



# U.S. Department of Energy Energy Information Administration

## 2005 Residential Energy Consumption Survey Household Questionnaire

### INTRODUCTION TO INTERVIEW

Hello, I am \_\_\_\_\_ from the National Opinion Research Center at the University of Chicago, a social science research organization. We are conducting a study for the U.S. Department of Energy about energy consumption in homes.

Although your participation is voluntary, we hope you will participate in this important study of energy usage. Your identity and all the responses you give me will be kept strictly confidential and data will be used for statistical purposes only. We estimate the reporting burden (the time it will take to complete this survey) for this collection of information to average 45 minutes per response.

Any comments you may have regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be sent to the Energy Information Administration, Statistics and Methods Group, EI-70, 1000 Independence Ave., SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## TABLE OF CONTENTS

Section CIR: CASE IDENTIFICATION RECORD.....	3
Section A: HOUSING UNIT CHARACTERISTICS .....	5
Section B: KITCHEN APPLIANCES .....	13
Section C: OTHER APPLIANCES .....	22
Section D: SPACE HEATING .....	33
Section E: WATER HEATING .....	39
Section F: AIR CONDITIONING .....	41
Section G: MISCELLANEOUS .....	45
Section H: FUELS USED.....	48
Section I: FUEL BILLS.....	54
Section J: HOUSEHOLD CHARACTERISTICS .....	65
Section K: ENERGY ASSISTANCE .....	70
Section L: HOUSING UNIT MEASUREMENTS .....	73
Section M: SCANNING OF FUEL BILLS.....	79
Authorization Form.....	81

## Section CIR: CASE IDENTIFICATION RECORD

CIR-1 FIID1 **INTERVIEWER INSTRUCTION: ENTER YOUR FIELD INTERVIEWER IDENTIFICATION NUMBER.**

Enter the Field Interviewer ID Number ...

CIR-2 SAMPLEID **INTERVIEWER INSTRUCTION: ENTER THE RECS SAMPLE IDENTIFICATION NUMBER FOR THIS HOUSING UNIT.**

Enter the Sample ID Number.....

CIR-3 STATEID **INTERVIEWER INSTRUCTION: ENTER THE STATE IDENTIFICATION NUMBER FOR THIS HOUSING UNIT.**

Enter the State ID Number .....

CIR-4 LIHEAPSTATUS **INTERVIEWER INSTRUCTION: ENTER THE LIHEAP RECIPIENT STATUS FOR THIS HOUSING UNIT.**

Household receives LIHEAP ..... 1  
Household does not receive LIHEAP ..... 2

CIR-5 TYPEHUQ **INTERVIEWER INSTRUCTION: RECORD THE TYPE OF HOUSING UNIT AS YOU RECORDED IT IN YOUR HOUSING UNIT NOTES ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET FOR THIS CASE.**

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

CIR-6a [If TYPEHUQ=5] NUMFLRS **INTERVIEWER INSTRUCTION: RECORD THE NUMBER OF FLOORS IN THIS APARTMENT BUILDING AS YOU RECORDED IT IN YOUR HOUSING UNIT NOTES ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET FOR THIS CASE.**

Enter the number of floors .....

CIR-6b [If TYPEHUQ=5] NUMAPTS **INTERVIEWER INSTRUCTION: RECORD THE NUMBER OF APARTMENTS IN THIS BUILDING AS YOU RECORDED IT IN YOUR HOUSING UNIT NOTES ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET FOR THIS CASE.**

Enter the number of units .....

CIR-7 WALLTYPE INTERVIEWER INSTRUCTION: RECORD THE MAJOR OUTSIDE WALL CONSTRUCTION MATERIAL FOR THIS HOUSING UNIT ON PAGE 6 OF THE HOUSING UNIT NOTES/MEASUREMENT BOOKLET FOR THIS CASE. IF TWO OR MORE MATERIALS ARE USED, RECORD ONLY THE ONE MOST USED.

- Brick..... 01
- Wood ..... 02
- Siding (Aluminum, vinyl, or steel) ..... 03
- Stucco..... 04
- Composition (Shingle) ..... 05
- Stone ..... 06
- Concrete or concrete block..... 07
- Glass..... 08
- Other (Specify \_\_\_\_\_)..... 09
- Indescribable ..... 10

CIR-8 CONFIRM Before we begin, I would like to confirm that I am at the correct address. Do you live at [ENTER THE ADDRESS, CITY, STATE, AND ZIP CODE FROM THE CASE MANAGEMENT SYSTEM]?

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

→ INTERVIEWER INSTRUCTION: THIS IS NOT THE HOUSING UNIT YOU ARE SUPPOSED TO BE INTERVIEWING. EXCUSE YOURSELF AND TERMINATE THE INTERVIEW.

## Section A: HOUSING UNIT CHARACTERISTICS

A-1 CNFRMHUQ **First, I want to ask you some questions about the type of house or building you live in. My observation is that this residence is a [NAME THE TYPE OF HOUSING UNIT AS RECORDED IN CIR-3]. Do you agree with my observation?**

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

A-1a [If CNFRMHUQ=No] ALTHUQ **Which of the following types of housing units would you say best describes what kind of housing unit this is? 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-1a1 REVHUQ **INTERVIEWER INSTRUCTION: IF YOU AGREE WITH THE HOUSEHOLD'S 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 HURS Definition" BELOW AND TELL THE HOUSEHOLDER THAT: Using the definitions given to me by the Department of Energy, they would describe this housing unit as a [ENTER THE TYPEHUQ HERE]. But I have recorded that you have described this housing unit as a [ENTER THE ALTHUQ HERE] and will describe it as you have.**

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

A-2 [If TYPEHUQ=4] CONVERSION **First, I have a few questions about the structure in which you live which, using Department of Energy definitions, is an apartment building with 2-4 units. 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-2a [If CONVERSION=2] ORIG1FAM **Was this structure originally built as a single-family house?**

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

A-2a1 [If ORIG1FAM=Yes] LOOKLIKE **Would you say that the part of this structure where you live is more like what is commonly thought of as a single-family house, or would you say it is more like what is commonly thought of as an apartment?**

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

A-3 [((If TYPEHUQ=4 and (CONVERSION=2 or ORIG1FAM=No or LOOKLIKE=2) ) or TYPEHUQ= 5] STUDIO **Is your apartment a one-room efficiency or studio apartment?**

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

A-4 [If (TYPEHUQ=4 and LOOKLIKE=2) or TYPEHUQ=5] and STUDIO=0] ONEFLRAPT **Most apartments have all the living space on a single level. Is the living space of your entire apartment on a single level?**

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

A-4a [If ONEFLRAPT=No] NAPTFLRS **How many levels does your apartment have?**

Enter the number of levels here.....

A-5 [(If TYPEHUQ=2 or 3) (or TYPEHUQ=4 and LOOKLIKE=1) ] STORIES **How many stories does your home have? Does it have one, two, three, or four or more stories, or is it a split-level or some other type of building? Do not include basement and attics.**

One story ..... 10  
Two stories ..... 20  
Three stories ..... 31  
Four or more stories ..... 32  
Split-level ..... 40  
Some other type (Specify \_\_\_\_\_) ..... 50

A-6 [If TYPEHUQ=1] 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-7 **BEDROOMS** [If STUDIO=0 or 9] **How many bedrooms do you have in your home? [If TYPEHUQ=2, 3, or 4, add: Include in your count bedrooms in *finished* attics or *finished* basements.]**

Enter the number .....

A-8 **OTHRROOMS** [If STUDIO=0 or 9] **Other than bedrooms and bathrooms, how many other rooms are there in your home? Do not count [If TYPEHUQ=2, 3, or 4, add: any rooms in *unfinished* basements or attics,] laundry rooms, foyers, unfinished storage spaces, porches, or garages.**

Enter the number .....

A-9 **NCOMBATH** **How many full bathrooms do you have in your home? A full bathroom is one that has a sink with running water, *and* a toilet, *and* either a bathtub or shower.**

Enter the number .....

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

Enter the number .....

A-10a **POTTYAGE INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. Thinking about the age of the [If NCOMBATH+NHAFBATH>1 the most frequently used] toilet in your home, about how old is this toilet?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older..... 05
- As old as the home (if volunteered) ..... 06

A-10b **POTTYLEAK Does the [If NCOMBATH+NHAFBATH>1 most frequently used] toilet in your home currently leak? That is, does the tank sometimes refill with water because too much water has leaked into the bowl, or does the toilet sometimes flush on its own?**

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

A-10c **POTTYPARTS Have any of the parts inside the tank [If NCOMBATH+NHAFBATH>1 of the most frequently used toilet] ever been replaced because of leakage from the tank into the bowl, or because the toilet sometimes flushed on its own?**

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

A-10c1 [IF POTTYAGE=01] **POTTYFIX1 Thinking about the [If NCOMBATH+NHAFBATH>1 most frequently used] toilet in your home, when was the last time any of the parts inside the tank were replaced because of leakage from the tank into the bowl, or because the toilet sometimes flushed on its own? Was it . . .**

- Within the past year or.....1
- Between 1 and 2 years ago? .....2

A-10c2 [IF POTTYAGE=02] **POTTYFIX2 Thinking about the [If NCOMBATH+NHAFBATH>1 most frequently used] toilet in your home, when was the last time any of the parts inside the tank were replaced because of leakage from the tank into the bowl, or because the toilet sometimes flushed on its own? Was it . . .**

- Within the past year, .....1
- Between 1 and 2 years ago, or.....2
- Between 2 and 4 years ago? .....3

A-10c3 [IF POTTYAGE=03] **POTTYFIX3 Thinking about the [If NCOMBATH+NHAFBATH>1 most frequently used] toilet in your home, when was the last time any of the parts inside the tank were replaced because of leakage from the tank into the bowl, or because the toilet sometimes flushed on its own? Was it . . .**

- Within the past year, .....1
- Between 1 and 2 years ago, .....2
- Between 2 and 4 years ago, or.....3
- Between 4 and 10 years ago? .....4

A-10c4 [IF POTTAYAGE>03] POTTYFIX4 **Thinking about the [If NCOMBATH+NHAFBATH>1 most frequently used] toilet in your home, when was the last time any of the parts inside the tank were replaced because of leakage from the tank into the bowl, or because the toilet sometimes flushed on its own? Was it . . .**

- Within the past year, .....1
- Between 1 and 2 years ago, .....2
- Between 2 and 4 years ago, .....3
- Between 4 and 10 years ago, or .....4
- 10 or more years ago? .....5

A-11 [If TYPEHUQ=2, 3, or 4] **Now think about the foundation of your home. Most homes are built over a basement or a crawl space, or on a concrete slab, or some combination of these. Is any part of your home over a . . . (Mark all that apply.)**

		<u>Yes</u>	<u>No</u>
CELLAR	<b>Basement,</b> .....	1.....	0.....
CRAWL	<b>Crawl Space, or</b> .....	1.....	0.....
CONCRETE	<b>Concrete slab?</b> .....	1.....	0.....

A-11a [If CELLAR=Yes] BASEFIN **Is any part of the basement finished? That is, does it have finishing materials on the floor, ceiling, and walls?**

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

A-11a1 [If BASEFIN=Yes] FINBASERMS **How many finished rooms are there in your basement?**

Enter the number .....

A-11b [If CELLAR=Yes] BASEHEAT **About how much of the basement would you say is heated during the winter months? Is it . . .**

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

A-11b1 [If BASEHEAT=Part] PCTBSTHT **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT.** Please look at Card 2. **What portion of the basement would you say is heated during the winter months?**

- 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

A-11c [If CELLAR=Yes] BASECOOL **About how much of the basement would you say is air-conditioned during the summer months? Is it . . .**

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



A-11c1 [If BASECOOL=Part] PCTBSTCL **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. What portion of the basement would you say is air-conditioned during the summer months?**

- 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

A-11d [If CELLAR=Yes and TYPEHUQ=4] 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-12 [If TYPEHUQ=2 or 3= or 4] ATTIC **Does this home have an attic? That is, a floor or an area directly below the roof that is accessible by stairs and in which you can stand and easily move about.**

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

A-12a [If ATTIC=Yes] 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-12a1 [If ATTICFIN=Yes] FINATTRMS **How many finished rooms are there in your attic?**

Enter the number .....

A-12b [If ATTIC=Yes] ATTICHEAT **About how much of the attic would you say is heated during the winter months? Is it . . .**

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

A-12b1 [If ATTICHEAT=Part] PCTATTHT **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. What portion of the attic would you say is heated during the winter months?**

- 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

A-12c [If ATTIC=Yes] ATTCCOOL **About how much of the attic would you say is air-conditioned during the summer months? Is it . . .**

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

A-12c1 [If ATTCCOOL=Part] PCTATTCL **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. What portion of the attic would you say is air-conditioned during the summer months?**

- 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

A-12d [If ATTIC=Yes and TYPEHUQ=4] 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-13 PRKGPLC1 [If TYPEHUQ=1 or 2 or 3] **Does your home have a garage that is attached to or part of your home?**

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

A-13a [If PRKGPLC1=Yes] GARAGE1C GARAGE2C GARAGE3C **What is the size of that garage? Is it a . . .**

- One-car garage,** ..... 1
- Two-car garage, or**..... 2
- Three-or-more-car garage?**..... 3

A-13a1 GARGLOC **Is the garage attached to or part of the [If CELLAR=Yes basement,] first floor, or some other floor of the home?**

- Basement..... 1
- First floor..... 2
- Some other floor ..... 3

A-13a2 GARGHEAT **Is the garage heated during the winter months?**

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

A-13a3 GARGCOOL **Is the garage air-conditioned during the summer months?**

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

A-13b [If PRKGPLC1=No] PRKGPLC2 **Does your home have a detached garage or covered carport?**

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

A-13b1 [If PRKGPLC2=Yes] DGARG1C DGARG2C DGARG3C CARPORT **Which does your home have? Is it a . . . (Mark all that apply)**

- One-car garage,** ..... 1
- Two-car garage,**..... 2
- Three-or-more-car garage, or** ..... 3
- Carport?**..... 4

A-14 **KOWNRENT** Do you or members of your household own this home or do you rent?

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

A-14a [If KOWNRENT=2 or 3] HUPROJ Is this residence in a public housing project—that is, is it owned by a housing authority?

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

A-14a1 [If HUPROJ=No] RENTHELP Is your household paying lower rent because the federal, state, or local government is paying part of the cost?

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

A-15 **KOWNCOND** Is this home part of a condominium or cooperative?

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

A-15a [If KOWNCOND=Yes] CONDCOOP Which is it, a condominium or a cooperative?

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

A-16 **YEARMADE** **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 3 IN FRONT OF THE RESPONDENT.**  
Please look at Card 3. In what year was this structure built? Your best estimate is fine.

