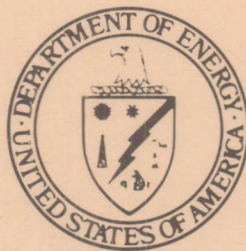


This survey is voluntary and authorized under the Federal Energy Administration Act of 1974 (Public Law 93-275). Information about specific households will be kept strictly confidential. The data will be summarized within large groupings for statistical purposes.

Residential Energy Consumption Survey

Fall-Winter • 1980-1981



U.S. Department of Energy

Energy Information Administration

Location # _____

111-116

Housing Unit # _____

117-118

TIME INTERVIEW STARTED

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

- 01[] BEFORE 1940
 - 02[] 1940-1949
 - 03[] 1950-1959
 - 04[] 1960-1964
 - 05[] 1965-1969 121-122
 - 06[] 1970-1974
 - 07[] 1975-1979
 - 08[] 1980
 - 09[] 1981
- ASK Q. 2

IF "1980" OR "1981," ASK:

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

MONTH: 123-124

YEAR: 19

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

- 01[] BEFORE 1940
- 02[] 1940-1949
- 03[] 1950-1959
- 04[] 1960-1964
- 05[] 1965-1969 125-126
- 06[] 1970-1974
- 07[] 1975
- 08[] 1976
- 09[] 1977 -- ASK Q. 4
- 10[] 1978
- 11[] 1979
- 12[] 1980
- 13[] 1981

IF "1977," ASK:

4. Do you happen to know if the (house/building) was completed in January through June or July through December of 1977?

- 1[] JANUARY-JUNE 1977
- 2[] JULY-DECEMBER 1977 127
- 6[] DON'T KNOW

5. What material is mainly used on the outside walls of your (house/building)? (IF TWO MATERIALS ARE USED ABOUT THE SAME AMOUNT, MARK TWO BOXES.)

- BRICK 128
- WOOD 129
- CONCRETE 130
- STUCCO 131
- STONE 132
- ALUMINUM SIDING 133
- COMPOSITION (ASBESTOS SHINGLE, ETC.) 134
- GLASS 135
- OTHER (SPECIFY): _____ 136

6. How many floors do you use as year-round living space here in your house (apartment)?

- 1 ONE FLOOR
- 2 1-1/2 FLOORS
- 3 TWO FLOORS 137
- 4 2-1/2 FLOORS
- 5 THREE OR MORE FLOORS

AREAS USED AS REGULAR, YEAR-ROUND LIVING SPACE (FOR BEDROOM, KITCHEN, STUDY, ETC.) IN BASEMENT OR ATTIC SHOULD BE COUNTED.

DO NOT COUNT UNFINISHED AREAS USED FOR ROUGH WORKROOMS, UTILITY ROOM, LAUNDRY ROOM, ETC., OR AREAS USED EXCLUSIVELY FOR BUSINESS/PROFESSIONAL PURPOSES.

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

NUMBER OF ROOMS: 138-139

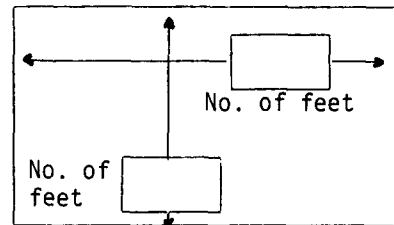
8. How about the largest room (living or family room) of your house (apartment) -- what is your estimate of the length and width in feet?

INTERVIEWER: PUT RESPONDENT'S ESTIMATE IN BOXES IN RECTANGULAR OR L-SHAPED SKETCH AT RIGHT, AS APPROPRIATE. IF RESPONDENT IS UNABLE TO MAKE ESTIMATE, PUT IN YOUR OWN BEST ESTIMATE.

NOTE BELOW WHETHER LARGEST ROOM IS RECTANGULAR OR L-SHAPED, AND HOW ESTIMATE WAS MADE.

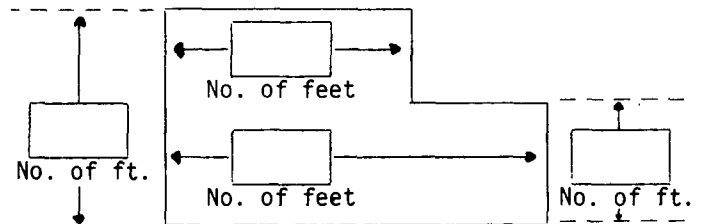
1 LARGEST ROOM IS RECTANGULAR: ENTER DIMENSIONS IN SKETCH #1

SKETCH #1



2 LARGEST ROOM IS L-SHAPED: ENTER DIMENSIONS IN SKETCH #2

SKETCH #2



SOURCE OF ESTIMATE

1 ESTIMATE MADE BY RESPONDENT

2 ESTIMATE MADE BY INTERVIEWER

3 RESPONDENT/INTERVIEWER MEASURED

INTERVIEWER: DO NOT WRITE IN THIS SPACE. OFFICE USE ONLY.

--	--	--	--

142- 145- 148- 151-
144 147 150 153

9. Is any part of your (house/apartment) used exclusively for business or professional purposes, such as a real estate office, doctor's office, or beauty parlor? 154
- 1 YES
0 NO-- SKIP TO Q. 13

IF "YES," ASK:

10. Could you describe that business or professional activity? (IF MORE THAN ONE BUSINESS/PROFESSIONAL ACTIVITY, DESCRIBE THE MAIN ACTIVITY.) 155-156
-
-
-

11. How many rooms are used exclusively for this purpose? 157-158
- NUMBER OF ROOMS USED EXCLUSIVELY FOR BUSINESS/PROFESSIONAL PURPOSES:

12. Were these rooms included in your count of (# IN Q.7) rooms in your living quarters? 159
- 1 YES
0 NO

13. Do you have complete plumbing facilities in this house (building); that is, hot and cold running water, a flush toilet, and a bathtub or shower? 160
- 1 YES
2 NO, HAVE SOME BUT NOT ALL PLUMBING FACILITIES -- SKIP TO Q. 16
3 NO PLUMBING FACILITIES IN HOUSE OR BUILDING -- SKIP TO Q. 16

IF "YES," ASK:

14. Are they for this household only or are they also used by another household? 161
- 1 FOR THIS HOUSEHOLD ONLY
2 ALSO USED BY ANOTHER HOUSEHOLD

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

NUMBER OF COMPLETE BATHROOMS: 162

NONE

NUMBER OF HALF BATHROOMS: 163

NONE

HAND RESPONDENT EXHIBIT 16

16. What is the main heating equipment for your home?

- 01[] HOT WATER PIPES RUNNING THROUGH A SLAB FLOOR (RADIANT HEATING)
 02[] STEAM OR HOT WATER SYSTEM WITH RADIATORS OR CONVECTORS
 03[] CENTRAL WARM-AIR FURNACE WITH DUCTS TO INDIVIDUAL ROOMS (DO NOT
 COUNT HEAT PUMP HERE) -- ASK Q. 17
 04[] HEAT PUMP
 05[] BUILT-IN ELECTRIC UNITS (PERMANENTLY INSTALLED IN WALL, CEILING,
 OR BASEBOARD)
 06[] FLOOR, WALL, OR PIPELESS FURNACE
 07[] ROOM HEATER BURNING GAS, OIL, KEROSENE
 08[] HEATING STOVE BURNING WOOD, COAL, COKE
 09[] FIREPLACE(S)
 10[] PORTABLE HEATER(S)
 21[] OTHER (SPECIFY): _____
 96[] DON'T KNOW
 00[] NO HEATING EQUIPMENT USED -- SKIP TO Q. 29

164-
165

TAKE BACK EXHIBIT 16

IF "CENTRAL WARM AIR," ASK:

17. Is the warm air forced through the
 ducts by a fan?

- 1[] YES
 0[] NO
 6[] DON'T KNOW

166

18. Since September 1979, has your main heating
 equipment been serviced or cleaned?

- 1[] YES
 0[] NO
 6[] DON'T KNOW

167

IF "YES", ASK:

19. In what month and year was this work
 completed?

MONTH:

YEAR: 19

168-
169

170-
171

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 20. OTHERWISE, SKIP TO Q. 21.

20. Is your home heated by a central system for
 your building (or group of buildings) or is
 the main heating equipment for your living
 quarters only?

- 1[] CENTRAL SYSTEM FOR BUILDING(S)
 2[] MAIN HEATING EQUIPMENT FOR
 THESE LIVING QUARTERS ONLY

172

HAND RESPONDENT EXHIBIT 21

21. What is the main fuel used for heating this house (apartment)?

- 01[] GAS FROM UNDERGROUND PIPES
SERVING THE NEIGHBORHOOD
- 02[] GAS, LPG (BOTTLED OR TANK GAS)
- 03[] FUEL OIL
- 04[] KEROSENE OR COAL OIL 173-
- 05[] ELECTRICITY 174
- 06[] COAL OR COKE
- 07[] WOOD
- 08[] SOLAR COLLECTORS
- 21[] OTHER (SPECIFY): _____
- 00[] NO FUEL USED

TAKE BACK EXHIBIT 21

22. Do you have a thermostat, radiator valve, or other control to adjust the temperature in your (house/apartment) during the heating season?

- 1[] YES
- 0[] NO 175

23. In the winter of 1979-80 was the main fuel used to heat this house (apartment) the same as it is now?

- 1[] YES -- SKIP TO Q. 25 176
- 2[] NO
- 9[] DID NOT LIVE IN THIS HOUSE (APARTMENT)
LAST WINTER -- SKIP TO Q. 25
- 0[] NO FUEL USED -- SKIP TO Q. 29

IF "NO," ASK:

HAND RESPONDENT EXHIBIT 24

24. What was the main fuel used to heat this house (apartment) in the winter of 1979-80?

- 01[] GAS FROM UNDERGROUND PIPES
SERVING THE NEIGHBORHOOD
- 02[] GAS, LPG (BOTTLED OR TANK GAS)
- 03[] FUEL OIL
- 04[] KEROSENE OR COAL OIL
- 05[] ELECTRICITY 177-
- 06[] COAL OR COKE 178
- 07[] WOOD
- 08[] SOLAR COLLECTORS
- 21[] OTHER (SPECIFY): _____
- 00[] NO FUEL USED

TAKE BACK EXHIBIT 24

HAND RESPONDENT EXHIBIT 25

207-208:02

25. You have already mentioned your main heating equipment. Are any of these types of equipment used in your home in addition to your main equipment?

