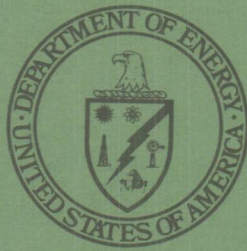


OMB No. 1905-0093 • EIA 457B
Expires May 31, 1983

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

Residential Energy Consumption Survey

Fall-Winter • 1982-1983



Energy Information Administration
U.S. Department of Energy

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

TIME INTERVIEW STARTED

	AM PM
--	----------

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

- 01 BEFORE 1940
- 02 1940-1949
- 03 1950-1959
- 04 1960-1964
- 05 1965-1969
- 06 1970-1974
- 07 1975-1979
- 08 1980
- 09 1981
- 10 1982
- 11 1983

121-122

--ASK Q. 2

IF "1982" or "1983", ASK:

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

MONTH:

123-124

YEAR:

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

- 01 BEFORE 1940
- 02 1940-1949
- 03 1950-1959
- 04 1960-1964
- 05 1965-1969
- 06 1970-1974
- 07 1975-1976
- 08 1977
- 09 1978
- 10 1979
- 11 1980
- 12 1981
- 13 1982
- 14 1983

125-126

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

NUMBER
OF ROOMS:

127-128

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

NUMBER OF
COMPLETE BATHROOMS:

129

NONE

NUMBER OF
HALF BATHROOMS:

130

NONE

INTERVIEWER INSTRUCTIONS:

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

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

HAND RESPONDENT EXHIBIT 6/7

6. What is the main fuel used for heating your home?
(SEE INSTRUCTION BELOW)

	Q. 6 MAIN FUEL (MARK ONLY ONE)	Q. 7 MARK ALL THAT APPLY	131- 132
GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD	01 <input type="checkbox"/>	<input type="checkbox"/>	133
LPG GAS (BOTTLED OR TANK GAS)	02 <input type="checkbox"/>	<input type="checkbox"/>	134
FUEL OIL	03 <input type="checkbox"/>	<input type="checkbox"/>	135
KEROSENE OR COAL OIL	04 <input type="checkbox"/>	<input type="checkbox"/>	136
ELECTRICITY	05 <input type="checkbox"/>	<input type="checkbox"/>	137
COAL OR COKE	06 <input type="checkbox"/>	<input type="checkbox"/>	138
WOOD	07 <input type="checkbox"/>	<input type="checkbox"/>	139
SOLAR COLLECTORS	08 <input type="checkbox"/>	<input type="checkbox"/>	140
OTHER (SPECIFY): _____ _____	21 <input type="checkbox"/>	<input type="checkbox"/>	141
DON'T KNOW	96 <input type="checkbox"/>	<input type="checkbox"/>	142
NO HEATING FUEL USED -- TAKE BACK EXHIBIT 6/7; SKIP TO Q. 27	00 <input type="checkbox"/>		
NO ADDITIONAL FUEL -- SKIP TO Q. 9		<input type="checkbox"/>	143

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

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

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

8. Does your main heating fuel -- (FUEL NAMED IN Q. 6) --
provide almost all of the heat for your home,
about three-fourths, or closer to half of the heat
for your home?

- 1 ALMOST ALL (MORE THAN 95%)
- 2 ABOUT THREE-FOURTHS (67-94%)
- 3 CLOSER TO HALF (66% OR LESS)

144

INTERVIEWER INSTRUCTIONS:

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

Q. 6-7 -- If household recently converted to a different fuel, or is in the process of conversion, mark answer for fuel(s) in use for winter of 1982-1983.

TURN TO EXHIBIT 9/10

9. What is the main heating equipment used with your main heating fuel?

	Q. 9 MAIN EQUIPMENT (MARK ONLY ONE)	Q. 10 MARK ALL THAT APPLY	145- 146
HOT WATER PIPES RUNNING THROUGH A SLAB FLOOR (RADIANT HEATING) . . .	01[]	[]	147
STEAM OR HOT WATER SYSTEM WITH RADIATORS OR CONVECTORS	02[]	[]	148
CENTRAL WARM-AIR FURNACE WITH DUCTS TO INDIVIDUAL ROOMS (DO NOT COUNT HEAT PUMP HERE)	03[]	[]	149
HEAT PUMP	04[]	[]	150
BUILT-IN ELECTRIC UNITS (PERMANENTLY INSTALLED IN WALL, CEILING, OR BASEBOARD)	05[]	[]	151
FLOOR, WALL, OR PIPELESS FURNACE	06[]	[]	152
ROOM HEATER BURNING GAS, OIL, KEROSENE (NOT PORTABLE)	07[]	[]	153
HEATING STOVE BURNING WOOD, COAL, COKE	08[]	[]	154
FIREPLACE(S)	09[]	[]	155
PORTABLE ELECTRIC HEATER(S)	10[]	[]	156
PORTABLE KEROSENE HEATER(S)	11[]	[]	157
COOKING STOVE, RANGE, OR OVEN (USED TO HEAT HOME, AS WELL AS FOR COOKING)	12[]	[]	158
OTHER (SPECIFY): _____	21[]	[]	159
DON'T KNOW	96[]	[]	160
NO ADDITIONAL EQUIPMENT		[]	161