- |                     |                 |
|---------------------|-----------------|
| BEFORE 1940..... 01 | 1990-94 .....08 |
| 1940-49..... 02     | 1995-99 .....09 |
| 1950-59..... 03     | 2000-02 .....10 |
| 1960-69..... 04     | 2003.....11     |
| 1970-79..... 05     | 2004.....12     |
| 1980-84..... 06     | 2005.....13     |
| 1985-89..... 07     |                 |

A-16a [If YEARMADE<11] OCCUPY Did your household move into this home or apartment after December 2002?

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

A-16a1 [If YEARMADE=2003 or 2004 or 2005 or OCCUPY=Yes] OCCUPYY In what year did your household move in?

- 2003..... 1
- 2004..... 2
- 2005..... 3

A-16a2 [If YEARMAD=2003 or 2004 or 2005 or OCCUPY=Yes] 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-17 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-18 UGASHERE Is natural gas from underground pipes available in this neighborhood?

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

A-19 IVCOMMA INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE CHARACTERISTICS OF THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS.

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## Section B: KITCHEN APPLIANCES

B-1i **STOVEN** **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 4 IN FRONT OF THE RESPONDENT.**  
**Now I have some questions about your use of kitchen appliances. Please look at Card 4. Which of these cooking appliances do you have in your kitchen? Do you have a stove that has both burners and one or two ovens?**

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

B-1ii **STOVE** **Do you have a separate built-in range top or burners?**

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

B-1iii **OVEN** **So you have a separate built-in oven?**

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

B-1a [If STOVEN=Yes] **MULTSTV** **Do you have more than one stove that has both burners and an oven in your home?**

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

B-1b [If STOVEN=Yes] **STOVENFU** **Does [If MULTSTV=No your stove or if MULTSTV=Yes the stove you use the most] use the same fuel for both the burners and the oven?**

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

B-1b1 [If STOVENFU=Yes] **STOVENA** **What fuel does your stove use? Is it . . .**

Electricity, ..... 05  
Natural gas from underground pipes, ..... 01  
Propane (bottled gas), or ..... 02  
Some other fuel? (Specify \_\_\_\_\_) ..... 21

B-1b2 [If STOVENFU=No] **STOVENAB** **What fuel do the burners use? Is it . . .**

Electricity, ..... 05  
Natural gas from underground pipes, ..... 01  
Propane (bottled gas), or ..... 02  
Some other fuel? (Specify \_\_\_\_\_) ..... 21

B-1b3 [If STOVENFU=No] **STOVENAO** **What fuel does the oven use? Is it . . .**

Electricity, ..... 05  
Natural gas from underground pipes, ..... 01  
Propane (bottled gas), or ..... 02  
Some other fuel? (Specify \_\_\_\_\_) ..... 21

B-2 [If OVEN=Yes] MULTOVEN Do you have more than one separate built-in oven in your home?

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

B-2a [If OVEN=Yes] OVENA What fuel does [If MULTOVEN=No your or if MULTOVEN=Yes your *most-used*] separate built-in oven use? Is it . . .

Electricity,..... 05  
Natural gas from underground pipes, ..... 01  
Propane (bottled gas), or ..... 02  
Some other fuel? (Specify \_\_\_\_\_) ..... 21

B-2b [If STOVEN=Yes or OVEN=Yes] OVENUSE **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 5 IN FRONT OF THE RESPONDENT.** Please look at Card 5. Which of the categories shown best describes, on average, how often you use your (if more than one oven, add: *most used*) oven?

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

B-2c [If STOVEN=Yes or OVEN=Yes] OVENCLN Does your (if more than one oven, add: *most used*) oven have a self-cleaning feature?

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

B-2c1 [If OVENCLN=Yes] TYPECLN Is your self-cleaning oven one that cleans continuously or do you have to manually start the cleaning cycle?

Continuous cleaning ..... 1  
Manually start the cleaning cycle..... 2

B-3 [If STOVE=Yes] MULTRANG Do you have more than one separate built-in range top or burners in your home?

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

B-3a [If STOVE=Yes] STOVEA What fuel does [If MULTRANG=No your or if MULTRANG=Yes your *most-used*] separate built-in range-top or burners use? Is it . . .

Electricity,..... 05  
Natural gas from underground pipes, ..... 01  
Propane (bottled gas), or ..... 02  
Some other fuel? (Specify \_\_\_\_\_) ..... 21

B-4 TOPGRILL Do you have a built-in or stove-top grill in your kitchen?

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

B-4a [If TOPGRILL=Yes] STGRILA **What fuel does your built-in or stove-top grill use? Is it . . .**

- Electricity,..... 05
- Natural gas from underground pipes, ..... 01
- Propane (bottled gas), or ..... 02
- Some other fuel? (Specify \_\_\_\_\_) ..... 21

B-5 MICRO **Does anyone in your household use a microwave oven to do any cooking?**

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

B-5a [If MICRO=Yes] AMTMICRO **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 6 IN FRONT OF THE RESPONDENT. Please look at Card 6. Which answer best describes how much of your food is cooked in the microwave?**

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

B-6 TOASTER **Do you use any electric toaster ovens?**

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

B-6a [If TOASTER=Yes] TSTRFRQ **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 7 IN FRONT OF THE RESPONDENT. Please look at Card 7. Which of the categories shown best describes, on average, how often you use your electric toaster oven?**

- 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-6b [If TOASTER=Yes] TSTRUSE **How would you describe the way you use your toaster oven? Do you use it . . .**

- Mostly as a toaster, ..... 1
- Mostly as an oven, or as a ..... 2
- Toaster and oven, about equally?..... 3

B-7 NUMMEAL **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 7 IN FRONT OF THE RESPONDENT. Please look at Card 7. Which of the categories shown best describes, on average, how often hot meals are usually cooked in your home?**

- Three or more times a day..... 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
- Doesn't cook/Never cooks (If volunteered)..... 0

B-8 [If more than one fuel is used for cooking] FUELFOOD **You mentioned that you used [ENTER THE**

**NAMES OF FUELS USED FOR COOKING] to prepare your meals. Which of these fuels is used most for cooking in your home?**

- Electricity ..... 05
- Natural gas from underground pipes ..... 01
- Propane (bottled gas) ..... 02
- Some other fuel (Specify \_\_\_\_\_) ..... 21

**B-9 COFFEE Do you use any electric coffee makers?**

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

**B-9a [If COFFEE=Yes] COFFFRQ INTERVIEWER INSTRUCTION: PLACE SHOW CARD 7 IN FRONT OF THE RESPONDENT. Please look at Card 7. Which of the categories shown best describes, on average, how often you make coffee?**

- 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-9b [If COFFEE=Yes] COFPOTON After making a pot of coffee how long, on average, do you leave the warmer on? Do you turn the warmer off right away, leave it on from 1 to 15 minutes, leave it on from 15 minutes to 1 hour, or do you leave it on for more than 1 hour?**

- Turn if off right away ..... 1
- 1 to 15 minutes ..... 2
- 15 minutes to 1 hour ..... 3
- More than 1 hour ..... 4

**B-10 NUMFRIG How many refrigerators do you use in your home?**

- One ..... 1
- Two ..... 2
- Three or more ..... 3
- None ..... 6 → GO TO QUESTION B-14

**INTERVIEWER INSTRUCTION: IF NUMFRIG=TWO OR THREE OR MORE READ THIS INTRODUCTION: First, I would like to ask some questions about the refrigerator that you use the most.**

**B-11a TYPFR1 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 8 IN FRONT OF THE RESPONDENT. Please look at Card 8. Which of the pictures best describes the type of refrigerator you have?**

- Full-size with one door..... 1
- Full-size with two doors ..... 2
- Half- or quarter-size ..... 3
- Some other kind..... 4

**B-11a1 [If TYPFR1=2] DOORSFR1 Are those doors side-by-side or top-and-bottom?**

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

**B-11b SIZFR1 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE**



**RESPONDENT. Please look at Card 9. How would you describe the size of this refrigerator?**

- Very small (10 cubic feet or less)..... 1
- Small (11 to 14 cubic feet) ..... 2
- Medium (15 to 18 cubic feet) ..... 3
- Large (19 to 22 cubic feet) ..... 4
- Very large (more than 22 cubic feet) ... 5

**B-11c REFRIGT1 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-11d ICE Does this refrigerator have through-the-door ice and water service?**

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

**B-11e AGERFRI1 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this refrigerator?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older ..... 05
- As old as the home (if volunteered) .... 06

**B-11e1 [If AGERFRI1<03] ESFRIG INTERVIEWER INSTRUCTION: PLACE SHOW CARD 31 IN FRONT OF THE RESPONDENT. Please look at Card 31. Is this refrigerator an *Energy Star* appliance?**

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

**INTERVIEWER INSTRUCTION: IF NUMFRIG=ONE OR NONE, GO TO QUESTION B-13. OTHERWISE, READ THIS INTRODUCTION: Now I would like to ask you the same questions about your [If NUMFRIG=Two other; if NUMFRIG=Three or more *second most used*] refrigerator.**

**B-12a TYPERFR2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 8 IN FRONT OF THE RESPONDENT. Please look at Card 8. Which of the pictures best describes the type of refrigerator you have?**

- Full-size with one door,..... 1
- Full-size with two doors ..... 2
- Half or quarter-size ..... 3
- Some other kind..... 4

**B-12a1 [If TYPERFR2=2] DOORSFR2 Are those doors side-by-side or top-and-bottom?**

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

B12b *SIZRFRI2* **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this refrigerator?**

- Very small (10 cubic feet or less)..... 1
- Small (11 to 14 cubic feet) ..... 2
- Medium (15 to 18 cubic feet) ..... 3
- Large (19 to 22 cubic feet) ..... 4
- Very large (more than 22 cubic feet) ..... 5

B-12c *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-12d *MONRFRI2* **During the past 12 months, how many months was this refrigerator turned on?**

Enter the number of months .....

B-12e *AGERFRI2* **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this refrigerator?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older..... 05
- As old as the home (if volunteered) .... 06

**INTERVIEWER INSTRUCTION: IF NUMFRIG=ONE, TWO, OR NONE GO TO QUESTION B-13. OTHERWISE, READ THIS INTRODUCTION: Now I would like to ask you the same questions about your *third most used* refrigerator.**

B-13a *TYPERFR3* **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 8 IN FRONT OF THE RESPONDENT. Please look at Card 8. Which of the pictures best describes the type of refrigerator you have?**

- Full-size with one door,..... 1
- Full-size with two doors ..... 2
- Half or quarter-size ..... 3
- Some other kind..... 4

B13a1 [If TYPERFR3=2] *DOORSFR3* **Are those doors side-by-side or top-and-bottom?**

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

B13b *SIZRFRI3* **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this refrigerator?**

- Very small (10 cubic feet or less)..... 1
- Small (11 to 14 cubic feet) ..... 2
- Medium (15 to 18 cubic feet) ..... 3
- Large (19 to 22 cubic feet) ..... 4
- Very large (more than 22 cubic feet) ..... 5

B-13c 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-13d MONRFRI3 **During the past 12 months, how many months was this refrigerator turned on?**

Enter the number of months ....

B-13e AGERFRI3 **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this refrigerator?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older..... 05
- As old as the home (if volunteered) ..... 06

B-14 SEPFREEZ **Does your household use a separate freezer that is not part of a refrigerator?**

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

B-14a [If SEPFREEZ=Yes] NUMFREEZ **How many separate freezers are used in your home?**

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

**INTERVIEWER INSTRUCTION: IF NUMFREEZ=TWO OR THREE OR MORE, READ THIS INTRODUCTION: Now I would like to ask some questions about the separate freezer that you use the most.**

B-15a UPRTFRZR **What model freezer is this? Is it . . . .**

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

**INTERVIEWER INSTRUCTION: IF NECESSARY, EXPLAIN THAT AN UPRIGHT FREEZER IS A VERTICAL CABINET WITH A DOOR ON THE FRONT AND THAT A CHEST TYPE FREEZER IS A HORIZONTAL CABINET WITH THE DOOR ON THE TOP.**

B-15b SIZFREEZ **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this freezer?**

- Very small, (10 cubic feet or less)..... 1
- Small, (11 to 14 cubic feet) ..... 2
- Medium (15 to 18 cubic feet) ..... 3
- Large (19 to 22 cubic feet) ..... 4
- Very large (more than 22 cubic feet) ..... 5

B-15c FREEZER **What type of defrosting does this freezer have? Is it . . .**

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

B-15d *AGEFRZR* **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this freezer?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older ..... 05
- As old as the home (if volunteered) .... 06

**INTERVIEWER INSTRUCTION: IF NUMFREEZ=ONE OR NONE, GO TO QUESTION B-17. OTHERWISE, READ THIS INTRODUCTION: Now I would like to ask you the same questions about your [if NUMFRIG=Two *second*; if NUMFRIG=Three or more *second most used*] freezer.**

B-16a *UPRTRZR2ND* **What model freezer is this? Is it . . . .**

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

**INTERVIEWER INSTRUCTION: IF NECESSARY, EXPLAIN THAT AN UPRIGHT FREEZER IS A VERTICAL CABINET WITH A DOOR ON THE FRONT AND THAT A CHEST TYPE FREEZER IS A HORIZONTAL CABINET WITH THE DOOR ON THE TOP.**

B-16b *SIZFREEZ2* **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this freezer?**

- Very small, (10 cubic feet or less)..... 1
- Small, (11 to 14 cubic feet) ..... 2
- Medium (15 to 18 cubic feet) ..... 3
- Large (19 to 22 cubic feet) ..... 4
- Very large (more than 22 cubic feet) ..... 5

B-16c *FREEZER2* **What type of defrosting does this freezer have? Is it . . .**

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

B-16d *AGEFRZR2* **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this freezer?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older ..... 05
- As old as the home (if volunteered) .... 06

B-17 *DISHWASH* **Does your household use an automatic dishwasher?**

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

B-17a [If DISHWASH=Yes] **DWASHUSE INTERVIEWER INSTRUCTION: PLACE SHOW CARD 10 IN FRONT OF THE RESPONDENT. Please look at Card 10. Which category best describes how often your household actually uses the automatic dishwasher in an average week?**

- 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-17b **AGEDW INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About, how old is your dishwasher?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older..... 05
- As old as the home (if volunteered) ..... 06

B-17b1 [If AGEDW<03] **ESDISHW INTERVIEWER INSTRUCTION: PLACE SHOW CARD 31 IN FRONT OF THE RESPONDENT. Please look at Card 31. Is this dishwasher an *Energy Star* appliance?**

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

B-18 **IVCOMMB INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE KITCHEN APPLIANCES IN THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENTS ANSWERS.**

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## Section C: OTHER APPLIANCES

C-1 **CWASHER** Now I have some questions about your use of other appliances commonly used in homes. **Do you use a clothes washer in your home?**

**INTERVIEWER INSTRUCTION:** (IF TYPEHUQ=4 and LOOKLIKE=2) or TYPEHUQ=5 READ THE FOLLOWING TEXT TO THE RESPONDENT: Do not include community clothes washers that are located in the basement or laundry room of your apartment building.

