U.S. Department of Energy
# Energy Information Administration


# 2009
# Residential Energy Consumption Survey

## Household Questionnaire

# NOTES

This document contains a printed version of the 2009 Residential Energy Consumption Survey (RECS). The RECS is a Computer Assisted Personal Interview (CAPI) and so the printed questionnaire is never used, however, this version allows interested parties and data users to see all questions in the order they are asked, response categories, and question skip patterns.

RECS is programmed in Blaise and analyzed in SAS. As a result, there are two variables for each question. The first variable is the Blaise variable as it appears in the CAPI and the second variable is the SAS variable as it appears in the data files.

The numbers after each response indicate the value of the SAS variable for each response. These numbers should be used when analyzing the data. For users interested in trend analysis, every attempt is made to maintain historical consistency for variable names and responses.

For those using the public data file, the following standard recodes are used:

| | |
|---|---|
| Don't Know | -8 |
| Refusal | -9 |
| Not Applicable (due to skip pattern) | -2 |

A short follow-on rental agent survey is conducted when household respondents do not pay some or all of their utility bills. This questionnaire can also be found on the RECS website.

For any further questions, please contact Chip Berry at james.berry@eia.doe.gov or 202-586-5543.

# Section A: HOUSING UNIT CHARACTERISTICS

A-1     CONFIRM If you haven't already, confirm you are at the correct address. Record the answer below.

> Correct Address as Listed ................................ 1
> Mostly Correct Address, Needs Updating ......... 2 → You are at the correct housing unit to be interviewed but there is a difference between the listed address and the actual address.
>
> Not Correct Address .......................................... 0 → TerminateADD This is not the housing unit you are supposed to be interviewing. excuse yourself and terminate the interview. Enter "1", [ENTER] to Exit.

A-1a     [If CONFIRM=2] ConfirmStreet CSTREET You are at the correct housing unit to be interviewed but there is a difference between the listed address and the actual address. Enter the actual housing unit address and continue the interview. RECORD the street address here.

```
                        ┌──────────────────────────────────┐
                        │                                  │
                        └──────────────────────────────────┘
```

A-1b     [If CONFIRM=2] ConfirmCity CCITY RECORD the city here.

```
                        ┌──────────────────────────────────┐
                        │                                  │
                        └──────────────────────────────────┘
```

A-1c     [If CONFIRM=2] ConfirmState CSTATE RECORD the state here.

```
                        ┌──────────────────────────────────┐
                        │                                  │
                        └──────────────────────────────────┘
```

A-1d     [If CONFIRM=2] ConfirmZipCode CZIP RECORD the zip here.

```
                        ┌──────────────────────────────────┐
                        │                                  │
                        └──────────────────────────────────┘
```

(LOADHUQ, the lister's housing unit type observation, will be a part of the data file for some cases, but will not be used by Blaise.)

A-2     INTTypeOfHome INTHUQ RECORD your observation of the housing unit type.

> Single-family detached house(a house detached from any other house), .............2
> a Single-family attached house (a house attached to one or more houses), .........3
> an Apartment building with 2-4 units, ....................................................................4
> an Apartment building 5 or more units, or ............................................................5
> a Mobile home? ...................................................................................................1

(Don't Know and Refuse will be disabled for INTHUQ)
*** INTHUQ=TYPEHUQ unless REVHUQ=1 (Use householder's description)

**I'd like to start with some general questions about your home.**

A-3     PRIMRES PRIMRES **Your primary residence is the home where you live for most of the year. Is this your primary residence?**

> Yes........................................... 1
> No ............................................ 0

A-3a     [If PRIMRES=0] PRIMRESA PRIMRESA **Is this the primary residence for anyone else who currently lives in this home?**

> Yes............................... 1 → CompPrimRES COMPLETE interview with primary resident when they are available. ENTER "1", [ENTER],

No .............................. 0 → | TerminateRES | This housing unit is out of scope. Excuse yourself and terminate the interview. ENTER "1", [ENTER], to Exit

A-4    | ConfirmHUQ | CNFRMHUQ **My observation is that this residence is a** [FILL:IntTypeOfHome]. **Do you agree with my observation?**

Yes.......................................... 1
No .......................................... 0

A-4a    [If ConfirmHUQ=0, Don't Know, Refuse] | HHolderDescription | ALTHUQ **Which of the following do you believe best describes this home? Is it a…**

Single-family detached house, ..................................... 2
a Single-family attached house, .................................. 3
an Apartment building with 2-4 units, ............................ 4
an Apartment building 5 or more units, or .................... 5
a Mobile home? .............................................. 1

A-4a1    [If HHolderDescription=1,2,3,4,5] | ReviseHUQ | REVHUQ If you *agree* with the households' description, record "use householder's description" below, and use the alternative as the type of housing unit throughout the remainder of the interview.

If you *disagree* with the householder's description, record "use recs definition" below and tell the householder that: **Although you have described this home as a** [ENTER THE ALTHUQ HERE], **the definitions given to me by the Department of Energy describe this home as a** [ENTER THE TYPEHUQ HERE]. **I have recorded your description, but in order to be consistent, I will need to refer to this home as a** [ENTER THE TYPEHUQ HERE] for the rest of the survey.

Use Householder's Definition ............... 1
Use RECS Definition ............................ 2

A-5    | OwnOrRent | KOWNRENT **Is this** [If TYPEHUQ=1,2,5] **home** [If TYPEHUQ=2,3] **apartment…**
READ responses.
PROBE "don't know" responses to this question.

Owned or being bought by someone in your household, ............ 1
Rented, or............................................ ................................. 2
Occupied without payment of rent?........ .................................... 3

A-5a    | CondoOrCoop | KOWNCOND **Is this home part of a condominium or cooperative?**

Yes .......................................... 1
No ........................................... 0

A-5a1    [If CondoOrCoop=1] | WhichCondoOrCoop | CONDCOOP **Which is it, a condominium or a cooperative?**

Condominium .......................... 1
Cooperative ............................. 2

A-6    | YearBuilt | YEARMADE **In what year was this structure built? Your best estimate is fine.**

Year built.......................    [          ]

A-6a    [If YearBuilt=Don't Know, Refuse] | YearBuiltEst | YEARMADERANGE Place show card 1 in front of the respondent. **Please look at Card 1. Although you do not know the exact year this**

**structure was built, it is helpful to have an estimate. About when was this structure built?**

```
Before 1950 ........................................... 1
1950 to 1959 ........................................ 2
1960 to 1969 ........................................ 3
1970 to 1979 ........................................ 4
1980 to 1989 ........................................ 5
1990 to 1999 ........................................ 6
2000 to 2004 ........................................ 7
2005 to 2010 ........................................ 8
```

A-7    YearMovedIn OCCUPYY **In what year did your household move in? Your best estimate is fine.**

Year moved in .............. [        ]

A-7a    [If YearMovedIn=Don't Know, Refuse] YearMovedInEst OCCUPYYRANGE Place show card 1 in front of the respondent. **Please look at Card 1.  Although you do not know the exact year your household moved in, it is helpful to have an estimate.  About when did your household move in?**

```
Before 1950 ........................................... 1
1950 to 1959 ........................................ 2
1960 to 1969 ........................................ 3
1970 to 1979 ........................................ 4
1980 to 1989 ........................................ 5
1990 to 1999 ........................................ 6
2000 to 2004 ........................................ 7
2005 to 2010 ........................................ 8
```

A-8    [If YearMovedIn=2008,2009] MonthMovedIn OCCUPYM **In what month of that year did your household move in?**