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

IF "CENTRAL WARM-AIR FURNACE" MENTIONED IN Q. 9 OR Q. 10, ASK:

11. For the central warm-air furnace, is the warm air forced through the ducts by a fan?	1 [] YES	
	0 [] NO	162
	6 [] DON'T KNOW	

IF "HEATING STOVE BURNING WOOD, COAL, COKE" MENTIONED IN Q. 9 OR Q. 10, ASK:

12. Is the heating stove airtight?	1 [] YES	
	0 [] NO	163
	6 [] DON'T KNOW	

TAKE BACK EXHIBIT 9/10

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 13. OTHERWISE SKIP TO Q. 14

13. Is your home heated by a central system that also provides heat for one or more units in addition to your own, or is the main heating equipment for your living quarters only?	1 [] CENTRAL SYSTEM FOR ONE OR MORE ADDITIONAL UNITS	164
	2 [] MAIN HEATING EQUIPMENT FOR THESE LIVING QUARTERS ONLY	
	6 [] DON'T KNOW	

14. Has any wood been burned in your home in the past 12 months? 165
- 1[] YES
- 0[] NO -- SKIP TO Q. 21

IF "YES," HAND RESPONDENT EXHIBIT 15, AND ASK: 166

15. This exhibit illustrates about one cord of wood. Did your household burn less than this amount, or about this amount or more? 167
- 1[] LESS THAN ONE CORD -- ASK Q. 16
- 2[] ONE CORD OR MORE -- SKIP TO Q. 17

IF "LESS THAN ONE CORD," TURN TO EXHIBIT 16, AND ASK:

16. Which of these is most nearly the amount of wood burned in your household in the past 12 months? 167
- 1[] A FEW LOGS OR SCRAPS OF WOOD
- 2[] 1/4 TO 1/3 OF A CORD
- 3[] 1/2 CORD (ABOUT ONE PICK-UP TRUCK OF WOOD)
- 4[] OVER 1/2 CORD BUT LESS THAN A FULL CORD

TAKE BACK EXHIBIT 16; ASK Q. 18

IF "ONE CORD OR MORE" ON Q. 15, TURN TO EXHIBIT 17, AND ASK:

17. This exhibit shows wood piles of different sizes. Just using these as general reference points, about how many cords of wood did you burn in your household in the past 12 months? (SEE INSTRUCTION BELOW.) 168-170
- NUMBER OF CORDS:

TAKE BACK EXHIBIT 17; ASK Q. 18

18. Did you purchase any wood to burn in your home in the last 12 months? 171
- 1[] YES
- 0[] NO -- SKIP TO Q. 21

19. On your household's most recent purchase of wood, how was the wood measured: by the half-cord, cord, truckload, or some other measure? (IF "TRUCKLOAD," PROBE FOR SIZE OF TRUCK.) 172
- 1[] HALF-CORD
- 2[] CORD
- 3[] TRUCKLOAD (SPECIFY SIZE OF TRUCK):

5[] OTHER (SPECIFY): _____

20. About what was the price per (half-cord/cord/truckload/other measure) on your household's most recent purchase of wood? (SHOW NUMBER OF DOLLARS FOR UNIT OF MEASURE RECORDED IN ANSWER TO Q. 19.) 173-175
- PRICE: \$ _____ .00

INTERVIEWER INSTRUCTIONS:

Q. 17 -- Exhibit 17 is intended only for general reference. Probe for respondent's best estimate of number of cords burned -- this, of course, will ordinarily be a number different from the specific quantities shown on the exhibit. Record answer to nearest cord, or cord plus fraction, as given by respondent (for example: 1, 1-1/2, 4, 10, 12, and so on).