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

C-1a [If CWASHER=Yes] 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 CWASHER=Yes] WASHLOAD **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 11 IN FRONT OF THE RESPONDENT. Please look at Card 11. In an average week, how many loads of laundry are washed in your clothes washer?**

1 load or less each week ..... 1  
2 to 4 loads ..... 2  
5 to 9 loads ..... 3  
10 to 15 loads ..... 4  
More than 15 loads ..... 5

C-1c [If CWASHER=Yes] WASHTEMP **What water temperature setting do you usually use for the wash cycle of the clothes washer? Is it hot, warm, or cold water?**

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

C-1d [If CWASHER=Yes] RNSETEMP **What water temperature setting do you usually use for the rinse cycle of the clothes washer? Is it hot, warm, or cold water?**

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

C-1e [If CWASHER=Yes] AGE CWASH **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this clothes washer?**

Less than 2 years old..... 01  
2 to 4 years old ..... 02  
5 to 9 years old ..... 03  
10 to 19 years old ..... 04  
20 years or older..... 05  
As old as the home (if volunteered) ..... 06

C-1e1 [If AGE CWASH<03] ESCWASH **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 31 IN FRONT OF THE RESPONDENT. Please look at Card 31. Is this clothes washer an Energy Star appliance?**

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

C-2 DRYER **Do you use a clothes dryer in your home?**  
**INTERVIEWER INSTRUCTION: IF (TYPEHUQ=4 and LOOKLIKE=2) or TYPEHUQ=5 READ THE FOLLOWING TEXT TO THE RESPONDENT: Do not include community clothes dryers that are located in the basement or laundry room of your apartment building.**

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

C-2a [If DRYER=Yes] DRYRFUEL **What fuel does your clothes dryer use? Is it . . .**

Electricity, ..... 05  
Natural gas from underground pipes, or.... 01  
Propane (bottled gas)?..... 02

C-2b [If DRYER=Yes] DRYRUSE **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 12 IN FRONT OF THE RESPONDENT. Please look at Card 12. How often do you use your clothes dryer?**

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

C-2c AGECDRYER **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this clothes dryer?**

Less than 2 years old..... 01  
2 to 4 years old ..... 02  
5 to 9 years old ..... 03  
10 to 19 years old ..... 04  
20 years or older ..... 05  
As old as the home (if volunteered) ..... 06

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

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

C-3a [If WATERBED=Yes] NOWTBDHT **How many waterbed heaters do you use?**

Enter the number .....

C-3a1 WTBEDUSE . . . **and how many of these heaters are used all year long?**

Enter the number .....

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

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

C-4a [If CFAN=Yes] NUMCFAN **How many ceiling fans does your household use?**

Enter the number .....

C-4b USECFAN Thinking about the ceiling fan [If NUMCFAN>1 that you use the most], how often is this fan used during the summer months? Is it . . .

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

C-5 [If TYPEHUQ=2 or 3] SWIMPOOL Does your home have its own swimming pool with a filtering system?

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

C-5a [If SWIMPOOL=Yes] POOL Is it a heated pool?

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

C-5a1 [If POOL=Yes] FUELPOOL What fuel is used most often to heat the pool water?

- Electricity ..... 05
- Natural gas from under ground pipes .....01
- Propane (bottled gas) ..... 02
- Fuel oil .....03
- Kerosene .....04
- Solar ..... 08
- Other (Specify \_\_\_\_\_)..... 21

C-6 [If TYPEHUQ=1, 2 or 3] RECBATH Does your home have a heated hot tub, spa, or Jacuzzi, other than a bathtub?

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

C-6a [If RECBATH=Yes] FUEL TUB And what fuel is used most often to heat the water in your hot tub, spa, or Jacuzzi?

- Electricity ..... 05
- Natural gas from under ground pipes ..... 01
- Propane (bottled gas) ..... 02
- Fuel oil ..... 03
- Kerosene ..... 04
- Solar ..... 08
- Other (Specify \_\_\_\_\_)..... 21

C-7 [If TYPEHUQ=2] H20LAWNSYS Does your home have an automatic system for watering your lawn or other outdoor plants?

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



C-7a [If H2OLAWNSYS=Yes] USEH2OLAWNSYS **Do you use this automatic watering system?**

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

C-8 TVCOLOR **How many color television sets do you use in your home?**

Enter the number .....

C-8a1 [If TVCOLOR=1] BIGTVONE **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 13 IN FRONT OF THE RESPONDENT. Please look at Card 13. Is this a large screen television?**

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

C-8a2 [If TVCOLOR>1] BIGTV **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 13 IN FRONT OF THE RESPONDENT. Please look at Card 13. Of these, how many are large screen television sets?**

Enter the number .....

C-8b1 [If BIGTV=1] PLASMAONE **Is this a plasma screen television?**

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

C-8b2 [If BIGTV>1] PLASMANUM **Of these large screen TVs, how many are plasma screen television sets?**

Enter the number .....

C-8c [If TVCOLOR>0] TVRECEP [If TVCOLOR=1 **Is your television;** If TVCOLOR>1 **Are any of your televisions]** **connected into a cable network or outdoor satellite antenna?**

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

C-8c1 [If TVRECEP=Yes] TYPRECEP **Which are you connected to, a cable network or an outdoor dish satellite antenna?**

Cable network..... 1  
Satellite dish antenna ..... 2  
Both ..... 3

C-8c1a [If TYPRECEP=1 or 3] CBLCON **Is the cable connected directly to the TV, does it go through a box and then into the TV, or does it vary with the TV?**

Connected directly to the TV .....1  
Connected to the TV through a box.....2  
Varies with the TV .....3

C-9 [If TVCOLOR>0] VCR **How many VCRs do you use in your home?**

Enter the number .....

C-10 [If TVCOLOR>0] DVD **How many DVD players do you use in your home? Do not count DVD drives in personal computers.**

Enter the number .....

C-10a [If VCR>0 and DVD>0] COMBOVCRDVD **Are any of your VCRs or DVD players combined in a single unit or component?**

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

C-10a1 [If COMVCDV=1] NCOMBOVCRDVD **How many combination VCR/DVD players do you use in your home?**

Enter the number .....

C-11 PLAYSTA **Do you use any television-based game systems in your home?**

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

C-11a [If PLAYSTA=1] PLYSTAHRS **How many hours a week are these television-based game systems used. If you have more than one system include the time all such systems are used.**

Enter the number of hours .....

C-12 TVONWD **Thinking about the television you use the most on weekdays, how many hours each weekday is that television turned on. Include the time it is on even if no one is actually watching it, [if PLAYSTA=1 but do not include the time it is used for playing television-based games]. Is it on . . .**

Less than 1 hour per weekday, ..... 1  
1 to 3 hours per day,..... 2  
Most of the day, or is it..... 3  
Turned on all the time? ..... 4

C-13 TVONWE **Thinking about the television you use the most on weekends and holidays, how many hours each day is that television turned on. Include the time it is on even if no one is actually watching it, [if PLAYSTA=1 but do not include the time it is used for playing television-based games]. Is it on . . .**

Less than 1 hour per day, ..... 1  
1 to 3 hours per day,..... 2  
Most of the day, or is it..... 3  
Turned on all the time? ..... 4

C-14 NOTMOIST **Do you use an electric dehumidifier that removes moisture from the air, usually in the summer?**

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

C-14a USENOTMOIST How many months of a typical year do you use your dehumidifier. Is it turned on . . .

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

C-15 MOISTURE Do you use an electric humidifier that adds moisture to the air, usually in the winter?

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

C-15a USEMOISTURE How many months of a typical year do you use your humidifier. Is it turned on . . .

- 1 to 3 months each year, ..... 1
- 4 to 6 months each year, ..... 2
- 7 to 9 months each year, ..... 3
- 10 to 11 months, but not all year, or is it ..... 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.

		<u>Yes</u>	<u>No</u>
C-16a	WELLPUMP An electric pump for well water? .....	1	0
C-16b	SWAMPCOL [If SCFLAG=On] An evaporative or swamp cooler?.....	1	0
C-16c	AQUARIUM Any large heated aquariums of 20 gallons or more? .....	1	0
C-16d	DIPSTICK [If DSFLAG=ON] Any automobile block heaters, dip-stick engine heaters, or battery blankets? .....	1	0
C-16e	NOCORD A portable cordless telephone (other than cell phones)?.....	1	0
C-16f	CELLPHON A cell or mobile telephone?.....	1	0
C-16g	ANSMACH A telephone answering machine?.....	1	0
C-16h	STEREO Any stereo equipment? .....	1	0

C-16h1 [IF STEREO=Yes] **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 14 IN FRONT OF THE RESPONDENT. Please look at Card 14. Which categories best describe the type of stereo equipment you use in you home? (Mark all that apply.) PROBE, IF NECESSARY: Any others?**

		<u>Yes</u>	<u>No</u>
BOOMBOX	Portable stereo/Boom box .....	1	0
COMPCTST	Compact stereo system .....	1	0
COMPNTST	Component stereo system.....	1	0
OTHSTER	Some other type of system .....	1	0

C-16i BATTOOLS Portable appliances or tools, such as hand-held vacuum cleaners or power drills, that are powered by a rechargeable battery?.....1 .....0

C-16i1 [If BATTOOLS=Yes] BATCHRG When these portable appliances or tools are not being used do

**you keep them plugged in all the time or do you let the batteries run down and then recharge them as needed?**

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

C-17 **COMPUTER INTERVIEWER INSTRUCTION: PLACE SHOW CARD 15 IF FRONT OF THE RESPONDENT. Please look at Card 15. Do you use any personal computers in your home? Include both desk-top and lap-top PCs**

- Yes..... 1
- No ..... 5 → **GO TO QUESTION C-24**

C-17a [If COMPUTER=Yes] MULTPC **Do you use more than one personal computer in your home?**

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

C-17a1 [If MULTPC=Yes] NUMPC **How many PCs do you use in your home?**

Enter the number.....

C-17b LAPTOPPC **How many of the PCs you use are lap-tops?**

Enter the number.....

C-18 [If NUMPC>1 and LAPTOPPC>0 and LAPTOPPC<NUMPC] PCTYPE1 **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 15 IF FRONT OF THE RESPONDENT. Please look at Card 15. Thinking about [If MULTPC=0 your or If MULTPC=1 the most used] PC, is it a desk-top model or a lap-top?**

- Desk-top model..... 1
- Lap-top..... 2

C18a [IF PCTYPE1=1] MONITOR1 **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 16 IF FRONT OF THE RESPONDENT. Please look at Card 16. What kind of monitor does [If MULTPC=0 your or if MULTPC=1 the most used] PC use? Is it a CRT (a standard monitor) or a flat-panel LCD?**

- CRT (standard monitor) ..... 1
- Flat-panel LCD..... 2

C-18b TIMEON1 **Thinking about [If MULTPC=0 your or if MULTPC=1 the most used] PC, how many hours each week is it on? Is it turned on . . .**

- Less than 2 hours each week, ..... 10
- 2 to 15 hours each week, ..... 20
- 16 to 40 hours each week, ..... 31
- More than 40 hours each week but not on all the time, or...32
- Is it (are they) turned on all the time? ..... 40

C-18c PCONOFF1 **When this PC is not actually being used by someone is it . . .**

- Left on, ..... 1
- Completely turned off, or ..... 2
- Manually put into sleep mode? ..... 3

C-18c1 [IF PCONOFF1=1] PCSLEEP1 **When this PC is not in use does the central processing unit (the CPU or the box) automatically go into a sleep mode?**

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

C-18c2 [IF PCONOFF=1] PCSCREEN1 When this PC is not in use does the *monitor* have a . . .

Screen saver, ..... 1  
An automatic sleep mode, or..... 2  
Is the monitor shut off, even though the PC is left on? ..... 3

C-19 [If NUMPC>2 and LAPTOPPC<>NUMPC] PCTYPE2 **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 15 IF FRONT OF THE RESPONDENT.** Please look at Card 15. Thinking about the *second most used PC*, is it a desk-top model or a lap-top?

Desk-top model..... 1  
Lap-top..... 2

C19a MONITOR2 [IF PCTYPE2=1] PCTYPE2 **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 16 IF FRONT OF THE RESPONDENT.** Please look at Card 16. What kind of monitor does the *second most used PC* use? Is it a CRT (a standard monitor) or a flat-panel LCD?

CRT (standard monitor) ..... 1  
Flat-panel LCD..... 2

C-19b TIMEON2 Thinking about the *second most used PC*, how many hours each week is it on? Is it turned on . . .

Less than 2 hours each week, ..... 10  
2 to 15 hours each week, ..... 20  
16 to 40 hours each week, ..... 31  
More than 40 hours each week but not on all the time, or...32  
Is it (are they) turned on all the time? ..... 40

C-19c PCONOFF2 When this PC is not actually being used by someone is it . . .

Left on, ..... 1  
Completely turned off, or ..... 2  
Manually put into sleep mode? ..... 3

C-19c1 [IF PCONOFF2=1] PCSLEEP2 When this PC is not in use does the *central processing unit (the CPU or the box)* automatically go into a sleep mode?

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

C-19c2 [IF PCONOFF2=1] PCSCREEN2 When this PC is not in use does the *monitor* have a . . .

Screen saver, ..... 1  
An automatic sleep mode, or..... 2  
Is the monitor shut off, even though the PC is left on? ..... 3

C-20 [If NUMPC>2 and LAPTOPPC<>NUMPC] PCTYPE3 **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 15 IF FRONT OF THE RESPONDENT.** Please look at Card 15. Thinking about the *third most used PC*, is it a desk-top model or a lap-top?

Desk-top model..... 1  
 Lap-top..... 2

C20a [IF PCTYPE3=1] MONITOR3 **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 16 IF FRONT OF THE RESPONDENT. Please look at Card 16. What kind of monitor does the *third most used* PC use? Is it a CRT (a standard monitor) or a flat-panel LCD?**

CRT (standard monitor) ..... 1  
 Flat-panel LCD..... 2

C-20b TIMEON3 **Thinking about the *third most used* PC, how many hours each week is it on? Is it turned on . . .**

**Less than 2 hours each week,**..... 10  
**2 to 15 hours each week,** ..... 20  
**16 to 40 hours each week,** ..... 31  
**More than 40 hours each week but not on all the time, or...32**  
**is it (are they) turned on all the time? .....** 40

C-20c PCONOFF3 **When this PC is not actually being used by someone is it . . .**

**Left on,**..... 1  
**Completely turned off, or** ..... 2  
**Manually put into sleep mode? .....** 3

C-20c1 [IF PCONOFF3=1] PCSLEEP3 **When this PC is not in use does the *central processing unit (the CPU or the box)* automatically go into a sleep mode?**

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

C-20c2 [IF PCONOFF3=1] PCSCREEN3 **When this PC is not in use does the *monitor* have a . . .**

**Screen saver,** ..... 1  
**An automatic sleep mode, or**..... 2  
**Is the monitor shut off, even though the PC is left on? .....** 3

C-21 [If COMPUTER=Yes] INTERNET [IF MULTPC=0 **Does your PC** or if MULTPC=1 **Do any of the PCs** have access to the Internet?