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

A-9    Location URBRUR **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-10    [If TYPEHUQ=4] OriginallyApt CONVERSION **I have a few questions about the structure in which you live. Was this structure 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
```

A-10a    [If OriginallyApt=2] OriginalType ORIG1FAM **Was this structure originally built as a single-family house?**

Yes............................................. 1
No .............................................. 0

A-10a1 [If OriginalType=1] MoreLikeApt LOOKLIKE **Is the part of this structure where you live more like a single-family house, or more like an apartment building?**

More like a single-family house .............. 1
More like an apartment building ............. 2

A-11 [If TYPEHUQ=5] NumberOfFloors NUMFLRS **How many floors are in this apartment building?**

Number of floors ........................ ☐

A-12 [If TYPEHUQ=5] NumberOfAptUnits NUMAPTS **Approximately how many apartment units are in this building?**

Number of units ......................... ☐

A-13 OutsideWall WALLTYPE Place show card 2 in front of the respondent. **Please look at Card 2. What is the major outside wall material for this housing unit?**

Brick...................................................... 1
Wood .................................................... 2
Siding (Aluminum, vinyl, or steel) ......... 3
Stucco................................................... 4
Composition (Shingle) .......................... 5
Stone .................................................... 6
Concrete or concrete block................... 7
Glass..................................................... 8
Other..................................................... 9
PROBE "don't know" responses to this question.

A-13a [If OutsideWall=9] OutsideWallFU WALLTYPEFU **Could you tell me what that other material is?**

A-14 [If TYPEHUQ=1,2,3,4] Rooftype Place show card 3 in front of the respondent. **Please look at Card 3. What is the major roofing material on this housing unit?**

Ceramic or clay tiles ............................. 1
Wood shingles/shakes.......................... 2
Metal ..................................................... 3
Slate or synthetic slate ......................... 4
Composition shingles ............................ 5
Asphalt.................................................. 6
Concrete tiles........................................ 7
Other..................................................... 9

A-14a [If Rooftype=9] RoofTypeFU **Could you tell me what that other material is?**

A-15 [If TYPEHUQ=4,5] StudioApt STUDIO **Is your apartment a one-room efficiency or studio apartment?**

Yes......................................... 1
No .......................................... 0

A-16 [If StudioApt=0, Don't Know, Refuse] FloorsinApt ONEFLRAPT **Is the living space of your entire apartment unit on a single level?**

Yes............................................ 1
No .............................................. 0
PROBE "don't know" responses to this question.

A-16a [If FloorsinApt=0] LevelInApt NAPTFLRS **How many levels does your apartment unit have?**

Number of levels.....................................

PROBE "don't know" responses to this question.

A-17 [If TYPEHUQ=2,3] NumOfStories STORIES Place show card 4 in front of the respondent. **Please look at Card 4. Not including basements or attics, how many stories does your home have?**

One story ........................................... 10
Two stories ....................................... 20
Three stories..................................... 31
Four or more stories ........................ 32
Split-level ........................................ 40
Some other type ............................. 50
PROBE "don't know" responses to this question.

A-17a [If NumOfStories=50] NumOfStoriesFU STORIESFU **Could you describe the building?**

A-18 [If TYPEHUQ=1] AddtnsToMobileHome 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-19 [If StudioApt=0, Don't Know, Refuse] NumBedRooms BEDROOMS **How many bedrooms do you have in your home?** [If TYPEHUQ=2,3,4: *Include bedrooms in finished attics or finished basements*.]

Number of bedrooms ................
[If more than nine bedrooms, enter 9]
PROBE "don't know" responses to this question.

A-20 NumFullBaths NCOMBATH **A full bathroom is one that has a sink with running water, a toilet, *and* either a bathtub or shower. How many full bathrooms do you have in your home?** [If TYPEHUQ=2,3,4: *Include bathrooms in finished attics or finished basements*.]

Number of full bathrooms .........

A-21 NumHalfBaths NHAFBATH **A half-bathroom is one that has either a toilet *or* a bathtub *or* a shower. How many half bathrooms do you have?** [If TYPEHUQ=2,3,4: *Include bathrooms in finished attics or finished basements*.]

Number of half bathrooms ........

A-22 [If StudioApt=0, Don't Know, Refuse] NumOtherRooms OTHROOMS **Now think about other rooms in your home besides bedrooms and bathrooms. Not including unfinished areas, hallways, and closets**, **how many other rooms are there in your home?**

Number of other rooms ............. ☐
PROBE "don't know" responses to this question.

A-23  [If TYPEHUQ=2,3,4] **Now think about the foundation of your home. Is any part of your home over a…** (Mark all that apply.)

|  | Yes | No |
|---|---|---|
| Basement CELLAR Basement, ...................................... | 1 | 0 |
| CrawlSpace CRAWL Crawl Space, or........................... | 1 | 0 |
| ConcreteSlab CONCRETE Concrete slab?................... | 1 | 0 |

A-23a  [If Basement=1] FinishedBsmnt BASEFIN **For this survey, a "finished" basement has finishing materials on the floor, ceiling, and walls. Is any part of your basement finished?**

Yes........................................... 1
No  ........................................... 0

A-23a1  [If FinishedBsmnt=1] RoomsInFinishedBsmnt FINBASERMS **How many finished rooms are there in your basement?**

Number of finished basement rooms ....................... ☐

A-23b  [If Basement=1] BASEHEAT **Do you heat any of your basement during the winter months?**

Yes........................................... 1
No  ........................................... 0

A-23b1  [If BASEHEAT=1] APPHowWarmBsmnt BASEHT2 **About how much of the basement is heated during the winter months? Is it…**

All,........................................... 1
Part ......................................... 2

A-23b2  [If APPHowWarmBsmnt=2] HowMuchBsmtHeated PCTBSHT Place show card 5 in front of the respondent. **Please look at Card 5. What portion of the basement is heated during the winter months?**

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

A-23c  [If Basement=1] BASECOOL **Do you use air conditioning to cool any of your basement during the summer months?**

Yes........................................... 1
No  ........................................... 0

A-23c1  [If BASECOOL=1] APPHowCoolBsmnt BASECL2 **About how much of the basement is air conditioned during the summer months? Is it…**

All,........................................... 1
Part ......................................... 2

A-23c2  [If APPHowCoolBsmnt=2] HowMuchBsmntCooled PCTBSTCL Place show card 5 in front of the respondent. **Please look at Card 5. What portion of the basement is air**

**conditioned during the summer months?**

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

A-23d   [If Basement=1 and TYPEHUQ=4] APPUseOfBsmnt BASEUSE **About how much of the basement would you say you have *exclusive* use of? Is it …**

                All, ........................................... 1
                Part, or .................................... 2
                None? ...................................... 0


A-24     [If TYPEHUQ=2,3,4] HaveAnAttic ATTIC **An attic is an area directly below the roof, accessible by stairs, with space for you to stand upright and easily move about. Does your home have an attic?**

                Yes........................................... 1
                No  ........................................... 0

A-24a    [If HaveAnAttic=1] AtticFinished ATTICFIN **Is any part of the attic finished? That is, does it have finishing materials on the floor, ceiling, and walls?**

                Yes........................................... 1
                No  ........................................... 0

A-24a1  [If AtticFinished=1] RoomsInFinishedAttic FINATTRMS **How many finished rooms are there in your attic?**

                Number finished attic rooms......  ☐

A-24b    [If HaveAnAttic=1] ATTCHEAT **Do you heat any of your attic during the winter months?**

                Yes........................................... 1
                No  ........................................... 0

A-24b1  [If ATTCHEAT=1] APPHowWarmAttic ATTCHT2 **About how much of the attic is heated during the winter months?  Is it…**

                All ............................................. 1
                Part .......................................... 2

A-24b2  [If APPHowWarmAttic=2] HowMuchAtticHeated PCTATTHT Place show card 5 in front of the respondent. **Please look at Card 5. What portion of the attic is heated during the winter months?**

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

A-24c    [If HaveAnAttic=1] ATTCCOOL **Do you use air conditioning to cool any of your attic during the summer months?**

                Yes........................................... 1
                No  ........................................... 0

A-24c1 [If ATTCCOOL=1] APPHowCoolAttic ATTCCL2 **About how much of the attic is air conditioned during the summer months? Is it…**

> All............................................. 1
> Part ........................................... 2

A-24c2 [If APPHowCoolAttic=2] HowMuchAtticCooled PCTATTCL Place show card 5 in front of the respondent. **Please look at Card 5. What portion of the attic is air conditioned during the summer months?**

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

A-24d [If HaveAnAttic=1 and TYPEHUQ=4] APPUseOfAttic ATTICUSE **About how much of the attic would you say you have *exclusive* use of? Is it…**

> All,............................................. 1
> Part, or ...................................... 2
> None? ....................................... 0

A-25 [If TYPEHUQ=1,2,3] PlaceToPark PRKGPLC1 **Does your home have a garage that is attached to or part of your home?**

> Yes........................................... 1
> No ........................................... 0

A-25a [If PlaceToPark=1] SizeOfGarage **What is the size of that attached garage? Is it a…**

> OneCarAttachedGarage One-car garage, .......................1
> TwoCarAttachedGarage Two-car garage, or..................2
> ThreeCarAttachedGarage Three-or-more-car garage?...3

A-25a1 [If PlaceToPark=1] LocationOfGarage GARGLOC **Is the garage attached to or part of the** [If CELLAR=1: *basement,*] **first floor, or some other floor of the home?**

> Part of the basement ............................ 1
> Part of the first floor ............................. 2
> Some other floor .................................. 3

A-25a2 [If PlaceToPark=1] HowWarmGarage GARGHEAT **Is the garage heated during the winter months?**

> Yes........................................... 1
> No ........................................... 0

A-25a3 [If PlaceToPark=1] HowCoolGarage GARGCOOL **Is the garage air conditioned during the summer months?**

> Yes........................................... 1
> No ........................................... 0

A-25b [If PlaceToPark=0, Don't Know, Refuse] DetachedGarage PRKGPLC2 **Does your home have a *detached* garage or covered carport?**

> Yes........................................... 1

No ........................................... 0

A-25b1 [If DetachedGarage=1] DetachedGarageSize **Which does your home have? Is it a…**
(Mark all that apply.)

DGARG1C One-car garage, ..............................1
DGARG2C Two-car garage, .............................2
DGARG3C Three-or-more-car garage, or ..........3
CARPORT Carport?..........................................4

A-26 IVCOMMAFILTER If you have any comments that might suggest that the data collected in the housing unit characteristics section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

I have comments regarding the quality of data in this section ....................1
I do not have comments ................................................................................2

A-26a [If IVCOMMAFILTER=1] IVerCommentsA IVCOMMA RECORD any information here about the characteristics of this housing unit that might provide clarification to the respondent's answers. Comments are not required but are encouraged to describe unique housing unit or household characteristics. Use this space to help explain extraordinary or abnormal responses.

_____

_____

_____

# Section B: KITCHEN APPLIANCES

**SECTION INTRODUCTION: Now I would like to ask you about kitchen appliances.**

B-1　StoveOven STOVEN Place show card 6 in front of the respondent. **Let's start with major cooking appliances. Please look at Card 6. This first picture shows a stove, which has *both* a cooktop and an oven. How many stoves do you have?**

Number of Stoves.. ☐

B-1a　[If StoveOven>0] ComboStoveOven STOVENFUEL **What fuel does your stove use? Is it . . .**
　　　　[If StoveOven>1] ComboStoveOvenA **What fuel does your *most used* stove use? Is it . . .**

Electricity, ...................................................................... 5
Natural gas from underground pipes, ........................... 1
Propane (bottled gas), or ............................................... 2
Some other fuel? .......................................................... 21
PROBE "don't know" responses to this question.

B-1a1　[If ComboStoveOven/ComboStoveOvenA=21] ComboStoveOvenFU **Could you tell me what that other type of fuel is?**

B-2　Stove **The second picture shows a separate cooktop. How many separate cooktops do you have?**

Number of Separate Cooktops… ☐

B-2a　[If Stove>0] APPComboStoveFuel STOVEFUEL **What fuel does your separate cooktop use? Is it . . .**
　　　　[If Stove>1] APPComboStoveFuelA **What fuel does your *most used* separate cooktop use? Is it . . .**

Electricity, ...................................................................... 5
Natural gas from underground pipes, ........................... 1
Propane (bottled gas), or ............................................... 2
Some other fuel? .......................................................... 21
PROBE "don't know" responses to this question.

B-2a1　[If APPComboStoveFuel/APPComboStoveFuelA=21] APPComboStoveFuelFU STOVEFUELFU **Could you tell me what that other type of fuel is?**

B-3　MoreThanOneOven OVEN **The third picture shows a separate wall oven. How many separate wall ovens do you have?**

Number of Separate Ovens.. ☐

B-3a　[If MoreThanOneOven>0] OvenFuel OVENFUEL **What fuel does your separate wall oven use? Is it . . .**
　　　　[If MoreThanOneOven>1] OvenFuelA **What fuel does your *most used* separate wall oven use? Is it . . .**

Electricity, ...................................................................... 5
Natural gas from underground pipes, ........................... 1
Propane (bottled gas), or ............................................... 2
Some other fuel? .......................................................... 21

B-3a1  [If OvenFuel=21] OvenFuelFU OVENFUELFU **Could you tell me what that other type of fuel is?**

B-4  [If StoveOven>0 or MoreThanOneOven>0] FreqOvenUse OVENUSE Place show card 7 in front of the respondent. **Please look at Card 7. Which of the categories shown best describes how often the oven is used?**
[If StoveOven+MoreThanOneOven>1] FreqOvenUseA Place show card 7 in front of the respondent. **Please look at Card 7. Which of the categories shown best describes how often the *most used*] oven is used?**

Three or more times a day ...... 1
Two times a day ...................... 2
Once a day ............................. 3
A few times each week............ 4
About once a week .................. 5
Less than once a week............ 6
Not used (if volunteered) ......... 0

B-4a  [If StoveOven>0 or MoreThanOneOven>0] SelfCleanOven OVENCLN **Does the oven have a self-cleaning feature?**
[If StoveOven+MoreThanOneOven>1] SelfCleanOvenA **Does the *most used* oven have a self-cleaning feature?**

Yes........................................... 1
No ............................................ 0

B-4a1  [If SelfCleanOven/SelfCleanOvenA=1] TypeSelfClean TYPECLN **Does the self-cleaning oven clean continuously or do you have to manually start the cleaning cycle?**

Cleans continuously ............................. 1
Manually start the cleaning cycle ......... 2

B-5  MicroOven MICRO **Does your household use a microwave oven?**

Yes........................................... 1
No ........................................... 0

B-5a  [If MicroOven=1] MicroOvenUse AMTMICRO Place show card 8 in front of the respondent.
**Please look at Card 8. Which answer best describes how frequently your household uses the microwave to prepare hot meals and snacks in a typical week?**

Used to cook or reheat *most* meals and snacks ........................................ 1
Used to cook or reheat *about half* of meals and snacks ............................ 2
Used to cook or reheat *a few* meals and snacks ....................................... 3
Used very little ........................................................................................... 4

B-5b  [If MicroOven=1] MicroDefrost DEFROST **Does your household use the microwave for defrosting?**

Yes........................................... 1
No ........................................... 0

B-6  OutDoorGrill OUTGRILL **Does your household use an outdoor grill?**

Yes ........................................ 1
No ......................................... 0

B-6a   [If OutDoorGrill=1] OutDrGrillFuel OUTGRILLFUEL **What fuel does your outdoor grill use? Is it…**

Natural gas from underground pipes, ........................... 1
Propane (bottled gas) ................................................. 2
Some other fuel? ....................................................... 21

B-6a1   [If OutDrGrillFuel=21] OutDrGrillFuelFU OUTGRILLFUELFU **Could you tell me what that other type of fuel is?**

B-7   StoveTopGrill TOPGRILL **Does your household use a built-in indoor grill?**

Yes ......................................... 1
No  ......................................... 0

B-7a   [If StoveTopGrill=1] APPGrillFuel STGRILA **What fuel does your built-in indoor grill use? Is it…**

Electricity, ................................................................... 5
Natural gas from underground pipes, ........................... 1
Propane (bottled gas), or ............................................. 2
Some other fuel? ....................................................... 21

B-7a1   [If APPGrillFuel=21] APPGrillFueFU STGILAFU **Could you tell me what that other type of fuel is?**

B-8   ToasterOven TOASTER **Does your household use a toaster oven?**

Yes ......................................... 1
No ......................................... 0

B-9   APPNumMealsCooked NUMMEAL Place show card 7 in front of the respondent. **Please look at Card 7. Which of the categories shown best describes how often hot meals are usually cooked in your home?**

Doesn't cook/Never cooks (If volunteered) ....... 0
Three or more times a day ................................ 1
Two times a day ............................................... 2
Once a day ....................................................... 3
A few times each week ...................................... 4
About once a week ............................................ 5
Less than once a week ...................................... 6

B-10   [If more than one fuel is used for cooking, not counting charcoal AND APPNumMealsCooked≠0] APPMainCookingFuel FUELFOOD **You mentioned that your household uses** [ENTER THE NAMES OF FUELS USED FOR COOKING (except charcoal)] **to prepare hot meals**. **Which of these fuels is used most for cooking in your home?**

Electricity ......................................................... 5
Natural gas from underground pipes ............................. 1
Propane (bottled gas) ................................................. 2
Some other fuel ......................................................... 21

B-10a　[If APPMainCookingFuel=21] B8FollowUp **Could you tell me what the other fuel used for most of your cooking is?**

B-11　CoffeeMaker COFFEE **Does your household use an electric coffee maker?**

> Yes........................................... 1
> No ........................................... 0

**Next I'm going to ask about other kitchen appliances.**

B-12　NumOfFrig NUMFRIG **How many refrigerators are plugged-in and turned on in your home?**

> Number of Refrigerators.. ⬜

B-13　TypeOfFrig1 TYPERFR1 Place show card 9 in front of the respondent. **Please look at Card 9. Which of the pictures best describes** [If NumOfFrig=1 *your refrigerator?*; If NumOfFrig>1 *the refrigerator used the most?*]

> Full-size with one door..................................................... 1
> Full-size with two doors, freezer *next* to the refrigerator ........... 21
> Full-size with two doors, freezer *above* the refrigerator ........... 22
> Full-size with two doors, freezer *below* the refrigerator............. 23
> Full-size with three or more doors ............................................. 5
> Half-size or compact................................................................. 3
> Some other kind ......................................................... 4

B-13a　[If TypeOfFrig≠3] SizeOfFrig1 SIZRFRI1 Place show card 10 in front of the respondent. **Please look at Card 10. How would you describe the size of this refrigerator?**

> Half-size or compact............................. 1
> Small (14 cubic feet or less) ................. 2
> Medium (15 to 18 cubic feet)................ 3
> Large (19 to 22 cubic feet).................... 4
> Very Large (more than 22 cubic feet)... 5

B-13b　DfrostFrig1 REFRIGT1 **What type of defrosting does this refrigerator have? Is it …**

> Manual ........................................................................... 1
> Frost-free? (either automatic or semi-automatic) ........... 2
> No working freezer section (if volunteered).................... 3

B-13c　IceThruDoor1 ICE **Does this refrigerator have through-the-door ice and water service?**

> Yes........................................... 1
> No ........................................... 0

B-13d　AgeOfFrig1 AGERFRI1 Place show card 11 in front of the respondent. **Please look at Card 11. About how old is this refrigerator? Your best estimate is fine.**

> Less than 2 years old ............................ 1
> 2 to 4 years old ..................................... 2
> 5 to 9 years old ..................................... 3
> 10 to 14 years old ................................ 41
> 15 to 19 years old ................................ 42

20 years or older................................... 5
As old as the home (if volunteered)...... 6

B-13e  [If AgeOfFrig1=1,2,3, Don't Know, Refuse] EnergyStarFrig1 ESFRIG Place show card 12 in front
of the respondent. **Please look at Card 12. Some appliances contain this ENERGY STAR
label to indicate that they are more efficient than similar products. Is this refrigerator an
*Energy Star* appliance?**

Yes........................................... 1
No ........................................... 0

B-13f  [If AgeOfFrig1=1 or (AgeOfFrig=2 and YearMovedIn≠2009, 2010)] FrigReplace1 REPLCFRI
**Your answers suggest that since you moved in, you've replaced the refrigerator you use
the most.  Is that correct?**

Yes........................................... 1
No ........................................... 0

B-13g  [If FrigReplace1=1] FrigAssist1 HELPFRI Place show card 13 in front of the respondent. **Some
homeowners receive government or energy supplier assistance in paying for new
refrigerators. Please look at Card 13. Which of the following, if any, helped pay for some or
all of the cost of the new most frequently used refrigerator?**

Did not receive any assistance............. 0
Manufacturer or retailer rebate............. 1
Utility or energy supplier rebate............ 2
Tax credit................................. 3
Subsidized loan .................................... 4

B-13h  [If FrigAssist1>0] FrigAssistYear1 HELPFRIY **In what year did you receive this assistance?**

2006......................................... 1
2007......................................... 2
2008......................................... 3
2009......................................... 4
2010......................................... 5

If NumOfFrig<2, go to UseSepFreezer. Otherwise, read: **Now I would like to ask you the same questions
about the** [If NumOfFrig=2: *other*; If NumOfFrig>2: *second most-used*] refrigerator.

B-14  TypeOfFrig2 *TYPERFR2* Place show card 9 in front of the respondent. **Please look at Card 9. Which of
the pictures best describes this second refrigerator?**

Full-size with one door................................................... 1
Full-size with two doors, freezer *next* to the refrigerator ........... 21
Full-size with two doors, freezer *above* the refrigerator ............ 22
Full-size with two doors, freezer *below* the refrigerator............. 23
Full-size with three or more doors  ............................... 5
Half-size or compact.................................................. 3
Some other kind ........................................................ 4

B-14a  [If TypeOfFrig2≠3] SizeOfFrig2 *SIZRFRI2* Place show card 10 in front of the respondent. **Please
look at Card 10. How would you describe the size of this refrigerator?**

Half-size or compact............................. 1
Small (14 cubic feet or less)................. 2
Medium (15 to 18 cubic feet)................ 3
Large (19 to 22 cubic feet)................... 4

Very Large (more than 22 cubic feet)... 5

B-14b  DFrostFrig2  *REFRIGT2*  **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

B-14c  MnthsFrig2On  MONRFRI2  **During 2009, how many months was this refrigerator plugged in and turned on?**

Number of months  ....................

B-14d  AgeOfFrig2  *AGERFRI2*  Place show card 11 in front of the respondent. **Please look at Card 11. About how old is this refrigerator? Your best estimate is fine.**

Less than 2 years old ........................... 1
2 to 4 years old .................................... 2
5 to 9 years old .................................... 3
10 to 14 years old ............................... 41
15 to 19 years old ............................... 42
20 years or older.................................. 5
As old as the home (if volunteered)...... 6

B-14e  [If AgeOfFrig2=1,2,3, Don't Know, Refuse] EnergyStarFrig2  ESFRIG2  Place show card 12 in front of the respondent. **Please look at Card 12. Is this refrigerator an *Energy Star* appliance?**

Yes........................................... 1
No ............................................ 0

If NumOfFrig<3 go to UseSepFreezer. Otherwise, read this introduction: **Now I would like to ask you the same questions about your *third most used* refrigerator.**

B-15  TypeOfFrig3  *TYPERFR3*  Place show card 9 in front of the respondent. **Please look at Card 9. Which of the pictures best describes this third refrigerator?**

Full-size with one door.................................................................... 1
Full-size with two doors, freezer *next* to the refrigerator ........... 21
Full-size with two doors, freezer *above* the refrigerator ............ 22
Full-size with two doors, freezer *below* the refrigerator............. 23
Full-size with three or more doors  .............................................. 5
Half-size or compact.................................................................... 3
Some other kind ......................................................................... 4

B-15a  [If TypeOfFrig3≠3] SizeOfFrig3  *SIZRFRI3*  Place show card 10 in front of the respondent. **Please look at Card 10. How would you describe the size of this refrigerator?**

Half-size or compact............................. 1
Small (14 cubic feet or less) ................. 2
Medium (15 to 18 cubic feet)................ 3
Large (19 to 22 cubic feet)................... 4
Very Large (more than 22 cubic feet)... 5

B-15b  DfrostFrig3  REFRIGT3  **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

B-15c MnthsFrig3On MONRFRI3 **During 2009, how many months was this refrigerator plugged in and turned on?**

Number of months ................... ☐

B-15d AgeOfFrig3 AGERFRI3 Place show card 11 in front of the respondent. **Please look at Card 11. About how old is this refrigerator?**

Less than 2 years old ........................... 1
2 to 4 years old .................................... 2
5 to 9 years old .................................... 3
10 to 14 years old ............................... 41
15 to 19 years old ............................... 42
20 years or older.................................. 5
As old as the home (if volunteered)...... 6

B-15e [If AgeOfFrig3=1,2,3, Don't Know, Refuse] EnergyStarFrig3 ESFRIG3 Place show card 12 in front of the respondent. **Please look at Card 12. Is this refrigerator an *Energy Star* appliance?**

Yes.......................................... 1
No ........................................... 0

B-16 UseSepFreezer SEPFREEZ **Does your household use a separate freezer that is not part of a refrigerator?**

Yes........................................... 1
No ........................................... 0

B-16a [If UseSepFreezer=1] NumSepFreezer NUMFREEZ **How many separate freezers are used in your home?**

One.......................................... 1
Two.......................................... 2
Three or more.......................... 3

B-17 TypeSepFreezer UPRTFRZR Place show card 14 in front of the respondent. **Please look at Card 14. Now I would like to ask some questions about the separate freezer that is *used the most*. What model freezer is this? Is it . . . .**

An upright or ............................ 1
A chest?................................... 2

B-17a SizeSepFreezer SIZFREEZ Place show card 10 in front of the respondent. **Please look at Card 10. How would you describe the size of this freezer?**

Small (14 cubic feet or less)................. 1
Medium (15 to 18 cubic feet)................ 2
Large (19 to 22 cubic feet)................... 3
Very Large (more than 22 cubic feet)... 4

B-17b DfrstFreezer FREEZER **What type of defrosting does this freezer have? Is it . . .**

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

B-17c  AgeOfFreezer AGEFRZR Place show card 11 in front of the respondent. **Please look at Card 11. About how old is this freezer?**

> Less than 2 years old ........................... 1
> 2 to 4 years old .................................... 2
> 5 to 9 years old .................................... 3
> 10 to 14 years old .............................. 41
> 15 to 19 years old .............................. 42
> 20 years or older................................. 5
> As old as the home (if volunteered)...... 6

B-17d  [If AgeofFreezer=1 or (AgeofFreezer=2 and YearMovedIn≠2009, 2010)] FrzrReplace REPLCFRZ
**Your answers suggest you've replaced the freezer you use the most since your household moved in. Is that correct?**

> Yes.......................................... 1
> No ........................................... 0

B-17e  [If FrzrReplace=1] FrzrAssist HELPFRZ Place show card 15 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for new freezers. Please look at Card 15. Which of the following, if any, helped pay for some or all of the cost of the new most frequently used freezer?**

> Did not receive any assistance............. 0
> Manufacturer or retailer rebate............. 1
> Utility or energy supplier rebate............ 2
> Tax credit............................................... 3
> Subsidized loan .................................... 4

B-17f  [If FrzrAssist>0] FrzrAssistYear HELPFRZY **In what year did you receive this assistance?**

> 2006......................................... 1
> 2007......................................... 2
> 2008......................................... 3
> 2009......................................... 4
> 2010......................................... 5

IF NumSepFreezer<2 go to UseDishWash. Otherwise, read: **Now I would like to ask you the same questions about the second** [If NumSepFreezer>2: *most used*] **freezer**.

B-18  TypeSepFreezer2 UPRTFRZR2 **What model freezer is this? Is it . . . .**

> An upright .................................................................................. 1
> A chest....................................................................................... 2

B-18a  SizeSepFreezer2 SIZFREEZ2 Place show card 10 in front of the respondent. **Please look at Card 10. How would you describe the size of this freezer?**

> Small (14 cubic feet or less) ................. 1
> Medium (15 to 18 cubic feet)................ 2
> Large (19 to 22 cubic feet).................... 3
> Very Large (more than 22 cubic feet)... 4

B-18b  DfrstFreezer2 FREEZER2 **What type of defrosting does this freezer have? Is it . . .**

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

B-18c  AgeOfFreezer2 AGEFRZR2 Place show card 11 in front of the respondent. **Please look at Card**

**11. About how old is this freezer?**

> Less than 2 years old ........................... 1
> 2 to 4 years old ................................... 2
> 5 to 9 years old ................................... 3
> 10 to 14 years old .............................. 41
> 15 to 19 years old .............................. 42
> 20 years or older................................. 5
> As old as the home (if volunteered)...... 6

B-19    UseDishWasher DISHWASH **Is an automatic dishwasher used by your household?**

> Yes........................................... 1
> No ........................................... 0

B-19a    [If UseDishWasher=1] DishWashFreq DWASHUSE Place show card 16 in front of the respondent. **Please look at Card 16. Which category best describes how often your dishwasher is used?**

> At least once each day ........................ 30
> 4 to 6 times a week.............................. 20
> 2 or 3 times a week ............................. 13
> Once each week................................. 12
> Less than once each week................. 11

B-19b    [If UseDishWasher=1] AgeOfDishWash AGEDW Place show card 11 in front of the respondent. **Please look at Card 11. About how old is your dishwasher? Your best estimate is fine.**

> Less than 2 years old ........................... 1
> 2 to 4 years old  .................................. 2
> 5 to 9 years old  .................................. 3
> 10 to 14 years old .............................. 41
> 15 to 19 years old .............................. 42
> 20 years or older................................. 5
> As old as the home (if volunteered)...... 6

B-19b1    [If AgeOfDishWash=1,2,3, Don't Know, Refuse] EnergyStarDishWash ESDISHW Place show card 12 in front of the respondent. **Please look at Card 12. Is your dishwasher an *Energy Star* appliance?**

> Yes........................................... 1
> No ........................................... 0

B-19c    [If AgeOfDishWash=1 or (AgeOfDishwash=2 and YearMovedIn≠2009, 2010)] DishReplace REPLCDW **Your answers suggest you've replaced the dishwasher in your home since your household moved in. Is that correct?**

> Yes........................................... 1
> No ........................................... 0

B-19d    [If DishReplace=1] DishAssist HELPDW Place show card 15 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for new dishwashers. Please look at Card 15. Which of the following, if any, helped pay for some or all of the cost of the new dishwasher?**

> Did not receive any assistance............. 0
> Manufacturer or retailer rebate............. 1
> Utility or energy supplier rebate............ 2
> Tax credit........................................... 3

Subsidized loan .................................... 4

B-19e   [If DishAssist>0] DishAssistYear HELPDWY **In what year did you receive this assistance?**

> 2006.......................................... 1
> 2007.......................................... 2
> 2008.......................................... 3
> 2009.......................................... 4
> 2010.......................................... 5

B-20   IVCOMMBFILTER If you have any comments that might suggest that the data collected in the kitchen appliances section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

> I have comments regarding the quality of data in this section ....................1
> I do not have comments ...............................................................................2

B-20a   [If IVCOMMBFILTER=1] IverCommentsB IVCOMMB RECORD any information here about the kitchen appliances in this housing unit that might provide clarification to the respondents answers. Comments are not required but are encouraged to describe unique housing unit or household characteristics. Use this space to help explain extraordinary or abnormal responses.

_____

_____

_____

# Section C: HOME APPLIANCES AND ELECTRONICS

C-1    ClothesWasher CWASHER **The next group of questions is about laundry appliances in your home. Is a clothes washing machine used in your home?**
[IF MoreLikeApt=2 or TYPEHUQ=5] ClothesWasherA **Is a clothes washing machine used in your home? Do not include community clothes washers that are located in the basement or laundry room of your apartment building.**

        Yes........................................... 1
        No ........................................... 0
        PROBE "don't know" responses to this question.

C-1a    [If ClothesWasher=1] TopOrFrontLoading TOPFRONT **Is your washing machine one that you load from the top or one that you load from the front?**

        Top loading.............................. 1
        Front loading............................ 2

C-1b    [If ClothesWasher/ClothesWasherA=1] NumLoadsWashed WASHLOAD Place show card 17 in front of the respondent. **Please look at Card 17. 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 each week......................... 2
        5 to 9 loads each week......................... 3
        10 to 15 loads each week..................... 4
        More than 15 loads each week ............ 5

C-1c    [If ClothesWasher/ClothesWasherA=1] WashWaterTemp WASHTEMP **What water temperature setting is usually used for the *wash* cycle of your clothes washer? Is it hot, warm, or cold water?**

        Hot ........................................... 1
        Warm ....................................... 2
        Cold ......................................... 3

C-1d    [If ClothesWasher/ClothesWasherA=1] RinseWaterTemp RNSETEMP **What water temperature setting is usually used for the *rinse* cycle of your clothes washer? Is it hot, warm, or cold water?**

        Hot ........................................... 1
        Warm ....................................... 2
        Cold ......................................... 3

C-1e    [If ClothesWasher/ClothesWasherA=1] AgeofClothesWasher AGECWASH Place show card 11 in front of the respondent. **Please look at Card 11. About how old is your clothes washer? Your best estimate is fine.**

        Less than 2 years old ........................... 1
        2 to 4 years old  ..................................... 2
        5 to 9 years old  ..................................... 3
        10 to 14 years old............................... 41
        15 to 19 years old............................... 42
        20 years or older.................................. 5
        As old as the home (if volunteered)...... 6

C-1e1    [If AgeofClothesWasher=1,2,3, Don't Know, Refuse] EnergyStarCWasher ESCWASH

Place show card 12 in front of the respondent. **Please look at Card 12. Is your clothes washer an *Energy Star* appliance?**

    Yes........................................... 1
    No ............................................ 0

C-1f    [If AgeofClothesWasher=1 or (AgeofClothesWasher=2 and YearMovedIn≠2009, 2010)]
        CWReplace REPLCCW **Your answers suggest you've replaced the clothes washer in your home since your household moved in. Is that correct?**

    Yes........................................... 1
    No ............................................ 0

C-1g    [If CWReplace=1] CWAssist HELPCW Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for new clothes washers. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of the new clothes washer?**

    Did not receive any assistance............. 0
    Manufacturer or retailer rebate............. 1
    Utility or energy supplier rebate............ 2
    Tax credit............................................ 3
    Subsidized loan .................................... 4

C-1h    [If CWAssist>0] CWAssistYear HELPCWY **In what year did you receive this assistance?**

    2006.......................................... 1
    2007.......................................... 2
    2008.......................................... 3
    2009.......................................... 4
    2010.......................................... 6

C-2     ClothesDryer DRYER **Do you use a clothes dryer in your home?**
        [IF MoreLikeApt=2 or TYPEHUQ=5] ClothesDryerA **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 your apartment building.**

    Yes........................................... 1
    No ............................................ 0
    PROBE "don't know" responses to this question.

C-2a    [If ClothesDryer/ClothesDryerA=1] APPDryerFuel DRYRFUEL **What fuel does your clothes dryer use? Is it…**

    Electricity, ........................................... 5
    Natural gas from underground pipes, or............ 1
    Propane (bottled gas)? ..................................... 2

C-2b    [If ClothesDryer/ClothesDryerA =1] FreqDryerUsed DRYRUSE Place show card 18 in front of the respondent. **Please look at Card 18. Which category best describes how often your clothes dryer is used?**

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

C-2c    [If ClothesDryer/ClothesDryerA =1] AgeofClothesDryer AGECDRYER Place show card 11 in front of the respondent. **Please look at Card 11. About how old is your clothes dryer? Your best estimate is fine.**