21. At what temperature do you usually keep your home during the day in the wintertime when someone is at home? (SEE INSTRUCTION BELOW.) 211-212
- DEGREES
FAHRENHEIT
- 95 HEAT TURNED OFF
22. At what temperature do you usually keep your home during the day in the wintertime when no one is at home? (SEE INSTRUCTION BELOW.) 213-214
- DEGREES
FAHRENHEIT
- 95 HEAT TURNED OFF
23. At what temperature do you usually keep your home during sleeping hours in the wintertime? (SEE INSTRUCTION BELOW.) 215-216
- DEGREES
FAHRENHEIT
- 95 HEAT TURNED OFF
24. Do you have a thermostat that can be used to adjust the temperature in your home during the heating season? 217
- 1 YES -- SKIP TO Q. 26
0 NO

IF "NO", HAND RESPONDENT EXHIBIT 25 AND ASK:

25. Please look at this list and tell me the ways, if any, you use to adjust the temperature in your home during the heating season. MARK ALL THAT APPLY.
- | | | |
|--|--------------------------|-----|
| OPENING AND CLOSING WINDOWS OR DOORS | <input type="checkbox"/> | 218 |
| OPENING AND CLOSING HOT AIR VENTS | <input type="checkbox"/> | 219 |
| TURN HEATER ON OR OFF (UP OR DOWN) | <input type="checkbox"/> | 220 |
| TURN RADIATORS OR CONVECTORS ON OR OFF | <input type="checkbox"/> | 221 |
| ADJUST DRAFT OR AMOUNT OF FUEL FOR WOOD OR COAL FIRE | <input type="checkbox"/> | 222 |
| USE COOKING STOVE, OVEN, OR RANGE TO HEAT HOME | <input type="checkbox"/> | 223 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> | 224 |
| NO WAY TO ADJUST THE TEMPERATURE | <input type="checkbox"/> | 225 |

HAND RESPONDENT EXHIBIT 26

26. During the past winter (October 1981-April 1982) was your home without heat for one or more days for any of these reasons? (INTERVIEWER: READ AND MARK "YES," OR "NO," FOR EACH ITEM.)
- | | | | |
|---|--------------------------------|-------------------------------|-----|
| Unable to pay for fuel or utilities . . . | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 226 |
| Landlord did not provide heat | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 227 |
| Heating system broken or under repair . . | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 228 |
| No fuel available | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 229 |
| Other (Specify): _____ | 1 <input type="checkbox"/> YES | 0 <input type="checkbox"/> NO | 230 |

TAKE BACK EXHIBIT 26

INTERVIEWER INSTRUCTIONS:

Q. 21-23 -- If respondent keeps different sections of the house at different temperatures, we want to know the temperature in the part of the house where the people are. If, for example, the heat is turned off upstairs during the day because the family is downstairs, we want the downstairs temperature.

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

HAND RESPONDENT EXHIBIT 27/29

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

- 01 GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
- 02 LPG GAS (BOTTLED OR TANK GAS)
- 03 FUEL OIL
- 04 KEROSENE OR COAL OIL 231-232
- 05 ELECTRICITY
- 06 COAL OR COKE
- 07 WOOD
- 08 SOLAR COLLECTORS
- 21 OTHER (SPECIFY): _____
- 00 NO FUEL USED -- TAKE BACK EXHIBIT 27/29; SKIP TO Q. 32
- 96 DON'T KNOW

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

- 1 YES 233
- 2 NO -- TAKE BACK EXHIBIT 27/29; SKIP TO Q. 30

IF "YES," ASK:

29. What is the additional fuel?

- 01 GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
- 02 LPG GAS (BOTTLED OR TANK GAS)
- 03 FUEL OIL
- 04 KEROSENE OR COAL OIL 234-235
- 05 ELECTRICITY
- 06 COAL OR COKE
- 07 WOOD
- 08 SOLAR COLLECTORS
- 21 OTHER (SPECIFY): _____
- 96 DON'T KNOW

TAKE BACK EXHIBIT 27/29

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

- 1 YES 236
- 0 NO

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 31. OTHERWISE, SKIP TO Q. 32.

31. Is your hot water supplied by a central system that also provides hot water for one or more units in addition to your own, or is the water heater for your living quarters only?