1[] YES

0[] NO -- TAKE BACK EXHIBIT 25,
SKIP TO Q. 29

211

IF "YES," ASK:

26. What type(s) do you use? (IF MORE THAN ONE TYPE IS MENTIONED, MARK ONLY THE ONE USED MOST.)

01[] HOT WATER PIPES RUNNING THROUGH A SLAB FLOOR (RADIANT HEATING)

02[] STEAM OR HOT WATER SYSTEM WITH RADIATORS OR CONVECTORS

03[] CENTRAL WARM-AIR FURNACE WITH DUCTS TO INDIVIDUAL ROOMS (DO NOT
COUNT HEAT PUMP HERE) -- ASK Q. 27

04[] HEAT PUMP

05[] BUILT-IN ELECTRIC UNITS (PERMANENTLY INSTALLED IN WALL, CEILING,
OR BASEBOARD)212-
213

06[] FLOOR, WALL, OR PIPELESS FURNACE

07[] ROOM HEATER BURNING GAS, OIL, KEROSENE

08[] HEATING STOVE BURNING WOOD, COAL, COKE

09[] FIREPLACE(S)

10[] PORTABLE HEATER(S)

21[] OTHER (SPECIFY): _____

96[] DON'T KNOW

IF "CENTRAL WARM AIR," ASK:

27. Is the warm air forced through the ducts by a fan?

1[] YES

0[] NO

214

TURN TO EXHIBIT 28

28. What fuel is used by this additional equipment?

01[] GAS FROM UNDERGROUND PIPES
SERVING THE NEIGHBORHOOD

02[] GAS, LPG (BOTTLED OR TANK GAS)

03[] FUEL OIL

04[] KEROSENE OR COAL OIL

05[] ELECTRICITY

215-
216

06[] COAL OR COKE

07[] WOOD

08[] SOLAR COLLECTORS

21[] OTHER (SPECIFY): _____

TAKE BACK EXHIBIT 28

29. Has any wood been burned in your home in the past 12 months?

- 1 YES
 0 NO -- SKIP TO Q. 40 217

IF "YES," ASK:

HAND RESPONDENT EXHIBIT 30

30. Did your household burn less than a rack, or one rack or more? A rack is 16 in. x 4 ft. x 8 ft. or one third of a cord.

- 0 LESS THAN ONE RACK -- TAKE BACK EXHIBIT 30, SKIP TO Q. 40 218
 1 ONE RACK OR MORE 219-221

IF "ONE RACK OR MORE," ASK:

31. About how many racks or cords of wood did you burn in the past 12 months? (PROBE FOR BEST ESTIMATE.)

NUMBER OF RACKS
 (16 in. x 4 ft. x 8 ft.):

OR

NUMBER OF CORDS
 (4 ft. x 4 ft. x 8 ft.):

DON'T KNOW

TAKE BACK EXHIBIT 30

32. Was the wood you burned in the past 12 months mostly hardwood or mostly softwood? Hardwood is from broad-leaf trees such as maple, or birch. Softwood is from evergreens such as pine, spruce, or fir.

- 1 HARDWOOD
 2 SOFTWOOD 222
 6 DON'T KNOW

HAND RESPONDENT EXHIBIT 33

33. About how much of the wood you burned in the past 12 months did you purchase?

- 0 NONE, VERY LITTLE (LESS THAN 5%) -- TAKE BACK EXHIBIT 33, SKIP TO Q. 38
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 223
 3 3/4 (67 - 95%)
 4 ALL (96 - 100%)

TAKE BACK EXHIBIT 33

IF 1/4 OR MORE PURCHASED, ASK:

34. About when was your household's most recent purchase of wood?

MONTH: 224-
 225

YEAR: 19 _____ 226-
 227

35. On your household's most recent purchase of wood, how was the wood measured: by the rack, cord, or some other measure? (IF "TRUCKLOAD," PROBE FOR SIZE OF TRUCK.)

- 1 RACK
 2 CORD 228
 5 OTHER (SPECIFY): _____

36. About what was the price per (rack/cord/other measure) on your household's most recent purchase of wood?

PRICE: \$ _____ 229-
 231

37. Did the purchase price include delivery of the wood to your home?

- 1 YES
 0 NO 232

CONTINUE IF ONE RACK OR MORE OF WOOD WAS BURNED IN LAST 12 MONTHS. OTHERWISE, SKIP TO Q. 40.

HAND RESPONDENT EXHIBIT 38

38. We may have covered some of these before, but please look at this exhibit and tell me which of these you have in your house (apartment)?

233-240

	<u>HAVE</u>	<u>DO NOT HAVE</u>	<u>AMOUNT BURNED</u>				
			<u>NONE (LESS THAN 5%)</u>	<u>1/4 (5 - 33%)</u>	<u>1/2 (34 - 66%)</u>	<u>3/4 (67 - 95%)</u>	<u>ALL (96 - 100%)</u>
a. Fireplace	1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Airtight stove (with gasket)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Non-airtight stove (no gasket)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Wood-burning furnace	1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

TURN TO EXHIBIT 39

39. About how much of the wood you burned in the past 12 months was burned in _____? (ASK FOR EACH TYPE OF EQUIPMENT HOUSEHOLD HAS.)

TAKE BACK EXHIBIT 39

HAND RESPONDENT EXHIBIT 40

40. Which fuel is used most for heating water?

- 01[] GAS FROM UNDERGROUND PIPES
SERVING THE NEIGHBORHOOD
- 02[] GAS, LPG (BOTTLED OR TANK GAS)
- 03[] FUEL OIL
- 04[] KEROSENE OR COAL OIL
- 05[] ELECTRICITY 241-
- 06[] COAL OR COKE 242
- 07[] WOOD
- 08[] SOLAR COLLECTORS
- 21[] OTHER (SPECIFY): _____
- 00[] NO FUEL USED -- SKIP TO Q. 43

TAKE BACK EXHIBIT 40

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

- 1[] YES
- 0[] NO -- SKIP TO Q. 43 243

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 42. OTHERWISE, SKIP TO Q. 43.

42. Is your hot water supplied by a central system for your building (or group of buildings) or is the water heater for your living quarters only?

- 1[] CENTRAL SYSTEM FOR BUILDING(S) 244
- 2[] FOR THESE LIVING QUARTERS ONLY

43. Do you have air-conditioning, either a central system or individual window or wall units? (MARK ALL THAT APPLY.)

- [] YES, CENTRAL SYSTEM
- [] YES, INDIVIDUAL (WINDOW/WALL) UNITS 245-
- [] NO -- SKIP TO INSTRUCTION FOR Q. 48 246

44. How many rooms in your house (apartment) are cooled by air-conditioning? Do not count bathrooms, hallways, foyers, or enclosed porches.

NUMBER OF ROOMS: 247-

95[] ENTIRE HOUSE OR APARTMENT 248

IF "INDIVIDUAL (WINDOW/WALL) UNITS" ON Q. 43 ASK:

45. How many window or wall units do you have in your house (apartment)?

NUMBER OF (WINDOW/WALL) UNITS: 249

IF "CENTRAL SYSTEM" ON Q. 43, ASK:

46. Does the central air-conditioning system use gas or electricity?

- 1[] GAS
- 2[] ELECTRICITY
- 6[] DON'T KNOW 250

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 47. OTHERWISE SKIP TO INSTRUCTION FOR Q. 48.

47. Is it a central air-conditioning system for your building (or group of buildings) or is the main air-conditioning equipment for your living quarters only?

- 1[] CENTRAL SYSTEM FOR BUILDING
- 2[] AIR-CONDITIONING IS FOR THESE LIVING QUARTERS ONLY 251

IF ONE-FAMILY HOUSE, ASK Q. 48 ff. OTHERWISE (TRAILER OR 2 OR MORE UNITS IN BUILDING) SKIP TO Q. 59.

48. Do you have insulation in all, or some, or none of the outside walls of your home?
 1[] ALL
 2[] SOME
 0[] NONE 252
 6[] DON'T KNOW
49. Do you have roof or ceiling insulation?
 1[] YES
 0[] NO -- SKIP TO Q. 54.
 6[] DON'T KNOW -- SKIP TO Q. 54. 253

IF "YES," ASK:

50. Is all the roof or ceiling area insulated or just part of it?
 1[] ALL 254
 2[] PART

IF "PART," ASK:

HAND RESPONDENT EXHIBIT 51

51. About how much of the roof or ceiling area is insulated?
 0[] NONE, VERY LITTLE (LESS THAN 5%)
 1[] 1/4 (5 - 33%)
 2[] 1/2 (34 - 66%) 255
 3[] 3/4 (67 - 95%)
 4[] ALL (96 - 100%)

TAKE BACK EXHIBIT 51

HAND RESPONDENT EXHIBIT 52

52. This exhibit shows different kinds of insulation. Please tell me whether or not you have each one in your roof or ceiling area.
- | | | | |
|---------------------------------------|-------------------------------------|----------------------------------|-------------|
| a. BATT/BLANKET | 1[] YES
0[] NO
6[] DON'T KNOW | _____
INCHES
[] DON'T KNOW | 256-
258 |
| b. LOOSE PARTICLES/ LOOSE FILL | 1[] YES
0[] NO
6[] DON'T KNOW | _____
INCHES
[] DON'T KNOW | 259-
261 |
| c. FIRM FOAM/ FIRM PLASTIC | 1[] YES
0[] NO
6[] DON'T KNOW | _____
INCHES
[] DON'T KNOW | 262-
264 |
| d. SPRAYED-IN URETHANE FOAM | 1[] YES
0[] NO
6[] DON'T KNOW | _____
INCHES
[] DON'T KNOW | 265-
267 |
| e. OTHER (SPECIFY):

_____ | 1[] YES
0[] NO
6[] DON'T KNOW | _____
INCHES
[] DON'T KNOW | 268-
270 |

FOR EACH "YES," ASK:

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

TAKE BACK EXHIBIT 52

CONTINUE IF ONE-FAMILY HOUSE. OTHERWISE SKIP TO Q. 59.