```
Less than 2 years old ........................... 1
2 to 4 years old .................................... 2
5 to 9 years old .................................... 3
10 to 14 years old ............................... 41
15 to 19 years old ............................... 42
20 years or older.................................... 5
As old as the home (if volunteered)...... 6
```

**Now I'm going to ask some questions about your home electronic devices.**

C-3      ColorTVs TVCOLOR **How many televisions are plugged-in in your home?**

         Number of televisions ................ ☐
         PROBE "don't know" responses to this question.

C-4a      [If ColorTVs>0 or ColorTVs=Don't Know, Refuse] SizeOfTV TVSIZE1 **Which size category best describes your television? Is it…** READ responses
         [If ColorTVs>1] SizeOfTVA **Which size category best describes your *most used* television? Is it…** READ responses

         20 inches or less,................................. 1
         Between 21 and 36 inches, or ............. 2
         37 inches or more? ............................... 3

C-4b      [If ColorTVs>0 or ColorTVs=Don't Know, Refuse] TelevisionType TVTYPE1 Place show card 19 in front of the respondent. **Please look at Card 19. What type of display does your television have?**
         [If ColorTVs>1] TelevisionTypeA Place show card 19 in front of the respondent. **Please look at Card 19. What type of display does your *most used* television have?**

         Standard Tube ......................... 1
         Flat Screen LCD ...................... 2
         Flat Screen Plasma ................. 3
         Projection................................. 4
         LED ......................................... 5

C-4c      [If ColorTVs>0 or ColorTVs=Don't Know, Refuse] CableSat CABLESAT1 **Is your television connected to a cable box, a satellite box, or neither?**
         [If ColorTVs>1]CableSatA **Is your *most used* television connected to a cable box, a satellite box, or neither?**

         Cable box................................. 1
         Satellite box ............................ 2
         Neither .................................... 0

C-4d      [If CableSat/CableSatA=1] CableDVR COMBODVR1 **Does this to a cable box have a DVR built in?**
         [If CableSat/CableSatA=2] SatelliteDVR **Does this *satellite* box have a DVR built in?**

         Yes........................................... 1
         No ............................................ 0

C-4e      [If CableDVR=0] SeparateDVR DVR1 [IfColorTVs=1] **Is your television connected to a DVR *separate from the cable box?*** [IfColorTVs>1] SeparateDVRC **Is your most used television connected to a DVR *separate from the cable box?***

         [If SatelliteDVR=0] SeparateDVRB [IfColorTVs=1] **Is your television connected to a DVR *separate from the satellite box*?** [IfColorTVs>1] SeparateDVRD **Is your most used television connected to a DVR *separate from the satellite box*?**

Yes........................................... 1
No ............................................ 0

C-4f    [If CableSat/CableSatA=3] SeparateDVRBasic DVR1 **Is your television connected to a DVR such as a TiVo?**
        [If ColorTVs>1] SeparateDVRBasicA **Is your most used television connected to a DVR such as a TiVo?**

Yes........................................... 1
No ............................................ 0

C-4g    [If ColorTVs>0 or ColorTVs=Don't Know, Refuse] Place show card 20 in front of the respondent. **Please look at Card 20. What other types of devices are connected to your** [If ColorTVs>1: *most used*] **television?** Mark all that apply.

|  | YES | NO |
|---|---|---|
| SelectDeviceA DIGITSTB1 Digital converter box | 1 | 0 |
| PlayStation PLAYSTA1 Video game console | 1 | 0 |
| ComboVcrDvd COMBOVCRDVD1 Combo DVD/VCR | 1 | 0 |
| VideoRecord VCR1 VCR | 1 | 0 |
| DvdPlayer DVD1 DVD player or recorder | 1 | 0 |
| HomeTheater TVAUDIOSYS1 Home theater system | 1 | 0 |
| OtherSetTopBox OTHERSTB1 Other type of set top box | 1 | 0 |

[If OtherSetTopBox=1] OtherSetTopBoxFU OTHERSTB1FU Specify the type of other set-top box: _____

C-4h    [If ColorTVs>0 or ColorTVs=Don't Know, Refuse] TimeTVOnWeekdays TVONWD1 Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about this television's use on weekdays, how many hours is this television turned on each day? Include the time it is on even if no one is actually watching it.**

Less than 1 hour...................... 1
1 to 3 hours ............................. 2
3 to 6 hours ............................. 3
6 to 10 hours............................ 4
More than 10 hours ................. 5

C-4i    [If PlayStation=1] PlayingVideoGame TVONWDWATCH1 **Of this time, how much is spent playing video games?**

None ....................................... 0
Little ....................................... 4
Half ........................................ 3
Most........................................ 2
All........................................... 1

C-4j    [If ColorTVs>0 or ColorTVs=Don't Know, Refuse] TimeTVOnWeekends TVONWE1 Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about this television's use on weekends, how many hours is this television turned on each day? Include the time it is on even if no one is actually watching it.**

Less than 1 hour...................... 1
1 to 3 hours ............................. 2
3 to 6 hours ............................. 3
6 to 10 hours............................ 4
More than 10 hours ................. 5

C-4k    [If PlayStation=1] PlayingVideoGameWE TVONWEWATCH1 **Of this time, how much is spent playing video games?**

> None ........................................ 0
> Little ........................................ 4
> Half ......................................... 3
> Most......................................... 2
> All............................................ 1

C-5a    [If ColorTVs>1] SizeOfTVB TVSIZE2 **Which size category best describes the second most used television in your home?  Is it…** READ responses

> 20 inches or less,..................... 1
> Between 21 and 36 inches, or . 2
> 37 inches or more?................. 3

C-5b    [If ColorTVs>1] TelevisionTypeB TVTYPE2 Place show card 19 in front of the respondent. **Please look at Card 19. What type of display does the second most used television have?**

> Standard Tube......................... 1
> Flat-screen LCD ...................... 2
> Flat-screen Plasma................. 3
> Projection................................ 4
> LED......................................... 5

C-5c    [If ColorTVs>1] CableSatB CABLESAT2 **Is this television connected to a cable box, a satellite box, or neither?**

> Cable box................................ 1
> Satellite box ........................... 2
> Neither ................................... 0

C-5d    [If CableSatB=1] CableDVRB COMBODVR2 **Does this *cable* box have a DVR built in?**
        [If CableSatB=2] SatelliteDVRB **Does this *satellite* box have a DVR built in?**

> Yes.......................................... 1
> No ........................................... 0

C-5e    [If CableDVRB=0] SeparateDVR2 DVR2 **Is this television connected to a DVR *separate from the cable box?***
        [If SatelliteDVRB=0] SeparateDVR2B **Is this television connected to a DVR *separate from the satellite box*?**

> Yes.......................................... 1
> No ........................................... 0

C-5f    [If CableSatB=3] SeparateDVRBasicB DVR2 **Is your television connected to a DVR such as a TiVo?**
> Yes.......................................... 1
> No ........................................... 0

C-5g    [If ColorTVs>1] Place show card 20 in front of the respondent. **Please look at Card 20. What other types of devices are connected to this television?** (Mark all that apply.)

|  | YES | NO |
|---|---|---|
| SelectDevice2 DIGITSTB2 Digital converter box ................................... | 1 | 0 |
| PlayStationA PLAYSTA2 Video game console ..................................... | 1 | 0 |
| ComboVcrDvdA COMBOVCRDVD2 Combo DVD/VCR ....................... | 1 | 0 |
| VideoRecordA VCR2 VCR ................................................................. | 1 | 0 |

DvdPlayerA DVD2 DVD player or recorder .............................................1 .........0
HomeTheaterA TVAUDIOSYS2 Home theater system...........................1 .........0
OtherSetTopBoxA OTHERSTB2 Other type of set top box ....................1 .........0

[If OtherSetpTopBoxA=1] OtherSetTopBoxAFU OTHERSTB2FU Specify the type of other set-top box: _____

C-5h    [If ColorTVs>1] TimeTVOnWeekdaysB TVONWD2 Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about this television's use on weekdays, how many hours is this television turned on each day? Include the time it is on even if no one is actually watching it.**

Less than 1 hour...................... 1
1 to 3 hours............................. 2
3 to 6 hours............................. 3
6 to 10 hours........................... 4
More than 10 hours ................ 5

C-5i    [If PlaystationA=1] PlayingVideoGameWD2 TVONWDWATCH2 **Of this time, how much is spent playing video games?**

None ........................................ 0
Little ........................................ 4
Half ......................................... 3
Most........................................ 2
All........................................... 1

C-5j    [If ColorTVs>1] TimeTVOnWeekendsB TVONWE2 Place show card 21 in front of the respondent..
        **Please look at Card 21. Thinking about this television's use on weekends, how many hours is this television turned on each day? Include the time it is on even if no one is actually watching it.**

Less than 1 hour...................... 1
1 to 3 hours............................. 2
3 to 6 hours............................. 3
6 to 10 hours........................... 4
More than 10 hours ................ 5

C-5k    [If PlayStationA=1] PlayingVideoGameWE2 TVONWEWATCH2 **Of this time, how much is spent playing video games?**

None ........................................ 0
Little ........................................ 4
Half ......................................... 3
Most........................................ 2
All........................................... 1

C-6a    [If ColorTVs>2] SizeOfTVD TVSIZE3 **Which size category best describes the third most used television in your home? Is it…** READ responses

20 inches or less,..................... 1
Between 21 and 36 inches, or. 2
37 inches or more?.................. 3

C-6b    [If ColorTVs>2] TelevisionTypeD TVTYPE3 Place show card 19 in front of the respondent. **Please look at Card 19. What type of display does the third most used television have?**

Standard tube .......................... 1
Flat-Screen LCD...................... 2
Flat-Screen Plasma ................. 3

Projection................................. 4
LED........................................ 5

C-6c    [If ColorTVs>2] CableSatC CABLESAT3 **Is this television connected to a cable box, a satellite box, or neither?**

Cable box................................. 1
Satellite box ............................ 2
Neither .................................... 0

C-6d    [If CableSat3=1] CableDVRC COMBODVR3 **Does this *cable* box have a DVR built in?**
        [If CableSat3=2] SatelliteDVRC **Does this *satellite* box have a DVR built in?**

Yes.......................................... 1
No ........................................... 0

C-6e    [If CableDVRC=0] SeparateDVR3 **Is this television connected to a DVR *separate from the cable box?***
        [If SatelliteDVRC=0] SeparateDVRB3 **Is this television connected to a DVR *separate from the satellite box*?**

Yes.......................................... 1
No ........................................... 0

C-6e    [If CableSatC=3] SeparateDVRBasicC **Is your television connected to a DVR such as a TiVo?**

Yes.......................................... 1
No ........................................... 0

C-6f    [If ColorTVs>2] Place show card 20 in front of the respondent. **Please look at Card 20. What other types of devices are connected to this television?** (Mark all that apply.)

|  | YES | NO |
|---|---|---|
| SelectDevice3 DIGITSTB3 Digital converter box | 1 | 0 |
| PlayStationB PLAYSTA3 Video game console | 1 | 0 |
| ComboVcrDvdB COMBOVCRDVD3 Combo DVD/VCR | 1 | 0 |
| VideoRecordB VCR3 VCR | 1 | 0 |
| DvdPlayerB DVD3 DVD player or recorder | 1 | 0 |
| HomeTheaterB TVAUDIOSYS3 Home theater system | 1 | 0 |
| OtherSetTopBoxB OTHERSTB3 Other type of set top box | 1 | 0 |

[If OtherSetpTopBoxB=1] OtherSetTopBoxBFU OTHERSTB3FU Specify the type of other set-top box: _____

C-6g    [If ColorTVs>2] TimeTVOnWeekdaysC TVONWD3 Place show card 21 in front of the respondent.. **Please look at Card 21. Thinking about this television's use on weekdays, how many hours is this television turned on each day? Include the time it is on even if no one is actually watching it.**

Less than 1 hour...................... 1
1 to 3 hours.............................. 2
3 to 6 hours.............................. 3
6 to 10 hours............................ 4
More than 10 hours ................ 5

C-6h    [If PlayStationB=1] PlayingVideoGameWD3 TVONWDWATCH3 **Of this time, how much is spent playing video games?**

None ........................................ 0
Little ......................................... 4

```
                    Half ......................................... 3
                    Most ........................................ 2
                    All ........................................... 1
```

C-6i  [If ColorTVs>2] TimeTVOnWeekendsC TVONWE3 Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about this television's use on weekends, how many hours is this television turned on each day? Include the time it is on even if no one is actually watching it.**

```
                    Less than 1 hour ..................... 1
                    1 to 3 hours ............................. 2
                    3 to 6 hours ............................. 3
                    6 to 10 hours ........................... 4
                    More than 10 hours ................. 5
```

C-6j  [If PlayStationB=1] PlayingVideoGameWE3 TVONWEWATCH3 **Of this time, how much is spent playing video games?**

```
                    None ....................................... 0
                    Little ....................................... 4
                    Half ......................................... 3
                    Most ........................................ 2
                    All ........................................... 1
```

C-7  PersonalComputer COMPUTER Place show card 22 in front of the respondent. **Please look at Card 22. Does anyone in your household use a personal computer at home? Include both desktop and laptop personal computers**.

```
                    Yes .......................................... 1
                    No ........................................... 0
```
PROBE "don't know" responses to this question.

  C-7a  [If PersonalComputer=1] NumOfPCs NUMPC **How many computers are used in your home?**

```
              Number of computers ............................ ☐
```

C-8a  [If PersonalComputer=1] PC1Type PCTYPE1 Place show card 22 in front of the respondent. **Please look at Card 22. Thinking about your computer, is it a desktop model or a laptop or netbook?**
[If NumOfPCs>1] PC1TypeA Place show card 22 in front of the respondent. **Please look at Card 22. Thinking about your *most used* computer, is it a desktop model or a laptop or netbook?**

```
                    Desktop model ......................... 1
                    Laptop or netbook .................... 2
```

  C-8a1  [IF PC1Type/ PC1TypeA=1, Don't Know, Refuse] PC1Monitor Place show card 23 in front of the respondent. **Please look at Card 23. Is this computer's monitor a flat-panel LCD?**
[IF NumOfPCs>1] PC1MonitorA Place show card 23 in front of the respondent. **Please look at Card 23. Is this computer's monitor a flat-panel LCD?**

```
                    Yes .......................................... 1
                    No ........................................... 0
```

C-8b  [If PersonalComputer=1] UsePC TIMEON1 Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about your computer, how many hours each day is it used?**
[If NumOfPCs>1] MostUsePC Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about your *most used* computer, how many hours each day is it used?**

```
                    Less than 1 hour ..................... 1
                    1 to 3 hours ............................. 2
```

3 to 6 hours.............................. 3
                    6 to 10 hours............................ 4
                    More than 10 hours ................. 5

C-8c    [If PersonalComputer=1] TurnOffPC PCONOFF1 **When this computer is not in use is the power usually turned off?**
        [If NumOfPCs>1] TurnOffPC2 **When this computer is not in use is the power usually turned off?**

                    Yes........................................... 1
                    No ............................................ 0

        C-8c1    [IF TurnoffPC/TurnOffPC2=0, Don't Know, Refuse] PCMode PCSLEEP1 **When this computer is not in use does it go into a sleep or standby mode?**
                 [If NumOfPCs>1] PCModeA **When this computer is not in use does it go into a sleep or standby mode?**

                    Yes........................................... 1
                    No ............................................ 0

C-9a    [If NumOfPCs>1] PC1TypeB PCTYPE2 Place show card 22 in front of the respondent. **Please look at Card 22. Thinking about the *second most used* computer, is it a desktop model or a laptop or netbook?**

                    Desktop model......................... 1
                    Laptop or netbook.................... 2

        C-9a1    [IF PC1TypeB=1, Don't Know, Refuse] PC1MonitorB MONITOR2 Place show card 23 in front of the respondent. **Please look at Card 23. Is this computer's monitor a flat-panel LCD?**

                    Yes........................................... 1
                    No ............................................ 0

C-9b    [If NumOfPCs>1] MostUsePC2 TIMEON2 Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about the *second most used* computer, how many hours each day is it used?**

                    Less than 1 hour...................... 1
                    1 to 3 hours.............................. 2
                    3 to 6 hours.............................. 3
                    6 to 10 hours............................ 4
                    More than 10 hours ................. 5

C-9c    [If NumOfPCs>1] TurnOffPC3 PCONOFF2 **When this computer is not in use is the power usually turned off?**

                    Yes........................................... 1
                    No ............................................ 0

        C-9c1    [IF TurnOffPC3=0, Don't Know, Refuse] PCModeB PCSLEEP2 **When this computer is not in use does it go into a sleep or standby mode?**

                    Yes........................................... 1
                    No ............................................ 0

C-10a   [If NumofPCs>2] PC1TypeC PCTYPE3 Place show card 22 in front of the respondent. **Please look at Card 22. Thinking about the *third most used* computer, is it a desktop model or a laptop or netbook?**

                    Desktop model......................... 1
                    Laptop or netbook.................... 2

**C-10a1** [IF PC1TypeC=1, Don't Know, Refuse] PC1MonitorC MONITOR3 Place show card 23 in front of the respondent. **Please look at Card 23. Is this computer's monitor a flat-panel LCD?**

> Yes (Flat-panel LCD).............. 1
> No (CRT) ................................ 0

**C-10b** [If NumOfPCs>2] MostUsePC3 TIMEON3 Place show card 21 in front of the respondent. **Please look at Card 21. Thinking about the *third most used* computer, how many hours each day is it used?**

> Less than 1 hour...................... 1
> 1 to 3 hours............................. 2
> 3 to 6 hours............................. 3
> 6 to 10 hours........................... 4
> More than 10 hours ................ 5

**C-10c** [If NumofPCs>2] TurnOffPC4 PCONOFF3 **When this computer is not in use is the power usually turned off?**

> Yes.......................................... 1
> No ........................................... 0

**C-10c1** [IF TurnOffPC4=0, Don't Know, Refuse] PCModeC PCSLEEP3 **When this computer is not in use does it go into a sleep or standby mode?**

> Yes.......................................... 1
> No ........................................... 0

**C-11** [If PersonalComputer=1] InternetAccess INTERNET [If NumOfPCs=1] **Does the computer in your home have access to the Internet?**
[If NumOfPCs>1] InternetAccessA **Do any of the computers in your home have access to the Internet?**

> Yes.......................................... 1
> No ........................................... 0

**C-11a** [If InternetAccess/InternetAccesssA=1] **What type of internet access is used in your home? Is it . . .** (Mark all that apply.)

|  | Yes | No |
|---|---|---|
| TTypeOfInternetAccess INDIALUP Dial-up (a phone line),........................ | 1 | 0 |
| InternetAccess2 INDSL DSL or Fiber Optic, .............................................. | 1 | 0 |
| InternetAccess3 INCABLE Cable, or .......................................................... | 1 | 0 |
| InternetAccess4 INSATEL Satellite? ........................................................... | 1 | 0 |

**C-11b** [If InternetAccess/InternetAccessA=1] HaveWireRouter INWIRELESS **Do you have wireless access to the Internet in your home?**

> Yes.......................................... 1
> No ........................................... 0

**C-12** [If PersonalComputer=1] PCPrinter PCPRINT **How many printers are used in your home?**

> Number of printers.....................

**C-13** FaxMachine FAX **Is a separate fax machine used in your home?**

Yes........................................... 1
No ........................................... 0


**C-14**  PhotoCopier COPIER **Is a separate photocopier used in your home?**

Yes........................................... 1
No ........................................... 0


**C-15**  Dehumidifier NOTMOIST **Electric dehumidifiers remove moisture from the air and are often used in the summer. Is a dehumidifier used in your home?**

Yes........................................... 1
No ........................................... 0

**C-15a**  [If Dehumidifier=1] DehumidifierUse USENOTMOIST **In 2009, how many months was the dehumidifier used?  Was it…** READ responses

1 to 3 months,................................................... 1
4 to 6 months,................................................... 2
7 to 9 months,................................................... 3
10 to 11 months, but not all year, or.................. 4
Turned on all year long?................................... 5


**C-16**  Humidifier MOISTURE **Electric humidifiers add moisture to the air and are often used in the winter. Is a humidifier used in your home?**

Yes........................................... 1
No ........................................... 0

**C-16a**  [If Humidifier=1] HumidifierUse USEMOISTURE **In 2009, how many months was the humidifier used?  Was it…** READ responses

1 to 3 months,................................................... 1
4 to 6 months,................................................... 2
7 to 9 months,................................................... 3
10 to 11 months, but not all year, or................. 4
Turned on all year long?................................... 5

**For each of the following appliances please tell me, *YES* or *NO*, whether they are used in your home.**

|  |  | Yes | No |
|---|---|---|---|

**C-17a**  [If TYPEHUQ=2,3,4] WellWaterPump WELLPUMP **An electric pump for well water?**  ...........................................................................................1 .......................0

**C-17b**  [If DSFLAG=1] EngineHeaters DIPSTICK **Any automobile block heaters, dip-stick engine heaters, or battery blankets?**......................................................1 .......................0

**C-17c**  [If SCFLAG=1] SwampCooler SWAMPCOL **An evaporative or swamp cooler?**...............................................................................................1 .......................0

**C-17d**  Aquarium AQUARIUM **Any large heated aquariums of 20 gallons or more?**...1 .......................0

**C-17e**  StereoEquip STEREO **Any stereo equipment?** ......................................................1 .......................0

**C-17f**  CordlessPhone NOCORD **A portable cordless telephone (other than cell phones)?**...............................................................................................1 .......................0

C-17g  AnsweringMachine ANSMACH **A telephone answering machine?** ....................1 .......................0

C-18a  BatteryAppliances BATTOOLS **How many rechargeable portable appliances or tools, such as handheld vacuum cleaners, flashlights, or power drills, do you have in your household?  Is it…**
READ responses

> 0,............................................. 0
> 1 to 3,...................................... 1
> 4 to 8, or.................................. 2
> More than 8?............................ 3

> C-18a1 [If BatteryAppliances>0] ToolsHowBatteriesCharge BATCHRG **When these portable appliances and tools are not being used do you keep them plugged in all the time, do you only recharge them as needed, or do you use both ways?**
>
> > Keep them plugged in all the time ........ 1
> > Recharge them as needed ................... 2
> > Both ways are used .............................. 3

> C-18a2 [If ToolsHowBatteriesCharge=2,3, Don't Know, Refuse] ToolsChargersPlugged CHRGPLGT **Are the chargers for these portable appliances and tools always plugged into the wall?**
>
> > Yes........................................... 1
> > No ............................................ 0
> > Some but not all....................... 2

C-18b  BatteryElectronics ELECDEV **How many rechargeable electronic devices, such as cell phones, portable music players, digital cameras, and electric shavers, do you have in your household?**
READ responses

> 0, ............................................ 0
> 1 to 3,...................................... 1
> 4 to 8, or ................................. 2
> More than 8?............................ 3

> C-18b1 [If BatteryElectronics>0] ElecHowBatteriesCharge  ELECCHRG **When these electronic devices are not being used do you keep them plugged in all the time, do you only recharge them as needed, or do you use both ways?**
>
> > Keep them plugged in all the time ........ 1
> > Recharge them as needed ................... 2
> > Both ways are used .............................. 3

> C-18b2 [If ElecHowBatteriesCharge=2,3, Don't Know, Refuse] ElecChargersPlugged CHRGPLGE **Are the chargers for these electronic devices always plugged into the wall?**
>
> > Yes........................................... 1
> > No ............................................ 0
> > Some but not all....................... 2

C-19  IVCOMMCFILTER If you have any comments that might suggest that the data collected in the household appliances and electronics section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

> I have comments regarding the quality of data in this section ....................1
> I do not have comments ..............................................................................2

> C-19a  [If IVCOMMCFILTER=1] IVerCommentsC IVCOMMC RECORD any information here about the other appliances in this housing unit that might provide clarification to the respondent's answers.

_____

_____

_____

# Section D: SPACE HEATING

**Now I have some questions about heating your home**.

D-1      HeatingHome HEATHOME **Is your home heated during the winter?**

Yes........................................... 1
No ............................................. 0
PROBE "don't know" responses to this question.

D-2a     [If HeatingHome=0] DontHeatHome DNTHEAT **You have just told me that you don't heat your home during the winter. Just to clarify, is it that you have heating equipment but don't use it, or does your home just not have any heating equipment?**

Have equipment, but don't use it.......... 1
Don't have any heating equipment....... 2     → GO to NUMH2OHTRS

D-2a1     [If DontHeatHome=1] APPMainHeatingEquipB EQUIPNOHEAT Place show card 24 in front of the respondent. **Even though you don't heat your home, we are still interested to know the type of equipment you have. Please look at Card 24. What type of heating equipment do you have?**

Heat pump ....................................................................................................4
Central furnace with ducts to individual rooms....................................................3
Steam/Hot water system with radiators or pipes in each room ..........................2
Built-in electric units in each room installed in walls, ceilings, baseboards, or floors .........5
Built-in floor/wall pipeless furnace .....................................................................6
Built-in room heater burning gas, oil, or kerosene ............................................7
Heating stove burning wood, coal, or coke ........................................................8
Portable electric heaters..................................................................................10
Portable kerosene heaters ..............................................................................11
Fireplace...........................................................................................................9
Some other equipment ....................................................................................21

D-2a2     [If APPMainHeatingEquipB=21] D2a1FollowUp EQUIPNOHEATFU Could you tell me what that other heating equipment is?

D-2b     [If DontHeatHome=1] ReAskMainHeatFuel FUELNOHEAT Place show card 25 in front of the respondent. **Please look at Card 25. What is the main fuel used for this heating equipment?**

Electricity ............................................. 5
Natural gas from underground pipes................. 1
Propane (bottled gas)........................................ 2
Fuel oil ................................................ 3
Kerosene ........................................... 4
Wood ................................................. 7
Solar .................................................. 8
District steam...................................... 9
Some other fuel ............................... 21

D-2b2     [If ReAskMainHeatFuel=11] D2a2FollowUp FUELNOHEATFU Could you tell me what that other fuel is?

After respondent answers → GO to Water Heating section.

D-3      [If HeatingHome=1] MainHeatingEquip EQUIPM Place show card 24 in front of the respondent. **Let's**

**start with the main source of heating in your home. Please look at Card 24. Please tell me which type of heating equipment provides most of the heat for your home.**

Heat pump ...........................................................................................................4
Central furnace with ducts to individual rooms................................................................3
Steam/Hot water system with radiators or pipes in each room .........................................2
Built-in electric units in each room installed in walls, ceilings, baseboards, or floors ......................5
Built-in floor/wall pipeless furnace .................................................................................6
Built-in room heater burning gas, oil, or kerosene............................................................7
Heating stove burning wood, coal, or coke ....................................................................8
Portable electric heaters...............................................................................................10
Portable kerosene heaters ...........................................................................................11
Fireplace ......................................................................................................................9
Cooking stove used to heat your home as well as to cook .............................................12
Some other equipment ................................................................................................21

D-3a    [If MainHeatingEquip=21] D3FollowUp EQUIPMFU Could you tell me what that other heating equipment is?

D-4    [If HeatingHome=1] MainHeatingFuel FUELHEAT Place show card 25 in front of the respondent. **Please look at Card 25. 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 ........................................... 5
Natural gas from underground pipes................. 1
Propane (bottled gas) ........................................ 2
Fuel oil ................................................................. 3
Kerosene ............................................................. 4
Wood ................................................................... 7
Solar .................................................................... 8
District Steam ...................................................... 9
Some other fuel ............................................... 21

USE the following probe if the respondent does not know: "**Please take a moment to review the list again. It may help to think about which of your energy bills increases in the winter**".

D-4a    [If FUELHEAT=11] D4FollowUp FUELHEATFU Could you tell me what that other fuel is?

D-5a    [If HeatingHome=1] HeatMaint MAINTHT **In the last year, has any routine service or maintenance been performed on your household's heating equipment?**

Yes.......................................... 1
No ............................................ 0

D-5b    [If HeatingHome=1] AgeMainHeatEquip EQUIPAGE Place show card 11 in front of the respondent. **Please look at Card 11. Approximately how old is your household's** [FILL: EQUIPM] **main heating equipment?**

Less than 2 years old ........................... 1
2 to 4 years old .................................... 2
5 to 9 years old .................................... 3
10 to 14 years old ............................... 41
15 to 19 years old ............................... 42
20 years or older.................................... 5
As old as the home (if volunteered)...... 6
PROBE "don't know" responses to this question.

D-5c    [If AgeMainHeatEquip=1 or (AgeMainHeatEquip=2 and YearMovedIn≠2009, 2010)] HeatReplace REPLCHT **Your answers suggest you've replaced the main heating equipment in your home since**

**your household moved in. Is that correct?**

Yes........................................... 1
No ........................................... 0

D-5d  [If HeatMaint=1 or HeatReplace=1] HeatAssist HELPHT Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for new heating equipment. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of your household's new main heating equipment or for maintaining your household's current heating equipment?**

Did not receive any assistance.......................... 0
Manufacturer or retailer rebate.......................... 1
Utility or energy supplier rebate........................ 2
Tax credit.............................................. 3
Subsidized loan ....................................... 4
Weatherization assistance............................... 5

D-5e  [If HeatAssist>0] HeatAssistYear HELPHTY **In what year did you receive this assistance?**

2006........................................ 1
2007........................................ 2
2008........................................ 3
2009........................................ 4
2010........................................ 6

D-6  [If HeatingHome=1] HeatOthers HEATOTH **Does the main heating equipment for your home also heat any other apartments, condos, households, businesses, or farm buildings?**

Yes........................................... 1
No ........................................... 0

D-7  [If HeatingHome=1] TypeSecHeatEquip EQUIPAUX Place show card 26 in front of the respondent. **You told me that [EQUIPM] is the main source of heat in your home. Please look at Card 26. In 2009, did you use any other types of heating equipment listed on Card 26?**
Mark all that apply. If the respondent does not know or refused enter "1. No other equipment."

NOOTHEQU No other equipment...........................................................................................1
*REVERSE* Heat pump .....................................................................................................2
*WARMAIR* Central furnace with ducts to individual rooms............................................3
STEAMR Steam/Hot water system with radiators or pipes in each room.........................4
PERMELEC Built-in electric units in each room installed in walls, ceilings, baseboards, or floors  5
PIPELESS Built-in floor/wall pipeless furnace ................................................................6
ROOMHEAT Built-in room heater burning gas, oil, or kerosene .....................................7
WOODKILN Heating stove burning wood, coal, or coke ................................................8
CARRY Portable electric heaters.......................................................................................9
Portable kerosene heaters ..........................................................................................10
CHIMNEY Fireplace.......................................................................................................11
*RANGE* Cooking stove used to heat your home as well as to cook.............................12
DIFEQUIP Some other equipment..................................................................................13

D-7a  [If DIFEQUIP=1] D7FollowUp DIFEQUIPFU **Could you tell me what that other heating equipment is?**

D-7b  [If TypeSecHeatEquip=3] APPWarmAirFurnFuel **What fuel does the central furnace use? Is it…** READ responses

Electricity, ........................................ 5

37

