR OFFICE
USE ONLY

FL	LQT

1263-1265

INTERVIEWER REPORT ON MEASUREMENT OF YEAR-ROUND LIVING SPACE

183. WHAT PROBLEMS, IF ANY, DID YOU HAVE IN MEASURING THIS (HOUSE/APARTMENT)?

184. WHAT EFFECT, IF ANY, DID THESE PROBLEMS HAVE ON THE ACCURACY OF YOUR MEASUREMENTS?

-----> PLEASE REMEMBER TO INSPECT
VEHICLES FOR VIN NUMBERS

		<i>1266-1268</i>	
TIME INTERVIEW COMPLETED:	_____ AM _____ PM	LENGTH OF INTERVIEW:	_____ MINUTES
INTERVIEWER'S SIGNATURE _____	DATE: _____		
INTERVIEWER'S I.D. #: _____	<i>1269-1274</i>		

Survey Conducted for
The Energy Information Administration
by Response Analysis Corporation
377 Wall Street
Post Office Box 158
Princeton, New Jersey 08542
RAC 4917/4905 • 062387
F4905-05