307-308:03

HAND RESPONDENT EXHIBIT 54

54. Does this house have a basement, an enclosed crawl space, a crawl space open to the outside, a concrete slab, or a combination of these? (MARK ALL THAT APPLY.)

- BASEMENT 311
- CRAWL SPACE -- ENCLOSED 312
- CRAWL SPACE OPEN TO OUTSIDE 313
- CONCRETE SLAB -- TAKE BACK EXHIBIT 54, SKIP TO Q. 59 314
- OTHER (SPECIFY): _____ 315

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

55. Is all, part, or none of the basement or crawl space heated?

- 1 ALL -- SKIP TO Q. 59
- 2 PART 316
- 0 NONE

IF "PART" OR "NONE" IS HEATED, ASK:

TURN TO EXHIBIT 56

56. Think of the floor area above the unheated basement or crawl space. About how much of that floor area is insulated?

- 0 NONE, VERY LITTLE (LESS THAN 5%) -- TAKE BACK EXHIBIT 56, SKIP TO Q. 59
- 1 1/4 (5 - 33%)
- 2 1/2 (34 - 66%) 317
- 3 3/4 (67 - 95%)
- 4 ALL (96 - 100%)
- 6 DON'T KNOW

TURN TO EXHIBIT 57

57. Please look at this exhibit and tell me whether or not you have each one in the floor above your unheated basement and/or crawl space.

a. BATT/BLANKET	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW	318- 320
b. LOOSE PARTICLES/LOOSE FILL	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW	321- 323
c. FIRM FOAM/FIRM PLASTIC	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW	324- 326
d. SPRAYED-IN URETHANE FOAM	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW	327- 329
e. OTHER (SPECIFY):	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW	330- 332

FOR EACH "YES," ASK:

58. About how many inches of (INSULATION TYPE) do you have in the floor area above your unheated basement and/or crawl space? _____

TAKE BACK EXHIBIT 57

HAND RESPONDENT EXHIBIT 59

59. Please look at this exhibit of different kinds of doors. How many of each of these types of doors do you have that go from a heated area to the outside or to an unheated area? (SEE INSTRUCTION BELOW.)

NUMBER OF DOORS	NUMBER WITH STORM DOOR OR INSULATING GLASS	NUMBER STORM/INSULATED DOORS PUT IN SINCE JANUARY 1, 1979			
a. Sliding glass doors 333 [] NONE	334 [] NONE	335 [] NONE	336-339 MONTH: _____ YEAR: 19____ [] IN PROCESS	1 [] DOORS AND HAVING THEM PUT IN 2 [] DOORS ONLY 5 [] OTHER (SPECIFY): _____	340 341-343 APPROXIMATE COST: \$ _____ .00 [] DON'T KNOW
b. Doors with glass panels 344 [] NONE	345 [] NONE	346 [] NONE	347-350 MONTH: _____ YEAR: 19____ [] IN PROCESS	1 [] DOORS AND HAVING THEM PUT IN 2 [] DOORS ONLY 5 [] OTHER (SPECIFY): _____	351 352-354 APPROXIMATE COST: \$ _____ .00 [] DON'T KNOW
c. Regular doors (doors without glass panels) 355 [] NONE	356 [] NONE	357 [] NONE	358-361 MONTH: _____ YEAR: 19____ [] IN PROCESS	1 [] DOORS AND HAVING THEM PUT IN 2 [] DOORS ONLY 5 [] OTHER (SPECIFY): _____	362 363-365 APPROXIMATE COST: \$ _____ .00 [] DON'T KNOW

TAKE BACK EXHIBIT 59

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

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

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

61. How many of the (storm/insulated glass) doors were put in your home since January 1, 1979? _____

IF ONE OR MORE, ASK:

62. In what month and year did you get (it/them)? _____

63. (Did you pay/Are you paying) both for the door(s) and having the door(s) put in, only for the door(s) themselves, or what? _____

64. Approximately what (did/will) the job cost? (SEE INSTRUCTION BELOW.) _____

INTERVIEWER INSTRUCTIONS:

Q. 59 -- Count each pair of sliding glass doors as one door. Include doors that go to an unheated porch or garage. Do not include doors to a heated hallway in an apartment building, doors that are permanently sealed shut, or doors to an unheated attic or basement.

Q. 64 -- If more than one type of door was part of the same job and if respondent is unable to break down the cost among the different types, note below and record the total cost.

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

NUMBER OF WINDOWS:

409-410

HAND RESPONDENT EXHIBIT 66

66. How many of your windows are these sizes?

NUMBER OF WINDOWS	NUMBER WITH STORM WINDOWS OR INSULATING GLASS	NUMBER STORM WINDOWS PUT IN SINCE JANUARY 1, 1979			
a. Large 411-412 <input type="checkbox"/> NONE	413-414 <input type="checkbox"/> NONE	415-416 <input type="checkbox"/> NONE	417-420 MONTH: _____ YEAR: 19____ <input type="checkbox"/> IN PROCESS	1 <input type="checkbox"/> WINDOWS AND HAVING THEM PUT IN 2 <input type="checkbox"/> WINDOWS ONLY 5 <input type="checkbox"/> OTHER (SPECIFY): _____	421-424 APPROXIMATE COST: \$ _____ .00 <input type="checkbox"/> DON'T KNOW
b. Medium 425-426 <input type="checkbox"/> NONE	427-428 <input type="checkbox"/> NONE	429-430 <input type="checkbox"/> NONE	431-434 MONTH: _____ YEAR: 19____ <input type="checkbox"/> IN PROCESS	1 <input type="checkbox"/> WINDOWS AND HAVING THEM PUT IN 2 <input type="checkbox"/> WINDOWS ONLY 5 <input type="checkbox"/> OTHER (SPECIFY): _____	435-438 APPROXIMATE COST: \$ _____ .00 <input type="checkbox"/> DON'T KNOW
c. Small 439-440 <input type="checkbox"/> NONE	441-442 <input type="checkbox"/> NONE	443-444 <input type="checkbox"/> NONE	445-448 MONTH: _____ YEAR: 19____ <input type="checkbox"/> IN PROCESS	1 <input type="checkbox"/> WINDOWS AND HAVING THEM PUT IN 2 <input type="checkbox"/> WINDOWS ONLY 5 <input type="checkbox"/> OTHER (SPECIFY): _____	449-452 APPROXIMATE COST: \$ _____ .00 <input type="checkbox"/> DON'T KNOW

TAKE BACK EXHIBIT 66

67. How many of the _____ windows have storm windows or insulating glass? (SEE INSTRUCTIONS BELOW.)

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

68. How many of the storm windows or windows with insulating glass were put in your home since January 1, 1979? _____

IF ONE OR MORE, ASK:

69. In what month and year did you get them? _____

70. (Did you pay/are you paying) for having the windows put in, only for the windows themselves, or what? _____

71. Approximately what (did/will) the job cost? (SEE INSTRUCTION BELOW.) _____

INTERVIEWER INSTRUCTIONS:

- Q. 65 -- Each window that opens separately should be counted as one window. Also count windows that are fixed in place. Do not include windows (glass panels) in doors.
- Q. 67 -- Windows made of double glass and other types of insulating glass count the same as storm windows.
- Q. 71 -- If more than one type of window was part of the same job and if respondent is unable to break down the cost among the different types, note below and record the total cost.

HAND RESPONDENT EXHIBIT 72

72. Please look at this list and tell me which items, if any, have been added or installed in your home since January 1, 1979? (SEE INSTRUCTIONS BELOW.)

a. CLOSEABLE SHUTTERS, PLASTIC SHEETS, INSULATING DRAPES	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS	MONTH: _____ YEAR: <u>19</u> _____ <input type="checkbox"/> IN PROCESS	453- 457
b. CAULKING AROUND ANY WINDOWS OR DOORS TO THE OUTSIDE	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS	MONTH: _____ YEAR: <u>19</u> _____ <input type="checkbox"/> IN PROCESS	458- 462
c. WEATHER STRIPPING AROUND ANY WINDOWS OR DOORS TO THE OUTSIDE	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS	MONTH: _____ YEAR: <u>19</u> _____ <input type="checkbox"/> IN PROCESS	463- 467

FOR EACH "YES," ASK:

73. In what month and year was it added or installed? (SEE INSTRUCTION BELOW.)



TAKE BACK EXHIBIT 72

INTERVIEWER INSTRUCTIONS:

Q. 72 -- Count as "In Process" any work started but not yet completed. Do not count any changes made before this household moved in.

Q. 73 -- If household has done item more than once, put down the most recent date.

74. In the past year, has any professional come to your home to advise you on how your household could save on its energy bills?

- 1[] YES
- 0[] NO -- SKIP TO Q. 77

511

IF "YES," ASK:

75. In what month and year did the visit occur?

MONTH: 512-513

YEAR: 19 514-515

HAND RESPONDENT EXHIBIT 76

76. Was the professional a private contractor, a representative from the electric or gas company, a representative from a fuel oil or LPG company, or someone else?

- 1[] ELECTRIC OR GAS COMPANY REPRESENTATIVE -- SKIP TO INSTRUCTION FOR Q. 81
- 2[] FUEL OIL OR LPG COMPANY REPRESENTATIVE -- SKIP TO INSTRUCTION FOR Q. 81
- 3[] PRIVATE CONTRACTOR
- 5[] SOMEONE ELSE (SPECIFY): -- ASK Q. 77 IF BOX "1" OR "2" IS NOT MARKED

TAKE BACK EXHIBIT 76

IF ELECTRIC, GAS, FUEL OIL, OR LPG COMPANY REPRESENTATIVE NOT MENTIONED ON Q. 76 OR "NO" ON Q. 74, ASK:

77. If you request it, will your electric company or heating fuel supplier send a professional to inspect your house and advise you on ways to save energy?