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

C-21a [IF INTERNET=Yes] **What type of internet access do you use in your home? Do you use . . . (Mark all that apply.) **PROBE, IF NECESSARY:** Are there any other types of internet access you use?**

	<u>Yes</u>	<u>No</u>
INDIALUP <b>Dial-up (a phone line),</b> .....	1	0
INDSL <b>DSL, or</b> .....	1	0
INCABLE <b>Cable?</b> .....	1	0

C-21a1 [If INDSL=Yes] INDSLOFF **Do you turn off your DSL connection when you are not using your PC?**

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

C-21a2 [If INCABLE=Yes] INCABLEOFF **Do you turn off your cable modem when you are not using your PC?**

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

C-21b [If INDSL=Yes or INCABLE=Yes] INWIRELESS **Do you have a wireless router that allows you wireless access to the Internet?**

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

C-21b1 [If INWIRELESS=Yes] INWIRELESSOFF **Do you turn off your wireless router when you are not using your PC?**

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

C-22 **INTERVIEWER INSTRUCTION: CAPI HAS BEEN PROGRAMED WITH FIVE VARIATIONS OF THIS QUESTION WITH EACH VARIATION STARTING AT A DIFFERENT POINT IN THE LIST BELOW. WHICH VARIATION TO BE ASKED IS DEPENDENT ON GEOGRAPHICAL LOCATION OF THE HOUSING UNIT. CAPI WILL PRODUCE THE APPROPRIATE VARIATION OF THIS QUESTION TO BE ASKED OF THE RESPONDENT.**

[If COMPUTER=Yes] **Do you and the members of your household use [IF MULTPC=0 your PC or if MULTPC=1 the PCs] *mainly* for . . .**

- PCTELECOMMUTE **Telecommuting,** ..... 1
- PCHOMEBUS **a Home business,** ..... 2
- PCRECREATION **Recreation,** ..... 3
- PCPERSONALUSE **Personal use, including banking and shopping, or...** 4
- PCEDUCATION **Education or school?** ..... 5

C-22a [If PCJOBS1=Yes] TELLDAYS **How many days each week, on average, [IF MULTPC=0 is your PC or if MULTPC=1 are any of the PCs] used for telecommuting?**

Enter the number of days .....

C-23 [If COMPUTER=Yes] PCPRINT **Do you have any type of printer attached to [IF MULTPC=0 your PC or if MULTPC=1 any of the PCs] ?**

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

C-23a [If PCPRINT=Yes] FXCOPIER **Some printers have built-in fax and copier features. Do you have a printer like this?**

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

C-24 **FAX Do you have a separate fax (facsimile) machine in your home?**

Yes..... 1

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No ..... 0

C-25 **COPIER** Do you have a separate photocopier in your home?

Yes..... 1

No ..... 0

C-26 **IVCOMMC** INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE OTHER APPLIANCES IN THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS.

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## Section D: SPACE HEATING

D-1 **FUELHEAT** Now I have some questions about heating your home. **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 17 IN FRONT OF THE RESPONDENT.** Please look at Card 17. What is the main fuel used for heating your home? That is, which fuel is the one that provides the most heat for your home?

- Electricity ..... 05
- Natural gas from underground pipes ..... 01
- Propane (bottled gas) ..... 02
- Fuel oil ..... 03
- Kerosene ..... 04
- Wood ..... 07
- Solar ..... 08
- District Steam ..... 09
- Some other fuel (Specify \_\_\_\_\_) ..... 21
- Don't heat home ..... 99

D-1a [FUELHEAT=99] DNTHEAT **Just to clarify, is it that you have heating equipment but don't use it, or does your home not have any heating equipment?**

- Have equipment, but don't use it ..... 1
- Don't have any heating equipment ..... 2 → GO TO QUESTION E-1

D-1a1 [If DNTHEAT=1] FUELNOHEAT **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 17 IN FRONT OF THE RESPONDENT.** Please look at Card 17. Even though you don't use your heating equipment, we are still interested in the fuel it uses. What is the main fuel used for running your heating equipment?

- Electricity ..... 05
- Natural gas from underground pipes ..... 01
- Propane (bottled gas) ..... 02
- Fuel oil ..... 03
- Kerosene ..... 04
- Wood ..... 07
- Solar ..... 08
- District steam ..... 09
- Some other fuel (Specify \_\_\_\_\_) ..... 21

D-2 **EQUIPM** [If FUELHEAT<>99] **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 18 IN FRONT OF THE RESPONDENT.** Please look at Card 18. Please tell me which type of heating equipment provides most of the heat for your home. [If DNTHEAT=1] Again, even though you don't use your heating equipment, we are still interested in what kind of equipment you have in your home.

- Heat pump ..... 04
- Central warm-air furnace with ducts to individual rooms other than a heat pump ..... 03
- Steam/Hot water system with radiators/convectors in each room or pipes in the floor or walls . 02
- Built-in electric units in each room installed in walls, ceiling, baseboard, or floor..... 05
- Built-in floor/wall pipeless furnace ..... 06
- Built-in room heater burning gas, oil, or kerosene ..... 07
- Heating stove burning wood, coal, or coke ..... 08
- Portable electric heaters ..... 10
- Portable kerosene heaters..... 11
- Fireplace ..... 09
- Cooking stove that is used to heat your home as well as to cook ..... 12
- Some other equipment (Specify \_\_\_\_\_) ..... 21
- No heating equipment used ..... 00

D-3 **EQUIPAGE INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. Approximately, how old is your household's [NAME THE EQUIPMENT IDENTIFIED IN EQUIPM] heating system?**

- Less than 2 years old ..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older ..... 05
- As old as the home (if volunteered) .... 06

D-4 **[If DNTHEAT=1, GO TO QUESTION E-1] HEATOTH Does the main space heating system for your home also heat any other apartments, condos, households, businesses, or farm buildings?**

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

D-5 **EQUIPAUX In addition to the [NAME THE EQUIPMENT IDENTIFIED IN EQUIPM] , do you use any other types of equipment to heat your home, even only once in a while?**

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

D-5a **[If EQUIPAUX=Yes] INTERVIEWER INSTRUCTION: PLACE SHOW CARD 18 IN FRONT OF THE RESPONDENT. Please look at Card 18. Please tell me which types you occasionally use to provide heat in addition to the [NAME THE EQUIPMENT IDENTIFIED IN EQUIPM] . (Mark all that apply.) PROBE, IF NECESSARY: Are there any other types of equipment that you use to heat your home?**

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

D-5a1 **[If WARMAIR or STEAMR or DIFEQUIP=Yes] FURNFUEL RADFUEL DIFFUEL ELECAUX UGASAUX LPGAUX FOILAUX KEROAUX WOODAUX SOLARAUX OTHERAUX DKAUX What fuel does the [ENTER THE NAME OF THE SUPPLEMENTAL CENTRAL HEATING EQUIPMENT] use?**

- Electricity ..... 05
- Natural gas from underground pipes ..... 01
- Propane (bottled gas) ..... 02
- Fuel oil ..... 03
- Kerosene ..... 04
- Wood ..... 07
- Solar ..... 08

Other (Specify \_\_\_\_\_) ..... 21  
D-5a2 [If PIPELESS=Yes] *PIPEFUEL ELECAUX UGASAUX* *LPGAUX FOILAUX KEROAUX*  
*WOODAUX OTHERAUX DKAUX* **What fuel does the pipeless furnace use?**

Electricity ..... 05  
Natural gas from underground pipes ..... 01  
Propane (bottled gas) ..... 02  
Fuel oil ..... 03  
Kerosene ..... 04  
Wood ..... 07  
Some other fuel (Specify \_\_\_\_\_) ..... 21

D-5a3 [If ROOMHEAT=Yes] *RMHTFUEL UGASAUX* *LPGAUX FOILAUX KEROAUX DKAUX* **What fuel does the room heater use?**

Natural gas from underground pipes ..... 01  
Propane (bottled gas) ..... 02  
Fuel oil ..... 03  
Kerosene ..... 04

D-5a4 [If WOODKILN=Yes] *HSFUEL* *WOODAUX OTHERAUX DKAUX* **What fuel does the heating stove use?**

Wood ..... 07  
Some other fuel (Specify \_\_\_\_\_) ..... 21

D-5a5 [If CHIMNEY=Yes] *FPFUEL UGASAUX* *LPGAUX WOODAUX OTHERAUX DKAUX* **What fuel does the fireplace use?**

Wood ..... 07  
Natural gas from underground pipes ..... 01  
Propane (bottled gas) ..... 02  
Some other fuel (Specify \_\_\_\_\_) ..... 21

D-5a5a [If FPFUEL=01 or 02] *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-5a5b [If FPFUEL=01 or 02] *USENGFP* **During the winter months how frequently do you use your gas fireplace? Do you use it . . .**

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

D-5a6 [If RANGE=Yes] *RNGFUEL ELECAUX UGASAUX* *LPGAUX FOILAUX KEROAUX*  
*WOODAUX OTHERAUX DKAUX* **What fuel does the cooking stove use?**

Electricity .....05  
Natural gas from underground pipes .....01  
Propane (bottled gas) .....02  
Fuel oil .....03  
Kerosene .....04  
Wood .....07  
Other (Specify \_\_\_\_\_).....21

D-6 [If EQUIPAUX=Yes] *EQMAMT* Thinking about your main heating equipment, the [ENTER THE TYPE OF HEATING EQUIPMENT NAMED IN EQUIPM] that uses [ENTER THE TYPE OF THE MAIN HEATING FUEL NAMED IN FUELHEAT], 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-7 *THERMAIN* INTERVIEWER INSTRUCTION: PLACE SHOW CARD 19 IN FRONT OF THE RESPONDENT. Please look at Card 19. Do you have a thermostat that controls your main [ENTER THE NAME OF THE MAIN HEATING SYSTEM] heating equipment and allows you to set the system to a specific temperature during the heating season?

INTERVIEWER INSTRUCTION: IF NEEDED, ADD: A thermostat is a device that automatically responds to temperature changes and turns the heat on or off until the desired temperature is reached.

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

D-7a [If THERMAIN=Yes] *OTHTHERM* In addition to the thermostat that controls your main heating equipment do you have any other thermostats?

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

D-7a1 [If OTHTHERM=Yes] *NUMTHERM* How many other thermostats do you have in your home?

Enter the number .....

D-7b [If THERMAIN=Yes] *PROTHERM* Is the thermostat that controls your main heating equipment programmable? That is, can you set it so that the temperature setting automatically changes at the different times of the day or night and days of the week?

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

D-7b1a [If PROTHERM=Yes] *AUTOHEATNITE* Is this thermostat programmed to automatically lower the heating temperature setting at night during sleeping hours?

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

D-7b1b [If PROTHERM=Yes] *AUTOHEATDAY* Is this thermostat programmed to automatically lower the heating temperature setting during the day when no one is at home?

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

D-8 At what temperature does your household usually keep your home in the winter?

**INTERVIEWER INSTRUCTION: IF THE HOUSEHOLD KEEPS DIFFERENT PARTS OF THE HOUSE AT DIFFERENT TEMPERATURES, RECORD THE TEMPERATURE IN THAT PART OF THE HOUSE WHERE THE PEOPLE ARE. IF, FOR EXAMPLE, THE HEAT IS TURNED OFF UPSTAIRS DURING THE DAY BECAUSE THE FAMILY IS DOWNSTAIRS, RECORD THE DOWNSTAIRS TEMPERATURE. IF THE RESPONDENT DOESN'T KNOW THE TEMPERATURE, BUT KNOWS THE THERMOSTAT SETTING, RECORD THE THERMOSTAT SETTING. OTHERWISE, PROBE FOR THE BEST ESTIMATE.**

D-8a **TEMPHOME** During the *day* in the winter when *someone* is home?

Enter degrees Fahrenheit .....   
Heat Turned Off ..... 95

D-8b **TEMPGONE** During the *day* in the winter when *no one* is home?

Enter degrees Fahrenheit .....   
Heat Turned Off ..... 95

D-8c **TEMPNITE** During *sleeping hours* in the winter?

Enter degrees Fahrenheit .....   
Heat Turned Off ..... 95

D-8d [If TEMPHOME and TEMPGONE and TEMPNITE all = 95 ] **HEATOFF** Earlier you told me that the [ENTER THE MAIN HEATING EQUIPMENT] that uses [ENTER THE MAIN HEATING FUEL] provides [IF EQUIPAUX=YES, ENTER THE RESPONSE FROM EQMAMT] heat for your home. During the winter how much do you use the [ENTER MAIN HEATING EQUIPMENT] in your home? Is it . . .

- Turned off all the time, .....0
- Turned on only a few days or nights when really needed, .... 1
- Turned on quite a bit, or is it ..... 2
- Turned on just about all winter? .....3

D-9 **HEATROOM** Earlier, we determined that you have [ENTER THE NUMBER OF BEDROOMS AND OTHER ROOMS] in your home. Last winter, did you heat all of those rooms?

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

D-9a [If HEATROOM=No] **HEATNOT** How many of those rooms were not heated last winter?

Enter the Number .....

D-9b **OTHNOHT** Were there any other spaces in your home that were not heated last winter? Do not include garages, basements, or attics.

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

D-9b1 **OTHSPACE** Please describe for me what those spaces were.