- 1 CENTRAL SYSTEM FOR ONE OR MORE ADDITIONAL UNITS 237
- 2 FOR THESE LIVING QUARTERS ONLY
- 6 DON'T KNOW

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

- YES, CENTRAL SYSTEM 238
 YES, INDIVIDUAL (WINDOW/WALL) UNITS 239
 NO -- SKIP TO Q. 38

IF "INDIVIDUAL (WINDOW/WALL) UNITS"
ON Q. 32, ASK:

33. How many individual window or wall units do you have?

NUMBER OF UNITS: 240-241

IF "CENTRAL SYSTEM" ON Q. 32, ASK:

34. Does the central air-conditioning system use gas from underground pipes, LPG, or electricity?

- 1 GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
 2 LPG GAS (BOTTLED OR TANK GAS) 242
 3 ELECTRICITY
 6 DON'T KNOW

IF 2 OR MORE HOUSING UNITS IN BUILDING, ASK Q. 35, OTHERWISE SKIP TO Q. 36

35. Is it a central air-conditioning system that also cools one or more units in addition to your own, or is the main air-conditioning equipment for your living quarters only?

- 1 CENTRAL SYSTEM FOR ONE OR MORE ADDITIONAL UNITS 243
 2 AIR-CONDITIONING IS FOR THESE LIVING QUARTERS ONLY
 6 DON'T KNOW

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

NUMBER OF ROOMS: 244-245
 95 ENTIRE HOUSE OR APARTMENT

HAND RESPONDENT EXHIBIT 37

37. Which of the statements on this exhibit best describes the way you used your air conditioner(s) last summer? (MARK ONLY ONE.)

- 0 DID NOT USE AT ALL
 1 TURNED ON ONLY A FEW DAYS OR NIGHTS WHEN REALLY NEEDED
 2 TURNED ON QUITE A BIT
 3 TURNED ON JUST ABOUT ALL SUMMER 246
 5 OTHER (SPECIFY): _____

TAKE BACK EXHIBIT 37

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

NUMBER OF DOORS: 247-248

NONE -- SKIP TO Q. 44

HAND RESPONDENT EXHIBIT 39

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

Q. 39 NUMBER OF DOORS	Q. 40 NUMBER WITH STORM DOOR OR INSULATING GLASS	Q. 41 NUMBER STORM/ INSULATING DOORS PUT IN SINCE SEPT. 1, 1980	Q. 42	Q. 43 CIRCLE NUMBERS FOR REASONS SELECTED BY RESPONDENT
a. Sliding glass doors <input type="checkbox"/> NONE 240	 <input type="checkbox"/> NONE 250	 <input type="checkbox"/> NONE 251	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 252-255	256-260 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
b. Other doors to the outside <input type="checkbox"/> NONE 261	 <input type="checkbox"/> NONE 262	 <input type="checkbox"/> NONE 263	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 264-267	268-272 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____

TAKE BACK EXHIBIT 39

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

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

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

41. How many of the (storm/insulated glass) doors were put in your home since September 1, 1980? _____

IF ONE OR MORE, ASK:

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

HAND RESPONDENT EXHIBIT 43/48

43. Which of these were most important in your decision to install (storm/insulated glass) door(s)?

CIRCLE NUMBERS FOR ALL REASONS THAT APPLY _____

TAKE BACK EXHIBIT 43/48

INTERVIEWER INSTRUCTIONS:

Q. 38-39 -- Count each pair of sliding glass doors as one door. Include doors that go to an unheated porch or garage. Do not include doors to a heated hallway in an apartment building, doors that are permanently sealed shut, or doors to an unheated attic or basement.

REASONS FOR Q. 43

- 1 FOR COMFORT
- 2 TO SAVE HEATING AND/OR COOLING COSTS
- 3 TO TAKE THE COST AS A CREDIT ON INCOME TAX RETURN
- 4 TO TAKE ADVANTAGE OF GOVERNMENT MONEY OR LOW-COST GOVERNMENT LOANS FOR IMPROVEMENTS
- 5 DID THIS BECAUSE WE WERE DOING OTHER HOME IMPROVEMENTS AT SAME TIME
- 6 RECOMMENDED BY FRIEND OR RELATIVE
- 7 RECOMMENDED BY PROFESSIONAL ENERGY ADVISOR (ENERGY AUDITOR OR EXPERT)
- 8 HEARD OR READ ABOUT BENEFITS (ON RADIO OR TV, MAGAZINE OR NEWSPAPERS)
- 9 REPLACEMENT OF BROKEN OR DEFECTIVE ITEM
- 10 OTHER REASON (SPECIFY)