- 1[] YES, THEY WILL 517
- 0[] NO, THEY WON'T
- 6[] DON'T KNOW SKIP TO INSTRUCTION FOR Q. 81

IF "YES," ASK:

78. Do you now have any plans to request this service from your electric company or heating fuel supplier?

- 1[] YES -- SKIP TO INSTRUCTION FOR Q. 81
- 0[] NO 518

IF "NO," ASK:

79. Is there some reason you have for not requesting this service?

- 1[] YES 519
- 0[] NO -- SKIP TO INSTRUCTION FOR Q. 81

IF "YES," ASK:

80. What is your reason?

IF ONE-FAMILY HOUSE, ASK Q. 81 ff. IF TRAILER, SKIP TO Q. 86. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 98.

HAND RESPONDENT EXHIBIT 81

81. Please look at this list and tell me which items, if any, have been added or installed in your home since January 1, 1979. (SEE INSTRUCTION BELOW.)

<p>a. Roof or ceiling insulation</p> <p>1[] YES 520</p> <p>0[] NO</p> <p>2[] IN PROCESS</p>	<p>521-524</p> <p>MONTH: _____</p> <p>YEAR: 19____</p> <p>{} IN PROCESS</p>	<p>525</p> <p>1[] BATT/BLANKET</p> <p>2[] LOOSE PARTICLES/ LOOSE FILL</p> <p>3[] FIRM FOAM/FIRM PLASTIC</p> <p>4[] SPRAYED-IN URETHANE FOAM</p> <p>6[] DON'T KNOW</p>	<p>526</p> <p>1[] LABOR AND MATERIALS</p> <p>2[] MATERIALS ONLY</p> <p>5[] OTHER (SPECIFY): _____</p>	<p>527-529</p> <p>APPROXIMATE COST: \$ _____ .00</p> <p>{} DON'T KNOW</p>
<p>b. Insulation in the outside walls</p> <p>1[] YES 530</p> <p>0[] NO</p> <p>2[] IN PROCESS</p>	<p>531-534</p> <p>MONTH: _____</p> <p>YEAR: 19____</p> <p>{} IN PROCESS</p>	<p>535</p> <p>1[] BATT/BLANKET</p> <p>2[] LOOSE PARTICLES/ LOOSE FILL</p> <p>3[] FIRM FOAM/FIRM PLASTIC</p> <p>4[] SPRAYED-IN URETHANE FOAM</p> <p>6[] DON'T KNOW</p>	<p>536</p> <p>1[] LABOR AND MATERIALS</p> <p>2[] MATERIALS ONLY</p> <p>5[] OTHER (SPECIFY): _____</p>	<p>537-539</p> <p>APPROXIMATE COST: \$ _____ .00</p> <p>{} DON'T KNOW</p>
<p>c. Insulation in the basement or crawl space below floor of house</p> <p>1[] YES 540</p> <p>0[] NO</p> <p>2[] IN PROCESS</p>	<p>541-544</p> <p>MONTH: _____</p> <p>YEAR: 19____</p> <p>{} IN PROCESS</p>	<p>545</p> <p>1[] BATT/BLANKET</p> <p>2[] LOOSE PARTICLES/ LOOSE FILL</p> <p>3[] FIRM FOAM/FIRM PLASTIC</p> <p>4[] SPRAYED-IN URETHANE FOAM</p> <p>6[] DON'T KNOW</p>	<p>546</p> <p>1[] LABOR AND MATERIALS</p> <p>2[] MATERIALS ONLY</p> <p>5[] OTHER (SPECIFY): _____</p>	<p>547-549</p> <p>APPROXIMATE COST: \$ _____ .00</p> <p>{} DON'T KNOW</p>

TAKE BACK EXHIBIT 81

FOR EACH "YES" OR "IN PROCESS" ANSWER, ASK:

82. In what month and year was the work completed? (SEE INSTRUCTIONS BELOW.) _____

HAND RESPONDENT EXHIBIT 83

83. What type of insulation is it? (SEE INSTRUCTION BELOW.) _____

TAKE BACK EXHIBIT 83

84. (Did you pay/Are you paying) for labor and materials, only for materials, or what? _____

85. Approximately what (did/will) the job cost? _____

INTERVIEWER INSTRUCTIONS:

- Q. 81 -- Mark "Yes," "No," or "In Process," for each item. Count as "In Process" any work started but not yet completed. Do not count changes made before this household moved in.
- Q. 82 -- If household has done item more than once, write down the most recent date.
- Q. 83 -- If more than one type of insulation, mark one used most.

IF ONE-FAMILY HOUSE OR TRAILER, ASK Q. 86 ff. OTHERWISE SKIP TO Q. 98.

86. Since January 1, 1979, has a heat pump or wood burning stove been installed in your home?
(SEE INSTRUCTION BELOW.)

a. Heat pump 550 1[] YES 0[] NO 2[] IN PROCESS	551-554 MONTH: _____ YEAR: 19_____ [] IN PROCESS	1[] LABOR AND MATERIALS 555 2[] MATERIALS ONLY 5[] OTHER (SPECIFY): _____	556-559 APPROXIMATE COST: \$ _____ .00 [] DON'T KNOW
b. Wood-burning stove 560 1[] YES 0[] NO 2[] IN PROCESS	561-564 MONTH: _____ YEAR: 19_____ [] IN PROCESS	1[] LABOR AND MATERIALS 565 2[] MATERIALS ONLY 5[] OTHER (SPECIFY): _____	566-569 APPROXIMATE COST: \$ _____ .00 [] DON'T KNOW

FOR EACH "YES" OR "IN PROCESS"
ANSWER, ASK:

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

88. (Did you pay/Are you paying) for labor and materials
or only for materials? _____

89. Approximately what (did/will) the job cost? _____

INTERVIEWER INSTRUCTIONS:

Q. 86 -- Mark "Yes," "No," or "In Process" for each item. Count as "In Process" any work started but not yet completed. Do not count any changes made before this household moved in.

Q. 87 -- If household has done item more than once, write down most recent date.

CONTINUE IF ONE-FAMILY HOUSE OR TRAILER. OTHERWISE SKIP TO Q. 98.

HAND RESPONDENT EXHIBIT 90

90. Please look at this list and tell me which items, if any, have been added or installed in your home since January 1, 1979. (SEE INSTRUCTION BELOW.)

	<u>YES</u>	<u>NO</u>	<u>IN PROCESS</u>	<u>MONTH</u>	<u>YEAR</u>	<u>IN PROCESS</u>	
a. An automatic or clock thermostat	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	611-615
b. Adjustments to thermostat control (recalibration)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	616-620
c. An additional thermostat (zoned your home)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	621-625
d. Smaller nozzle or burner or smaller line on furnace	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	626-630
e. Flame retention head burner for furnace (fuel oil)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	631-635
f. Automatic flue door (vent damper)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	636-640
g. Electrical or mechanical furnace ignition system (spark ignition)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	641-645
h. Insulation around heating ducts	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	646-650
i. Insulation around the hot water pipes	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	651-655
j. Insulation around the hot water heater	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	656-660
k. Meter which displays the cost of energy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	661-665
l. Other energy-saving devices (Specify): _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	19____	<input type="checkbox"/>	666-670

FOR EACH "YES," ASK:

91. In what month and year was the work completed? _____
 (SEE INSTRUCTIONS BELOW.)

TAKE BACK EXHIBIT 90

INTERVIEWER INSTRUCTIONS:

Q. 90 -- Mark "Yes," "No," or "In Process" for each item. Count as "In Process" any work started but not yet completed. Do not count any changes made before this household moved in.

Q. 91 -- If household has done item more than once, write down most recent date.

CONTINUE IF ONE-FAMILY HOUSE OR TRAILER, OTHERWISE SKIP TO Q. 98.

707-708:07

92. In some communities there are programs to help some people save energy by providing and installing such things as insulation, storm windows, or storm doors at no cost to the household. Do you know of such a program in your community?
- 1[] YES 711
0[] NO -- SKIP TO Q. 95

IF "YES," ASK:

93. Have you made use of the program?
- 1[] YES 712
0[] NO -- SKIP TO Q. 95

IF "YES," ASK:

HAND RESPONDENT EXHIBIT 94

94. Which of these things have you had done, at no cost to you, through the program?
- [] ATTIC INSULATION 713
>[] INSULATION IN OUTSIDE WALLS 714
>[] INSULATION IN FLOOR AREA ABOVE UNHEATED BASEMENT OR CRAWL SPACE 715
>[] STORM DOORS ADDED 716
>[] STORM WINDOWS ADDED 717
>[] OTHER (SPECIFY): _____ 718

TAKE BACK EXHIBIT 94

95. Do you have your own swimming pool?
- 1[] YES 719
0[] NO -- SKIP TO Q. 98

IF "YES," ASK:

96. Do you use a pool heater?
- 1[] YES 720
0[] NO -- SKIP TO Q. 98

IF "YES," ASK:

97. What fuel is used with the heater?
- 01[] GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
02[] GAS, LPG (BOTTLED OR TANK GAS)
03[] FUEL OIL
04[] KEROSENE OR COAL OIL 721-722
05[] ELECTRICITY 722
06[] COAL OR COKE
07[] WOOD
08[] SOLAR COLLECTORS
21[] OTHER (SPECIFY): _____

98. Do you have a refrigerator in your home that is presently in use?

- 1 YES
- 0 NO -- SKIP TO Q. 102

723

IF "YES," ASK:

99. Do you have one refrigerator or more than one that is presently in use? (How many altogether?)

- 1 ONE
- 2 TWO
- 3 THREE OR MORE

724

ASK ABOUT EACH REFRIGERATOR -- FIRST ASK ABOUT REFRIGERATOR USED MOST:

100. Is it electric or gas?

REFRIGERATOR #1		REFRIGERATOR #2	
1 <input type="checkbox"/>	ELECTRIC	1 <input type="checkbox"/>	ELECTRIC
2 <input type="checkbox"/>	GAS 725	2 <input type="checkbox"/>	GAS 727
1 <input type="checkbox"/>	726	1 <input type="checkbox"/>	728
2 <input type="checkbox"/>		2 <input type="checkbox"/>	
3 <input type="checkbox"/>		3 <input type="checkbox"/>	
4 <input type="checkbox"/>		4 <input type="checkbox"/>	

HAND RESPONDENT EXHIBIT 101

101. Which of these best describes your refrigerator? (MARK ALL THAT APPLY.)

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

TAKE BACK EXHIBIT 101

102. Do you have a home freezer (that is separate from the refrigerator) that is presently in use?

- 1 YES
- 0 NO -- SKIP TO Q. 106

729

IF "YES," ASK:

103. Do you have one freezer or more than one that is presently in use? (How many altogether?)

- 1 ONE
- 2 TWO
- 3 THREE OR MORE

730

ASK ABOUT EACH FREEZER -- ASK FIRST ABOUT FREEZER USED MOST:

104. Is it electric or gas?

FREEZER #1		FREEZER #2	
1 <input type="checkbox"/>	ELECTRIC	1 <input type="checkbox"/>	ELECTRIC
2 <input type="checkbox"/>	GAS 731	2 <input type="checkbox"/>	GAS 733
	732		734
1 <input type="checkbox"/>	FROST-FREE	1 <input type="checkbox"/>	FROST-FREE
2 <input type="checkbox"/>	MUST DEFROST	2 <input type="checkbox"/>	MUST DEFROST

105. Is it a frost-free freezer or must it be defrosted?

HAND RESPONDENT EXHIBIT 106

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

- 01[] GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
- 02[] GAS, LPG (BOTTLED OR TANK GAS)
- 03[] FUEL OIL
- 04[] KEROSENE OR COAL OIL
- 05[] ELECTRICITY
- 06[] COAL OR COKE
- 07[] WOOD
- 21[] OTHER (SPECIFY): _____
- 00[] NO COOKING DONE -- SKIP TO Q. 112

735-
736

TAKE BACK EXHIBIT 106

107. Does your household use an oven of any type, including microwave ovens, for cooking at least occasionally?

- 1[] YES
- 0[] NO -- SKIP TO Q. 112

737

IF "YES," ASK:

108. Do you have one oven or more than one oven that you presently use? (How many altogether?)

- 1[] ONE
- 2[] TWO
- 3[] THREE OR MORE

738

ASK ABOUT EACH OVEN -- ASK FIRST ABOUT OVEN USED MOST:

109. Is it electric or gas?

- ELECTRIC
- GAS

IF "ELECTRIC," ASK:

110. Is it a microwave oven?

- YES
- NO

111. Does your oven have a self-cleaning or continuous cleaning feature?

- SELF-CLEANING
- CONTINUOUS CLEANING
- NEITHER OF THESE

	OVEN #1	OVEN #2
1[]	1[]	1[]
2[]	2[]	2[]
1[]	1[]	1[]
0[]	0[]	0[]
1[]	1[]	1[]
2[]	2[]	2[]
0[]	0[]	0[]

739-
741

742-
744

HAND RESPONDENT EXHIBIT 112

112. Which of these do you use here in your (home/apartment)?

- ELECTRIC RANGE (STOVE-TOP OR BURNERS) 1[] YES 0[] NO 745
- GAS RANGE (STOVE-TOP OR BURNERS) 1[] YES 0[] NO 746
- OUTDOOR GAS GRILL 1[] YES 0[] NO 747
- AUTOMATIC CLOTHES WASHER 1[] YES 0[] NO 748
- WRINGER WASHING MACHINE (ELECTRIC) 1[] YES 0[] NO 749
- ELECTRIC DISHWASHER 1[] YES 0[] NO 750
- ELECTRIC CLOTHES DRYER 1[] YES 0[] NO 751
- GAS CLOTHES DRYER 1[] YES 0[] NO 752
- OUTDOOR GAS LIGHT 1[] YES 0[] NO 753
- ELECTRIC DEHUMIDIFIER 1[] YES 0[] NO 754
- ELECTRIC HUMIDIFIER 1[] YES 0[] NO 755
- EVAPORATIVE COOLER (SWAMP COOLER) 1[] YES 0[] NO 756

 BLACK AND WHITE TELEVISION SET [] YES [] NO 757 NUMBER:

 COLOR TELEVISION SET [] YES [] NO 758 NUMBER:

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

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

IF "YES" FOR COLOR TV SET, ASK:

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

TAKE BACK EXHIBIT 112

115. Now I have some questions about the people who live here. Please tell me who they are, just in relation to you (if they are related to you), and their ages on their last birthdays. Please begin with yourself.

807-808:08

PERSON NUMBER	RELATIONSHIP TO RESPONDENT	SEX		AGE	Q. 120 - EMPLOYMENT (AGE 14+)		
		FEMALE	MALE		FULL TIME	PART TIME	NOT EMPLOYED
1	RESPONDENT	1[]	2[]		1[]	2[]	0[]
2		1[]	2[]		1[]	2[]	0[]
3		1[]	2[]		1[]	2[]	0[]
4		1[]	2[]		1[]	2[]	0[]
5		1[]	2[]		1[]	2[]	0[]
6		1[]	2[]		1[]	2[]	0[]
7		1[]	2[]		1[]	2[]	0[]
8		1[]	2[]		1[]	2[]	0[]
9		1[]	2[]		1[]	2[]	0[]
10		1[]	2[]		1[]	2[]	0[]
11		1[]	2[]		1[]	2[]	0[]
12		1[]	2[]		1[]	2[]	0[]

811-816

821

831

841

851

861

871

907-908:09

911

921

931

941

951

I have listed (READ RELATIONSHIPS FROM Q. 115 ABOVE). Have I missed.....

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

961-962

FOR EACH PERSON AGED 14 YEARS OR OLDER, ASK:

- 120. Is he/she employed full-time (30 hours or more per week), part-time, or not employed?
- 121. Does another family share your home with you? 1[] YES -- SEE INSTRUCTION BELOW
0[] NO

963

INTERVIEWER INSTRUCTIONS:

Q. 118 -- Persons who are normally members of the household but who are now living away from home (e.g., college students or members of the Armed Forces) should not be listed.

Q. 121 -- If another family shares the same housing unit, members should be listed in household composition table above.

If another family has a separate apartment that is defined by our rules as a separate housing unit, the additional housing unit should be listed on your housing unit address list for this location. See sampling instructions to see whether an additional interview should be completed.

INTERVIEWER: MARK ANSWER. ASK, IF NECESSARY.

RESPONDENT'S
MARITAL STATUS

122. Are you now married, widowed, divorced, or separated, or have you never been married?

- 1 NOW MARRIED
2 WIDOWED
3 DIVORCED OR SEPARATED
4 NEVER MARRIED

964

HAND RESPONDENT EXHIBIT 123

123. Which of the groups on this exhibit best describes your origin?

- 1 WHITE
2 BLACK OR NEGRO
3 AMERICAN INDIAN, ALASKAN NATIVE
4 ASIAN, PACIFIC ISLANDER
5 OTHER (SPECIFY): _____

965

TAKE BACK EXHIBIT 123

124. Are you of Spanish origin; that is, from a Spanish-American family?

- 1 YES
0 NO

966

IF "YES," ASK:

HAND RESPONDENT EXHIBIT 125

125. Which of these types of Spanish-Americans best describes you?

- 1 MEXICAN, MEXICAN-AMERICAN, CHICANO
2 PUERTO RICAN
3 CUBAN
5 OTHER/SPANISH/HISPANIC

967

TAKE BACK EXHIBIT 125

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

NUMBER OF
DRIVERS:

NONE

968-
969

HAND RESPONDENT EXHIBIT 127

1007-1008:10

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

1[] YES

0[] NO -- TAKE BACK EXHIBIT 127, SKIP TO INSTRUCTION FOR Q. 137 1011

IF "YES," ASK:

128. How many do you have?

NUMBER OF VEHICLES:

1012-1013

129. Which type(s) do you have? (IF HOUSEHOLD HAS MORE THAN FOUR VEHICLES, MARK ANSWERS FOR THE FOUR VEHICLES USED MOST.)

- STATION WAGON
- AUTOMOBILE
- JEEP OR SIMILAR VEHICLE
- PASSENGER VAN OR MINIBUS
- CARGO VAN
- PICKUP TRUCK
- OTHER TRUCK
- MOTOR HOME
- OTHER (SPECIFY):

VEHICLE NUMBER

	1	2	3	4
	1014-1015	1029-1030	1044-1045	1059-1060
01[]		01[]	01[]	01[]
02[]		02[]	02[]	02[]
03[]		03[]	03[]	03[]
04[]		04[]	04[]	04[]
05[]		05[]	05[]	05[]
06[]		06[]	06[]	06[]
07[]		07[]	07[]	07[]
08[]		08[]	08[]	08[]
21[]		21[]	21[]	21[]
	1016-1017	1031-1032	1046-1047	1061-1062
MAKE				
	1018-1019	1033-1034	1048-1049	1063-1064
MODEL NAME				
	1020-1021	1035-1036	1050-1051	1065-1066
MODEL YEAR	19_____	19_____	19_____	19_____
	1022	1037	1052	1067
132. Is it used on the job by anyone in your household not counting going to or from work?	YES 1[]	YES 1[]	YES 1[]	YES 1[]
	NO 0[]	NO 0[]	NO 0[]	NO 0[]

TAKE BACK EXHIBIT 127

CONTINUE IF ONE OR MORE VEHICLES ON Q. 128. OTHERWISE SKIP TO INSTRUCTION FOR Q. 137.