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D-10 **IVCOMMD** **INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE SPACE**

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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

E-1 NUMH2OHTRS **Do you have more than one water heater in your home?**

Yes..... 1  
No ..... 0  
Don't use hot water ..... 3 → GO TO QUESTION F-1

**INTERVIEWER INSTRUCTION: IF NUMH2OHTRS=Yes READ THIS INTRODUCTION: First I would like to ask some questions about the water heater that provides *most of the hot water* you use in your home.**

E-2 FUELH2O **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 17 IN FRONT OF THE RESPONDENT. Please look at Card 17. Which fuel do you use the most to heat water for washing or bathing?**

Electricity ..... 05  
Natural gas from underground pipes ..... 01  
Propane (bottled gas) ..... 02  
Fuel oil ..... 03  
Kerosene ..... 04  
Wood ..... 07  
Solar ..... 08  
Some other fuel (Specify \_\_\_\_\_) ..... 21  
Don't use hot water ..... 95 → GO TO QUESTION F-1

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

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

E-2b WHEATSIZ **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 20 IN FRONT OF THE RESPONDENT. Please look at Card 20. Please tell me the approximate size of your household's main water heater tank.**

Small (30 gallons or less) ..... 01  
Medium (31 to 49 gallons) ..... 02  
Large (50 gallons or more) ..... 03  
Have a tankless water heater ..... 06  
Don't have a separate water heater.... 00 → GO TO QUESTION F-1

E-2c WHEATAGE **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. Approximately, how old is your household's main water heater?**

No separate water heater ..... 00  
Less than 2 years old..... 01  
2 to 4 years old ..... 02  
5 to 9 years old ..... 03  
10 to 19 years old ..... 04  
20 years or older ..... 05  
As old as the home (if volunteered) ..... 06  
Don't use hot water ..... 99

E-3 [IF NUMH2OHTRS=Yes. OTHERWISE, GO TO QUESTION E-4] **FUELH2O2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 17 IN FRONT OF THE RESPONDENT. Please look at Card 17. Which fuel does your second water heater use the most to heat water for washing or bathing?**

- Electricity ..... 05
- Natural gas from underground pipes ..... 01
- Propane (bottled gas) ..... 02
- Fuel oil ..... 03
- Kerosene ..... 04
- Wood ..... 07
- Solar ..... 08
- Some other fuel (Specify \_\_\_\_\_) ..... 21

E-3a **WHEATSIZ2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 20 IN FRONT OF THE RESPONDENT. Please look at Card 20. Please tell me the approximate size of your second water heater's tank.**

- Small (30 gallons or less) ..... 01
- Medium (31 to 49 gallons) ..... 02
- Large (50 gallons or more) ..... 03
- Have a tankless water heater ..... 06

E-3b **WHEATAGE2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. Approximately, how old is your second water heater?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older..... 05
- As old as the home (if volunteered) ..... 06

E-4 **WATERWAIT Thinking about the most frequently used shower in your home, how long do you have to wait for hot water? Do you have to wait . . .**

- Less than 10 seconds, ..... 1**
- 10 to 30 seconds, ..... 2**
- 30 to 60 seconds, ..... 3**
- 1 to 2 minutes, or ..... 4**
- More than 2 minutes? ..... 5**
- Don't have a shower ..... 6**
- Don't use hot water ..... 9**

E-5 **IVCOMME INTERVIEWER INSTRUCTION: 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 **AIRCOND** Do you have air conditioning equipment in your home?

Yes..... 1  
No ..... 0 → GO TO QUESTION F-13

F-2 **COOLTYPE** What kind of air-conditioning equipment does your home have? Is it . . . .

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

F-2a [If COOLTYPE=1 or 3 and EQUIPM <> 03 OR 04] **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-3 If COOLTYPE=1 or 3; **OTHERWISE GO TO QUESTION F-10** **ACHOUSE** [IF THE INTERVIEW DATE IS BEFORE SEPTEMBER 1: Thinking about this summer, does; IF THE INTERVIEW DATE IS AFTER AUGUST 31: Thinking about the summer of 2005, did] the central air-conditioning system in your home cool all of the rooms or only some of the rooms in your home?

All of the rooms..... 1  
Only some of the rooms..... 2  
None of the rooms cooled..... 0

F-3a [If ACHOUSE=2] **ACROOMS** Of the [ENTER THE NUMBER OF BEDROOMS AND OTHER ROOMS] rooms in your home, how many [IF THE INTERVIEW DATE IS BEFORE SEPTEMBER 1: are being cooled by your central air-conditioning system this summer?; IF THE INTERVIEW DATE IS AFTER AUGUST 31; were cooled by your central air-conditioning system during the summer of 2005?]

Enter the number .....

F-4 **CENACHP** Is your central air-conditioning system a heat pump?

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

F-5 **AGECENAC** **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT.** Please look at Card 1. Approximately, how old is the central air-conditioning equipment in your home?

Less than 2 years old..... 01  
2 to 4 years old ..... 02  
5 to 9 years old ..... 03  
10 to 19 years old ..... 04  
20 years or older ..... 05  
As old as the home (if volunteered) ..... 06

F-6 **USECENAC** INTERVIEWER INSTRUCTION: PLACE SHOW CARD 21 IN FRONT OF THE RESPONDENT. Please look at Card 21. Which of the statements shown best describes the way your household [IF THE INTERVIEW DATE IS BEFORE SEPTEMBER 1: uses the central air-conditioning system this summer? IF THE INTERVIEW DATE IS AFTER AUGUST 31: used the central air-conditioning system during the summer of 2005?]

- Not used at all..... 0
- Turned on only a few days or nights when really needed..... 1
- Turned on quite a bit..... 2
- Turned on just about all summer ..... 3

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

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

F-8 **THERMAINAC** INTERVIEWER INSTRUCTION: PLACE SHOW CARD 19 IN FRONT OF THE RESPONDENT. Please look at Card 19. Do you have a thermostat that controls your air-conditioning equipment and allows you to set the system to a specific temperature during the cooling season?

INTERVIEWER INSTRUCTION: IF NEEDED, ADD: A thermostat is a device that automatically responds to temperature changes and turns the air-conditioning on or off until the desired temperature is reached.

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

F-8a [If THERMAINAC=Yes] **PROTHERMAC** Is the thermostat that controls your air conditioning equipment programmable? That is, can you set it so that the temperature setting automatically changes at different times of the day or night and days of the week?

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

F-8a1 [If PROTHERMAC=Yes] **AUTOCOOLNITE** Is this thermostat programmed to automatically adjust the cooling temperature setting *at night* during sleeping hours?

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

F-8a2 [If PROTHERMAC=Yes] **AUTOCOOLDAY** Is this thermostat programmed to automatically adjust the cooling temperature setting *during the day* when no one is at home?

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

F-9 [USECENAC=2 or 3] **At what temperature does your household *usually* keep your home in the *summer*?**

**INTERVIEWER INSTRUCTION: IF THE HOUSEHOLD KEEPS DIFFERENT PARTS OF THE HOUSE AT DIFFERENT TEMPERATURES, RECORD THE TEMPERATURE IN THE PART OF THE HOME WHERE THE PEOPLE ARE. IF, FOR EXPAMPLE, THE AIR-CONDITIONING IS TURNED OFF UPSTAIRS DURING THE DAY BECAUSE THE FAMILY IS DOWNSTAIRS, RECORD THE DOWNSTAIRS TEMPERATURE. IF THE RESPONDENT DOESN'T KNOW THE TEMPERATURE, BUT KNOWS THE THERMOSTAT SETTING, RECORD THE THERMOSTAT SETTING. OTHERWISE, PROBE FOR THE BEST ESTIMATE.**

F-9a **TEMPHOMEAC During the *day* in the summer when *someone* is home?**

Enter degrees Fahrenheit.....   
Air-conditioner Turned Off ..... 95

F-9b **TEMPGONEAC During the *day* in the summer when *no one* is home?**

Enter degrees Fahrenheit.....   
Air-conditioner Turned Off ..... 95

F-9c **TEMPNITEAC During *sleeping hours* in the summer?**

Enter degrees Fahrenheit.....   
Air-conditioner Turned Off ..... 95

F-10 [If COOLTYPE=2 or 3; **OTHERWISE, GO TO F-13**] **NUMBERAC How many window or wall air-conditioning units do you have in your home?**

Enter the number .....

F-11 **WWACAGE INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. Approximately, how old is the [if NUMERAC>1: *most-used*] window/wall unit in your home?**

- Less than 2 years old..... 01
- 2 to 4 years old ..... 02
- 5 to 9 years old ..... 03
- 10 to 19 years old ..... 04
- 20 years or older..... 05
- As old as the home (if volunteered)..... 06

F-11a [If WWACAGE<03] **ESWWAC INTERVIEWER INSTRUCTION: PLACE SHOW CARD 31 IN FRONT OF THE RESPONDENT. Please look at Card 31. Is this air-conditioning unit an *Energy Star* appliance?**

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

F-12 **USEWWAC** INTERVIEWER INSTRUCTION: PLACE SHOW CARD 21 IN FRONT OF THE RESPONDENT. Please look at Card 21. Which of the statements shown best describes the way your household [IF THE INTERVIEW DATE IS BEFORE SEPTEMBER 1: uses the [IF NUMBERAC>1: most-used] window/wall air-conditioner this summer? IF THE INTERVIEW DATE IS AFTER AUGUST 31: used the [IF NUMBERAC>1: most used] wall or window air-conditioner during the summer of 2005?

- Not used at all ..... 0
- Turned on only a few days or nights when really needed..... 1
- Turned on quite a bit ..... 2
- Turned on just about all summer ..... 3

F-13 **TREESHAD** Does your home have any large trees that shade your home from the afternoon summer sun?

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

F-14 **IVCOMMF** INTERVIEWER INSTRUCTION: 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

G-1a LGT12 **Thinking of a typical summer weekday, please tell me the number of indoor lights your household has turned on for more than 12 hours each day? Do not include any nightlights in your count.**

Enter the number .....

G-1a1 [If LGT12>0] *LGT12EE* **How many of these lights use energy-efficient bulbs? An energy-efficient bulb is a fluorescent tube or a compact fluorescent bulb that costs more than a regular bulb but is one that lasts much longer.**

Enter the number .....

G-1b LGT4 **How many indoor lights are turned on between 4 hours and 12 hours each day during a typical summer weekday?**

Enter the number .....

G-1b1 [If LGT4>0] *LGT4EE* **How many of these lights use energy-efficient bulbs?**

Enter the number .....

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

Enter the number .....

G-1c1 [If LGT1>0] *LGT1EE* **How many of these lights use energy-efficient bulbs?**

Enter the number .....

G-2 [If TYPEHUQ=2 or 3] *NOUHLGTNT* **How many outdoor lights are left on all night?**

Enter the number .....

G-2a [If OUTHLGTNT>0] *NGASLIGHT* [If OUTHLIGHT=1 **Does this light; if OUTHLIGHT>1 How many of these lights] use natural gas?**

Enter the number .....

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

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

G-3a [If SLDDRS=Yes] *DOOR1SUM* **How many of these sliding glass doors does your home have?**  
**INTERVIEWER INSTRUCTION: COUNT EACH PAIR OF SLIDING GLASS DOORS AS ONE DOOR.**

Enter the number .....

G-4 **WINDOWS INTERVIEWER INSTRUCTION: PLACE SHOW CARD 22 IN FRONT OF THE RESPONDENT.**

**Please look at Card 22. Approximately, how many windows does your home/apartment have? Each window that opens separately should be counted as one window. Leave out of your count any windows that are in unheated parts of your home/apartment.**

- 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
- None (volunteered) ..... 00

**INTERVIEWER INSTRUCTION: IF ASKED: DOUBLE-HUNG OR SLIDER WINDOWS COUNT AS ONE WINDOW. EACH WINDOW THAT OPENS SEPARATELY SHOULD BE COUNTED AS ONE WINDOW. ALSO COUNT WINDOWS THAT ARE FIXED IN PLACE. DO NOT INCLUDE WINDOWS (GLASS PANELS) IN DOORS.**

**G-4a TYPEGLASS INTERVIEWER INSTRUCTION: PLACE SHOW CARD 23 IN FRONT OF THE RESPONDENT. Please look at Card 23. Which picture best describes the type of glass in the windows of your home/apartment? Do not consider storm windows.**

- Single-pane glass ..... 1
- Double-pane glass..... 2
- Double-pane glass with Low-e coating ..... 3
- Triple-pane glass ..... 4
- Triple-pane glass with Low-e coating ..... 5

**G-4b NEWGLASS How many of the original windows in your home/apartment have been replaced? Is it . . .**

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

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

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

**G-6 DRAFTY How often do you or other members of your household find your home/apartment too drafty during the winter? Would you say it is. . .**

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

**G-7 [If TYPEHUQ<>1] HIGHCEIL Are any of the ceilings in your home/apartment unusually high? Most ceilings are about 8 feet high which is about a foot higher than a standard door.**

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

**G-7a CATHCEIL [If HIGHCEIL=1] Are any of the ceilings in your home/apartment what are**

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**commonly described as cathedral ceilings? Cathedral ceilings are usually in rooms on the main floor and go all the way up to the roof.**

Yes..... 1  
No ..... 2

**G-8 IVCOMMG INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE MISCELLANEOUS CHARACTERISTICS OF THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS.**

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Section H: FUELS USED

H-1a [If USENG=Yes and USELP=Yes] USENGLPG **You have told me that you use both natural gas from underground pipes and propane (bottled gas) in your home. It's unusual for both of these fuels to be used in the same housing unit. Just to be sure, do you indeed use both natural gas and propane (bottled gas)?**

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

H-1a1 [If USENGLPG=No] NGLPGFU **Which one do you use, natural gas or propane (bottled gas)?**

Natural gas from underground pipes ..... 01  
 Propane (bottled gas) ..... 02

H-2 *USEEL USENG USELP USEFO USEKERO USEWOOD USESOLAR* **You have mentioned using [CAPI WILL LIST THE FUELS IDENTIFIED AS USED BY THE HOUSEHOLD]. Do you use [CAPI WILL LIST THE FUELS WHICH HAVE NOT BEEN IDENTIFIED AS USED BY THE HOUSEHOLD] as a fuel for any purpose in your home?**

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

H-2a [If Yes] **Which of these fuels do you use? INTERVIEWER INSTRUCTION: INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

Electricity ..... 05  
 Natural gas from underground pipes ..... 01  
 Propane (bottled gas) ..... 02  
 Fuel oil ..... 03  
 Kerosene ..... 04  
 Wood ..... 07  
 Solar ..... 08

H-2a1 [If Electricity is named] ELWARM *ELWATER* ELFOOD ELCOOL ELOTHER **How do you use electricity in your home? Do you use it for. . . . INTERVIEWER INSTRUCTION: INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

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

H-2a2 [If Natural gas is named] UGWARM *UGWATER UGCOOK UGOTH* **How do you use natural gas in your home? Do you use it for. . . . INTERVIEWER INSTRUCTION:**



**INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

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

H-2a3 [If Propane (bottled gas) is named] LPWARM LPWATER LPCOOK LPGRILL LPOTHER **How do you use propane (bottled gas) in your home? Do you use it for. . . .**  
**INTERVIEWER INSTRUCTION: INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

	<u>Yes</u>	<u>No</u>
Heating your home .....	1.....	0.....
Heating water .....	1.....	0.....
Operating a cooking stove.....	1.....	0.....
Outdoor grill .....	1.....	0.....
Some other use (Specify _____).....	1.....	0.....

H-2a4 [If Fuel oil is named] FOWARM FOWATER FOOTHER **How do you use fuel oil in your home? Do you use it for. . . .**  
**INTERVIEWER INSTRUCTION: INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

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

H-2a5 [If Kerosene is named] KRWARM KRWATER KROTHER **How do you use kerosene in your home? Do you use it for. . . .**  
**INTERVIEWER INSTRUCTION: INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

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

H-2a6 [If Wood is named] WDWARM WDWATER WDOTHER **How do you use wood in your home? Do you use it for. . . .**  
**INTERVIEWER INSTRUCTION: INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

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

H-2a7 [If Solar is named] SOLWARM SOLWATER SOLPOOL SOLOTHER **How do you use solar in your home? Do you use it for. . . .**  
**INTERVIEWER INSTRUCTION: INCLUDE ALL THAT APPLY. PROBE BY ASKING: Any others?**

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

H-3 [FOR EACH FUEL BY END-USE AS PREVIOUSLY IDENTIFIED BEING USED] PELHEAT PELHOTWA PELCOOK PELAC PELLIGHT PGASHEAT PGASHTWA PUGCOOK PUGOTH FOPAY LPGPAY **In the past 12 months was the [NAME THE FUEL USED] used for [NAME THE END-USE THE FUEL IS USED FOR] paid for by your household, included in the rent or condominium fee, or paid some other way?**

	<u>HH Pays All</u>	<u>All in Rent/Fee</u>	<u>Other Way</u>
Electricity for . . .			
Heating your home .....	1.....	2.....	3.....
Air-Conditioning .....	1.....	2.....	3.....
Heating water.....	1.....	2.....	3.....
Cooking.....	1.....	2.....	3.....
Lighting and Appliances.....	1.....	2.....	3.....
Natural Gas for . . .			
Heating your home .....	1.....	2.....	3.....
Heating water.....	1.....	2.....	3.....
Cooking.....	1.....	2.....	3.....
Other uses .....	1.....	2.....	3.....
Fuel Oil .....	1.....	2.....	3.....
Propane (bottled gas) .....	1.....	2.....	3.....