```
Natural gas from underground pipes,............... 1
Propane (bottled gas),  ..................................... 2
Fuel oil, ............................................................ 3
Kerosene, ........................................................ 4
Wood, ............................................................... 7
Solar, ............................................................... 8
District Steam, or ............................................. 9
Some other fuel? ........................................... 21
```

D-7c    [If TypeSecHeatEquip=4] APPHotH2OFuel **What fuel does the steam/hot water system use? Is it…** READ responses

```
Electricity, ........................................................ 5
Natural gas from underground pipes,............... 1
Propane (bottled gas) , ..................................... 2
Fuel oil, ............................................................ 3
Kerosene, ........................................................ 4
Wood, ............................................................... 7
Solar, ............................................................... 8
District Steam, or ............................................. 9
Some other fuel? ........................................... 21
```

D-7d    [If TypeSecHeatEquip=6] APPPipelessHtrFuel **What fuel does the pipeless furnace use? Is it…** READ responses

```
Electricity, ........................................................ 5
Natural gas from underground pipes,............... 1
Propane (bottled gas),  ..................................... 2
Fuel oil, ............................................................ 3
Kerosene, ........................................................ 4
Wood, ............................................................... 7
Solar, ............................................................... 8
District Steam, or ............................................. 9
Some other fuel? ........................................... 21
```

D-7e    [If TypeSecHeatEquip=7] RoomHeaterFuel **What fuel does the room heater use? Is it…** READ responses

```
Natural gas from underground pipes,............... 1
Propane (bottled gas),  ..................................... 2
Fuel oil, or ........................................................ 3
Kerosene? ........................................................ 4
```

D-7f    [If TypeSecHeatEquip=8] HeatingStoveFuel **What fuel does the heating stove use? Is it…** READ responses

```
Wood, or ........................................................... 7
Some other fuel?  ........................................... 21
```

D-7g    [If TypeSecHeatEquip=11] APPFirePlaceFuel **What fuel does the fireplace use? Is it…** READ responses

```
Wood, ............................................................... 7
Natural gas from underground pipes,............... 2
Propane (bottled gas), or.................................. 3
Some other fuel? ........................................... 21
```

D-7g1   [If APPFirePlaceFuel=2,3] GasFirePlaceFlue 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

D-7g2   [If APPFirePlaceFuel=2,3] FreqNatGasFirePlUsed USENGFP **This winter how frequently have you used your gas fireplace? Have you used it . . .** READ responses

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

D-7h   [If TypeSecHeatEquip=12] APPCookingEquipFuel **What fuel does the cooking stove use? Is it…** READ responses

Electricity, ......................................................... 5
Natural gas from underground pipes,............... 1
Propane (bottled gas), ...................................... 2
Fuel oil, ............................................................. 3
Kerosene, .......................................................... 4
Wood, or ............................................................ 7
Some other fuel? ........................................... 21


**Now I would like to ask you some questions about the parts of your home that are heated. I'd like you to consider all the sources of heating in your home when answering these questions.**

D-8   [If TypeSecHeatEquip≠1] HowMuchHeat EQMAMT **You've told me that your household uses more than one type of equipment to heat your home. Thinking about your main heating equipment, the** [FILL: MainHeatingEquip] **that uses** [FILL: MainHeatingFuel], **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


D-9   [If HeatingHome=1 and TOTROOMS≠Don't Know, Refuse] AreAllRoomsHeated HEATROOM **Earlier, we determined that you have** [FILL: TOTROOMS] **total rooms in your home. How many of these rooms were heated this last winter?**

Number of heated rooms… |___|


D-10   [If HeatingHome=1 and (MainHeatingEquip<08 or MainHeatingEquip =21, Don't Know, Refuse)] HaveThermostat THERMAIN Place show card 27 in front of the respondent. **Please look at Card 27. Do you have a thermostat that controls your main** [FILL: EQUIPM] **heating equipment**?

IF needed, add: **A thermostat is a small box that allows you to set a desired indoor temperature and will turn the heat on and off as needed to maintain that temperature.**

Yes........................................... 1
No ............................................ 0

D-10a   [If HaveThermostat=1] Have2orMoreTherms OTHTHERM **Do you have more than one thermostat that controls your heating?**

Yes........................................... 1
No ............................................ 0

D-10a1 [If Have2orMoreTherms=1] NumberOfOtherTherms NUMTHERM **How many total**

**thermostats do you have in your home?**

Number of thermostats ........................... ☐

D-10b [If HaveThermostat=1] IsThermostatSetBack PROTHERM **Some thermostats can be programmed so that different temperatures are automatically maintained at different times of the day. Is the thermostat that controls your main heating equipment programmable?**

Yes........................................... 1
No ........................................... 0

D-10b1 [If IsThermostatSetBack=1] UseAutoSetBackAtNite AUTOHEATNITE **Is this thermostat usually programmed to automatically lower the heating temperature setting during sleeping hours?**

Yes........................................... 1
No ........................................... 0

D-10b2 [If IsThermostatSetBack=1] UseAutoSetBackAtDay AUTOHEATDAY **Is this thermostat usually programmed to automatically lower the heating temperature setting *during the day*?**

Yes........................................... 1
No ........................................... 0

D-11a [If NumberOfOtherTherms>1] **Earlier you reported having** [FILL: NumberOfOtherTherms] **thermostats. For the next questions, if the thermostats are set at different temperatures, only report for the thermostat that affects the rooms where most of the people are.** [If HeatingHome=1] TempSetWhenHomeMult TEMPHOME **During the winter, what is the temperature when *someone is inside* your home *during the day*? Enter degrees Fahrenheit**

**If no answer PROBE: Then at what temperature is the thermostat set?**
**If still no answer PROBE: Can I just have your best estimate?**

D-11b [If HeatingHome=1] TempSetWhenOut TEMPGONE **During the winter, what is the temperature when *no one is inside* your home *during the day*? Enter degrees Fahrenheit**

**If no answer PROBE: Then at what temperature is the thermostat set?**
**If still no answer PROBE: Can I just have your best estimate?**

D-11c [If HeatingHome=1] TempSetWhenAsleep TEMPNITE **During the winter, what is the temperature inside your home *at night*? Enter degrees Fahrenheit**

**If no answer PROBE: Then at what temperature is the thermostat set?**
**If still no answer PROBE: Can I just have your best estimate?**

D-12 IVCOMMDFILTER If you have any comments that might suggest that the data collected in the space heating section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

I have comments regarding the quality of data in this section ....................1
I do not have comments .................................................................2

D-12a [If IVCOMMDFILTER=1] IverCommentsD IVCOMMD RECORD any information here about the space heating equipment in this housing unit and its' usage that might provide clarification to the respondent's answers.

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# Section E: WATER HEATING

**Now let's talk about water heaters. Most water heaters are large tanks that heat and store gallons of hot water at a time. Other water heaters are tankless, and they don't store hot water at all. They only heat water when you need it.**

E-1 MoreThan1H2OHeater NUMH2OHTRS **How many storage water heaters are used in your home?**

Number of Storage Water Heaters ☐
PROBE "don't know" responses to this question.

    E-1a NumTankless NUMH2ONOTNK **How many tankless water heaters are used in your home?**

    Number of Tankless Water Heat☐ → If MoreThan1H2OHeater=0 AND NumTankless=0 go to Air Conditioning section.

IF (MoreThan1H2OHeater+NumTankless>1) read this introduction: **First, I would like to ask some questions about the water heating equipment that provides *most of the hot water* used in your home.**

E-2 [If MoreThan1H2OHeater>0 and NumTankless>0] MainWHType H2OTYPE1 **Is the main water heating equipment a storage water heater or a tankless water heater?**

Storage water heater ............... 1
Tankless water heater ............. 2

    E-2a APPWaterHeatingFuel FUELH2O Place show card 28 in front of the respondent. **Please look at Card 28. Which fuel does your water heating equipment use?**
    [If MoreThan1H2OHeater>0 and NumTankless>0] APPWaterHeatingFuelA Place show card 28 in front of the respondent. **Please look at Card 28. Which fuel does the main water heating equipment use?**

Electricity ................................. 5
Natural gas from underground pipes.... 1
Propane (bottled gas) ........................... 2
Fuel oil .................................. 3
Kerosene .............................. 4
Wood .................................... 5
Solar ..................................... 8
Some other fuel ................................. 21

      E-2a1 [If APPWaterHeatingFuel=21] E2FollowUp FUELH2OFU Could you tell me what that other fuel is?

    E-2b APPHeatOthersH2O WHEATOTH **Does the main water heating equipment for your home also heat water for any other apartments, condos, households, businesses, or farm buildings?**

Yes........................................... 1
No ........................................... 0

    E-2c [If MainWHType≠2] APPSizeOfWaterHeater WHEATSIZ Place show card 29 in front of the respondent. **Please look at Card 29. What is the approximate size of the main water heating tank?**

Small (30 gallons or less) ........ 1
Medium (31 to 49 gallons) ....... 2
Large (50 gallons or more) ...... 3

E-2d AgeHotH2OEquip WHEATAGE Place show card 11 in front of the respondent. **Please look at Card 11. Approximately how old is the main water heating equipment?**

Less than 2 years old ........................... 1
2 to 4 years old ................................... 2
5 to 9 years old ................................... 3
10 to 14 years old .............................. 41
15 to 19 years old .............................. 42
20 years or older................................. 5
As old as the home (if volunteered)...... 6
PROBE "don't know" responses to this question.

E-2e WHBlanket WHEATBKT **Has the main water heater in your home been insulated using a water heater blanket?**

Yes........................................... 1
No ............................................ 0

E-2f [If WHBlanket=1] WHBktAssist HELPWH Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for water heater insulation. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of the water heater blanket or insulation?**

Did not receive any assistance............. 0
Manufacturer or retailer rebate............. 1
Utility or energy supplier rebate............ 2
Tax credit................................................. 3
Subsidized loan ..................................... 4
Weatherization assistance.................... 5

E-2g [If WHBktAssist>0] WHAssistYear HELPWHY **In what year did you receive this assistance?**

2006........................................ 1
2007........................................ 2
2008........................................ 3
2009........................................ 4
2010……………………………… 6
Prior to 2006 ............................ 5

E-3 [If (MoreThan1H2OHeater>1 and NumTankless>0) or (MoreThan1H2OHeater>0 and NumTankless>1)] SecWHType H2OTYPE2 **Is the secondary water heating equipment a storage water heater or a tankless water heater?**

Storage water heater ............... 1
Tankless water heater ............. 2

E-3a [If MoreThan1H2OHeater + NumTankless>1] APPOtherH2OFuel FUELH2O2 Place show card 28 in front of the respondent. **Please look at Card 28. Which fuel does your home's secondary water heating equipment use to heat water?**

Electricity ............................................. 5
Natural gas from underground pipes.... 1
Propane (bottled gas)........................... 2
Fuel oil .................................................. 3
Kerosene .............................................. 4
Wood ..................................................... 7
Solar ..................................................... 8
Some other fuel .................................... 21

E-3a1    If APPOtherH2OFuel=21] E3aFollowUp FUELH2O2FU Could you tell me what that other fuel is?

E-3b    [If MainWHType≠2] APPSizeOfWaterHeater2 WHEATSIZ2 Place show card 29 in front of the respondent. **Please look at Card 29. What is the approximate size of the secondary water heater tank?**

Small (30 gallons or less) ..................... 1
Medium (31 to 49 gallons).................... 2
Large (50 gallons or more) ................... 3

E-3c    [If MoreThan1H2OHeater + NumTankless>1] SizeOfWaterHeater2 WHEATAGE2 Place show card 11 in front of the respondent. **Please look at Card 11. Approximately how old is the secondary water heating equipment?**

Less than 2 years old ........................... 1
2 to 4 years old .................................... 2
5 to 9 years old .................................... 3
10 to 14 years old ............................... 41
15 to 19 years old ............................... 42
20 years or older.................................. 5
As old as the home (if volunteered)...... 6

E-4    IVCOMMEFILTER If you have any comments that might suggest that the data collected in the water heating section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

I have comments regarding the quality of data in this section ....................1
I do not have comments ...............................................................................2

E-4a    [If IVCOMMEFILTER=1] IVerCommentsE IVCOMME RECORD any information here about the water heating equipment in this housing unit and its' usage that might provide clarification to the respondent's answers.

_____

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_____

# Section F: AIR CONDITIONING

F-1       AirConditioning AIRCOND **Is any air conditioning equipment used in your home?**

> Yes........................................... 1
> No ............................................ 0
> PROBE "don't know" responses to this question.

F-2       [If AirConditioning=0] NotAirCond DNTAC **Just to clarify, do you have air conditioning equipment but don't use it, or does your home just not have any air conditioning equipment?**

> Have equipment, but don't use it....................... 1
> Don't have any air conditioning equipment ....... 2   →   GO TO QUESTION (NUMCFAN)

> F-2a       [If NotAirCond=1] TypeOfACEquip COOLTYPENOAC Place show card 30 in front of the respondent. **We are still interested to know about the air conditioning equipment in your home. Please look at Card 30. What type of air conditioning equipment does your home have? Is it…**

> > A central system,...................................................1
> > Individual units in the windows or wall, or ............2
> > Both a central system and individual units? ........3

> > After respondent answers, go to question (NUMCFAN).

F-3       [If AirConditioning=1] TypeOfAirCoolEquip COOLTYPE Place show card 30 in front of the respondent. **Please look at Card 30. What type of air conditioning equipment does your home have? Is it…**

> A central system, ................................................. 1
> Individual units in the windows or wall, or ........... 2
> Both a central system and individual units? ........ 3
> PROBE "don't know" responses to this question.

> F-3a       [If TypeOfAirCoolEquip=1,3 and MainHeatingEquip≠3,4] HaveDuctWork 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

F-4       [If TypeOfAirCoolEquip=1,3] HeatPumpCenAC CENACHP **Is your central air conditioning system a heat pump?**

> > Yes........................................... 1
> > No ............................................ 0

F-5       [If TypeOfAirCoolEquip=1,3] CoolOthers 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

F-6a       [If TypeOfAirCoolEquip=1,3] CACMaint MAINTAC **In the last year, has any routine service or**

**maintenance been performed on your household's central air conditioning equipment?**

Yes .......................................... 1
No ........................................... 0

F-6b    [If TypeOfAirCoolEquip=1,3] AgeOfCenACEquip AGECENAC Place show card 11 in front of the respondent.. **Please look at Card 11. Approximately, how old is your central air conditioning equipment?**

Less than 2 years old ........................... 1
2 to 4 years old .................................... 2
5 to 9 years old .................................... 3
10 to 14 years old .............................. 41
15 to 19 years old .............................. 42
20 years or older ................................. 5
As old as the home (if volunteered) ...... 6

F-6c    [If AgeOfCenACEquip =1 or (AgeOfCenACEquip=2 and YearMovedIn≠2009, 2010)] CACReplace REPLCCAC **Your answers suggest you've replaced the central air conditioning equipment in your home since your household moved in. Is that correct?**

Yes .......................................... 1
No ........................................... 0

F-6d    [If CACMaint=1 or CACReplace=1] CACAssist HELPCAC Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for new air conditioning equipment. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of your household's new air conditioning equipment or for maintaining your household's current air conditioning equipment?**

Did not receive any assistance ............. 0
Manufacturer or retailer rebate ............. 1
Utility or energy supplier rebate ............ 2
Tax credit ............................................ 3
Subsidized loan ................................... 4
Weatherization assistance .................... 5

F-6e    [If CACAssist>0] CACAssistYear HELPCACY **In what year did you receive this assistance?**

2006 ......................................... 1
2007 ......................................... 2
2008 ......................................... 3
2009 ......................................... 4
2010 ……………………………6

F-7     [If TypeOfAirCoolEquip=1,3] AmtCenACUsed USECENAC Place show card 31 in front of the respondent. **Please look at Card 31. Which of the statements shown best describes the way your central air conditioning system was used last summer?**

Not used at all (if volunteered) ………………………………...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

F-8     [If TypeOfAirCoolEquip=1,3] NumRoomsCooled ACROOMS **Of the** [FILL: TOTROOMS] **total rooms in your home, how many were cooled by your central air conditioning system last summer?**

Enter the number ....................... [    ]

F-9　[If TypeOfAirCoolEquip=1,3] HaveACThermostat THERMAINAC Place show card 27 in front of the respondent. **Please look at Card 27. Do you have a thermostat that controls your central air conditioning equipment?**

If needed, add: **A thermostat is a small box that allows you to set a desired inside temperature and will turn the heat on and off as needed to maintain that temperature.**

Yes........................................... 1
No ............................................. 0

F-9a　[If HaveACThermostat=1] IsACThermostatSetBack PROTHERMAC **Some thermostats can be programmed so that different temperatures are automatically maintained at different times of the day. Is the thermostat that controls your central air conditioning equipment programmable?**

Yes........................................... 1
No ............................................. 0

F-9a1　[If IsACThermostatSetBack=1] UseProACThermAtNight AUTOCOOLNITE **Is this thermostat programmed to automatically adjust the cooling temperature setting during sleeping hours?**

Yes........................................... 1
No ............................................. 0

F-9a2　[If IsACThermostatSetBack=1] UseProACThermAtDay AUTOCOOLDAY **Is this thermostat programmed to automatically adjust the cooling temperature setting during the day?**

Yes........................................... 1
No ............................................. 0

F-10a　[AmtCenACUsed=2,3] ACTempSetWhenHomeA TEMPHOMEAC **Now I would like you to think about the temperature inside your home when using your central air conditioning equipment last summer. During the summer, what is the temperature when someone is inside your home during the day?** Enter degrees Fahrenheit

**If no answer PROBE: Then at what temperature is the thermostat set?**
**If still no answer PROBE: Can I just have your best estimate?**

F-10b　[If NumberOfOtherTherms>1] ACTempSetWhenHomeNEW **Now I would like you to think about the temperature inside your home when using your central air conditioning equipment last summer. Earlier you reported having** [FILL: NUMTHERM] **thermostats. For the next questions, if the thermostats are set at different temperatures, only report for the thermostat that affects the rooms where most of the people are.]**

**During the summer, what is the temperature when someone is inside your home during the day?** Enter degrees Fahrenheit

**If no answer PROBE: Then at what temperature is the thermostat set?**
**If still no answer PROBE: Can I just have your best estimate?**

F-10c　ACTempSetWhenOut TEMPGONEAC **During the summer, what is the temperature when *no one is inside* your home during the day?** Enter degrees Fahrenheit

**If no answer PROBE: Then at what temperature is the thermostat set?**
**If still no answer PROBE: Can I just have your best estimate?**

F-10d   ACTempSetWhenAsleep TEMPNITEAC **During the summer, what is the temperature inside your home *at night*? Enter degrees Fahrenheit**

> **If no answer PROBE: Then at what temperature is the thermostat set?**
> **If still no answer PROBE: Can I just have your best estimate?**

F-11   [If TypeOfAirCoolEquip=2,3] NumOfWindowACs NUMBERAC **How many window or wall air conditioning units do you use in your home?**

> Enter the number ....................... ☐

F-12a   [If TypeOfAirCoolEquip=2,3] AgeOfWindowAC WWACAGE Place show card 11 in front of the respondent. **Please look at Card 11. Approximately, how old is the window or wall air conditioning unit in your home?**
[If NumOfWindowACs>1] AgeOfWindowACA Place show card 11 in front of the respondent. **Please look at Card 11. Approximately, how old is the *most-used* window or wall air conditioning unit in your home?**

> Less than 2 years old ........................... 1
> 2 to 4 years old .................................... 2
> 5 to 9 years old .................................... 3
> 10 to 14 years old ................................ 4
> 15 to 19 years old ................................ 5
> 20 years or older.................................. 6
> As old as the home (if volunteered)...... 7

F-12b   [If AgeOfWindowAC/AgeOfWindowACA=1,2,3, Don't Know, Refuse] EnergyStarWindowAC ESWWAC Place show card 11 in front of the respondent. **Please look at Card 11. Is this air conditioning unit an *Energy Star* appliance?**

> Yes........................................... 1
> No ............................................ 0

F-12c   [If AgeOfWindowAC/AgeOfWindowACA=1 or (AgeOfWindowAC/AgeOfWindowACA=2 and YearMovedIn≠2009, 2010)] RACReplace REPLCWWAC **Your answers suggest you've replaced the most used wall or window air conditioning unit in your home since your household moved in. Is that correct?**

> Yes........................................... 1
> No ........................................... 0

F-12d   [If RACReplace=1] RACAssist HELPWWAC Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for new air conditioning units. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of your new wall or window air conditioning unit?**

> Did not receive any assistance............. 0
> Manufacturer or retailer rebate............. 1
> Utility or energy supplier rebate............ 2
> Tax credit............................................ 3
> Subsidized loan ................................... 4
> Weatherization assistance.................... 5

F-12e   [If RACAssist>0] RACAssistYear HELPWWACY **In what year did you receive this assistance?**

> 2006......................................... 1
> 2007......................................... 2

```
2008......................................... 3
2009......................................... 4
2010……………………………….6
```

F-12f  [If TypeOfAirCoolEquip=2,3] AmtWindowACUsed USEWWAC Place show card 31 in front of the respondent. **Please look at Card 31. Which of the statements shown best describes the way your household used the window/wall air conditioning unit last summer?**

```
Not used at all (if volunteered)................................................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
```

F-13  NumCeilingFansUsed NUMCFAN **How many ceiling fans does your household use?**

Number of ceiling fans...............⬜

F-13a  [If NumCeilingFansUsed>0] MostUsedFanUsage USECFAN **Thinking about the ceiling fan** [If NUMCFAN>1: *that you use the most*], **how often was this fan used last summer? Is it used only a few days or nights when it's really needed, used quite a bit, used just about all summer, or is it not used at all?**
[If NumCeilingFansUsed>1] MostUsedFanUsageA **Thinking about the ceiling fan** *that you use the most*, **how often was this fan used last summer? Is it used only a few days or nights when it's really needed, used quite a bit, used just about all summer, or is it not used at all?**