VEHICLE NUMBER

HAND RESPONDENT EXHIBIT 133

133. What kind of fuel is used most frequently?

- UNLEADED REGULAR GASOLINE
- UNLEADED PREMIUM GASOLINE
- REGULAR GASOLINE
- PREMIUM OR HIGH TEST GASOLINE
- GASOHOL
- DIESEL
- ELECTRICITY
- OTHER (SPECIFY):

DON'T KNOW

TURN TO EXHIBIT 134

134. What type of engine does it have?

- 1-CYLINDER
- 2-CYLINDER
- 3-CYLINDER
- 4-CYLINDER
- 5-CYLINDER
- 6-CYLINDER
- 8-CYLINDER
- ROTARY
- ELECTRIC
- OTHER (SPECIFY):

DON'T KNOW

TAKE BACK EXHIBIT 134

135. Does it have air-conditioning?

YES

NO

136. Does it have an automatic transmission or a manual shift?

AUTOMATIC

MANUAL SHIFT

	1	2	3	4
	1023- 1024	1038- 1039	1053- 1054	1068- 1069
UNLEADED REGULAR GASOLINE	01[]	01[]	01[]	01[]
UNLEADED PREMIUM GASOLINE	02[]	02[]	02[]	02[]
REGULAR GASOLINE	03[]	03[]	03[]	03[]
PREMIUM OR HIGH TEST GASOLINE	04[]	04[]	04[]	04[]
GASOHOL	05[]	05[]	05[]	05[]
DIESEL	06[]	06[]	06[]	06[]
ELECTRICITY	07[]	07[]	07[]	07[]
OTHER (SPECIFY):	21[]	21[]	21[]	21[]
DON'T KNOW	96[]	96[]	96[]	96[]
	1025- 1026	1040- 1041	1055- 1056	1070- 1071
1-CYLINDER	01[]	01[]	01[]	01[]
2-CYLINDER	02[]	02[]	02[]	02[]
3-CYLINDER	03[]	03[]	03[]	03[]
4-CYLINDER	04[]	04[]	04[]	04[]
5-CYLINDER	05[]	05[]	05[]	05[]
6-CYLINDER	06[]	06[]	06[]	06[]
8-CYLINDER	08[]	08[]	08[]	08[]
ROTARY	09[]	09[]	09[]	09[]
ELECTRIC	10[]	10[]	10[]	10[]
OTHER (SPECIFY):	21[]	21[]	21[]	21[]
DON'T KNOW	96[]	96[]	96[]	96[]
	1027	1042	1057	1072
135. Does it have air-conditioning?	1[]	1[]	1[]	1[]
	0[]	0[]	0[]	0[]
	1028	1043	1058	1073
136. Does it have an automatic transmission or a manual shift?	1[]	1[]	1[]	1[]
	2[]	2[]	2[]	2[]

CHECK BACK TO Q. 120 ON PAGE 23. MARK APPROPRIATE BOXES.

IF RESPONDENT AND/OR SPOUSE (IF IN HOUSEHOLD) IS EMPLOYED, ASK Q. 137 ff. OTHERWISE SKIP TO Q. 144.

ASK ABOUT RESPONDENT FIRST, THEN SPOUSE

137. How many miles is it from your home to the place where (you work/your husband or wife works)? (IF RESPONDENT OR SPOUSE HAS NO FIXED PLACE OF WORK, CHECK "NO FIXED PLACE.")

38. How (do you/does your husband or wife) usually get to work? (IF MORE THAN ONE MODE OF TRAVEL, ASK ABOUT MODE USED FOR GREATEST DISTANCE.)

IF "AUTOMOBILE OTHER THAN TAXI" OR "TRUCK," ASK:

139. (Do you/Does your husband or wife) usually ride alone or with other people?

IF "WITH OTHERS":

140. How many other people?

141. About how long would it take (you/your husband or wife) one way to go to work if some form of public transportation were used -- from time leaving home until arriving at work?

142. How much time is usually required for (you/your husband or wife) to get to work -- from time leaving home until arriving at work?

143. About how many one-way trips are made between home and work each week? (A ROUND TRIP BETWEEN HOME AND WORK COUNTS AS TWO ONE-WAY TRIPS.)

EMPLOYED FULL/PART TIME
NOT EMPLOYED
NO SPOUSE IN HOUSEHOLD

LESS THAN 1 MILE
1-4 MILES
5-9 MILES
10-14 MILES
15-19 MILES
20-29 MILES
30 OR MORE MILES
NO FIXED PLACE OF WORK
WORK AT HOME

BUS OR STREETCAR
SUBWAY, ELEVATED
COMMUTER TRAIN
TAXI
AUTOMOBILE OTHER THAN TAXI
TRUCK
MOTORCYCLE OR MOPED
WALK OR BICYCLE
WORK AT HOME

ALONE
WITH OTHERS

NUMBER

MINUTES FOR TRIP, ONE WAY
NOT POSSIBLE TO USE
PUBLIC TRANSPORTATION

MINUTES FOR
TRIP, ONE WAY

NUMBER OF
ONE-WAY TRIPS

RESPONDENT	SPOUSE
1 []	1 []
0 []	0 []
	9 []
1111	1126
1112-1113	1127-1128
01 []	01 []
02 []	02 []
03 []	03 []
04 []	04 []
05 []	05 []
06 []	06 []
07 []	07 []
11 []	11 []
00 []	00 []
1114-1115	1129-1130
01 []	01 []
02 []	02 []
03 []	03 []
04 []	04 []
05 []	05 []
06 []	06 []
07 []	07 []
08 []	08 []
00 []	00 []
1116	1131
1 []	1 []
2 []	2 []
1117	1132
1118-1120	1133-1135
995 []	995 []
1121-1123	1136-1138
1124-1125	1139-1140

I have just a few questions for background statistical purposes.

144. What is the highest grade (or year) you attended in school?
- 00[] NEVER ATTENDED SCHOOL -- SKIP TO Q. 146
 - 01[] FIRST 07[] SEVENTH
 - 02[] SECOND 08[] EIGHTH
 - 03[] THIRD 09[] NINTH 1141-
 - 04[] FOURTH 10[] TENTH 1142
 - 05[] FIFTH 11[] ELEVENTH
 - 06[] SIXTH 12[] TWELFTH

COLLEGE (ACADEMIC YEARS)

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

145. Did you finish that grade (or year)?
- 1[] YES
 - 0[] NO 1143

146. At any time in 1979, did you work for pay at a job or business?
- 1[] YES
 - 0[] NO -- SKIP TO Q. 148 1144

IF "YES," ASK:

147. During 1979, in how many weeks did you work even for a few hours? Include paid vacation and sick leave as work.
- NUMBER OF WEEKS: 1145-1146

IF LESS THAN 50 WEEKS, OR "NO" ON Q. 146, ASK:

HAND RESPONDENT EXHIBIT 148/153

148. What was the main reason you did not work (the remaining weeks) in 1979? (READ EACH RESPONSE). Were you . . .
- 01[] LOOKING FOR WORK (OR ON LAY-OFF)
 - 02[] ILL OR DISABLED AND UNABLE TO WORK
 - 03[] TAKING CARE OF FAMILY
 - 04[] GOING TO SCHOOL
 - 05[] UNABLE TO FIND WORK 1147-1148
 - 06[] IN ARMED FORCES
 - 07[] RETIRED
 - 08[] DOING SOMETHING ELSE

TAKE BACK EXHIBIT 148/153

HAND RESPONDENT EXHIBIT 154

154. Now let's look at this list of income groups. Please tell me which group letter best describes the total combined income in 1979 of all members of your family living here, from all sources -- wages, dividends, Social Security, and so forth -- before taxes and deductions. (Family includes all related persons living in this household.)

CIRCLE LETTER FOR INCOME GROUP

01	A	LOSS	14	N	\$14,000 - \$14,999
02	B	\$0 - \$2,999	15	O	\$15,000 - \$16,999
03	C	\$3,000 - \$3,999	16	P	\$17,000 - \$19,999
04	D	\$4,000 - \$4,999	17	Q	\$20,000 - \$24,999
05	E	\$5,000 - \$5,999	18	R	\$25,000 - \$29,999
06	F	\$6,000 - \$6,999	19	S	\$30,000 - \$34,999
07	G	\$7,000 - \$7,999	20	T	\$35,000 - \$39,999
08	H	\$8,000 - \$8,999	21	U	\$40,000 - \$49,999
09	I	\$9,000 - \$9,999	22	V	\$50,000 - \$74,999
10	J	\$10,000 - \$10,999	23	W	\$75,000 OR OVER
11	K	\$11,000 - \$11,999	96	[]	DON'T KNOW
12	L	\$12,000 - \$12,999	97	[]	REFUSED
13	M	\$13,000 - \$13,999			

1157-
1158

TAKE BACK EXHIBIT 154

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

1 [] OWN (BUYING)
2 [] RENT -- SKIP TO Q. 157
3 [] OCCUPIED WITHOUT PAYMENT OF RENT -- SKIP TO Q. 157

1159

IF "OWN (BUYING)," ASK:

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

1 [] YES, CONDOMINIUM
2 [] YES, COOPERATIVE
0 [] NO


1160

HAND RESPONDENT EXHIBIT 157

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

	USED	NOT USED	PAID BY HOUSEHOLD	INCLUDED IN RENT	OTHER (SPECIFY)	
<u>ELECTRICITY</u>						
a. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1161-1162
b. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1163-1164
c. FOR AIR-CONDITIONING (CENTRAL OR WINDOW/WALL UNITS)	1[]	0[]	1[]	2[]	5[] _____	1165-1166
d. FOR COOKING	1[]	0[]	1[]	2[]	5[] _____	1167-1168
e. FOR LIGHTING AND OTHER APPLIANCES	1[]	0[]	1[]	2[]	5[] _____	1169-1170
<u>GAS FROM UNDERGROUND PIPES SERVING YOUR NEIGHBORHOOD</u>						
f. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1171-1172
g. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1173-1174
h. FOR CENTRAL AIR-CONDITIONING	1[]	0[]	1[]	2[]	5[] _____	1175-1176
i. FOR COOKING	1[]	0[]	1[]	2[]	5[] _____	1177-1178
j. FOR OTHER APPLIANCES (INCLUDE OUTSIDE GAS LIGHT HERE)	1[]	0[]	1[]	2[]	5[] _____	1179-1180
					1207-1208: 12	
<u>GAS, LPG (BOTTLED OR TANK GAS)</u>						
k. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1211-1212
l. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1213-1214
m. FOR CENTRAL AIR-CONDITIONING	1[]	0[]	1[]	2[]	5[] _____	1215-1216
n. FOR COOKING INSIDE HOME	1[]	0[]	1[]	2[]	5[] _____	1217-1218
o. FOR COOKING ON OUTDOOR GRILL	1[]	0[]	1[]	2[]	5[] _____	1219-1220
p. FOR OTHER APPLIANCES	1[]	0[]	1[]	2[]	5[] _____	1221-1222
<u>FUEL OIL OR KEROSENE</u>						
q. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1223-1224
r. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1225-1226

FOR EACH USE OF EACH FUEL, ASK:

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

TAKE BACK EXHIBIT 157

IF ONE-FAMILY HOUSE OR TRAILER AND IF UNDERGROUND GAS IS NOT USED, ASK Q. 159. OTHERWISE SKIP TO INSTRUCTION FOR Q. 160.