H-3a [If PELHEAT or PELHOTWA or PELCOOK or PELAC or PELLIGHT=3] 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-3b [If PGASHEAT or PGASHTWA or PUGCOOK or PUGOTH =3] 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-3c [If FOPAY=3] OTHERWAYFO **You mentioned that 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-3d [If LPGPAY =3] 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

**INTERVIEWER INSTRUCTION: IF OCCUPYY=2005 AND OCCUPYM>MARCH, GO TO QUESTION H-8.**

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

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

H-4a [If LPGDELV=Yes] NDIFLPCO How many different companies delivered propane (bottled gas) to you in the past 12 months?

Enter the number .....

H-4b [If LPGDELV=Yes] NLPDELNC About how many deliveries did your household get in the past 12 months?

Enter the number .....   
Did not live here the full 12 months .. 95

H-5 [If USEFO=Yes] QUANTFO **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 24 IN FRONT OF THE RESPONDENT. Please look at Card 24.** About how many gallons of fuel oil did your household use in the past 12 months?

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

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

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

H-5a1 [If FODEL=Yes] NDIFFOCO How many different companies delivered fuel oil to your household in the past 12 months?

Enter the number .....

H-5a2 [If FODEL=Yes] NFODELNC About how many deliveries did your household get in the past 12 months?

Enter the number .....   
Did not live here the full 12 months ..... 95

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

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

H-6a [If KERODEL=Yes] NDIFKRCO **How many different companies delivered kerosene to your household in the past 12 months?**

Enter the number .....

H-6b [If KERODEL=Yes] NKRDEL **About how many deliveries did your household get in the past 12 months?**

Enter the number .....

H-7 [If USEKERO=Yes] KEROCASH **Did your household buy kerosene in the past 12 months and bring it home, that is, cash and carry?**

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

H-7a [If KEROCASH=Yes] NOCRCASH **How many times in the past 12 months did your household buy kerosene and bring it home?**

Enter the number .....   
 Did not live here the full 12 months ..... 95

H-7b [If KEROCASH=Yes] NKR GALNC **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-7c [If KEROCASH=Yes] PRICEKER **On average, about how much per gallon did your household pay for kerosene?**

Enter the amount price .....

H-7d [If KEROCASH=Yes] TOTPAYKER **About how much did you pay for kerosene each time your household bought it (total amount)?**

Enter the total amount .....

H-8 [If USEWOOD=Yes] **You mentioned that you use wood as a fuel in your household. What kinds of wood do you burn? Do you burn . . .**

	<u>Yes</u>	<u>No</u>
WOODLOGS <b>Wood logs or split wood?</b> .....	1.....	0
WDSCRAP <b>Wood scraps?</b> .....	1.....	0
WDPELLET <b>Wood pellets?</b> .....	1.....	0
WDOTHER <b>Any other kind of wood?</b> .....	1.....	0

H-8a [If WOODUSE=Yes] WOODAMT **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 25 IN FRONT OF THE RESPONDENT. Please look at Card 25. In the past 12 months about how much wood has your household burned?**

- Less than half a cord ..... 1
- More than half but less than a whole cord ..... 2
- At least one full cord ..... 3
- More than one full cord ..... 4
- Bags of pellets (if volunteered) ..... 5

H-8a1 [If WOODAMT=4] CORDPLUS **About how many cords would you estimate you burned?**

- 1.....01
- 1½.....02
- 2 .....03
- 2½.....04
- 3.....05
- More than 3.....06

H-8a1a [If CORDPLUS=06] CORDPLUSA **INTERVIEWER INSTRUCTION: ENTER THE NUMBER OF WHOLE CORDS IN EXCESS OF THREE.**

Enter the number of whole cords.....

H-9 IVCOMMH **INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE FUELS USED BY THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS.**

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## Section I: FUEL BILLS

I-1 **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. I will want to collect information about all 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, I can copy the bills directly into my computer.**

I-2 [If PELHEAT=Yes or PELHOTWA=Yes or PELCOOK=Yes or PELAC=Yes or PELLIGHT=Yes] **ELBILLTOSCAN Do you have a recent electric bill that I can scan into my computer?**

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

I-2a [IF ELBILLTOSCAN=YES] ELSUPPNAM ELSUPPACCTNUM **Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_

I-2b [If ELBILLTOSCAN=No] ELSUPPNAM ELSUPPACCTNUM **What is the name and account number of your household's electricity supplier and the name of the person to whom the bill is sent?**

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Addressee \_\_\_\_\_

I-2b1 **What is the address and telephone number for that electricity supplier?**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

I-3 [If PGASHEAT=Yes or PGASHTWA=Yes or PUGCOOK=Yes or PUGOTH=Yes] NGBILLTOSCAN **Do you have a recent natural gas bill that I can scan into my computer?**

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

I-3a [IF NGBILLTOSCAN=YES] NGSUPPNAM NGSUPPACCTNUM **Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_

I-3b [If NGBILLTOSCAN=No] NGSUPPNAM NGSUPPACCTNUM **What is the name and account number of your household's natural gas supplier and the name of the person to whom the bill is sent?**

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Addressee \_\_\_\_\_

I-3b1 **What is the address and telephone number for that natural gas supplier?**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

I-4 [If LPGPAY=Yes] 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

I-4a [IF LPGBILLTOSCAN=YES] LPGSUPPNAM LPGSUPPACCTNUM **INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_

I-4b [If LPGBILLTOSCAN=No] LPGSUPPNAM LPGSUPPACCTNUM **What is the name and account number of your household's [If NDIFLPCO>1 most-used] propane (bottled gas) supplier and the name of the person to whom the bill is sent?**

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Addressee \_\_\_\_\_

I-4b1 **What is the address and telephone number for that propane (bottled gas) supplier?**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_



I-5 [If NDIFLPCO>1] LPGBILLTOSCAN2 Earlier you told me that [ENTER THE NUMBER OF COMPANIES THAT DELIVERED PROPANE (BOTTLED GAS)] different companies delivered propane (bottled gas) to your home in the past 12 months. Do you have a recent bill from [If NDIFLPCO=2 your other; If NDIFLPCO>2 the second most-used] propane (bottled gas) supplier that I can scan into my computer?

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

I-5a [IF LPGBILLTOSCAN2=YES] LPGSUPPNAM2 LPGSUPPACCTNUM2 INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_

I-5b [If LPGBILLTOSCAN2=No] LPGSUPPNAM2 LPGSUPPACCTNUM2 What is the name and account number of your household's [If NDIFLPCO=2 other; If NDIFLPCO>2 second most-used] propane (bottled gas) supplier and the name of the person to whom the bill is sent?

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Addressee \_\_\_\_\_

I-5b1 What is the address and telephone number for that propane (bottled gas) supplier?

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

I-6 [If FOPAY=Yes] FOBILLTOSCAN **Do you have a recent bill from your [If NDIFFOCO>1 most-used] fuel oil supplier that I can scan into my computer?**

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

I-6a [IF FOBILLTOSCAN=YES] **INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_

I-6b [If FOBILLTOSCAN=No] FOSUPPNAM FOSUPPACCTNUM **What is the name and account number of your household's [If NDIFFOCO>1 most-used] fuel oil supplier?**

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_

I-6b1 **What is the address and telephone number for that fuel oil gas supplier?**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

I-7 [If NDIFFOCO>1] FOBILLTOSCAN2 **Earlier you told me that [ENTER THE NUMBER OF COMPANIES THAT DELIVERED FUEL OIL] different companies delivered fuel oil to your home in the past 12 months. Do you have a recent bill from [If NDIFFOCO=2 your other; If NDIFFOCO>2 the second most-used] fuel oil supplier that I can scan into my computer?**

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

I-7a [IF FOBILLTOSCAN2=YES] **INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_

I-7b [If FOBILLTOSCAN2=No] FOSUPPNAM2 FOSUPPACCTNUM2 **What is the name and account number of your household's [If NDIFFOPCO=2 other; If NDIFFOCO>2 second most-used] fuel oil supplier and the name of the person to whom the bill is sent?**

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Addressee \_\_\_\_\_

I-7b1 **What is the address and telephone number for that fuel oil supplier?**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

I-8 [If KERODEL=Yes] KEROBILLTOSCAN Do you have a recent bill from your household's [If NDIFKRCO>1 most-used] kerosene supplier that I can scan into my computer?

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

I-8a [IF KEROBILLTOSCAN=YES] KEROSUPPNAM KEROSUPPACCTNUM **INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_  
Street \_\_\_\_\_  
Addressee \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

I-8b [If KEROBILLTOSCAN=No] KEROSUPPNAM KEROSUPPACCTNUM What is the name and account number of your household's [If NDIFKRCO>1 most-used] kerosene supplier and the name of the person to whom the bill is sent?

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Addressee \_\_\_\_\_

I-8b1 What is the address and telephone number for that kerosene gas supplier?

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

I-9 [If NDIFKR>1] KEROBILLTOSCAN2 **Earlier you told me that [ENTER THE NUMBER OF COMPANIES THAT DELIVERED KEROSENE] different companies delivered kerosene to your home in the past 12 months. Do you have any recent bills from [If NDIFKR=2 your other; If NDIFKR>2 the second most-used] kerosene supplier that I can scan into my computer?**

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

I-9a [IF KEROBILLTOSCAN2=YES] KEROSUPPNAM2 KEROSUPPACCTNUM2 **INTERVIEWER INSTRUCTION: IF YOU HAVE NOT BY NOW MADE IT CLEAR TO THE RESPONDENT THAT THE BILLS WILL BE SCANNED AT THE END OF THE INTERVIEW, THEN READ THIS STATEMENT: Thank you. I will scan this bill and any others you may have at the end of this interview. INTERVIEWER INSTRUCTION: 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 \_\_\_\_\_

I-9b [If KEROBILLTOSCAN2=No] KEROSUPPNAM2 KEROSUPPACCTNUM2 **What is the name and account number of your household's [If NDIFKR=2 other; If NDIFKR>2 second most-used] kerosene supplier?**

Supplier Name \_\_\_\_\_  
Account Number \_\_\_\_\_

I-9b1 **What is the address and telephone number for that kerosene supplier?**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**INTERVIEWER INSTRUCTION: TAKE OUT THE YELLOW HOUSING UNIT NOTES/MEASUREMENTS BOOKLET FOR THIS HOUSING UNIT. CATI WILL TELL YOU THE CASE ID NUMBER FOR THIS HOUSING UNIT TO ENSURE THAT YOU USE THE CORRECT BOOKLET.**

I-10 **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?**

**INTERVIEWER INSTRUCTION: 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

I-11 **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

I-11a [If KFUELOT=Yes] **PURPOSE INTERVIEWER INSTRUCTION: PLACE SHOW CARD 26 IN FRONT OF THE RESPONDENT. Please look at Card 26. For which of the purposes listed are costs of fuel included in your household fuel bills? (Mark all that apply.) INTERVIEWER INSTRUCTION: 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

I-11b [If KFUELOT=Yes] **BILLPUR Which fuel bills include costs of fuel used for purposes other than your own living quarters? Is it . . .**

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

I-11b1 [If BILLPUR=Natural gas] **BILLUGP INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. 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

I-11b2 [If BILLPUR=Propane (bottled gas)] **BILLLGP INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. What portion of the propane (bottled 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

I-11b3 [If BILLPUR=Fuel oil] BILLFOP **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. 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

I-11b4 [If BILLPUR=Kerosene] BILLKERP **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. 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

I-11b5 [If BILLPUR=Electricity] BILLELP **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 2 IN FRONT OF THE RESPONDENT. Please look at Card 2. 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

I-12 **For verification purposes, may I have your name, telephone number, and, if you have one, your e-mail address? My supervisor may want to contact you about your experience during this interview.**

Name \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
e-mail Address \_\_\_\_\_

I-13 [If KOWNRENT=2 or 3 or KOWNCOND=1] LEASER **We may need some additional information about the fuels used in this building. May I have the name of the person or company to whom you pay rent or condominium/coop fees who is responsible for actually paying the [ENTER THE TYPES OF FUEL BILLS PAID] bills for this dwelling?**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

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I-13a [If TYPEHUQ=1, 4, 0R 5] COMPLEXN **Does the complex or development where you live have a formal name?**

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

I-13a1 [If COMPLEXN=Yes] CPLXNAME **What is the name?**

Name \_\_\_\_\_

I-14 IVCOMMI **INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THIS HOUSING UNIT'S FUEL BILLS THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS.**

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## Section J: HOUSEHOLD CHARACTERISTICS

Now I have a few questions about your household. These questions will help us to better understand how your household uses energy and to make sure that the sample of households we've surveyed is really representative of all American households.

J-1 HBUSNESS Do you operate a home-based business or service?

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

J-1a [If HBUSNESS=Yes] OTHBUS Would you please tell me what kind of business or service this is?

\_\_\_\_\_

J-2 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

J-2a [If OTHWORK=Yes] OTHACT Could you please tell me what that activity is?

\_\_\_\_\_

J-3 ATHOME On a typical week day is there someone at home all day?

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

J-4 HHINTRO The next few questions are about the householder. That is, one of the people who owns or rents the home/apartment. Are you a householder?

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

J-5 HHSEX Are you/Is the householder a male or a female?

Male ..... 2  
Female..... 1

J-6 HHAGE How old are you/Is the householder?

Enter the age .....

J-7 EMPLOYHH How would you describe your/the householder's employment status? Would you say

Employed full-time,..... 1  
Employed part-time, or..... 2  
Not employed?..... 0

J-8 SPOUSE Are you/Is the householder living with a spouse or partner?

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

J-9 SDESCENT **Are you/Is the householder Hispanic or Latino?**

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

J-10 **ORIGIN INTERVIEWER INSTRUCTION: PLACE SHOW CARD 27 IN FRONT OF THE RESPONDENT. Please look at Card 27 Which describes your/the householder's race? You can select one or more categories.**

American Indian or Alaska Native..... 03  
Asian ..... 41  
Black or African-American ..... 02  
Native Hawaiian or Other Pacific Islander ..... 42  
White..... 01  
Other (if volunteered) ..... 05  
Hispanic (if volunteered) ..... 07

J-11 **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.**

Enter the number .....