```
Used only a few days or nights, when it's really needed..............1
Used quite a bit...............................................................2
Used just about all summer............................................3
Not used at all...............................................................4
```

F-14  ShadeTrees TREESHAD **Do any large trees shade your home from the afternoon summer sun?**

```
Yes........................................... 1
No ........................................... 0
```

F-15  IVCOMMFFILTER If you have any comments that might suggest that the data collected in the air conditioning section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

```
I have comments regarding the quality of data in this section ....................1
I do not have comments ...............................................................2
```

F-15a  [If IVCOMMFFILTER=1] IVerCommentsF IVCOMMF RECORD any information here about the air conditioning equipment in this housing unit and its' usage that might provide clarification to the respondent's answers.

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# Section G:  MISCELLANEOUS

**Now let's turn to some other uses of energy in your home and talk about some characteristics of your home that may affect energy consumption.**

G-1     [If TYPEHUQ≠1] AnyHighCeilings HIGHCEIL **Most ceilings are about 8 feet high which is about a foot higher than a standard door.  Are any of the ceilings in your home unusually high?**

                Yes........................................... 1
                No ............................................ 0

    G-1a    [If AnyHighCeilings=1, Don't Know, Refuse] AnyCathedralCeilings CATHCEIL **Cathedral ceilings are usually in rooms on the main floor and go all the way up to the roof. Are any of the ceilings in your home cathedral ceilings?**

                Yes........................................... 1
                No ............................................ 0

G-2     [If TYPEHUQ=2,3] SwimmingPool SWIMPOOL **Does your home have its own swimming pool with a filtering system?**

                Yes........................................... 1
                No ............................................ 0

    G-2a    [If SwimmingPool=1] HeatedPool POOL **Is it a heated pool?**

                Yes........................................... 1
                No ............................................ 0

        G-2a1   [If HeatedPool=1] APPPoolFuel FUELPOOL **What fuel is used most often to heat the pool water? Is it…** READ responses

                    Electricity, ........................................... 5
                    Natural gas from underground pipes,................ 1
                    Propane (bottled gas),...................................... 2
                    Fuel oil,............................................................. 3
                    Kerosene, ........................................................ 4
                    Solar, or ........................................................... 8
                    Some other fuel? ........................................... 21

            G-2a1a [If APPPoolFuel=21] G2a1FollowUp FUELPOOLFU **Could you tell me what that other fuel is?**

G-3     HotTub RECBATH **Does your home have a heated hot tub, spa, or Jacuzzi, other than a bathtub?**

                Yes........................................... 1
                No ............................................ 0

    G-3a    [If HotTub=1] APPHotTubFuel FUELTUB **What fuel is used most often to heat the water in your hot tub, spa, or Jacuzzi? Is it…** READ responses

                    Electricity, ........................................... 5
                    Natural gas from underground pipes,................ 1
                    Propane (bottled gas),...................................... 2
                    Fuel oil, ............................................................ 3
                    Kerosene, ........................................................ 4

Solar, or ............................................................ 8
Some other fuel? ............................................ 21

G-3a1 [If APPHotTubFuel=21] G3aFollowUp FUELTUBFU **Could you tell me what that other fuel is?**

G-4a LightsTurnedOn12 LGT12 **Thinking of a typical summer weekday, how many indoor lights does your household have turned on for more than 12 hours? Do not include any nightlights in your count.**

Enter the number .......................

G-4a1 [If LightsTurnedOn12>0 or LightsTurnedOn12=Don't Know, Refuse] EELightsTurnedOn12 LGT12EE **How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs?**

Enter the number .......................

G-4b LightsTurnedOn4 LGT4 **How many indoor lights are turned on between 4 hours and 12 hours during a typical summer weekday?**

Enter the number .......................

G-4b1 [If LightsTurnedOn4>0 or LightsTurnedOn4=Don't Know, Refuse] EELightsTurnedOn4 LGT4EE **How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs?**

Enter the number .......................

G-4c LightsTurnedOn1 LGT1 **How many indoor lights are turned on between 1 hour and 4 hours during a typical summer weekday?**

Enter the number .......................

G-4c1 [If LightsTurnedOn1>0 or LightsTurnedOn1=Don't Know, Refuse] EELightsTurnedOn1 LGT1EE **How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs?**

Enter the number .......................

G-5 [If TYPEHUQ=2,3] LightsOnAllNite NOUTLGTNT **How many outdoor lights are typically left on all night?**

Enter the number .......................

G-5a [If LightsOnAllNite>0 or LightsOnAllNite=Don't Know, Refuse] EELightsOnAllNite LGTOEE **How many of these lights use energy-efficient bulbs, such as compact fluorescent (CFL) bulbs?**

Enter the number .......................

G-5b [If LightsOnAllNite>0] NatGasLightsA NGASLIGHT **Does this light use natural gas?**
*How many of the outdoor lights* **use natural gas?**
Yes............................................ 1
No ............................................ 0

[If LightsOnAllNite>1] NatGasLightsB **How many of these lights use natural gas?**

Enter the number........................

G-6a  [If EELightsTurnedOn12+ EELightsTurnedOn4+ EELightsTurnedOn1+ EELightsOnAllNite >0]
CFLReplace INSTLCFL **Were any of your energy-efficient bulbs installed since your household moved in?**

Yes........................................... 1
No ........................................... 0

G-6b  [If CFLReplace=1] CFLAssist HELPCFL Place show card 32 in front of the respondent. **Some homeowners receive government or energy supplier assistance, including weatherization assistance and rebates, in paying for energy-efficient light bulbs. Please look at Card 32. Which of the following, if any, helped pay for any of your household's energy-efficient bulbs?**

Did not receive any assistance............. 0
Manufacturer or retailer rebate............. 1
Utility or energy supplier rebate............ 2
Weatherization assistance.................... 5

G-6c  [If CFLAssist>0] CFLAssistYear HELPCFLY **In what year did you receive this assistance?**

2006.......................................... 1
2007.......................................... 2
2008.......................................... 3
2009.......................................... 4
2010.......................................... 6
Prior to 2006 ............................. 5

G-7  SldingGlassDoors 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

G-7a  [If SldingGlassDoors=1] NumSldingDoors DOOR1SUM **How many of these sliding glass doors does your home have?** COUNT each pair of sliding glass doors as one door.

Enter the number........................ ☐

G-8  NumOfWindows WINDOWS Place show card 33 in front of the respondent. **Please look at Card 33. Approximately, how many windows does your home have? Each window that opens separately should be counted as one window. Do not include any windows that are in unheated parts of your home.**

None (volunteered).................. 0
1 or 2...................................... 10
3 to 5...................................... 20
6 to 9...................................... 30
10 to 15................................. 41
16 to 19................................. 42
20 to 29................................. 50
30 or more ............................. 60

If asked: Double-hung or slider windows count as one window. Also count windows that are fixed in place. Do not include windows (glass panels) in doors. PROBE "don't know" responses to this question.

G-8a  TypeOfWindowGlass TYPEGLASS Place show card 34 in front of the respondent. **Please look at Card 34. Which picture best describes the type of glass in most of the windows in your home? Do not consider storm windows.**

        Single-pane glass .................... 1
        Double-pane glass .................. 2
        Triple-pane glass .................... 3

G-8b  ReplaceGlass NEWGLASS **How many of the windows in your home/apartment have been replaced since your household moved in? Is it . . .**

        All of the windows, ................... 1
        Some of the windows, or ......... 2
        None of the windows? ............. 3

G-8c  [If ReplaceGlass<3] WindowAssist HELPWIN Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for new windows. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of the new windows?**

        Did not receive any assistance ............. 0
        Manufacturer or retailer rebate ............. 1
        Utility or energy supplier rebate ............ 2
        Tax credit ............................................... 3
        Subsidized loan ..................................... 4
        Weatherization assistance .................... 5

G-8d  [If WindowAssist>0] WindowAssistYear HELPWINY **In what year did you receive this assistance?**

        2006 ......................................... 1
        2007 ......................................... 2
        2008 ......................................... 3
        2009 ......................................... 4
        2010 ………………………………….6
        Prior to 2006 ............................ 5

G-9  HowWellInsulated ADQINSUL **Regarding the insulation in your home, overall, would you say that your home is** . . .

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

G-10  Insulation INSTLINS **Insulation is often added to the attic, ceiling, walls, crawl space, ducts, or pipes. Has any insulation been added to your home/apartment since your household moved in?**

        Yes ........................................... 1
        No ............................................ 0

G-10a  [If Insulation=1] AgeOfInsul AGEINS Place show card 11 in front of the respondent. **Please look at Card 11. When was this insulation work done?**

        In the last 2 years ................................. 1
        2 to 4 years ago .................................... 2
        5 to 9 years ago .................................... 3
        10 to 14 years ago ............................... 41

15 to 19 years ago.............................. 42
20 years or more .................................. 5

G-10b  [If AgeOfInsul=1 or (AgeOfInsul=2 and YearMovedIn≠2009, 2010)] InsulAssist HELPINS Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for insulation. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of the new insulation?**

Did not receive any assistance............. 0
Manufacturer or retailer rebate............. 1
Utility or energy supplier rebate............ 2
Tax credit............................................. 3
Subsidized loan ................................... 4
Weatherization assistance.................... 5

G-10c  [If InsulAssist>0] InsulAssistYear HELPINSY **In what year did you receive this assistance?**

2006......................................... 1
2007......................................... 2
2008......................................... 3
2009......................................... 4
2010……………………………….6

G-11  HowDrafty DRAFTY **How often have you or other members of your household found your home too drafty this winter? Would you say it is. . .**

All the time,.............................. 1
Most of the time, ...................... 2
Some of the time, or ................ 3
Never? .................................... 4

G-12  Caulking INSTLWS **Caulking and weather stripping is often done to seal windows, doors, and ducts. Has any portion of your home/apartment been caulked or weather stripped in order to seal air leaks since your household moved in?**

Yes........................................... 1
No ............................................ 0

G-12a  [If Caulking=1] AgeofCaulk AGEWS Place show card 11 in front of the respondent. **Please look at Card 11. When was this caulking or weather stripping work done?**

In the last 2 years ................................ 1
2 to 4 years ago.................................... 2
5 to 9 years ago.................................... 3
10 to 14 years ago............................... 41
15 to 19 years ago............................... 42
20 years or more .................................. 5

G-12b  [If AgeofCaulk=1 or (AgeofCaulk=2 and YearMovedIn≠2009, 2010)] CaulkAssist HELPWS Place show card 13 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for caulking and weather stripping. Please look at Card 13. Which of the following, if any, helped pay for some or all of the cost of the caulking or weather stripping?**

Did not receive any assistance............. 0
Manufacturer or retailer rebate............. 1
Utility or energy supplier rebate............ 2
Tax credit............................................. 3

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```
                    Subsidized loan ..................................... 4
                    Weatherization assistance................... 5
```

G-12c  [If CaulkAssist>0] CaulkAssistYear HELPWSY **In what year did you receive this assistance?**

```
                    2006......................................... 1
                    2007......................................... 2
                    2008......................................... 3
                    2009......................................... 4
                    2010......................................... 6
```

G-13  Aaudit AUDIT **A home energy audit is when a trained professional examines how energy is used in all parts of a home. After examining a home, the energy auditor will provide a list of ways to reduce energy use and save money on energy bills. Has your home had an energy audit?**

```
                    Yes........................................... 1
                    No ........................................... 0
```

G-13a  [If Audit=1] AgeOfAudit AGEAUD Place show card 35 in front of the respondent. **Please look at Card 35. When was the energy audit performed?**

```
                    In the last 2 years ................................. 1
                    2 to 4 years ago.................................... 2
                    5 to 9 years ago.................................... 3
                    10 to 14 years ago.............................. 41
                    15 to 19 years ago.............................. 42
                    20 years or more .................................. 5
```

G-13b  [If AgeOfAudit =1 or (AgeOfAudit=2 and YearMovedIn≠2009, 2010)] AuditAssist HELPAUD Place show card 36 in front of the respondent. **Some homeowners receive government or energy supplier assistance in paying for energy audits. Please look at Card 36. Which of the following, if any, helped pay for some or all of the cost of the energy audit?**

```
                    Did not receive any assistance............. 0
                    Utility or energy supplier assistance..... 2
                    Tax credit.............................................. 3
                    Subsidized loan .................................... 4
                    Weatherization assistance................... 5
```

G-13c  [If AuditAssist>0] AuditAssistYear HELPAUDY **In what year did you receive this assistance?**

```
                    2006......................................... 1
                    2007......................................... 2
                    2008......................................... 3
                    2009......................................... 4
                    2010......................................... 6
```

G-14  IVCOMMGFILTER If you have any comments that might suggest that the data collected in the miscellaneous section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

```
          I have comments regarding the quality of data in this section ....................1
          I do not have comments .............................................................................2
```

G-14a  [If IVCOMMGFILTER=1] IverCommentsG IVCOMMG RECORD any information here about the miscellaneous characteristics of this housing unit that might provide clarification to the respondent's answers.

_____

_____

_____

# Section H:  FUELS USED

H-1    INTRO OTHFUELUSE 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 WIL LIST THE FUELS WHICH HAVE NOT BEEN IDENTIFIED AS USED BY THE HOUSEHOLD] **as a fuel for any purpose in your home?**

           Yes.......................................... 1
           No .......................................... 0

H-1a    [If INTRO=1] WhichOnes OTHFUELFU **Which of these other fuels do you also use? Is it…**
           READ responses. Mark all that apply.

           Electricity, ................................ 5
           Natural gas, ............................. 1
           Propane (bottled gas), ............. 2
           Fuel oil, .................................... 3
           Kerosene, ................................ 4
           Wood, or .................................. 7
           Solar? ...................................... 8


H-2    Renewable ONSITE **Do you have any on-site system that generates electricity such as a solar system or a small wind turbine?**

           Yes.......................................... 1
           No .......................................... 0

H-2a    [If Renewable=1] RenewableType ONSITETYPE **What type of on-site system do you have? Is it a…** READ responses

           Solar or Photovoltaic system, ............... 1
           Small wind turbine, ............................... 2
           Combined Heat and Power system, ..... 3
           Or some other system? ........................ 4

H-2b    [If RenewableType=4] H2aFollowUp ONSITETYPEFU **Could you tell me what that other on-site system is?**

H-2c    [If Renewable=1] GridConnect ONSITEGRID **Is your on-site system connected to the grid?**

           Yes.......................................... 1
           No .......................................... 0


**Now I would like to ask you a few questions about how your energy bills are paid.**

H-3     WhoPaysElecHeat **In 2009, was the electricity used for heating your home paid for by your household, included in the rent or condominium fee, or paid some other way?**

           Electricity for this end use paid by the household ...................................................1
           Electricity for this end use paid included in the rent or condominium fee ..............2
           Paid for some other way............ ...................................................................3
           Household pays for all electricity (if volunteered)....................................................4

Leasor/condo pays for all electricity (if volunteered) ..............................................5
Household pays for all utilities (if volunteered) ........................................................6
Leasor/condo pays for all utilities (if volunteered) ..................................................7

WhoPaysElecHotH2O **In 2009, was the electricity used for heating water paid for by your household, included in the rent or condominium fee, or paid some other way?**

Electricity for this end use paid by the household ....................................................1
Electricity for this end use paid included in the rent or condominium fee .............2
Paid for some other way............ ...........................................................................3
Household pays for all electricity (if volunteered) ....................................................4
Leasor/condo pays for all electricity (if volunteered) ..............................................5
Household pays for all utilities (if volunteered) ........................................................6
Leasor/condo pays for all utilities (if volunteered) ..................................................7

WhoPaysElecCooking **In 2009, was the electricity used for cooking paid for by your household, included in the rent or condominium fee, or paid some other way?**

Electricity for this end use paid by the household ....................................................1
Electricity for this end use paid included in the rent or condominium fee .............2
Paid for some other way............ ...........................................................................3
Household pays for all electricity (if volunteered) ....................................................4
Leasor/condo pays for all electricity (if volunteered) ..............................................5
Household pays for all utilities (if volunteered) ........................................................6
Leasor/condo pays for all utilities (if volunteered) ..................................................7

WhoPaysElecAirCond **In 2009, was the electricity used for cooling your home paid for by your household, included in the rent or condominium fee, or paid some other way?**

Electricity for this end use paid by the household ....................................................1
Electricity for this end use paid included in the rent or condominium fee .............2
Paid for some other way............ ...........................................................................3
Household pays for all electricity (if volunteered) ....................................................4
Leasor/condo pays for all electricity (if volunteered) ..............................................5
Household pays for all utilities (if volunteered) ........................................................6
Leasor/condo pays for all utilities (if volunteered) ..................................................7

WhoPaysElecLighting **In 2009, was the electricity used for lighting and appliances paid for by your household, included in the rent or condominium fee, or paid some other way?**

Electricity for this end use paid by the household ....................................................1
Electricity for this end use paid included in the rent or condominium fee .............2
Paid for some other way............ ...........................................................................3
Household pays for all electricity (if volunteered) ....................................................4
Leasor/condo pays for all electricity (if volunteered) ..............................................5
Household pays for all utilities (if volunteered) ........................................................6
Leasor/condo pays for all utilities (if volunteered) ..................................................7

H-3a   [If WhoPaysElecHeat or WhoPaysElecHotH2O or WhoPaysElecCooking or
       WhoPaysElecAirCond or WhoPaysElecLighting=3] WhoIsOtherWayEL OTHERWAYEL **You
       mentioned that some or all of the electricity used in your home was paid for in some other
       way. Who paid for that electricity? Was it . . .**

          A relative,............................................. 1
          A rental or condominium agent, or ....... 2
          Was it paid by some other party?......... 3


H-4   WhoPaysNatGasHeat **In 2009, was the natural gas used for heating your home paid for by your
      household, included in the rent or condominium fee, or paid some other way?**

          Electricity for this end use paid by the household ...................................................1
          Electricity for this end use paid included in the rent or condominium fee .............2
          Paid for some other way............ ......................................................................3
          Household pays for all electricity (if volunteered)...................................................4
          Leasor/condo pays for all electricity (if volunteered) .............................................5
          Household pays for all utilities (if volunteered).......................................................6
          Leasor/condo pays for all utilities (if volunteered) .................................................7

          PROBE "don't know" responses to this question.

WhoPaysNatGasHotH2O **In 2009, was the natural gas used for heating water paid for by your
household, included in the rent or condominium fee, or paid some other way?**

          Electricity for this end use paid by the household ...................................................1
          Electricity for this end use paid included in the rent or condominium fee .............2
          Paid for some other way............ ......................................................................3
          Household pays for all electricity (if volunteered)...................................................4
          Leasor/condo pays for all electricity (if volunteered) .............................................5
          Household pays for all utilities (if volunteered).......................................................6
          Leasor/condo pays for all utilities (if volunteered) .................................................7

          PROBE "don't know" responses to this question.

WhoPaysNatGasCook **In 2009, was the natural gas used for cooking paid for by your household,
included in the rent or condominium fee, or paid some other way?**

          Electricity for this end use paid by the household ...................................................1
          Electricity for this end use paid included in the rent or condominium fee .............2
          Paid for some other way............ ......................................................................3
          Household pays for all electricity (if volunteered)...................................................4
          Leasor/condo pays for all electricity (if volunteered) .............................................5
          Household pays for all utilities (if volunteered).......................................................6
          Leasor/condo pays for all utilities (if volunteered) .................................................7

          PROBE "don't know" responses to this question.

WhoPaysNatGasOther **In 2009, was the natural gas used for** [insert other use] **paid for by your
household, included in the rent or condominium fee, or paid some other way?**

          Electricity for this end use paid by the household ...................................................1
          Electricity for this end use paid included in the rent or condominium fee .............2
          Paid for some other way............ ......................................................................3
          Household pays for all electricity (if volunteered)...................................................4
          Leasor/condo pays for all electricity (if volunteered) .............................................5
          Household pays for all utilities (if volunteered).......................................................6

Leasor/condo pays for all utilities (if volunteered) ..................................................7

H-4a  [If WhoPaysNatGasHeat or WhoPaysNatGasHotH2O or WhoPaysNatGasCooking=3] WhoIsOtherWayNG OTHERWAYNG **You mentioned that some or all of the natural gas used in your home was paid for in some other way. Who paid for that natural gas? Was it . . .**

A relative,............................................ 1
A rental or condominium agent, or ....... 2
Was it paid by some other party?......... 3

H-5  WhoPaysFuelOil FOPAY **In 2009, was the fuel oil paid for by your household, included in the rent or condominium fee, or paid some other way?**

All paid by the household .......... ................................................. 1
All included in the rent or condominium fee ............................... 2
Paid for some other way........... ................................................. 3
Household pays for all utilities(if volunteered)............................ 4
Leasor/condo pays for all utilities (if volunteered) ...................... 5

H-5a  [If WhoPaysFuelOil=3] WhoIsOtherWayFO OTHERWAYFO **You mentioned that some or all of the fuel oil used in your home was paid for in some other way. Who paid for that fuel oil? Was it . . .**

A relative,............................................ 1
A rental or condominium agent, or ....... 2
Was it paid by some other party?......... 3

H-6  WhoPaysBttldGas LPGPAY **In 2009, was the propane (bottled gas) paid for by your household, included in the rent or condominium fee, or paid some other way?**

All paid by the household .......... ................................................. 1
All included in the rent or condominium fee ............................... 2
Paid for some other way........... ................................................. 3

H-6a  [If WhoPaysBttldGas=3] WhoIsOtherWayLPG OTHERWAYLPG **You mentioned that the propane (bottled gas) used in your home was paid for in some other way. Who paid for that propane (bottled gas)? Was it . . .**

A relative,............................................ 1
A rental or condominium agent, or ....... 2
Was it paid by some other party?......... 3

H-7  [If USELP=1] BttldGasDelivered LPGDELV **Is propane (bottled gas) delivered to your home?**

Yes.......................................... 1
No ........................................... 0

H-7a  [If BttldGasDelivered=1] NumBttldGasCos NDIFLPCO **How many different companies**

**delivered propane (bottled gas) to your home in 2009?**

Enter the number........................ ☐

H-7b [If BttldGasDelivered=1] NumBttldGasDels NLPDELNC **About how many deliveries did your household get in 2009?**

Enter the number................................ ☐

H-8 [If USEFO=1] GalsFuelOilUsed QUANTFO Place show card 37 in front of the respondent. **Please look at Card 37. About how many gallons of fuel oil did your household use in 2009?**

Less than 100 gallons.............. 1
100 to 499 gallons ................... 2
500 to 1,000 gallons ................ 3
More than 1,000 gallons .......... 4

H-8a1 NumFuelOilCos NDIFFOCO **How many different companies delivered fuel oil to your home in 2009?**

Enter the number....................... ☐

H-8a2 NumFuelOilDels NFODELNC **About how many deliveries did your household get in 2009?**

Enter the number.................................... ☐

H-9 [If USEKERO=1] KeroseneDelivered KERODEL **Is kerosene delivered to your home?**

Yes........................................... 1
No ............................................ 0

H-9a [If KeroseneDelivered=1] NumKeroseneCos NDIFKRCO **How many different companies delivered kerosene to your home in 2009?**

Enter the number.................. ☐

H-9b [If KeroseneDelivered =1] NumKeroseneDels NKRDEL **About how many deliveries did your household get in 2009?**

Enter the number.................. ☐

H-10 [If USEKERO=1] CashNCarryKero KEROCASH **Did your household buy kerosene in 2009 and bring it home, that is, cash and carry?**

Yes........................................... 1
No ............................................ 0

H-10a [If CashNCarryKero=1] NumKeroCashBuys NOCRCASH **How many times in 2009 did your household buy kerosene and bring it home?**

Enter the number.................................... ☐

H-10b [If CashNCarryKero=1] GalsKeroPerBuy NKRGALNC **There are five common sizes of portable kerosene containers: 1 gallon, 3 gallon, 5 gallon, 10 gallon, and 55 gallon. On average how many gallons of kerosene did your household buy and bring home each time?**

> Enter the amount ...................... [    ]
> Some other size............................ 66
> Not sure ....................................... 77

H-10c [If CashNCarryKero=1] KeroPricePerGal PRICEKER **On average, about how much per gallon did your household pay for kerosene?**

> Enter the price ...................... [    ]

H-11 [If USEWOOD=1] KindWoodBurned **You mentioned that you use wood as a fuel in your household. What kind of wood does your household burn? Do you burn wood logs or split wood, wood scraps, wood pellets, or any other kind of wood?** Include all that apply. PROBE: **Any others?**

> WOODLOGS Wood logs or split wood?........................... 1
>
> WDSCRAP Wood scraps?.............................................. 2
>
> WDPELLET Wood pellets? ............................................ 3
>
> WDOTHER Any other kind of wood?.............................. 4

H-11a [If USEWOOD=1] AmtWoodBurned NUMCORDS Place show card 38 in front of the respondent. **Please look at Card 38. In 2009, about how many cords of wood did your household burn?**

> Half a cord or less.................... 1
> About one cord ........................ 2
> About two cords....................... 3
> Three to five cords................... 4
> More than five cords................ 5

H-11b [If AmtWoodBurned=5] NumCordsUsed WOODAMT **In 2009, about how many cords of wood did your household burn?**

> Number of cords ........................ [    ]

H-12 IVCOMMHFILTER If you have any comments that might suggest that the data collected in the fuels used section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

> I have comments regarding the quality of data in this section ....................1
> I do not have comments ................................................................................2

H-12a [If IVCOMMHFILTER=1] IVerCommentsH IVCOMMH RECORD any information here about the fuels used by this housing unit that might provide clarification to the respondent's answers.