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

1227

IF ALL FUEL BILLS ARE INCLUDED IN RENT, SKIP TO Q. 186.

IF HOUSEHOLD USES AND PAYS FOR GAS, LPG (SEE QUESTIONS 157-158, PARTS k-p), ASK Q. 160 ff. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 163.

160. About how many deliveries of LPG does your household usually get in a year? NUMBER OF DELIVERIES: 1228-1229
- 95[] LIVED HERE LESS THAN ONE YEAR
00[] NONE DELIVERED, CASH AND CARRY, PICK UP AT STORE
161. Did you buy LPG for this house (apartment) in the past 12 months from one company or from more than one company? 1230
- 1[] ONE COMPANY
2[] MORE THAN ONE COMPANY
- IF "MORE THAN ONE COMPANY," ASK:
162. How many different companies? 1231
- 2[] TWO
3[] THREE
4[] FOUR OR MORE

IF HOUSEHOLD USES AND PAYS FOR FUEL OIL OR KEROSENE (SEE QUESTIONS 157-158, PARTS q and r), ASK Q. 163 ff. OTHERWISE SKIP TO INSTRUCTION FOR Q. 176.

163. How many tanks do you have for fuel oil or kerosene? 1232
- 1[] ONE
2[] TWO
3[] THREE OR MORE

	TANK #1	TANK #2
164. What is the capacity of the tank (each tank) in total gallons?	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> 275 GALLONS 1233- <input type="checkbox"/> 550 GALLONS 1236 <input type="checkbox"/> 1000 GALLONS <input type="checkbox"/> OTHER - (SPECIFY): _____	<input type="checkbox"/> 275 GALLONS 1246- <input type="checkbox"/> 550 GALLONS 1249 <input type="checkbox"/> 1000 GALLONS <input type="checkbox"/> OTHER - (SPECIFY): _____
165. Did you have this same tank in January 1979, or is it a replacement (or has it been added since January 1979)?	1[] SAME TANK 1237 2[] REPLACEMENT 3[] ADDITIONAL TANK	1[] SAME TANK 1250 2[] REPLACEMENT 3[] ADDITIONAL TANK
IF REPLACEMENT TANK, ASK:		
166. What was the capacity of the tank that was replaced?	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> 275 GALLONS <input type="checkbox"/> 550 GALLONS 1238-1241 <input type="checkbox"/> 1000 GALLONS <input type="checkbox"/> OTHER - (SPECIFY): _____	<input type="checkbox"/> 275 GALLONS <input type="checkbox"/> 550 GALLONS 1251-1254 <input type="checkbox"/> 1000 GALLONS <input type="checkbox"/> OTHER - (SPECIFY): _____
	1242-1245	1255-1258
167. In what month and year was it replaced?	MONTH: _____ YEAR: <u>19</u>	MONTH: _____ YEAR: <u>19</u>

CONTINUE IF HOUSEHOLD USES AND PAYS FOR FUEL OIL OR KEROSENE. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 176.

HAND RESPONDENT EXHIBIT 168

168. About how much fuel oil/kerosene does your household use in a year -- which of these groups would it be?
- 1[] LESS THAN 100 GALLONS PER YEAR
 2[] 100-499 GALLONS PER YEAR 1259
 3[] 500-999 GALLONS PER YEAR
 4[] 1000 GALLONS OR MORE

TAKE BACK EXHIBIT 168

169. About how many times a year does your household purchase fuel oil/kerosene?
- NUMBER OF DELIVERIES: 1260-1261
 95[] LIVED HERE LESS THAN 1 YEAR

170. Did you buy fuel oil for this house (apartment) in the past 12 months from one company, or from more than one company?
- 1[] ONE COMPANY 1262
 2[] MORE THAN ONE COMPANY

IF "MORE THAN ONE," ASK:

171. How many different companies?
- 2[] TWO
 3[] THREE 1263
 4[] FOUR OR MORE

172. About what did your household pay per gallon on your last delivery/purchase of fuel oil/kerosene?
- PRICE PER GALLON: 1264-1266
 [] DON'T KNOW

173. In what month and year did you have your last delivery/purchase of fuel oil/kerosene?
- MONTH: 1267-1268

YEAR: 19____ 1269-1270

174. Since the beginning of June, 1980, has your household had any problems getting fuel oil/kerosene when it was needed?
- 1[] YES
 0[] NO
 5[] HAVEN'T NEEDED ANY 1271

IF "YES," ASK:

175. Was the problem that no fuel oil/kerosene was available, or that the fuel oil/kerosene cost more than your household could afford, or was it something else? (MARK AS MANY AS APPLY.)
- 1[] NONE AVAILABLE 1272
 2[] COST MORE THAN HOUSEHOLD COULD AFFORD
 5[] OTHER (SPECIFY): _____

IF HOUSEHOLD USES AND PAYS FOR ELECTRICITY, GAS (FROM UNDERGROUND PIPES OR LPG) OR FUEL OIL/ KEROSENE IN Q. 158, ASK Q. 176 ff. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 186.

HAND RESPONDENT EXHIBIT 176

176. Do any of your household electric, gas, fuel oil or kerosene bills include charges for fuel used for purposes other than for your own living quarters, such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 1 YES 1311
 0 NO -- TAKE BACK EXHIBIT 176, SKIP TO Q. 182

IF "YES," ASK:

177. Which fuel bills include charges for fuel used for purposes other than your own living quarters? (CHECK AS MANY AS APPLY.)
- ELECTRICITY 1312
 GAS FROM UNDERGROUND PIPES 1313
 GAS, LPG (BOTTLED OR TANK GAS) 1314
 FUEL OIL OR KEROSENE 1315

TURN TO EXHIBIT 178-181

IF "ELECTRICITY" ON Q. 177, ASK:

178. About how much of your household's electricity bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1316
 3 3/4 (67 - 95%)

IF "GAS FROM UNDERGROUND PIPES" ON Q. 177, ASK:

179. About how much of your household's gas bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1317
 3 3/4 (67 - 95%)

IF "GAS, LPG" ON Q. 177, ASK:

180. About how much of your household's LPG bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1318
 3 3/4 (67 - 95%)

IF "FUEL OIL OR KEROSENE" ON Q. 177, ASK:

181. About how much of your household's fuel oil/kerosene bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
 1 1/4 (5 - 33%)
 2 1/2 (34 - 66%) 1319
 3 3/4 (67 - 95%)

TAKE BACK EXHIBIT 178-181

CONTINUE IF ANY ELECTRIC, GAS (FROM UNDERGROUND PIPES OR LPG) OR FUEL OIL OR KEROSENE BILLS ARE PAID BY HOUSEHOLD. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 186.

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

I have a form that would authorize the companies that supply your household to provide that information to Response Analysis Corporation.

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

INTERVIEWER: REMOVE THE AUTHORIZATION FORM FROM THE QUESTIONNAIRE AND HAND TO RESPONDENT. EITHER YOU OR RESPONDENT SHOULD FILL IN THE NAME(S) OF COMPANIES. IF MORE THAN ONE LPG OR FUEL OIL OR KEROSENE COMPANY HAS BEEN USED SINCE JANUARY 1, 1980, FILL IN ADDITIONAL COMPANY NAMES ON OTHER SIDE OF FORM. PLEASE PRINT.

1 AUTHORIZATION FORM SIGNED

1320

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

IF AUTHORIZATION FORM IS SIGNED, ASK Q. 183 ff. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 186.

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

1 SAME AS LAST NAME -- SKIP TO INSTRUCTION FOR Q. 185

2 ANOTHER NAME

1321

IF BILL IS IN ANOTHER NAME, ASK:

184. What is that name and address?

BILLING NAME: _____

STREET ADDRESS: _____

CITY OR STATE: _____

ZIP CODE: _____

IF HOUSEHOLD'S ADDRESS IS A P.O. BOX OR RURAL ROUTE OR OTHER VAGUE ADDRESS AND IF HOUSEHOLD PAYS FOR ELECTRICITY OR GAS FROM UNDERGROUND PIPES AND IF HOUSEHOLD SIGNED THE AUTHORIZATION FORM, ASK Q. 185. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 186.

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

ELECTRIC COMPANY -- CUSTOMER NUMBER: _____

1322

NOT AVAILABLE/REFUSED

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

1323

NOT AVAILABLE/REFUSED

--	--



U.S. DEPARTMENT OF ENERGY SURVEY

**Authorization Form for
Residential Energy Consumption Survey**

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

This authorization covers use of fuels (electricity, natural gas or LPG, fuel oil or kerosene) by my household from January 1, 1980 through April 30, 1982, including:

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

Companies are authorized to provide this information by monthly periods or by delivery date, whichever applies.