J-12a **AGEHHMEM2 [If NHSLDMEM>1] Starting with the oldest person, other than yourself/the householder, in this household, what is that persons' age?**

Enter the age .....

J-12b **AGEHHMEM3..14 [If NHSLDMEM>2] Of the [ENTER THE NUMBER OF REMAINING HOUSEHOLD MEMBERS] remaining members of this household, what is the age of the next oldest person?**

Enter the age .....

**INTERVIEWER INSTRUCTION: REPEAT QUESTION J-12b UNTIL ALL BUT THE YOUNGEST MEMBER OF THE HOUSEHOLD HAS BEEN ENUMERATED. CAPI WILL KEEP TRACK FOR YOU AND BRING UP THE QUESTION FOR THE YOUNGEST PERSON WHEN APPROPRIATE,**

J-12c **AGEHHMEMY [If NHSLDMEM Counter=1] What is the age of the youngest person in this household?**

Enter the age .....

J-13 **In the past 12 months, did you or any member of your household living here receive any income or**

**benefits from any of the following sources?**

	<u>Yes</u>	<u>No</u>
J-13a WORKPAY a. Employment income from wages and salaries or self-employment income from a business or farm .....	1	0
J-13b RETIREPY b. Retirement income from Social Security, Railroad Retirement, or pensions and other retirement funds .....	1	0
J-13c CASHBEN c. Cash benefits from Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), general assistance, or other public assistance .....	1	0
J-13d NCASHBEN d. Non-cash benefits from Food Stamps or public/subsidized housing .....	1	0

J-14 INCPERIOD When you think about your household income, that is the income of all the members of your household living here, do you think about your total combined income in terms of *weekly* income, *monthly* income, or *annual* income?

- Weekly income ..... 1
- Monthly income ..... 2
- Annual income..... 3

J-15a [If INCPERIOD=3] MONEYPY **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 28A IN FRONT OF THE RESPONDENT. Please look at Card 28A. Please tell me which category best describes the total combined income in the past 12 months of all members of your household living here from all sources – wages, interest, alimony, Social Security, and so forth, that I just asked your about – before taxes and deductions.**

Less than \$2,500..... 01	\$55,000 to \$59,999..... 14
\$2,500 to \$4,999 ..... 02	\$60,000 to \$64,999 ..... 15
\$5,000 to \$7,499..... 03	\$65,000 to \$69,999 ..... 16
\$7,500 to \$9,999..... 04	\$70,000 to \$74,999 ..... 17
\$10,000 to \$14,999..... 05	\$75,000 to \$79,999 ..... 18
\$15,000 to \$19,999..... 06	\$80,000 to \$84,999 ..... 19
\$20,000 to \$24,999..... 07	\$85,000 to \$89,999 ..... 20
\$25,000 to \$29,999..... 08	\$90,000 to \$94,999 ..... 21
\$30,000 to \$34,999..... 09	\$95,000 to \$99,999 ..... 22
\$35,000 to \$39,999..... 10	\$100,000 to \$119,999 ..... 23
\$40,000 to \$44,999..... 11	\$120,000 or more..... 24
\$45,000 to \$49,999..... 12	Don't know..... 96
\$50,000 to \$54,999..... 13	Refused..... 97

J-15a1 [If MONEYPY=96 or 97] INCOMEPLUS **Was your annual household income in the past 12 months under [THE CAPI SYSTEM WILL FILL IN THE DOLLAR AMOUNT]?**

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

J-15b [If INCPERIOD=2] MONEYPYM **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 28M IN FRONT OF THE RESPONDENT. Please look at Card 28M. Please tell me which category best describes the total combined monthly income of all members of your household living here from all sources – wages, interest, alimony, Social Security, and so forth, that I just asked your about – before taxes and deductions.**

Less than \$210.....	01	\$4,580 to \$4,999.....	14
\$2,10 to \$419 .....	02	\$5,000 to \$5,419 .....	15
\$420 to \$629.....	03	\$5,420 to \$5,829 .....	16
\$630 to \$829.....	04	\$5,830 to \$6,249 .....	17
\$830 to \$1,249.....	05	\$6,250 to \$6,669 .....	18
\$1,250 to \$1,669.....	06	\$6,670 to \$7,079 .....	19
\$1,670 to \$2,079.....	07	\$7,080 to \$7,499 .....	20
\$2,080 to \$2,499.....	08	\$7,500 to \$7,919 .....	21
\$2,500 to \$2,919.....	09	\$7,920 to \$8,329 .....	22
\$2,920 to \$3,329.....	10	\$8,330 to \$9,999 .....	23
\$3,330 to \$3,749.....	11	\$10,000 or more .....	24
\$3,750 to \$4,169.....	12	Don't know.....	96
\$4,170 to \$4,579.....	13	Refused.....	97

J-15b1 [If MONEYPYM=96 or 97] INC0MEPLUSM **Was your monthly household income in the past 12 months under [THE CAPI SYSTEM WILL FILL IN THE DOLLAR AMOUNT]?**

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

J-15c [If INCPERIOD=1] MONEYPYW **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 28W IN FRONT OF THE RESPONDENT. Please look at Card 28W. Please tell me which category best describes the total combined weekly income of all members of your household living here from all sources – wages, interest, alimony, Social Security, and so forth, that I just asked your about – before taxes and deductions.**

Less than \$50.....	01	\$1,060 to \$1,149.....	14
\$50 to \$99 .....	02	\$1,150 to \$1,249 .....	15
\$100 to \$139.....	03	\$1,250 to \$1,349 .....	16
\$140 to \$189.....	04	\$1,350 to \$1,439 .....	17
\$190 to \$289.....	05	\$1,440 to \$1,539 .....	18
\$290 to \$389.....	06	\$1,540 to \$1,639 .....	19
\$390 to \$479.....	07	\$1,640 to \$1,729 .....	20
\$480 to \$579.....	08	\$1,730 to \$1,829 .....	21
\$580 to \$669.....	09	\$1,830 to \$1,919 .....	22
\$670 to \$769.....	10	\$1,920 to \$2,309 .....	23
\$770 to \$869.....	11	\$2,310 or more .....	24
\$870 to \$959.....	12	Don't know.....	96
\$960 to \$1,059.....	13	Refused.....	97

J-15c1 [If MONEYPYW=96 or 97] INC0MEPLUSW **Was your weekly household income in the past 12 months under [THE CAPI SYSTEM WILL FILL IN THE DOLLAR AMOUNT]?**

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

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J-15 IVCOMMJ INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE HOUSEHOLD CHARACTERISTICS OF THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS.

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## Section K: ENERGY ASSISTANCE

**INTERVIEWER INSTRUCTION: SECTION K—ENERGY ASSISTANCE IS TO BE ASKED ONLY OF THOSE RESPONDENTS WHO QUALIFY FOR ASSISTANCE UNDER THE *LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)*. ELIGIBILITY FOR LIHEAP IS DETERMINED BY EACH STATE AND IS DEPENDENT ON HOUSEHOLD INCOME AND THE HOUSEHOLD SIZE.**

**CAPI WILL DETERMINE IF YOU ARE TO ADMINISTER SECTION K TO THIS RESPONDENT. IF THE RESPONDENT’S HOUSEHOLD IS NOT ELIGIBLE CAPI WILL AUTOMATICALLY SKIP THESE QUESTIONS AND TAKE YOU TO SECTION L—HOUSING UNIT MEASUREMENTS.**

**K-1 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 29 IN FRONT OF THE RESPONDENT. As a result of energy price increases, some households have faced challenges in paying home energy bills. The next set of questions are about the challenges you may have faced. Please look at Card 29. In the past 12 months, did you *almost every month, some months, only 1 or 2 months, or never* do the following because there wasn’t enough money for your home energy bill?**

		<u>Almost Every Month</u>	<u>Some Months</u>	<u>Only 1 or 2 Months</u>	<u>Never</u>
K-1a	SCALEA Did you worry that you wouldn’t be able to pay your home energy bill? .....	1	2	3	4
K-1b	SCALEB Did you reduce your expenses for what you consider to be basic household necessities? .....	1	2	3	4
K-1c	SCALEC Did you need to borrow from a friend or relative to pay your home energy bill? .....	1	2	3	4
K-1d	SCALED Did you skip paying your home energy bill or pay less than your whole home energy bill? .....	1	2	3	4
K-1e	SCALEE Did you have a supplier of your electric or home heating service threaten to disconnect your electricity or home heating fuel service, or discontinue making fuel deliveries? .....	1	2	3	4
K-1f	SCALEF Did you close off part of your home because you could not afford to heat or cool it? .....	1	2	3	4
K-1g	SCALEG Did you keep your home at a temperature that you felt was unsafe or unhealthy at any time of the year? .....	1	2	3	4
K-1h	SCALEH Did you leave your home for part of the day because it was too hot or too cold? .....	1	2	3	4
K-1i	SCALEI Did you use your kitchen stove or oven to provide heat? .....	1	2	3	4

**K-2 ENERGYAID There is a home energy assistance program that helps people pay for their heating, cooling and other home energy costs and/or repair or replacement of their heating/cooling equipment. During the past 12 months did anyone in your household receive energy assistance?**

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

K-2a [If ENERGYAID=Yes] AIDADDRESS Did you receive energy assistance at this address?

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

K-3 [If FUELHEAT<>99 and DNTHEAT<>2] Was there ever a time during the past 12 months when you wanted to use your main source of heat, but could not, for one or more of the following reasons:

	<u>Yes</u>	<u>No</u>
K-3a NOPYFIX Your heating system was <i>broken</i> and you were <i>unable</i> to pay for its repair or replacement? .....	1	0
K-3a1 [If NOPYFIX=Yes and ENERGYAID=Yes] NOPYFIXREST Did receiving energy assistance help you to restore heating of your home? .....	1	0
K-3b [If ELWARM<>Yes and UGWARM<>Yes] NOPYFL You <i>ran out</i> of fuel oil, kerosene, propane (bottled gas), coal, or wood because you were <i>unable</i> to pay for a delivery? .....	1	0
K-3b1 [If NOPYFL=Yes and ENERGYAID=Yes] NOPYFLREST Did receiving energy assistance help you to restore heating of your home? .....	1	0
K-3c NOPYEL The utility company <i>discontinued</i> your electric service because you were <i>unable</i> to pay your bill? .....	1	0
K-3c1 [If NOPYEL=Yes and ENERGYAID=Yes] NOPYELREST Did receiving energy assistance help you to restore heating of your home? .....	1	0
K-3d [If UGWARM=Yes] NOPYGAS The utility company <i>discontinued</i> your gas service because you were <i>unable</i> to pay your bill? .....	1	0
K-3d1 [If NOPYGA=Yes and ENERGYAID=Yes] NOPYGASREST Did receiving energy assistance help you to restore heating of your home? .....	1	0

K-4 [If AIRCOND=Yes] Was there ever a time during the past 12 months when you wanted to use your air-conditioner, but could not, for one or more of the following reasons:

	<u>Yes</u>	<u>No</u>
K-4a NOPYFIXAC Your air-conditioner was <i>broken</i> and you were <i>unable</i> to pay for its repair or replacement? .....	1	0
K-4a1 [If NOPYFIXAC=Yes and ENERGYAID=Yes] NOPYFIXACREST Did receiving energy assistance help you to restore cooling of your home? .....	1	0
K-4b NOPYELAC The utility company <i>discontinued</i> your electric service because you were <i>unable</i> to pay your bill? .....	1	0
K-4b1 [If NOPYELAC=Yes and ENERGYAID=Yes] NOPYELACREST Did receiving energy assistance help you to restore cooling of your home? .....	1	0

K-5 [If NOPYEL=Yes or NOPYELAC=Yes, **GO TO QUESTION K-7**] SOMEPY **In the past 12 months, has there been a time when your household did not pay the full amount due for an electric bill?**

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

K-6 **NOPAY In the past 12 months was your electricity ever discontinued because you were unable to pay your electric bill?**

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

K-6a [If NOPAY=Yes] MTHSNOPY **In which months was your electricity discontinued?** (Mark all that apply.)

January ..... 1	July .....7
February ..... 2	August .....8
March ..... 3	September .....9
April ..... 4	October .....10
May ..... 5	November .....11
June ..... 6	December .....12

K-6b [If NOPAY=Yes] NTIMEWOEL **How many separate times were you without electricity because your electric service was discontinued?**

Enter the number of times .....

K-6c [If NOPAY=Yes] NDAYSWOEL **Altogether, how many days were you without electricity in the past 12 months because your electric service was discontinued?**

Enter the number of whole days .....

**INTERVIEWER INSTRUCTION: IF THE NUMBER OF DAYS IS LESS THAN ONE FULL DAY, ENTER "444" AS THE RESPONSE.**

K-7 **IVCOMMK INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT ENERGY ASSISTANCE RECEIVED BY THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENT'S ANSWERS.**

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## Section L: HOUSING UNIT MEASUREMENTS

**INTERVIEWER INSTRUCTION:** TAKE OUT THE YELLOW HOUSING UNIT NOTES/MEASUREMENTS BOOKLET FOR THIS HOUSING UNIT. CATI WILL TELL YOU THE CASE ID NUMBER FOR THIS HOUSING UNIT TO ENSURE THAT YOU USE THE CORRECT BOOKLET.

L-1 SQFTEST To understand the usage of energy in your home/apartment, we need to know about its' size and shape. Would you tell me how many square feet of heated living space you have in your home/apartment? Your best estimate will do.

Enter the square footage here .....

**INTERVIEWER INSTRUCTION:** IF APTFLOORS>3 (APARTMENT HAS MORE THAN 3 FLOORS OR STORIES=50 (SOME OTHER TYPE OF STRUCTURE), GO TO QUESTION L-3. THIS HOUSING UNIT IS SOME TYPE OF UNUSUAL STRUCTURE. USE THE MEASUREMENT BOOKLET TO MARK AND, IF NECESSARY, SKETCH THE SHAPE OF EACH FLOOR AND MANUALLY RECORD ALL MEASUREMENTS.

L-2 SHAPE1FLRA **INTERVIEWER INSTRUCTION:** PLACE SHOW CARD 30 IN FRONT OF THE RESPONDENT. Please look at Card 30. Thinking about the *main or first* floor of your home, let's work together to find which of these shapes best describes the shape of the living space (if applicable: 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

L-3 [If STORIES=Two stories, Three stories, or Split-level or NAPTFLRS=2 or 3. OTHERWISE, GO TO QUESTION L-4.] SHAPE2FLR Is the *shape* of the second floor of this housing unit the same as the first floor?

- Yes..... 1
- No ..... 0 → GO TO QUESTION L-3b

L-3a [If SHAPE2FLR=Yes] SIZE2FLR Is the *size* of the second floor of this housing unit the same as the first floor?