> _____
>
> _____
>
> _____

# Section I: HOUSING UNIT MEASUREMENTS

I-1  SQFTEST **To understand the usage of energy in your HOMEAPT, we need to know about its size and shape. About how many square feet of living space do you have in your HOMEAPT? Your best estimate will do.**

Estimated square footage........................ ☐
PROBE "don't know" responses to this question.

[If NumOfStories=32,50, Don't Know, Refuse or LevelInApt>3] It was indicated that this home had a non-standard number of stories. Please complete a green measurement booklet for this case. GO to IVCOMMIFILTER.

I-2  SHAPE1FLRA PLACE show card 39 in front of the respondent. **Please look at Card 39. Thinking about the *main or first* floor of your HOMEAPT, let's work together to find which of these shapes best describes the shape of the living space** [If LocationOfGarage=2 or LocationOfGarageA=1**: *including the garage*] **on the main or first floor?**

Square or Rectangle............................................ 1
T-shaped (2 Squares or Rectangles) ................ 2
L-shaped (2 Squares or Rectangles.................. 3
Some other shape ............................................. 4

I-3  [If NumOfStories=20,31,40 or LevelInApt=2,3] SHAPE2FLR **Is the *shape* of the second floor of this HOMEAPT the same as the first floor?**

Yes............................................ 1
No ............................................. 0

I-3a  [If SHAPE2FLR=1] SIZE2FLR **Is the *size* of the second floor of this HOMEAPT the same as the first floor?**

Yes............................................ 1
No ............................................. 0

I-3b  [If SHAPE2FLR≠1] SHAPE2FLRA PLACE show card 39 in front of the respondent.. **Please look at Card 39. Thinking about the *second* floor of your HOMEAPT, which of the shapes best describes the shape of the living space on the second floor?**

Square or Rectangle............................................ 1
T-shaped (2 Squares or Rectangles) ................ 2
L-shaped (2 Squares or Rectangles) ................ 3
Some other shape ............................................. 4

I-4  [If NumOfStories=31,40 or LevelInApt=3] SHAPE3FLR **Is the *shape* of the third floor of this HOMEAPT the same as the second floor?**

Yes............................................ 1
No ............................................. 0

I-4a  [If SHAPE3FLR=1] SIZE3FLR **Is the *size* of the third floor of this HOMEAPT the same as the**

**second floor?**

Yes.......................................... 1
No ........................................... 0

I-4b    [If SHAPE3FLR≠1] SHAPE3FLRA PLACE show card 39 in front of the respondent. **Please look at Card 39. Thinking about the *third* floor of your HOMEAPT, which of these shapes best describes the shape of the living space on the third floor?**

Square or Rectangle.......................................... 1
T-shaped (2 Squares or Rectangles) ................ 2
L-shaped (2 Squares or Rectangles) ................ 3
Some other shape ............................................. 4

I-5     [(If AtticFinished=1 or ATTCHEAT=1,2) and (TYPEHUQ=2,3 or APPUseOfAttic=1,2)] SHAPEATTIC **Is the *shape* of the attic of this HOMEAPT the same as the floor under it?**

Yes.......................................... 1
No ........................................... 0

I-5a    [If SHAPEATTIC=1] SIZEATTIC **Is the *size* of the attic of this HOMEAPT the same as the floor under it?**

Yes.......................................... 1
No ........................................... 0

I-5b    [If SHAPEATTIC≠1] SHAPEATTICA PLACE show card 39 in front of the respondent. **Please look at Card 39. Thinking about the *attic* of your HOMEAPT, which of these shapes describes the shape of the living space in the attic?** [If TYPEHUQ=4: *Please include only the area of the attic that you have exclusive use of when determining the shape.*]

Square or Rectangle.......................................... 1
T-shaped (2 Squares or Rectangles) ................ 2
L-shaped (2 Squares or Rectangles) ................ 3
Some other shape ............................................. 4

I-6     [If (TYPEHUQ=2,3 and Basement=1) or APPUseOfBsmnt=1,2] SHAPEBASE **Is the *shape* of the basement of this HOMEAPT the same as the floor directly above it?**

Yes.......................................... 1
No ........................................... 0

I-6a    [If SHAPEBASE=1] SIZEBASE **Is the *size* of the basement of this HOMEAPT the same as the floor directly above it?**

Yes.......................................... 1
No ........................................... 0

I-6b    [If SHAPEBASE≠1] SHAPEBASEA PLACE show card 40 in front of the respondent. **Please look at Card 40. Thinking about the *basement* of your HOMEAPT** [If LocationOfGarage=1: *including the garage*]**, which of these shapes best describes the shape of the basement?** [If TYPEHUQ=4: *Please include only the area of the basement that you have exclusive use of when determining the shape.*]

```
Square or Rectangle.......................................... 1
T-shaped (2 Squares or Rectangles) ............... 2
L-shaped (2 Squares or Rectangles) ............... 3
Some other shape ........................................... 4
```

I-7     MEASURE [If SquareFootage=0: **In order to best understand the usage of energy in your HOMEAPT, we need to know its exact size in square feet**.] [If SquareFootage>0: E*ven though you have given me your best estimate,*] **With your permission, I would like to measure your home.**

```
Measurements follow............... ....................................................1
Respondent refused (Skip to I-14) ................................................7
```

**Measurement Instructions:**

If any or all of the levels of this home were "some other shape" or the respondent answered "don't know" for any of the shapes, take out the green measurements booklet for this housing unit and affix a case label for this housing unit in the appropriate area.

Press the [enter] key to continue

You now have all the information you need about what areas of the housing unit you are to measure.

Proceed to take the measurements and record the data in the screens that follow.

Press the [enter] key to continue

If appropriate, instruct the respondent that now would be a good time for him or her to gather their utility bill(s) that will be scanned in a later section of the questionnaire, while you enter your measurements into the capi.

Press the [enter] key to continue

I-8     [If MEASURE=1] CNFRMFLRS Based upon previous answers in the questionnaire, you should have found: [If NumOfStories=10 or LevelInApt=1 or TYPEHUQ=1: one floor] [If NumOfStories=20 or LevelInApt=2: two floors] [If NumOfStories=31,40 or LevelInApt=3: three floors] [If (TYPEHUQ=2,3 and Basement=1) or APPUseOfBsmnt=1,2]:, a basement] [If FinishedAttic=1 and ATTCHEAT=1,2 and (TYPEHUQ=2,3 or APPUseOfAttic=1,2)]:, and attic]. If you found all of the indicated levels in this housing unit, press 1. If you did not find all of the levels listed above, or if you found additional levels not accounted for previously, press 2.

```
All levels were found and are accounted for ..................................1
Changes need to be made to number of levels.............................2
```

By pressing 2, you will be prompted to select what level of the housing unit needs correction, and will be automatically redirected to the appropriate question(s).

I-9a    [If SHAPE1FLRA=1] FLR1L1 FLR1W1 RECORD the measurements of the first/main floor in the spaces below. round the length and width to the nearest whole foot. Enter "don't know (ctrl+k) for any measurements you were not able to get.

Enter the length here ................. ☐     Enter the width here ................... ☐

I-9b    [If SHAPE1FLRA=2,3] FLR1L1 FLR1W1 FLR1L2 FLR1W2 RECORD the measurements of the first/main floor in the spaces below. Round the lengths and widths to the nearest whole foot. Enter "don't know

Enter the length of the first area here ............................ ☐     Enter the width of the first area here ............................ ☐

Enter the length of the second area here........................ ☐     Enter the width of the second area here ........................ ☐

I-9c    [If SHAPE1FLRA=1,2,3 and (FLR1L1 or FLR1W1 or FLR1L2 or FLR1W2>5)] MEAS1FLR RECORD where the first/main floor measurements were taken.

Measured outside the unit ................................. 1
Measured inside the unit .................................. 2

I-9c1    [If FLR1L1 or FLR1W1 or FLR1L2 or FLR1W2= Don't Know, Refuse] NOMEASFLR1 Which of the following best describes the reason that you were unable to take some or all of the first floor measurements?

Objects in the home prevented an accurate measurement .........1
Respondent requested that this floor not be measured ...............2
Other reason.................................................................................3

I-9c1i    [If NOMEASFLR1=3] NOMEASFLR1OT Please describe the reason(s) that you were unable to take measurements of the first floor.

_____

I-10a    [If SHAPE2FLRA=1] FLR2L1 FLR2W1 RECORD the measurements of the second floor in the spaces below. Round the length and width to the nearest whole foot. Enter "don't know (ctrl+k) for any measurements you were not able to get.

Enter the length here ................. ☐     Enter the width here ................... ☐

I-10b    [If SHAPE2FLRA=2,3] FLR2L1 FLR2W1 FLR2L2 FLR2W2 RECORD the measurements of the second floor in the spaces below. Round the lengths and widths to the nearest whole foot. Enter "don't know (ctrl+k) for any measurements you were not able to get.

Enter the length of the first area here ............................ ☐     Enter the width of the first area here ............................ ☐

Enter the length of the second area here........................ ☐     Enter the width of the second area here ........................ ☐

I-10c    [(If SHAPE2FLRA=1,2,3) and (FLR2L1 or FLR2W1 or FLR2L2 or FLR2W2>5)] MEAS2FLR RECORD where the second floor measurements were taken.

Measured outside the unit ................................. 1
Measured inside the unit .................................. 2

I-10c1    [If FLR2L1 or FLR2W1 or FLR2L2 or FLR2W2= Don't Know, Refuse] NOMEASFLR2 Which of the following best describes the reason that you were unable to take some or all of the second floor measurements?

Objects in the home prevented an accurate measurement .........1
Respondent requested that this floor not be measured ..............2

Other reason.....................................................................................3

I-10c1i [If NOMEASFLR2=3] NOMEASFLR2OT Please describe the reason(s) that you were unable to take measurements of the second floor.

_____

I-11a [If SHAPE3FLRA=1] FLR3L1 FLR3W1 RECORD the measurements of the third floor in the spaces below. Round the length and width to the nearest whole foot. Enter "don't know (ctrl+k) for any measurements you were not able to get.

Enter the length here ................. ☐      Enter the width here ................... ☐

I-11b [If SHAPE3FLRA=2,3] FLR3L1 FLR3W1 FLR3L2 FLR3W2 RECORD the measurements of the third floor in the spaces below. Round the lengths and widths to the nearest whole foot. Enter "don't know (ctrl+k) for any measurements you were not able to get.

Enter the length of the
first area here ............................ ☐      Enter the width of the
first area here .............................. ☐

Enter the length of the
second area here....................... ☐      Enter the width of the
second area here ........................ ☐

I-11c [(If SHAPE3FLRA=1,2,3) and (FLR3L1 or FLR3W1 or FLR3L2 or FLR3W2>5)] MEAS3FLR RECORD where the third floor measurements were taken.

Measured outside the unit ................................. 1
Measured inside the unit ................................... 2

I-11c1 [If FLR3L1 or FLR3W1 or FLR3L2 or FLR3W2= Don't Know, Refuse] NOMEASFLR3 Which of the following best describes the reason that you were unable to take some or all of the measurements of the third floor?

Objects in the home prevented an accurate measurement .........1
Respondent requested that this floor not be measured ...............2
Other reason................................................................................3

I-11c1i [If NOMEASFLR3=3] NOMEASFLR3OT Please describe the reason(s) that you were unable to take measurements of the third floor.

_____

I-12a [If SHAPEATTICA=1] FLRAL1 FLRAW1 RECORD the measurements of the attic in the spaces below. Round the length and width to the nearest whole foot. Enter "don't know (ctrl+k) for any measurements you were not able to get.

Enter the length here ................. ☐      Enter the width here ................... ☐

I-12b [If SHAPEATTICA=2,3] FLRAL1 FLRAW1 FLRAL2 FLRAW2 RECORD the measurements of the attic in the spaces below. Round the lengths and widths to the nearest whole foot. Enter "don't know (ctrl+k) for any measurements you were not able to get.

Enter the length of the
first area here ............................ ☐      Enter the width of the
first area here ............................. ☐

Enter the length of the ☐      Enter the width of the ☐

second area here.......................        second area here .......................

I-12c    [(If SHAPEATTICA=1,2,3) and (FLRAL1 or FLRAW1 or FLRAL2 or FLRAW2>5)] MEASATTIC RECORD
where the attic measurements were taken.

Measured outside the unit ................................. 1
Measured inside the unit ................................... 2

I-12c1    [If FLRAL1 or FLRAW1 or FLRAL2 or FLRAW2= Don't Know, Refuse] NOMEASATTIC Which of
the following best describes the reason that you were unable to take some or all of the
measurements of the attic?

Objects in the home prevented an accurate measurement .........1
Respondent requested that this floor not be measured ...............2
Other reason..................................................................................3

I-12c1i    [If NOMEASATTIC=3] NOMEASATTICOT Please describe the reason(s) that you were
unable to take measurements of the attic.

_____

I-13a    [If SHAPEBASEA=1] FLRBL1 FLRBW1 RECORD the measurements of the basement in the spaces
below. Round the length and width to the nearest whole foot. Enter "don't know (ctrl+k) for any
measurements you were not able to get.

Enter the length here .................        Enter the width here ...................

I-13b    [If SHAPEBASEA=2,3] FLRBL1 FLRBW1 FLRBL2 FLRBW2 RECORD the measurements of the
basement in the spaces below. Round the lengths and widths to the nearest whole foot. Enter "don't know
(ctrl+k) for any measurements you were not able to get.

Enter the length of the                         Enter the width of the
first area here ............................        first area here ............................

Enter the length of the                         Enter the width of the
second area here.......................        second area here .......................

I-13c    [(If SHAPEBASEA=1,2,3) and (FLRBL1 or FLRBW1 or FLRBL2 or FLRBW2>5)] MEASBASE RECORD
where the basement measurements were taken.

Measured outside the unit ................................. 1
Measured inside the unit ................................... 2

I-13c1    [If FLRBL1 or FLRBW1 or FLRBL2 or FLRBW2= Don't Know, Refuse] NOMEASBASE Which of
the following best describes the reason that you were unable to take some or all of the
measurements of the basement?

Objects in the home prevented an accurate measurement .........1
Respondent requested that this floor not be measured ...............2
Other reason..................................................................................3

I-13c1i    [If NOMEASBASE=3] NOMEASBASEOT Please describe the reason(s) that you were
unable to take measurements of the basement.

_____

I-14     IVCOMMIFILTER If you have any comments that might suggest that the data collected in the housing unit measurement section should be analyzed by central office staff, enter 1. if you have no comments regarding the quality of data entered in this section, enter 2.

I have comments regarding the quality of data in this section ....................1
I do not have comments .............................................................................2

I-14a   [If IVCOMMIFILTER=1] IVCOMMI Record any information here about this household's measurements that might provide clarification to the respondent's answers.

_____

_____

_____

# Section J: FUEL BILLS

J-1 INTROfuelbills ELBILLTOSCAN **In this interview you have told me how your household uses energy. In addition, we would like to find out how much** [ENTER THE FUELS THAT THE HOUSEHOLD USES] **you actually used in the past year.**

**Getting that information directly from your energy suppliers would add to the data you've given me and improve our forecasts of energy consumption. At the end of the interview, I will ask for your authorization to contact your energy suppliers to retrieve this additional information. First, however, I'd like to collect some information about each of your energy accounts.**

**You'll probably want to get any recent bills that were sent to you by your suppliers to help with these questions. If it is alright with you, at the end of the interview I will also scan copies of these bills into my computer.**

PRESS [Enter] to continue.

J-2 [If PELHEAT=1,3 or PELHOTWA=1,3 or PELCOOK=1,3 or PELAC=1,3 or PELLIGHT=1,3] HaveElecBilltoScan ELBILLTOSCAN **Do you have a recent electric bill that I can scan into my computer?**

        Yes.......................................... 1
        No ........................................... 0

J-3 [If HaveElecBilltoScan=0] WhyNotHaveElecBill ELWHYNOT Please indicate why there is no bill to scan.

        Confidentiality/privacy concern............................ 1
        Respondent receives this bill electronically only . 2
        Respondent doesn't have this bill now ................ 3
        Other.................................................................... 4

J-4 [If PELHEAT=1,3 or PELHOTWA=1,3 or PELCOOK=1,3 or PELAC=1,3 or PELLIGHT=1, 3] tElecSupplierName ELLOOKUP **What is the name of your household's electricity supplier?** Start typing the name of the supplied or use [BACKSPACE] to bring up the look-up table. Type in the first few letters of the supplier name and the look-up tables will scroll to the closest match. If you find a match, make sure the correct line is highlighted (blue) and press [ENTER]. If you don't find a match use [backspace] to clear the search line, which will bring you back to the top of the look-up table where **NOT ON LIST will be highlighted, then press [ENTER] twice

J-5 [If **NOT ON LIST selected in J-2b] ElecSupplierName ELSUPPNAME
[If HaveElecBilltoScan=1] ENTER the name of the supplier. PROBE "don't know" responses to this question.
[If HaveElecBilltoScan=0] **What is the name of your household's electricity supplier?** PROBE "don't know" responses to this question.

    J-5a [If HaveElecBilltoScan=1] ElecSupplierAddress ELSUPPSTREET RECORD the supplier's street address as it appears on the bill here.

    J-5b [If HaveElecBilltoScan=1] ElecSupplierCity ELSUPPCITY RECORD the supplier's city as it appears on the bill here.

    J-5c [If HaveElecBilltoScan=1] ElecSupplierState ELSUPPSTATE RECORD the supplier's state as it appears on the bill here.

J-5d    [If HaveElecBilltoScan=1] ElecSupplierZip ELSUPPZIP RECORD the supplier's <u>zip</u> as it appears on the bill here.

J-5e    [If HaveElecBilltoScan=1] ELSUPPAreaCode RECORD the electricity supplier's telephone number, starting with the area code here.

J-5f    [If HaveElecBilltoScan=1] ELSUPPTelNumber RECORD the electricity supplier's <u>local telephone number</u> here. Do not include a dash between the exchange and the rest of the number.  That is, 586-2453 should be entered as 5862453.

J-6    [If Supplier Found in Lookup Table in J-4] ConfElecSupp ELLOOKUPCNFRM **Just to verify, I have selected that your Electricity supplier is [SUPPLIER]. Is that correct?**

        Yes........................................... 1
        No ........................................... 0
        IF "NO," you will be taken back to the previous screen to select again

J-7    [If PGASHEAT=1,3 or PGASHTWA=1,3 or PUGCOOK=1,3 or PUGOTH=1,3] HaveNGBilltoScan NGBILLTOSCAN **Do you have a recent natural gas bill that I can scan into my computer?**

        Yes........................................... 1
        No ........................................... 0

J-8    [If HaveNGBilltoScan=0] WhyNoyHaveNGBill NGWHYNOT Please indicate why there is no bill to scan.

        Confidentiality/privacy concern............................ 1
        Respondent receives this bill electronically only . 2
        Respondent doesn't have this bill now ................ 3
        Other.................................................................... 4

J-9    [IF PGASHEAT=1,3 or PGASHTWA=1,3 or PUGCOOK=1,3 or PUGOTH=1,3] tNGSupplierName NGLOOKUP  **What is the name of your household's natural gas supplier?**

Start typing the name of the supplier or use [backspace] to bring up the look-up table
Type in the first few letters of the supplier name, and the look-up table will scroll to the closest match
If you a match, make sure the correct line is highlighted (blue) and press [ENTER]
If you don't find a match use [BACKSPACE] to clear the search line, which will bring you back to the top of the look-up table where **NOT ON LIST will be highlighted, then press [ENTER] twice

J-10    [If **NOT ON LIST selected in J-2b] NGSupplierName NGSUPPNAME
[If HaveNGBilltoScan=1] ENTER the name of the supplier. PROBE "don't know" responses to this question.
[If HaveNGBilltoScan=0] **What is the name of your household's natural gas supplier?** PROBE "don't know" responses to this question.

J-10a    [If HaveNGBilltoScan=1] NGSupplierAddress NGSUPPSTREET RECORD the supplier's <u>street address</u> as it appears on the bill here.

J-10b    [If HaveNGBilltoScan=1] NGSupplierCity NGSUPPCITY RECORD the supplier's <u>city</u> as it appears on the bill here.

J-10c    [If HaveNGBilltoScan=1] NGSupplierState NGSUPPSTATE RECORD the supplier's <u>state</u> as it

appears on the bill here.

J-10d    [If HaveNGBilltoScan=1] NGSupplierZip NGSUPPZIP RECORD the supplier's zip as it appears on the bill here.

J-10e    [If HaveNGBilltoScan=1] NGSUPPAreaCode RECORD the natural gas supplier's telephone number, starting with the area code here.

J-10f    [If HaveNGBilltoScan=1] NGSUPPTelNumber RECORD the natural gas supplier's local telephone number here. Do not include a dash between the exchange and the rest of the number. That is, 586-2453 should be entered as 5862453.

J-11    [If Supplier Found in Lookup Table in J-9] ConfNGSupp NGLOOKUPCNFRM **Just to verify, I have selected that your natural gas supplier is [SUPPLIER]. Is that correct?**

     Yes.......................................... 1
     No……………………………….0
     IF "NO," you will be taken back to the previous screen to select again

J-12    [If WhoPaysBttldGas=1,3] HaveLPGBilltoScan LPGBILLTOSCAN **Do you have a recent bill from your** [If NDIFLPCO>1: *most-used*] **propane (bottled gas) supplier that I can scan into my computer?**

     Yes.......................................... 1
     No ........................................... 0

J-13    [If HaveLPGBilltoScan=0] WhyNotHaveLPGBill LPGWHYNOT Please indicate why there is no bill to scan.

     Confidentiality/privacy concern............................ 1
     Respondent receives this bill electronically only . 2
     Respondent doesn't have this bill now ................ 3
     Other.................................................................... 4

J-14    [If WhoPaysBttldGas=1,3 and BttldGasDelivered=1] LPGSupplierName1 LPGSUPPNAME1 **What is the name of your household's** [if NDIFLPCO>1 "most used"] **propane (bottled gas) supplier?**

     _____
     PROBE "don't know" responses to this question.

J-14a    [If HaveLPGBilltoScan=1] LPGSupplierAddress1 LPGSUPPSTREET RECORD the supplier's street address as it appears on the bill here.

J-14b    [If HaveLPGBilltoScan=1] LPGSupplierCity1 LPGSUPPCITY RECORD the supplier's city as it appears on the bill here.

J-14c    [If HaveLPGBilltoScan=1] LPGSupplierState1 LPGSUPPSTATE RECORD the supplier's state as it appears on the bill here.