A photocopy of this authorization may be accepted with the same authority as the original.

Signature: _____

Date: _____

PLEASE PRINT



YOUR NAME		
ADDRESS	APT. NO.	
CITY OR POST OFFICE	STATE	ZIP CODE
TELEPHONE		
AREA CODE: _____	NUMBER: _____	

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

ELECTRICITY →

PRINT FULL NAME OF ELECTRIC COMPANY	
LOCATION OF COMPANY (IF KNOWN) – CITY AND STATE	
TELEPHONE	
AREA CODE: _____	NUMBER: _____

GAS →

from underground pipes
or LPG (bottled or tank gas)

PRINT FULL NAME OF GAS COMPANY	
LOCATION OF COMPANY (IF KNOWN) – CITY AND STATE	
TELEPHONE	
AREA CODE: _____	NUMBER: _____

FUEL OIL →

or KEROSENE

PRINT FULL NAME OF OIL COMPANY	
LOCATION OF COMPANY (IF KNOWN) – CITY AND STATE	
TELEPHONE	
AREA CODE: _____	NUMBER: _____

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

GAS →
LPG (bottled
or tank gas)

SECOND GAS COMPANY

<i>PRINT FULL NAME OF GAS COMPANY</i>
<i>LOCATION OF COMPANY (IF KNOWN) – CITY AND STATE</i>
<i>TELEPHONE</i> <i>AREA CODE: _____ NUMBER: _____</i>

THIRD GAS COMPANY

<i>PRINT FULL NAME OF GAS COMPANY</i>
<i>LOCATION OF COMPANY (IF KNOWN) – CITY AND STATE</i>
<i>TELEPHONE</i> <i>AREA CODE: _____ NUMBER: _____</i>

FUEL OIL →
or KEROSENE

SECOND FUEL OIL/KEROSENE COMPANY

<i>PRINT FULL NAME OF OIL COMPANY</i>
<i>LOCATION OF COMPANY (IF KNOWN) – CITY AND STATE</i>
<i>TELEPHONE</i> <i>AREA CODE: _____ NUMBER: _____</i>

THIRD FUEL OIL/KEROSENE COMPANY

<i>PRINT FULL NAME OF OIL COMPANY</i>
<i>LOCATION OF COMPANY (IF KNOWN) – CITY AND STATE</i>
<i>TELEPHONE</i> <i>AREA CODE: _____ NUMBER: _____</i>

IF HOUSEHOLD HAS ONE OR MORE FUELS INCLUDED IN RENT (SEE Q. 158), ASK Q. 186. OTHERWISE, SKIP TO Q. 187.

186. We may be needing some additional information about fuels used in this building (house):
May I have the name of the person or company to whom you pay rent?

NAME: _____

1324

TELEPHONE NUMBER: (AREA CODE: _____) _____

STREET ADDRESS: _____

CITY OR TOWN/STATE/ZIP CODE: _____

ASK EVERYONE

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

RESPONDENT'S NAME: _____

TELEPHONE NUMBER: (AREA CODE _____) _____

STREET ADDRESS: _____

CITY OR TOWN/STATE/ZIP CODE: _____

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

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

INCLUDE ONLY THE PART OF THE HOUSE THAT IS ENCLOSED FROM THE WEATHER. ASK THE RESPONDENT ABOUT ANY PECULIARITIES IN SHAPE THAT THE HOME MAY HAVE.

INDICATE WHETHER THE MEASUREMENT IS DONE INSIDE OR OUTSIDE THE HOME.

- 1[] INSIDE 1325
- 2[] OUTSIDE

189. Are any of the areas measured not heated during most of the heating season?

- 1[] YES -- INDICATE UNHEATED AREA(S) ON THE DIAGRAM WITH LINES LIKE THIS (/////). 1326
- 0[] NO

INTERVIEWER INSTRUCTIONS:

● MARK TYPE OF HOUSING UNIT

- 1[] MOBILE HOME OR TRAILER
- 2[] ONE-FAMILY HOUSE

- STYLE:
- 1[] ONE STORY
 - 2[] TWO STORY 1327-1328
 - 3[] THREE STORY
 - 4[] SPLIT LEVEL
 - 5[] OTHER (SPECIFY): _____

OFFICE USE ONLY		
B		
1		
2		
3		

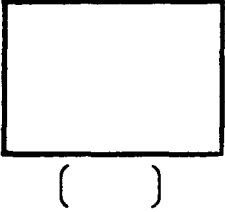
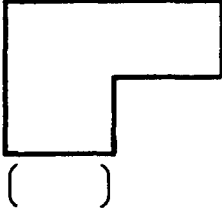
1329-1333
1334-1338
1339-1343
1344-1348

- 3[] APARTMENT BUILDING OR OTHER STRUCTURE WITH TWO OR MORE UNITS

● Note measurement problems, if any, on page 42. Use bottom of page 42 if additional space is needed for sketch or detailed measurements.

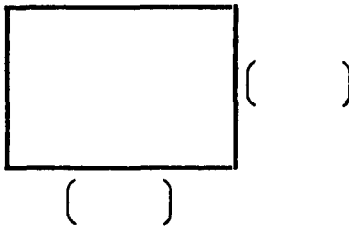
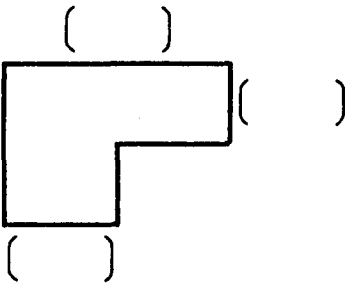
RECORD MEASUREMENTS ON DIAGRAM TO NEAREST FOOT

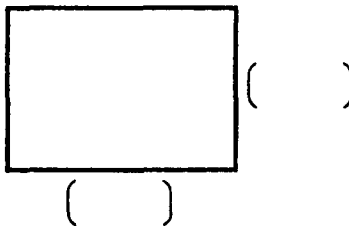
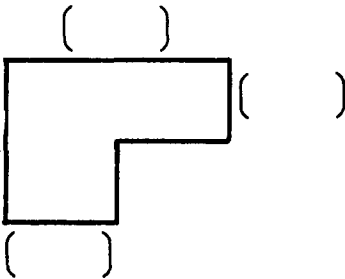
RECTANGULAR SHAPE OR L-SHAPE OR DIAGRAM OTHER SHAPES

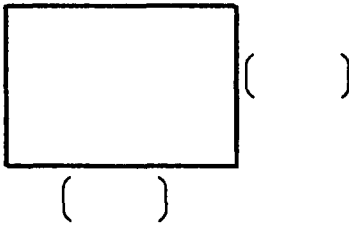
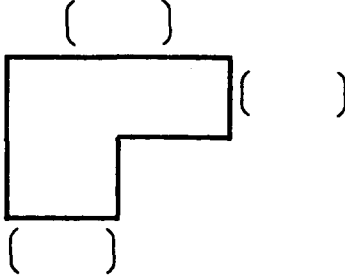
Basement		
1[] Full 2[] Half basement		
		

RECORD MEASUREMENTS ON DIAGRAM TO NEAREST FOOT

RECTANGULAR SHAPE OR L-SHAPE OR DIAGRAM OTHER SHAPES

First story		
1[] Full story 2[] Half story		
		

Second story		
1[] Full story 2[] Half story		
		

Third story		
1[] Full story 2[] Half story		
		

INTERVIEWER REPORT ON MEASUREMENT OF YEAR-ROUND LIVING SPACE

A. What problems, if any, did you have in measuring this house/apartment?

1349-
1350

B. What effect, if any, did these problems have on the accuracy of your measurement?

CONTINUE IF ONE OR MORE VEHICLES LISTED IN Q. 128. OTHERWISE, MAKE ENTRIES IN INTERVIEWER OBSERVATION BOX AND AT BOTTOM OF PAGE TO COMPLETE INTERVIEW.

1[] ONE OR MORE VEHICLES LISTED IN Q. 128 -- ASK Q. 190

1411

0[] NO VEHICLES LISTED IN Q. 128 -- MAKE ENTRIES AT BOTTOM OF PAGE TO COMPLETE INTERVIEW

V E H I C L E N U M B E R

	1	2	3	4
VEHICLE MAKE (FROM Q. 130)				
MODEL YEAR (FROM Q. 131)	19 _____	19 _____	19 _____	19 _____
ODOMETER READING				
VEHICLE NOT AT HOME	[]	[]	[]	[]
ESTIMATED MILES DRIVEN				

1412-1417 1419-1424 1426-1431 1433-1438

1418 1425 1432 1439

190. Earlier you mentioned that your household has _____ vehicle(s). Could we look at the odometer(s) now to see how many miles the (vehicle has/vehicles have) been driven?

IF ONE OR MORE VEHICLES IS NOT AVAILABLE, ASK:

191. Just approximately, how many miles has (each one) been driven since it was manufactured?

INTERVIEWER OBSERVATION:

192. COLOR OF EXTERIOR OF HOME OR BUILDING:

1440

1[] LIGHT 2[] MEDIUM 3[] DARK 5[] OTHER (SPECIFY): _____

193. IS ROOF SLANTED (PITCHED) OR FLAT?

1[] SLANTED (PITCHED) -- MARK COLOR 2[] FLAT 1441

ROOF COLOR: 1[] LIGHT 2[] MEDIUM 3[] DARK 1442

5[] OTHER (SPECIFY): _____

194. FOR HOUSING UNITS IN BUILDINGS WITH 2 OR MORE UNITS -- SAMPLE UNIT IS LOCATED ON:

1[] BASEMENT LEVEL 2[] FIRST FLOOR 3[] SECOND FLOOR OR HIGHER 1443

5[] OTHER (SPECIFY): _____

Thank you very much for your help.

TIME INTERVIEW COMPLETED: _____ LENGTH OF INTERVIEW: _____ MINUTES

1444-
1446

INTERVIEWER'S SIGNATURE: _____ DATE: _____

1447-
1450

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