- Yes..... 1 → GO TO QUESTION L-4
- No ..... 0

L-3b [If SHAPE2FLR=No or SIZE2FLR=No] SHAPE2FLRA **INTERVIEWER INSTRUCTION:** PLACE SHOW CARD 30 IN FRONT OF THE RESPONDENT. Please look at Card 30. Thinking about the *second* floor of your home, 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
- Not applicable.....9

L-4 [If STORIES A-4="Three stories or Split-level" or NAPFLRS=3. **OTHERWISE, GO TO QUESTION L-5.**] SHAPE3FLR Is the *shape* of the third floor of this housing unit the same as the second floor?

Yes..... 1  
No ..... 0 → GO TO QUESTION L-4b

L-4a [SHAPE3FLR=Yes] SIZE3FLR Is the *size* of the third floor of this housing unit the same as the second floor?

Yes..... 1 → GO TO QUESTION L-5  
No ..... 0

L-4b [If SHAPE3FLR=No or SIZE3FLR=No] SHAPE3FLRA **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 30 IN FRONT OF THE RESPONDENT. Please look at Card 30. Thinking about the *third* floor of your home, 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  
Not applicable .....9

L-5 [{ATTICFIN=Yes and ATTICHEAT=All or Part} and {(If TYPEHUQ=2 or 3) or (TYPEHUQ=4 and ATTICUSE=All or Part.)} **OTHERWISE, GO TO QUESTION L-6.**] SHAPEATTIC Is the *shape* of the attic of this housing unit the same as the floor under it?

Yes..... 1  
No ..... 0 → GO TO QUESTION L-5b

L-5a [If SHAPEATTIC=Yes] SIZEATTIC Is the *size* of the attic of this housing unit the same as the floor under it?

Yes..... 1 → GO TO QUESTION L-6  
No ..... 0

L-5b [If SHAPEATTIC=No or SIZEATTIC=No] SHAPEATTICA **INTERVIEWER INSTRUCTION: PLACE SHOW CARD 30 IN FRONT OF THE RESPONDENT. Please look at Card 30. Thinking about the *attic* of your home, which of these shapes describes the shape of the living space in the attic?**

**INTERVIEWER INSTRUCTION: IF THIS IS AN APARTMENT IN A 2-4 UNIT BUILDING, REMIND THE RESPONDENT TO INCLUDE ON THE SAPE THAT THE HAVE EXCLUSIVE USE OF IN THE DESCRIPTION.**

Square or Rectangle.....1  
T-shaped (2 Squares or Rectangles).....2  
L-shaped (2 Squares or Rectangles).....3  
Some other shape .....4  
Not applicable .....9

L-6 [(If BASEFIN=Yes and BASEHEAT=All or Part) and ((If TYPEHUQ=2 or 3) or (If TYPEHUQ=4 and BASEUSE=All or Part.))] OTHERWISE, GO TO THE MEASUREMENTS INSTRUCTIONS.] SHAPEBASE Is the *shape* of the basement of this housing unit the same as the floor directly above it?

Yes..... 1  
No ..... 0 → GO TO QUESTION L-6b

L-6a [If SHAPEBASE=Yes] SIZEBASE Is the *size* of the basement of this housing unit the same as the floor directly above it?

Yes..... 1 → GO TO THE MEASUREMENTS INSTRUCTIONS  
No ..... 0

L-6b [If SHAPEBASE=No or SIZEBASE=No] SHAPEBASEA INTERVIEWER INSTRUCTION: PLACE SHOW CARD 30 IN FRONT OF THE RESPONDENT. Please look at Card 30. Thinking about the *basement* of your home (if applicable: including the garage), which of these shapes best describes the shape of the basement?

INTERVIEWER INSTRUCTION: IF THIS IS AN APARTMENT IN A 2-4 UNIT BUILDING, REMIND THE RESPONDENT TO INCLUDE ON THE SAPE THAT THE HAVE EXCLUSIVE USE OF IN THE DESCRIPTION.

Square or Rectangle.....1  
T-shaped (2 Squares or Rectangles).....2  
L-shaped (2 Squares or Rectangles).....3  
Some other shape .....4  
Not applicable.....9

L-7 MEASURE To understand the usage of energy in your home/apartment, we need to know its exact size in square feet. [If SQFTEST>0 Even though you have given me your best estimate with . . .' If SQFTEST=0 or Don't know With . . . ] your permission, I would like to measure your home.

Measurements follow..... 1  
Respondent refused ..... 7  
Other..... 2

INTERVIEWER INSTRUCTIONS: IF THE RESPONDENT REFUSED TO LET YOU MEASURE THE HOUSING UNIT, THANK HIM/HER AND CONCLUDE THE INTERVIEW.

IF APTFLOORS>3 (APARTMENT HAS MORE THAN 3 FLOORS OR STORIES=50 (SOME OTHER TYPE OF STRUCTURE). THIS HOUSING UNIT IS SOME TYPE OF UNUSUAL STRUCTURE. USE THE MEASUREMENT BOOKLET TO MARK AND, IF NECESSARY, SKETCH THE SHAPE OF EACH FLOOR AND MANUALLY RECORD ALL MEASUREMENTS.

## Measurement Instructions

For *all* housing units: The main or first floor of this housing unit (if applicable, including the garage) is to be measured.

In the Measurements Booklet on page 7 for the Main/First Floor, check the box for:

(Shape of Floor)

If the floor is "Some Other Shape": Record all information for this floor inside the Measurements Booklet.

If SHAPE2FLR=No or SIZE2FLR=No: This housing unit has a second floor that is to be measured.

In the Measurements Booklet, for the Second Floor, check the boxes for:

Measure

(Shape of Floor)

If the floor is *Some Other Shape*: Record all information for this floor inside the Measurements Booklet.

If SHAPE3FLR=No or SIZE3FLR=No: This housing unit has a third floor that is to be measured.

In the Measurements Booklet on page 7, for the Third Floor, check the boxes for:

Measure

(Shape of Floor)

If the floor is *Some Other Shape*: Record all information for this floor inside the Measurements Booklet.

If SHAPEATTIC=No or SIZEATTIC=No: This housing unit has an attic that is to be measured.

In the Measurements Booklet on page 7, for the Attic, check the boxes for:

Measure

(Shape of Floor)

If the floor is *Some Other Shape*: Record all information for this floor inside the Measurements Booklet.

If SHAPEBASE=No or SIZEBASE=No: This basement of this housing unit (if applicable, including the garage) is to be measured.

In the Measurements Booklet on page 7, for the Basement, check the boxes for:

Measure

(Shape of Floor)

If the floor is *Some Other Shape*: Record all information for this floor inside the Measurements Booklet.

If NAPTFLLRS > 3 or STORIES=Four or more stories: This housing unit has more than 3 floors (in addition to any attics or basements). You are to measure all the floors in this housing unit.

For the first four floors (and any attics or basements), use the available pages in the yellow Measurements Booklet to sketch the shape of the floor and to record your measurements.

For each additional floor, use a separate piece of paper to sketch the shape of the floor and to record your measurements. Securely attach these papers to the yellow Measurements Booklet

L-8a [If SHAPE1FLRA=Square or Rectangle] FLR1L1 FLR1W1 INTERVIEWER INSTRUCTION: MEASURE THE LENGTH AND WIDTH OF THE FIRST/MAIN FLOOR. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.

Enter the length here .....  Enter the width here .....

L-8b [If SHAPE1FLRA=L- or T-shaped] FLR1L1 FLR1W1 LFR1L2 FLR1W2 INTERVIEWER INSTRUCTION: DIVIDE THE FIRST/MAIN FLOOR INTO TWO SQUARES OR RECTANGLES AND MEASURE THE LENGTH AND WIDTH OF EACH ONE. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.

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.....

L-8c MEAS1FLR INTERVIEWER INSTRUCTION: RECORD WHERE THE FIRST/MAIN FLOOR MEASUREMENTS WERE TAKEN.

- Outside the unit..... 1
- Inside the unit ..... 2
- Other (Specify \_\_\_\_\_ ) ..... 3
- Not measured ..... 4
- Not applicable ..... 9

I-9a [{If SHAPE2FLR=No or SIZE2FLR=No} and SHAPE2FLRA=Square or Rectangle] FLR2L1 FLR2W1 INTERVIEWER INSTRUCTION: MEASURE THE LENGTH AND WIDTH OF THE SECOND FLOOR. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.

Enter the length here .....  Enter the width here .....

L-9b [{If SHAPE2FLR=No or SIZE2FLR=No} and SHAPE2FLRA=L- or T-shaped] FLR2L1 FLR2W1 FLR2L2 FLR2W2 INTERVIEWER INSTRUCTION: DIVIDE THE SECOND FLOOR INTO TWO SQUARES OR RECTANGLES AND MEASURE THE LENGTH AND WIDTH OF EACH ONE. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.

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.....

L-9c MEAS2FLR INTERVIEWER INSTRUCTION: RECORD WHERE THE SECOND FLOOR MEASUREMENTS WERE TAKEN.

- Outside the unit..... 1
- Inside the unit ..... 2
- Other (Specify \_\_\_\_\_ ) ..... 3
- Not measured ..... 4
- Not applicable ..... 9

L-10a **[[If SHAPE3FLR=No or SIZE3FLR=No] and SHAPE3FLRA=Square or Rectangle] FLR3L1 FLR3W1**  
**INTERVIEWER INSTRUCTION: MEASURE THE LENGTH AND WIDTH OF THE THIRD FLOOR. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.**

Enter the length here .....  Enter the width here .....

L-10b **[[If SHAPE3FLR=No or SIZE3FLR=No] and SHAPE3FLRA=L- or T-shaped] FLR3L1 FLR3W1 FLR3L2 FLR3W2**  
**INTERVIEWER INSTRUCTION: DIVIDE THE THIRD FLOOR INTO TWO SQUARES OR RECTANGLES AND MEASURE THE LENGTH AND WIDTH OF EACH ONE. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.**

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.....

L-10c **MEAS3FLR INTERVIEWER INSTRUCTION: RECORD WHERE THE THIRD FLOOR MEASUREMENTS WERE TAKEN.**

- Outside the unit..... 1
- Inside the unit ..... 2
- Other (Specify \_\_\_\_\_) ..... 3
- Not measured ..... 4
- Not applicable ..... 9

L-11a **[[If SHAPEATTIC=No or SIZEATTIC=No] and SHAPEATTICA=Square or Rectangle] FLRAL1 FLRAW2**  
**INTERVIEWER INSTRUCTION: MEASURE THE LENGTH AND WIDTH OF THE ATTIC. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.**

Enter the length here .....  Enter the width here .....

L-11b **[[If SHAPEATTIC=No or SIZEATTIC=No] and SHAPEATTICA=L- or T-shaped] FLRAL1 FLRAW1 FLRAL2 FLRAW2**  
**INTERVIEWER INSTRUCTION: DIVIDE THE ATTIC INTO TWO SQUARES OR RECTANGLES AND MEASURE THE LENGTH AND WIDTH OF EACH ONE. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.**

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.....

L-11c **MEASATTIC INTERVIEWER INSTRUCTION: RECORD WHERE THE ATTIC MEASUREMENTS WERE TAKEN.**

- Outside the unit..... 1
- Inside the unit ..... 2
- Other (Specify \_\_\_\_\_) ..... 3
- Not measured ..... 4
- Not applicable ..... 9

L-12a [{"If SHAPEBASE=No or SIZEBASE=No} and SHAPEBASEA=Square or Rectangle] FLRBL1 FLRBW1  
**INTERVIEWER INSTRUCTION: MEASURE THE LENGTH AND WIDTH OF THE BASEMENT. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.**

Enter the length here .....  Enter the width here .....

L-12b [{"If SHAPEBASE=No or SIZEBASE=No} and SHAPE2FLRA= =L- or T-shaped] FLRBL1 FLRBW1 FLRBL2 FLRBW2  
**INTERVIEWER INSTRUCTION: DIVIDE THE BASEMENT INTO TWO SQUARES OR RECTANGLES AND MEASURE THE LENGTH AND WIDTH OF EACH ONE. RECORD THE MEASUREMENTS IN THE SPACES BELOW. ROUND THE LENGTH AND WIDTH TO THE NEAREST WHOLE FOOT.**

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.....

L-12c MEASBASE **INTERVIEWER INSTRUCTION: RECORD WHERE THE BASEMENT MEASUREMENTS WERE TAKEN.**

- Outside the unit..... 1
- Inside the unit ..... 2
- Other (Specify \_\_\_\_\_) ..... 3
- Not measured ..... 4
- Not applicable..... 9

**INTERVIEWER INSTRUCTION: IF NAPTFLLRS>3 or STORIES>40 THIS HOUSING UNIT HAS MORE THAN 3 FLOORS (IN ADDITION TO ANY ATTICS OR BASEMENTS). THERE IS NO MORE ROOM IN THE CAPI SYSTEM TO ENTER THE MEASUREMENTS FOR THESE OTHER FLOORS. BE SURE TO SECURELY ATTACH THE PAPERS THAT INCLUDE THE SKETCHES OF THE SAHPAE AND THE MEASUREMENTS OF THESE ADDITIONAL FLOORS TO THE YELLOW MEASUREMENTS BOOKLET. THE DATA PROCESSING DEPARTMENT WILL ENTER THIS INFORMATION FOR YOU.**

## Section M: SCANNING OF FUEL BILLS

M-1a [{"If ELBILLTOSCAN=Yes or NGBILLTOSCAN=Yes or LPGBILLTOSCAN=Yes or LPGBILLTOSCAN2=Yes or FOBILLTOSCAN=Yes or FOBILLTOSCAN2=Yes or KEROBILLTOSCAN=Yes or KEROBILLTOSCAN2=Yes}]  
**INTERVIEWER INSTRUCTION: BASED ON THE INFORMATION YOU ENTERED ABOUT FUEL BILLS, THE RESPONDENT HAS GIVEN YOU BILLS TO SCAN. NEXT, YOU ARE 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.**

M-1a1 FIID2 **INTERVIEWER INSTRUCTION: ENTER YOUR 6-DIGIT FIELD INTERVIEWER IDENTIFICATION NUMBER.**

Enter the Field Interviewer ID Number .....

M-1b [{"If ELBILLTOSCAN and NGBILLTOSCAN and LPGBILLTOSCAN and LPGBILLTOSCAN2 and FOBILLTOSCAN and FOBILLTOSCAN2 and KEROBILLTOSCAN and KEOBILLTOSCAN2 ALL ARE NO.}]  
**INTERVIEWER INSTRUCTION: 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.**

M-1b1 FIID2 **INTERVIEWER INSTRUCTION: ENTER YOUR 6-DIGIT FIELD INTERVIEWER IDENTIFICATION NUMBER.**

Enter the Field Interviewer ID Number .....



## U.S. DEPARTMENT OF ENERGY 2005 RESIDENTIAL ENERGY CONSUMPTION SURVEY

### Authorization Form

<b>Sample ID #</b>

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, 2004, through January 31, 2006:

- 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:** \_\_\_\_\_