J-14d    [If HaveLPGBilltoScan=1] LPGSupplierZip1 LPGSUPPZIP RECORD the supplier's zip as it appears on the bill here.

J-14e    [If HaveLPGBilltoScan=1] LPGSUPPAreaCode1A RECORD the propane (bottled gas) supplier's telephone number, starting with the area code here.

J-14f    [If HaveLPGBilltoScan=1] LPGSUPPTelNumber1A RECORD the propane (bottled gas) supplier's local telephone number here. Do not include a dash between the exchange and the rest of the number.  That is, 586-2453 should be entered as 5862453.

J-15    [If NumBttldGasCos>1] HaveLPGBillToScan2 LPGBILLTOSCAN2 **Earlier you told me that** [FILL: NumBttldGasCos] **different companies delivered propane (bottled gas) to your home in the past 12 months. Do you have a recent bill from** [If NumBttldGasCos=2: *your other*, If NumBttldGasCos>2: *the second most-used*] **propane (bottled gas) supplier that I can scan into my computer?**

> Yes ......................................... 1
> No ........................................... 0

J-16    [If HaveLPGBillToScan2=0] WhyNotHaveLPGBill2 LPGWHYNOT2 Please indicate why there is no bill to scan.

> Confidentiality/privacy concern............................ 1
> Respondent receives this bill electronically only . 2
> Respondent doesn't have this bill now ................ 3
> Other.................................................................... 4

J-17    [If NumBttldGasCos>1] LPGSupplierName2 LPGSUPPNAME2 **What is the name of your household's** [if NumBttldGasCos=2 **"other"** if NumBttldGasCos>2 **"second most used"**] **propane (bottled gas) supplier?**

> PROBE "don't know" responses to this question.

J-17a    [If HaveLPGBilltoScan2=1] LPGSupplierAddress2 LPGSUPPSTREET2 RECORD the supplier's street address as it appears on the bill here.

J-17b    [If HaveLPGBilltoScan2=1] LPGSupplierCity2 LPGSUPPCITY2 RECORD the supplier's city as it appears on the bill here.

J-17c    [If HaveLPGBilltoScan2=1] LPGSupplierState2 LPGSUPPSTATE2 RECORD the supplier's state as it appears on the bill here.

J-17d    [If HaveLPGBilltoScan2=1] LPGSupplierZip2 LPGSUPPZIP RECORD the supplier's zip as it appears on the bill here.

J-17e    [If HaveLPGBilltoScan2=1] LPGSUPPAreaCode2A RECORD the propane (bottled gas) supplier's telephone number, starting with the area code here.

J-17f    [If HaveLPGBilltoScan2=1] LPGSUPPTelNumber2A RECORD the propane (bottled gas) supplier's local telephone number here. Do not include a dash between the exchange and the rest of the number.  That is, 586-2453 should be entered as 5862453.

J-18    [If FOPAY=1,3] HaveFOBillToScan FOBILLTOSCAN **Do you have a recent bill from your** [If NumFuelOilCos>1: *most-used*] **fuel oil supplier that I can scan into my computer?**

> Yes........................................... 1
> No ........................................... 0

**J-19** [If FOBILLTOSCAN=0] WhyNotHaveFOBill FOWHYNOT Please indicate why there is no bill to scan.

Confidentiality/privacy concern............................ 1
Respondent receives this bill electronically only . 2
Respondent doesn't have this bill now ................ 3
Other..................................................................... 4

**J-20** [If FOPAY=1,3] FOSupplierName1 FOSUPPNAME1 **What is the name of your household's [if NDIFFOCO>1 "most used"] fuel oil supplier?**

PROBE "don't know" responses to this question.

**J-20a** [If HaveFOBilltoScan=1] FOSupplierAddress1 FOSUPPSTREET RECORD the supplier's street address as it appears on the bill here.

**J-20b** [If HaveFOBilltoScan=1] FOSupplierCity1 FOSUPPCITY RECORD the supplier's city as it appears on the bill here.

**J-20c** [If HaveFOBilltoScan=1] FOSupplierState1 FOSUPPSTATE RECORD the supplier's state as it appears on the bill here.

**J-20d** [If HaveFOBilltoScan=1] FOSupplierZip1 FOSUPPZIP RECORD the supplier's zip as it appears on the bill here.

**J-20e** [If HaveFOBilltoScan=1] FOSUPPAreaCode1A RECORD the fuel oil supplier's telephone number, starting with the area code here.

**J-20f** [If HaveFOBilltoScan=1] FOSUPPTelNumber1A RECORD the fuel oil supplier's local telephone number here. Do not include a dash between the exchange and the rest of the number. That is, 586-2453 should be entered as 5862453.

**J-21** [If NumFuelOilCos>1] HaveFOBilltoScan2 FOBILLTOSCAN2 **Earlier you told me that** [FILL: NDIFFOCO] **different companies delivered fuel oil to your home in the past 12 months. Do you have a recent bill from** [If NumFuelOilCos=2: *your other*; If NumFuelOilCos>2: *the second most-used*] **fuel oil supplier that I can scan into my computer?**

Yes........................................... 1
No ............................................ 0

**J-22** [If HaveFOBilltoScan2=0] WhyNotHaveFOBill2 FOWHYNOT2 Please indicate why there is no bill to scan.

Confidentiality/privacy concern............................ 1
Respondent receives this bill electronically only . 2
Respondent doesn't have this bill now ................ 3
Other..................................................................... 4

**J-23** FOSupplierName2 FOSUPPNAME2 **What is the name of your household's** [if NDIFFOCO=2 **"other"** if NDIFFOCO>2 **"second most used"**] **fuel oil supplier?**

PROBE "don't know" responses to this question.

**J-23a** [If HaveFOBilltoScan2=1] FOSupplierAddress2 FOSUPPSTREET2 RECORD the supplier's street address as it appears on the bill here.

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J-23b    [If HaveFOBilltoScan2=1] FOSupplierCity2 FOSUPPCITY2 RECORD the supplier's <u>city</u> as it appears on the bill here.

J-23c    [If HaveFOBilltoScan2=1] FOSupplierState2 FOSUPPSTATE2 RECORD the supplier's <u>state</u> as it appears on the bill here.

J-23d    [If HaveFOBilltoScan2=1] FOSupplierZip2 FOSUPPZIP2 RECORD the supplier's <u>zip</u> as it appears on the bill here.

J-23e    [If HaveFOBilltoScan2=1] FOSUPPAreaCode2A RECORD the fuel oil supplier's telephone number, starting with the area code here.

J-23f    [If HaveFOBilltoScan2=1] FOSUPPTelNumber2A RECORD the fuel oil supplier's <u>local telephone number</u> here. Do not include a dash between the exchange and the rest of the number.  That is, 586-2453 should be entered as 5862453.

J-24    [If KeroseneDelivered=1] HaveKeroBilltoScan KEROBILLTOSCAN **Do you have a recent bill from your household's** [If NumKeroseneCos>1: *most-used*] **kerosene supplier that I can scan into my computer?**

> Yes............................................ 1
> No ........................................... 0

J-25    [If HaveKeroBilltoScan=0] WhyNotHaveKeroBill KEROWHYNOT Please indicate why there is no bill to scan.

> Confidentiality/privacy concern............................ 1
> Respondent receives this bill electronically only . 2
> Respondent doesn't have this bill now ................ 3
> Other................................................................... 4

J-26    [If KeroseneDelivered=1] KeroSupplierName1 KEROSUPPNAME1 **What is the name of your household's** [if NumKeroseneCos>1 **"most used"**] **kerosene supplier?**

PROBE "don't know" responses to this question.

J-26a    [If HaveKEROBilltoScan=1] KEROSupplierAddress1 KEROSUPPSTREET RECORD the supplier's <u>street address</u> as it appears on the bill here.

J-26b    [If HaveKEROBilltoScan=1] KEROSupplierCity1 KEROSUPPCITY RECORD the supplier's <u>city</u> as it appears on the bill here.

J-26c    [If HaveKEROBilltoScan=1] KEROSupplierState1 KEROSUPPSTATE RECORD the supplier's <u>state</u> as it appears on the bill here.

J-26d    [If HaveKEROBilltoScan=1] KEROSupplierZip1 KEROSUPPZIP RECORD the supplier's <u>zip</u> as it appears on the bill here.

J-26e    [If HaveKEROBilltoScan=1] KEROSUPPAreaCode1A RECORD the kerosene supplier's telephone number, starting with the area code here.

J-26f    [If HaveKEROBilltoScan=1] KEROSUPPTelNumber1A RECORD the kerosene supplier's <u>local telephone number</u> here. Do not include a dash between the exchange and the rest of the number.

That is, 586-2453 should be entered as 5862453.

J-27   [If NumKeroseneCos>1] HaveKeroBilltoScan2 KEROBILLTOSCAN2 **Earlier you told me that** [FILL: NumKeroseneCos] **different companies delivered kerosene to your home in the past 12 months. Do you have any recent bills from** [If NumKeroseneCos=2: *your other*; If NNumKeroseneCos>2: *the second most-used*] **kerosene supplier that I can scan into my computer?**

        Yes........................................... 1
        No ........................................... 0

J-28   [If HaveKeroBilltoScan2 =0] WhyNotHaveKeroBill2 KEROWHYNOT2 Please indicate why there is no bill to scan.

        Confidentiality/privacy concern............................ 1
        Respondent receives this bill electronically only . 2
        Respondent doesn't have this bill now ................ 3
        Other.................................................................... 4

J-29   [If NumKeroseneCos>1] KeroSupplierName2 KEROSUPPNAME2 **What is the name of your household's** [if NumKeroseneCos =2 **"other"** if NumKeroseneCos >2 **"second most used"**] **kerosene supplier?**

        PROBE "don't know" responses to this question.

    J-29a   [If HaveKeroBilltoScan2=1] KeroSupplierAddress2 KeroSUPPSTREET2 RECORD the supplier's street address as it appears on the bill here.

    J-29b   [If HaveKeroBilltoScan2=1] KeroSupplierCity2 KeroSUPPCITY2 RECORD the supplier's city as it appears on the bill here.

    J-29c   [If HaveKeroBilltoScan2=1] KeroSupplierState2 KeroSUPPSTATE2 RECORD the supplier's state as it appears on the bill here.

    J-29d   [If HaveKeroBilltoScan2=1] KeroSupplierZip2 KeroSUPPZIP2 RECORD the supplier's zip as it appears on the bill here.

    J-29e   [If HaveKeroBilltoScan2=1] KeroSUPPAreaCode2A RECORD the kerosene supplier's telephone number, starting with the area code here.

    J-29f   [If HaveKeroBilltoScan2=1] KeroSUPPTelNumber2A RECORD the kerosene supplier's local telephone number here. Do not include a dash between the exchange and the rest of the number. That is, 586-2453 should be entered as 5862453.

J-30   [ALL HOMES THAT INDICATE SOME TYPE OF FUEL USE] OtherPurposes 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

J-31   [If OtherPurposes=1] WhichOtherPurposes OTHUSEPRPS Place show card 40 in front of the respondent. **Please look at Card 40. For which of the purposes listed are costs of fuel included in**

**your household fuel bills? Mark all that apply**. PROBE, if necessary: **Any others?**

> 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

> J-31a    [If WhichOtherPurposes=4] WhichFollowUp OTHUSEPRPSFU **Could you tell me what that use was?**

J-32    [If OtherPurposes=1] WhichFuels 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
> Propane (bottled gas) ......................................... 2
> Fuel oil ................................................................. 3
> Kerosene, or ....................................................... 4
> Electricity? .......................................................... 5

J-33    [IF WhichFuels=1] HowMuchNatGas NGNONHSHLD Place show card 5 in front of the respondent. **Please look at Card 5.  What portion of the natural gas bill is for non-household 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

J-34    [IF WhichFuels=2] HowMuchBttldGas LPGNONHSHLD Place show card 5 in front of the respondent. **Please look at Card 5.  What portion of the propane bill is for non-household 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

J-35    [IF WhichFuels=3] HowMuchFO FONONHSHLD Place show card 5 in front of the respondent.  **Please look at Card 5.  What portion of the fuel oil bill is for non-household 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

J-36    [IF WhichFuels=4] HowMuchKero KERONONHSHLD Place show card 5 in front of the respondent. **Please look at  Card 5.  What portion of the kerosene bill is for non-household 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

J-37    [IF WhichFuels=5] HowMuchElec ELNONHSHLD Place show card 5 in front of the respondent.  **Please look at Card 5.  What portion of the electric bill is for non-household 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

J-38     [If OwnOrRent=2,3 or CondoOrCoop=1] **We may need some additional information about the fuel used in this building. May I have the name of the person or company to whom you pay rent or condominium/coop fees?**

NameofLandlord RNAME RECORD the first name of the landlord here.  If the respondent pays this fee to a company enter the company name in this field

NameofLandlord2 RNAME RECORD the last name of the landlord here.   If the respondent pays this fee to a company enter "company" in this field.

J-39    LLStreet LLSTREET **What is their street address?** RECORD the landlord's street address here.

J-40    LLCity LLCITY **What is their city?** RECORD the landlord's city here.

J-41    LLState LLSTATE **…and what state are they located in?** RECORD the landlord's state here.

J-42    LLZipCode LLZIP  **…and what is their Zip code?** RECORD the landlord's Zip code here.

J-43    LLAreaCode LLAREACODE **What is your landlord's area code and telephone number?** RECORD the landlord's telephone number, starting with the area code here.

J-44    LLTelNumber LLTELNUMBER RECORD the landlord's local telephone number here. Do not include a dash between the exchange and the rest of the number.  That is, 586-2453 should be entered as 5862453.

J-45    [If TYPEHUQ=1,4,5] ComplexHaveName COMPLEXN **Does the complex or development where you live have a formal name?**

> Yes …………………………..1
> No …………………………...0

J-46    [If ComplexHaveName=1] ComplexName CPLXNAME **What is the name?**

> Name _____

J-47    IVCOMMJFILTER If you have any comments that might suggest that the data collected in the fuel bills section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

> I have comments regarding the quality of data in this section ....................1
> I do not have comments ...............................................................................2

J-47a    [If IVCOMMJFILTER=1] IverCommentsJ IVCOMMJ RECORD any information here about this housing unit's fuel bills that might provide clarification to the respondent's answers.

# Section K:  RESIDENTIAL TRANSPORTATION

**Driving cars, vans, sport-utility-vehicles, trucks, and other vehicles also consumes energy. i'd now like to ask you a few questions about vehicles that are regularly used by you or other members of your household.**

K-1     VehicleOwn DRIVECAR **Do you or any other members of your household own or have the regular use of any cars, trucks, vans, sports-utility-vehicles or similar vehicles? Do not include motorcycles or mopeds.**

        Yes ......................................... 1
        No .......................................... 0       → GO TO SECTION M
                                                → If Don't Know or Refuse GO TO SECTION M

        "Regular use" means the vehicle is kept at home <u>and</u> is available for <u>some</u> personal use.

K-2     [If VehicleOwn=1] NumOfVehicles VEHICLES **How many vehicles do you or members of your household use?**

        Number of vehicles ................⬚
        PROBE "don't know" responses to this question.

K-3     [If NumOfVehicles=1] VehicleInfo VEHTYPE01 **Now I would like you to describe your vehicle** Place show card 41 in front of the respondent. **Please look at Card 41. What kind of vehicle is it?**

    [If NumOfVehicles>1] VehicleInfoA **Now I would like you to describe the vehicles your household uses. First, let us start with the vehicle you use the most.** Place show card 41 in front of the respondent. **Please look at Card 41. What kind of vehicle is the most used vehicle**?

        Car ......................................................... 1
        Station Wagon ....................................... 2
        Pickup Truck .......................................... 3
        Sports Utility Vehicle (SUV) ................. 4
        Minivan .................................................. 5
        Van – Passenger .................................. 6
        Van – Cargo .......................................... 7
        Recreation Vehicle (RV) ....................... 8
        Special Purpose ................................... 9
        Other (Please Specify) ........................ 10

      K-3a     [If VehicleInfo=10] VehSpecify Please enter the specified vehicle provided by the respondent.
                [If VehicleInfoA=10] VehSpecifyA Please enter the specified vehicle provided by the respondent.

      K-3c     [If NumofVehicles>0] VehicleYear VEHYEAR01 **What model year is *it?***
                [If NumofVehicles>1] VehicleYearA **What model year is the most used vehicle?**

          Vehicle model year   ⬚
          Other (Please Specify)

      K-3d     [If NumofVehicles>0] tVehicleMake TVEHMAKEC01 **What make is it?**
                [If NumofVehicles>1] tVehicleMakeA **What make is the most used vehicle**?
                [If "other" is selected in tVehicleMake] VehicleMake Please enter the make provided by the respondent.
                [If "other" is selected in tVehicleMakeA] VehicleMakeA Please enter the make provided by the

K-3e    [If NumofVehicles>0] tVehicleModel TVEHMODELC01 **What model is it?**
[If NumofVehicles>1] tVehicleModelA **What model is the most used vehicle**?
[If "other" is selected in tVehicleModel] VehicleModel Please enter the model provided by the respondent.
[If "other" is selected in tVehicleModelA] VehicleModelA Please enter the model provided by the respondent.

K-3f    [If NumofVehicles>0] VehAcquire VEHACQUIRE01 **Did you get this vehicle within the past 12 months or did you get it before that?**
[If NumofVehicles>1] VehAcquireA **Did you get this vehicle within the past 12 months or did you get it before that?**

        Within Past 12 Months............................ 1
        Before That............................................. 2

K-3g    [If VehAcquire=1] **In what month and year did you get it?** Please enter the month on this screen and the year on the next screen.

        VehMonthYr                VEHMOACQ01 Month (MM)
        VehMonthYrA              VEHYRACQ01 Year (YYYY) ................................

K-3h    [If VehAcquireA=1] **In what month and year did you get it?** Please enter the month on this screen and the year on the next screen.

        VehMonthYrB Month          (MM)
        VehMonthYrC Year           (YYYY)

K-3i    [If VehAcquire=1] NumOfVehMiles VEHMILESP01 **Approximately how many miles has it been driven since you obtained it?**
[If VehAcquireA=1] NumOfVehMilesA **Approximately how many miles has it been driven since you obtained it?**

        Miles .........................

K-3j    [If VehAcquire=2, Don't Know, or Refuse] DrivenVehMiles VEHMILESA01 **Approximately, how many miles has it been driven in the past 12 months?**
[If VehAcquireA=2, Don't Know, or Refuse] DrivenVehMilesA **Approximately, how many miles has it been driven in the past 12 months?**

        Miles .........................

K-4    [If NumOfVehicles>1] VehicleInfoB VEHTYPE02 Place show card 41 in front of the respondent **Please look at Card 41. What kind of vehicle is *the second most used vehicle*]?**

        Car.......................................................................... 1
        Station Wagon ....................................................... 2
        Pickup Truck........................................................... 3
        Sports Utility Vehicle (SUV).................................. 4
        Minivan ................................................................... 5
        Van – Passenger ................................................... 6
        Van – Cargo........................................................... 7
        Recreation Vehicle (RV) ....................................... 8
        Special Purpose ................................................... 9

Other (Please Specify) ......................................... 10

K-4a    [If VehicleInfoB=10] VehSpecifyB Please enter the specified vehicle provided by the respondent.

K-4b    [If NumOfVehicles>1] VehicleYearB VEHYEAR02 **What model year is the second most used *vehicle*?**

Vehicle model year ................ [      ]
Other (Please Specify)

K-4c    [If NumOfVehicles>1] tVehicleMakeB VEHMAKEC02 **What make is the second most used vehicle?**
[If "other" is selected in tVehicleMakeB] VehicleMakeB Please enter the make provided by the respondent.

K-4d    [If NumOfVehicles>1] tVehicleModelB VEHMODELC02 **What model is the second most used vehicle?**
[If "other" is selected in tVehicleModelB] VehicleModelB Please enter the model provided by the respondent.

K-4e    [If NumOfVehicles>1] VehAcquireB VEHACQUIRE02 **Did you get this vehicle within the past 12 months or did you get it before that?**

Within Past 12 Months........................... 1
Before That............................................ 2

K-4f    [If VehAcquireB=1] **In what month and year did you get it?** Please enter the month on this screen and the year on the next screen.

VehMonthYrD       [      ]        VEHMOACQ02  Month (MM)...............................
VehMonthYrE       [      ]        VEHYRACQ02  Year (YYYY) ...............................

K-4g    [If VehAcquireB=1] NumOfVehMilesB VEHMILESP02 **Approximately how many miles has it been driven since you obtained it?**

Miles ......................... [      ]

K-4h    [If VehAcquireB=2, Don't Know, Refuse] DrivenVehMilesB VEHMILESA02 **Approximately how many miles has it been driven in the past 12 months?**

Miles ......................... [      ]

K-5    [If NumOfVehicles>2] VehicleInfoC VEHTYPE03 Place show card 41 in front of the respondent **Please look at Card 41. What kind of vehicle is *the third most used vehicle*?**

Car ............................................................ 1
Station Wagon ......................................... 2
Pickup Truck............................................ 3
Sports Utility Vehicle (SUV)................................ 4
Minivan ................................................... 5
Van – Passenger ................................. 6
Van – Cargo........................................... 7
Recreation Vehicle (RV)...................................... 8
Special Purpose .................................. 9
Other (Please Specify) ......................................... 10

K-5a  [If VehicleInfoC=10] VehSpecifyC Please enter the specified vehicle provided by the respondent.

K-5b  [If NumOfVehicles>2] VehicleYearC VEHYEAR03 **What model year is the third most used vehicle?**

Vehicle model year
Other (Please Specify)

K-5c  [If NumOfVehicles>2] tVehicleMakeC VEHMAKEC03 **What make is the second most used vehicle?**
[If "other" is selected in tVehicleMakeC] VehicleMakeC Please enter the make provided by the respondent.

K-5d  [If NumOfVehicles>2] tVehicleModelC VEHMODELC03 **What model is the second most used vehicle?**
[If "other" is selected in tVehicleModelC] VehicleModelC Please enter the model provided by the respondent.

K-5e  [If NumOfVehicles>2] VehAcquireC VEHACQUIRE03 **Did you get this vehicle within the past 12 months or did you get it before that?**

Within Past 12 Months............................ 1
Before That............................................. 2

K-5f  [If VehAcquireC=1] **In what month and year did you get it?** Please enter the month on this screen and the year on the next screen.

VehMonthYrF          VEHMOACQ03 Month (MM)...............................
VehMonthYrG          VEHYRACQ03 Year (YYYY) ...............................

K-5g  [If VehAcquireC=1] NumOfVehMilesC VEHMILESP03 **Approximately how many miles has it been driven since you obtained it?**

Miles .........................

K-5h  [If VehAcquireC=2, Don't Know, Refuse] DrivenVehMilesC VEHMILESA03 **Approximately how many miles has it been driven in the past 12 months?**

Miles .........................

K-6  [If NumOfVehicles=1] HybridCar VEHHYBRID **Is this vehicle a hybrid or electric vehicle?**
[If NumOfVehicles=2] HybridCarA **Are any of these vehicles a hybrid or electric vehicle?**
[If NumOfVehicles>2] HybridCarB **Are any of these vehicles a hybrid or electric vehicle?**

Yes ......................................... 1
No .......................................... 0

A hybrid or electric vehicle combines a regular gas or diesel engine with an electric motor.

K-6a  CarOutlet **Do you or any members of your household park a car within about 20 feet of an electric outlet?** Only outlets in garages, carports, or the exterior of the home are to be considered.

K-7    IVCOMMKFILTER If you have any comments that might suggest that the data collected in the residential transportation section should be analyzed by central office staff, enter 1. If you have no comments regarding the quality of data entered in this section, enter 2.

        I have comments regarding the quality of data in this section ....................1
        I do not have comments ................................................................................2

K-7a    [If IVCOMMKFILTER=1] IverCommentsK IVCOMMK RECORD any information here about this household's vehicles that might provide clarification to the respondent's answers.

_____

_____
_____

# Section L: HOUSEHOLD CHARACTERISTICS

L-1    AreYouTheHH  HHINTRO  **Now I have a few questions about the people living in this home.**

**The first few questions are about the householder. That is, one of the people who owns or rents the home. Are you a householder?**

        Yes........................................... 1
        No ............................................ 0

L-2    [If HHINTRO=1] SexOfHH  HHSEX  Please RECORD gender of respondent.
        [If HHINTRO=0] SexOfHHA  **Is the householder a male or a female**

        Female...................................... 1
        Male ........................................ 2

L-3    [If HHINTRO=1] AgeOfHH  HHAGE  **How old are you*?***
        [If HHINTRO=0] AgeOfHHA  **How old is the householder?**
        For ages over 95, enter 95.

        Age of householder ...................

L-4    [If HHINTRO=1] APPEmploymntStatus  EMPLOYHH  **How would you describe your employment status? Would you say…**
        [If HHINTRO=0] APPEmploymntStatusA  **How would you describe *the* householder's employment status? Would you say…**

        Employed full-time, .................. 1
        Employed part-time, or ............ 2
        Not employed/retired? ............. 0

L-5    [If HHINTRO=1] MaritalStatus  SPOUSE  ***Are* you living with a spouse or partner?**
        [If HHINTRO=0] MaritalStatusA  **Is the householder living with a spouse or partner?**
        Yes........................................... 1
        No ............................................ 0

L-6    [If HHINTRO=1] HispanicDescent  SDESCENT  ***Are* you Hispanic or Latino?**
        [If HHINTRO=0] HispanicDescentA  ***Is the* householder Hispanic or Latino?**
        Yes........................................... 1
        No ............................................ 0

L-7    [If HHINTRO=1] RacialOrigin  ORIGIN  Place show card 42 in front of the respondent. **Please look at Card 42. Which describes your race? You can select one or more categories.**
        [If HHINTRO=0] RacialOriginA  Place show card 42 in front of the respondent. **Please look at Card 42. Which describes the householder's race? You can select one or more categories.**

        White.................................................................. 1
        Black or African-American................................. 2
        American Indian or Alaska Native ..................... 3
        Asian.............................................................. 41
        Native Hawaiian or Other Pacific Islander ....... 42

Other (if volunteered) ......................................... 5
Hispanic (if volunteered).................................... 7

L-8    [If HHINTRO=1] Education EDUCATION Place show card 43 in front of the respondent. **Please look at Card 43. What is the highest degree or level of school you have completed?**
[If HHINTRO=0] EducationA Place show card 43 in front of the respondent. **Please look at Card 43. What is the highest degree or level of school the householder has completed?**

No schooling completed .................................... 0
Kindergarten to grade 12 (No Diploma) ............ 1
High school diploma or GED ............................ 2
Some college, no degree.................................. 3
Associate's degree (for example: AA, AS) ........ 4
Bachelor's degree (for example: BA, BS).......... 5
Master's degree (for example: MA, MS, MBA).. 6
Professional degree (for example: MD, JD) ...... 7
Doctorate degree (for example: PhD, EdD) ...... 8

L-9    NumInHH NHSLDMEM **Including yourself, how many people normally live in this household? Do not include anyone who is just visiting, those away in the military, or children who are away at college.**

Number of household members      ☐

L-10   [If NumInHH>1, Don't Know, Refuse] OtherAge AGEHHMEM2 **Other than *yourself* what is the age of the oldest person in this household?**
[If HHINTRO=0] AgeofHHMember2A **Other than the householder what is the age of the oldest person in this household?**
For ages over 95, enter 95

Age of oldest person in household      ☐

L-10   [If HHINTRO=0 and NumInHH=2] YourAge **What is your age?**
For ages over 95, enter 95

L-10b  [If NumInHH>2] AgeOfHHMember3-14 AGEHHMEM3-14 **Of the** [NUMBER OF REMAINING HOUSEHOLD MEMBERS] **remaining members of this household, what is the age of the next oldest person?**
For ages over 95, enter 95

Age of next oldest person in household      ☐

L-10c  [If NHSLDMEM Counter=1] AgeofHHMemberY AGEHHMEMY **Other than the householder what is the age of the youngest person in this household?**
For ages over 95, enter 95

Age of youngest person in household      ☐

L-11   HomeBaseBusiness HBUSNESS **Does anyone in this household operate a home-based business or service?**

Yes.......................................... 1

No ........................................... 0

L-11a   [If HomeBaseBusiness=1] J11FollowUp OTHBUS **What kind of business or service is this?**

_____

L-12   AnyStayAtHomes ATHOME **On a typical week day is there someone at home most or all of the day?**

Yes........................................... 1
No ........................................... 0

L-13   TeleWorking TELLWORK **Does anyone in this household telecommute or telework at anytime during the week?**

Yes........................................... 1
No ........................................... 0

L-13a   [If TeleWorking=1] TeleDays TELLDAYS **How many days, on average, does someone in this household telecommute or telework each month?**

Number of telework days ☐

L-14   UnusualActivity 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

L-14a   [If UnusualActivity=1] J14FollowUp OTHACT **What is that activity?**

_____

L-15a   PayForWork WORKPAY **In 2009, did you or any member of your household receive income from any of the following sources? Employment income from wages, salaries, commissions, bonuses, and tips from all jobs, as well as self-employment income from a business or farm?**

Yes........................................... 1
No ........................................... 0

L-15b   Retirement RETIREPY **Retirement income from Social Security, Railroad Retirement, pensions or other retirement funds?**

Yes........................................... 1
No ........................................... 0

L-15c   SSIncome SSINCOME **Supplemental Security Income (SSI)?**

Yes........................................... 1
No ........................................... 0

L-15d   CashBenefits CASHBEN **Welfare payments or cash assistance?**

Yes.......................................... 1
No .......................................... 0

L-15e  Investments INVESTMT **Income from interest, dividends, rental properties, royalties, estates, or trusts?**

Yes.......................................... 1
No .......................................... 0

L-15f  RegularPay RGLRPAY **Any other regular sources of income such as Veterans' (VA) payments, survivor or disability pensions, unemployment compensation, child support, or alimony?**

Yes.......................................... 1
No .......................................... 0

L-16  HHIncome MONEYPY Place show card 44 in front of the respondent. **Please look at Card 44. Including all of the income sources I just asked you about, which category best describes the 2009 total combined income of all household members before taxes and deductions?**

For this question only, the Don't Know and Refusal hotkeys in the tool bar are inoperative. If the respondent doesn't know or refused to answer, use the Don't Know or Refused response options at the end of the list.

| | | |
|---|---|---|
| Less than $2,500 .................................. 1 | $50,000 to $54,999 .............................13 |
| $2,500 to $4,999.................................. 2 | $55,000 to $59,999 .............................14 |
| $5,000 to $7,499.................................. 3 | $60,000 to $64,999 .............................15 |
| $7,500 to $9,999.................................. 4 | $65,000 to $69,999 .............................16 |
| $10,000 to $14,999............................. 5 | $70,000 to $74,999 .............................17 |
| $15,000 to $19,999............................. 6 | $75,000 to $79,999 .............................18 |
| $20,000 to $24,999............................. 7 | $80,000 to $84,999 .............................19 |
| $25,000 to $29,999............................. 8 | $85,000 to $89,999 .............................20 |
| $30,000 to $34,999............................. 9 | $90,000 to $94,999 .............................21 |
| $35,000 to $39,999........................... 10 | $95,000 to $99,999 .............................22 |
| $40,000 to $44,999........................... 11 | $100,000 to $119,999 .........................23 |
| $45,000 to $49,999........................... 12 | $120,000 or more ...............................24 |

L-16a  [If HHIncome=Don't Know, Refuse] IncomeFollowUp INCOMEPLUS **Was your 2009 annual household income under** [THE CAPI SYSTEM WILL FILL IN THE DOLLAR AMOUNT]?

Yes.......................................... 1
No .......................................... 0

L-16b  [If OwnOrRent=2,3, Don't Know, Refuse] PublicHousing HUPROJ **Is this residence part of a public housing authority?**

Yes.......................................... 1
No .......................................... 0

L-16c  [If PublicHousing=0, Don't Know, Refuse] SubsidizedHousing RENTHELP **Is your rent amount lower because you are in either a Federal, State or local government housing program?**

Yes.......................................... 1
No .......................................... 0

L-17     FoodStamps FOODASST **Some households receive additional assistance to help pay for food. In 2009, did you or any members of your household receive food stamps or WIC assistance (Women, Infants, and Children nutrition program)?**

> Yes........................................... 1
> No ........................................... 0


L-18     IVCOMMLFILTER If you have any comments that might suggest that the data collected in the household characteristics section should be analyzed by central office staff, enter 1.  if you have no comments regarding the quality of data entered in this section, enter 2.

> I have comments regarding the quality of data in this section ....................1
> I do not have comments ................................................................................2

L-18a    [If IVCOMMLFILTER=1] IverCommentsL IVCOMML RECORD any information here about the household characteristics of this housing unit that might provide clarification to the respondent's answers.

_____

_____

_____

# Section M:  ENERGY ASSISTANCE *(formerly section K)*

M-1a    EnergySecureA SCALEB Place show card 45 in front of the respondent. **Some households may have faced challenges in paying home energy bills. The following questions ask about challenges your household may have had paying home energy bills or maintaining heating and cooling equipment. When thinking about these questions, include all of your experiences in 2009, even in homes different from the one you live in now.**

**Please look at Card 45.  In 2009 how often did your household reduce or forgo expenses for basic household necessities, such as medicine or food, due to your home energy bill?**

> Almost every month................. 1
> Some months........................... 2
> 1 or 2 months.......................... 3
> Never ...................................... 4

M-1b    EnergySecureB SCALEG  **In 2009 how often did your household keep your home at a temperature that you felt was unsafe or unhealthy?**

> Almost every month................. 1
> Some months .......................... 2
> 1 or 2 months.......................... 3
> Never ...................................... 4

M-1c    EnergySecureC SCALED **In 2009 how often did your household pay an amount less than what you owed on your home energy bill, because you were unable to afford the whole home energy bill?**

> Almost every month................. 1
> Some months .......................... 2
> 1 or 2 months.......................... 3
> Never ...................................... 4

M-1d    EnergySecureD SCALEE **When home energy bills are not paid on time, it is common for energy utilities and suppliers to send late notices.  If the bill is very late, they will send a disconnect, shut-off, or non-delivery notice.  How often did you receive a disconnect, shut-off, or non-delivery notice?**

> Almost every month................. 1
> Some months .......................... 2
> 1 or 2 months.......................... 3
> Never ...................................... 4

M-1d1    [If EnergySecureD=1,2,3, Don't Know, Refuse] PayArrange PAYARRNG **Did you enter into a payment arrangement with your energy utility or supplier in response to the disconnect shut-off, or non-delivery notice?**

> Yes........................................... 1
> No ............................................ 0

M-1e    EnergySecureE SCALEC **In order to pay your home energy bill, how often did you need to use a payday loan, a tax refund, anticipation loan, a car title loan, or another type of short-term, high-interest loan?**

> Almost every month................. 1

```
Some months .......................... 2
1 or 2 months.......................... 3
Never ..................................... 4
```

M-2    BudgetPay BUDGETPP **Some energy utilities and suppliers offer *budget* payment plans that allow a household to pay the same amount on the home energy bill each month.  In 2009 did your household use a *budget* plan for any home energy bill?**

```
Yes.......................................... 1
No ........................................... 0
```

M-3    LIHEAPAsst ENERGYAID **There are assistance programs that help households pay home energy bills and help households pay for the repair or replacement of their heating or cooling equipment. In 2009 did your household receive this type of assistance?**

```
Yes.......................................... 1
No ........................................... 0
```

M-4    [If USEEL=1] NoPayElec NOPY **In 2009 was your electricity ever disconnected because you were unable to pay your home energy bill?**

```
Yes.......................................... 1
No ........................................... 0
```

M-4a    [If NoPayElec=1] MonthsNoElec **During which of the following months did your household lose the use of your electricity because the service was disconnected?** PROBE: **Any others?**

| | |
|---|---|
| NOELJAN January 2009..................... 1 | NOELJUL July 2009 ............................7 |
| NOELFEB February 2009 ................... 2 | NOELAUG August 2009 ......................8 |
| NOELMAR March 2009 ...................... 3 | NOELSEP September 2009 .................9 |
| NOELAPR April 2009.......................... 4 | NOELOCT October 2009....................10 |
| NOELMAY May 2009.......................... 5 | NOELNOV November 2009...............11 |
| NOELJUN June 2009.......................... 6 | NOELDEC December 2009................12 |

M-4b    [If NoPayElec=1 and ELWARM=1] NoHeatE NOPYEL **While your electricity was disconnected, was there a time when you wanted to use your main source of heat but were unable to?**

```
Yes.......................................... 1
No ........................................... 0
```

M-4b1    [If LIHEAPAsst=1 and NoHeatE=1] RestoreHeatE NOPYELREST **You mentioned receiving home energy assistance.  Did receiving energy assistance help you to restore the heating to your home?**

```
Yes.......................................... 1
No ........................................... 0
```

M-4c    [If ELCOOL=1 and NoPayElec=1] NoCoolE NOPYELAC **While your electricity was disconnected, was there a time when you wanted to use your air-conditioner but were unable to?**

Yes.......................................... 1
No ........................................... 0

M-4c1 [If LIHEAPAsst=1 and NoCoolE=1] RestoreCoolE NOPYELACREST **Did receiving home energy assistance help you to restore cooling to your home?**

Yes.......................................... 1
No ........................................... 0

M-5 [If USENG=1] NoPayGas NONG **In 2009 was your natural gas service ever disconnected because you were unable to pay your home energy bill?**

Yes.......................................... 1
No ........................................... 0

M-5a [If NoPayGas=1] MonthsNoGas **During which of the following months did your household lose the use of your natural gas because the service was disconnected?** PROBE: **Any others?**

| | |
|---|---|
| NONGJAN January 2009...................... 1 | NONGJUL July 2009 ...........................7 |
| NONGFEB February 2009 ................... 2 | NONGAUG August 2009 ......................8 |
| NONGMAR March 2009 ...................... 3 | NONGSEP September 2009 ...............9 |
| NONGAPR April 2009.......................... 4 | NONGOCT October 2009...................10 |
| NONGMAY May 2009.......................... 5 | NONGNOV November 2009..............11 |
| NONGJUN June 2009.......................... 6 | NONGDEC December 2009..............12 |

M-5b [If NoPayGas=1 and UGWARM=1] NoHeatG NOPYNG **While your natural gas service was disconnected, was there a time when you wanted to use your main source of heat but were unable to?**

Yes.......................................... 1
No ........................................... 0

M-5b1 [If LIHEAPAsst=1 and NoHeatG=1] RestoreHeatG NOPYNGREST **Earlier, you mentioned receiving home energy assistance. Did receiving home energy assistance help you to restore heating to your home?**

Yes.......................................... 1
No ........................................... 0

M-6 [If USEFO=1 or USEKERO=1 or USELP=1 or USEWOOD=1] NoPayFuel NOFUEL **In 2009 did your fuel oil, kerosene, propane, or wood ever run out because you were unable to pay for a home energy delivery?**

Yes.......................................... 1
No ........................................... 0

M-6a [If NoPayFuel=1] MonthsNoFuel **During which of the following months did your household lose the use of your fuel oil, kerosene, propane, or wood because delivery was disconnected?** PROBE: **Any others?**

| | |
|---|---|
| NOFLJAN January 2009...................... 1 | NOFLJUL July 2009.............................7 |
| NOFLFEB February 2009 ................... 2 | NOFLAUG August 2009 ......................8 |
| NOFLMAR March 2009....................... 3 | NOFLSEP September 2009.................9 |

| | |
|---|---|
| NOFLAPR April 2009 ........................... 4 | NOFLOCT October 2009 .................... 10 |
| NOFLMAY May 2009 ........................... 5 | NOFLNOV November 2009 ............... 11 |
| NOFLJUN June 2009 ........................... 6 | NOFLDEC December 2009 ............... 12 |

M-6b  [If NOFUEL=1 and (FOWARM=1 or KRWARM=1 or LPWARM=1 or WDWARM=1)] NoHeatF NOPYFL **When you ran out of your fuel oil, kerosene, propane, or wood was there a time when you wanted to use your main source of heat but were unable to?**

    Yes........................................... 1
    No ............................................ 0

   M-6b1  [If LIHEAPAsst=1 and NoHeatF=1] RestoreHeatF NOPYFLREST **You mentioned receiving home energy assistance. Did receiving home energy assistance help you to restore heating to your home?**

      Yes........................................... 1
      No ............................................ 0

M-7  [If HeatingHome=1] HeatBroken NOHTBRK **Now, let's talk about problems you may have had with your heating or cooling equipment.**

   **In 2009 were you unable to use your main heating equipment because it was broken?**

    Yes........................................... 1
    No ............................................ 0

   M-7a  [If HeatBroken=1] HeatFixed HTFIX **Was your heating equipment fixed or replaced in 2009?**

      Yes........................................... 1
      No ............................................ 0

   M-7b  [If LIHEAPAsst=1 and HeatFixed=1] HeatFixAssis NOPYFIXREST **Did receiving home energy assistance help you to fix or replace your heating equipment?**

      Yes........................................... 1
      No ............................................ 0

M-8  [If TypeofAirCoolEquip=1,3] CACBroken NOCACBRK **In 2009 were you unable to use your central air conditioner because it was broken?**

    Yes........................................... 1
    No ............................................ 0

   M-8a  [If CACBroken=1] CACFixed CACFIX **Was your central air conditioner fixed or replaced in 2009?**

      Yes........................................... 1
      No ............................................ 0

   M-8b  [If LIHEAPAsst=1 and CADFixed=1] CACFixAssis NOPYFIXREST **Did receiving home energy assistance help you to fix or replace your central air conditioner?**

      Yes........................................... 1
      No ............................................ 0

M-9 [If TypeofAirCoolEquip=2,3] RACBroken NOWWACBRK **In 2009 were you unable to use any room air conditioning unit because it was broken?**

            Yes.......................................... 1
            No ........................................... 0

   M-9a [If RACBroken=1] RACFixed WWACFIX **Was your room air conditioning unit fixed or replaced in 2009?**

            Yes.......................................... 1
            No ........................................... 0

   M-9b [If LIHEAPAsst=1 and RACFixed=1] RACAssis WWACAID **Did receiving home energy assistance help you to fix or replace your room air conditioning?**

            Yes.......................................... 1
            No ........................................... 0

M-10a [If EnergySecureB=1,2,3] MedicalAttnC COLDMA **Now I would like to ask you a few questions about how your home heating and cooling has affected the health of your household members. In 2008:**

**In 2009 did anyone in your household need medical attention because your home was too cold?**

            Yes.......................................... 1
            No ........................................... 0

   M-10a1 [If MedicalAttnC=1] MedicalAttnCOld COLDMA60 **You responded that someone in your household needed medical attention. Were any of the people who needed medical attention 60 years or older?**

            Yes.......................................... 1
            No ........................................... 0

   M-10a2 [If MedicalAttnC=1] MedicalAttnCYoung COLDMA5 **Were any of the people who needed medical attention 5 years old of younger?**

            Yes.......................................... 1
            No ........................................... 0

M-10b [If EnergySecureB=1,2,3] MedicalAttnH HOTMA **In 2009 did anyone in your household need medical attention because your home was too hot?**

            Yes.......................................... 1
            No ........................................... 0

   M-10b1 [If MedicalAttnH=1] MedicalAttnHOld HOTMA60 **You responded that someone in your household needed medical attention. Were any of the people who needed medical attention 60 years or older?**

            Yes.......................................... 1
            No ........................................... 0

**M-10b2** [If MedicalAttnH=1] MedicalAttnHYoung HOTMA5 **Were any of the people who needed medical attention 5 years old of younger?**

          Yes........................................... 1
          No ............................................ 0

**M-10c** [IF CARRYEL=1 or CARRYKER=1 or RANGE=1 or OUTGRILL=1 or CHIMNEY=1] AltHeatFire ALTHTFR **In 2009 did any fire start in your home as a result of using an alternate *heating* source, such as space heaters, your kitchen stove or oven, an outdoor grill, or your fireplace?**

          Yes........................................... 1
          No ............................................ 0

**M-10c1** [If AltHeatFire=1] AltHeatFireVic HTFRNUM **How many individuals needed medical attention because of the fire?**

          Enter Number ........................ [ ]

**M-10d** [If NoPayElec=1] AltLightFire ALTLTFR **In 2009 did any fire start in your home as a result of using an alternate *lighting* source, such as candles or kerosene lanterns?**

          Yes........................................... 1
          No ............................................ 0

**M-10d1** [If AltLightFire=1] AltLightFireVic LTFRNUM **How many individuals needed medical attention because of the fire?**

          Enter Number ...................... [ ]

**M-11** IVCOMMMFILTER If you have any comments that might suggest that the data collected in the energy assistance section should be analyzed by central office staff, enter 1. if you have no comments regarding the quality of data entered in this section, enter 2.

          I have comments regarding the quality of data in this section ....................1
          I do not have comments ................................................................................2

**M-11a** [If IVCOMMMFILTER=1] IverCommentsM IVCOMMM   RECORD any information here about energy assistance received by this housing unit that might provide clarification to the respondent's answers.
          _____

# Section N:  SCANNING OF FUEL BILLS

N-1a    [If ELBILLTOSCAN=1 or NGBILLTOSCAN=1 or LPGBILLTOSCAN=1 or LPGBILLTOSCAN2=1 or FOBILLTOSCAN=1 or FOBILLTOSCAN2=1 or KEROBILLTOSCAN=1 or KEROBILLTOSCAN2=1] Based on the information you entered about fuel bills, the respondent has given you bills to scan. next, you are to say good-bye then scan the bills. **That is the last question I have. Thank you for your time and cooperation. Before I leave I will want to take a moment to scan into my computer the fuel bills that you gave me earlier. Have a pleasant day/evening.**

N-1b    [If ELBILLTOSCAN=0 and NGBILLTOSCAN=0 and LPGBILLTOSCAN=0 and LPGBILLTOSCAN2=0 and FOBILLTOSCAN=0 and FOBILLTOSCAN2=0 and KEROBILLTOSCAN=0 and KEROBILLTOSCAN2=0] Based on the information you entered about fuel bills,    the respondent has not given you any bills to scan. you are now to conclude the interview. **That is the last question I have. Thank you for your time and cooperation. Have a pleasant day/evening.**


N-2    SIGNFORM **Thank you for this information about your energy suppliers. So we can collect additional information from your fuel suppliers about the actual amounts of energy you use, would you please sign this authorization form that gives them your permission to give us that information?**

GIVE the authorization form to the respondent and record whether the respondent signed it or refused to sign.

Authorization Form Signed ................... 1
Authorization Form Not Signed ............ 0


N-3    [If PELHEAT=1 or PELHOTWA=1 or PELCOOK=1 or PELAC=1 or PELLIGHT=1] ELBILLTOSCAN **Do you have a recent electric bill that I can scan into my computer?**

Yes.......................................... 1
No ........................................... 0

N-3a    [IF ELBILLTOSCAN=1] ELSUPPNAM ELSUPPACCTNUM **Thank you. I will scan this bill and any others you may have at the end of this interview.** ENTER the supplier's name, the account number, the person to whom the bill is addressed, and the supplier's address and telephone number as they appear on the bill the respondent just gave you.

Supplier Name_____

Account Number _____

Addressee _____

Street  _____

City _____

State _____ ZIP Code _____

Area Code _____ Telephone Number_____

# U.S. DEPARTMENT OF ENERGY
# 2009 RESIDENTIAL ENERGY CONSUMPTION SURVEY

## Authorization Form

| Sample ID # |
| --- |
|  |

I hereby give permission to the electric, natural gas, fuel oil, and propane (bottled gas including LPG) company or companies that provide energy to me to provide information to the designated agent 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, 2008, through January 31, 2010:

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. An electronic copy of this authorization may be accepted with the same authority as the original.

Signature (1): _____ Date: _____

Printed Name: _____

Signature (2): _____ Date: _____

Printed Name: _____