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

Q. 44 NUMBER OF WINDOWS	Q. 45 NUMBER WITH STORM WINDOWS OR INSULATING GLASS	Q. 46 NUMBER STORM WINDOWS PUT IN SINCE SEPT. 1, 1980	Q. 47	Q. 48 CIRCLE NUMBERS FOR REASONS SELECTED BY RESPONDENT
<input type="checkbox"/> NONE 311-312	<input type="checkbox"/> NONE 313-314	<input type="checkbox"/> NONE 315-316	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 317-320	321-325 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____

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

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

46. How many of the storm windows or windows with insulating glass were put in your home since September 1, 1980?

IF ONE OR MORE, ASK:

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

HAND RESPONDENT EXHIBIT 43/48

48. Which of these were most important in your decision to install (storm windows/windows with insulating glass)? CIRCLE NUMBERS FOR ALL REASONS THAT APPLY.

TAKE BACK EXHIBIT 43/48

INTERVIEWER INSTRUCTIONS:

Q. 44 -- Each window that opens separately should be counted as one window. Also count windows that are fixed in place. Do not include windows (glass panels) in doors.

Q. 45 -- Windows made of double glass and other types of insulating glass count the same as storm windows.

REASONS FOR Q. 48

- 1 FOR COMFORT
- 2 TO SAVE HEATING AND/OR COOLING COSTS
- 3 TO TAKE THE COST AS A CREDIT ON INCOME TAX RETURN
- 4 TO TAKE ADVANTAGE OF GOVERNMENT MONEY OR LOW-COST GOVERNMENT LOANS FOR IMPROVEMENTS
- 5 DID THIS BECAUSE WE WERE DOING OTHER HOME IMPROVEMENTS AT SAME TIME
- 6 RECOMMENDED BY FRIEND OR RELATIVE
- 7 RECOMMENDED BY PROFESSIONAL ENERGY ADVISOR (ENERGY AUDITOR OR EXPERT)
- 8 HEARD OR READ ABOUT BENEFITS (ON RADIO OR TV, MAGAZINE OR NEWSPAPERS)
- 9 REPLACEMENT OF BROKEN OR DEFECTIVE ITEM
- 10 OTHER REASON (SPECIFY)

IF ONE-FAMILY HOUSE OR MOBILE HOME, ASK Q. 49ff. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 75 ON PAGE 18

49. Do you have insulation in all, or some, or none of the outside walls of your home?
- 1 ALL
 - 2 SOME
 - 0 NONE
 - 6 DON'T KNOW
- 326
50. Do you have roof or ceiling insulation?
- 1 YES
 - 0 NO -- SKIP TO Q. 54
 - 6 DON'T KNOW -- SKIP TO Q. 54
- 327

IF "YES," HAND RESPONDENT EXHIBIT 51 AND ASK:

51. About how much of the roof or ceiling area is insulated?
- 0 VERY LITTLE (LESS THAN 5%)
 - 1 1/4 (5 - 33%)
 - 2 1/2 (34 - 66%)
 - 3 3/4 (67 - 95%)
 - 4 ALL (96 - 100%)
- 328

TURN TO EXHIBIT 52

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

a. BATT/BLANKET	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW
	329	330-331
b. LOOSE PARTICLES/ LOOSE FILL	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW
	332	333-334
c. FIRM FOAM/ FIRM PLASTIC	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW
	335	336-337
d. SPRAYED-IN FOAM	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW
	338	339-340
e. OTHER (SPECIFY): _____ _____	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 6 <input type="checkbox"/> DON'T KNOW	_____ INCHES <input type="checkbox"/> DON'T KNOW
	341	342-343

FOR EACH "YES," ASK:

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

TAKE BACK EXHIBIT 52

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 75

HAND RESPONDENT EXHIBIT 54

54. Please look at this list and tell me which items, if any, have been added or installed in your home since September 1, 1980.

Q. 54	Q. 55	Q. 56 CIRCLE NUMBERS FOR REASONS SELECTED BY RESPONDENT
a. Roof or ceiling insulation <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROCESS 344	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 345-348	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">349-353</div> 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
b. Insulation in the outside walls <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROCESS 354	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 355-358	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">359-363</div> 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
c. Insulation in the basement or crawl space below floor of house <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROCESS 364	MONTH: _____ YEAR: 198 _____ <input type="checkbox"/> IN PROCESS 365-368	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">369-373</div> 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____

TAKE BACK EXHIBIT 54

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

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

HAND RESPONDENT EXHIBIT 56

56. Which of these were most important in your decision to add/install the insulation? CIRCLE NUMBERS FOR ALL REASONS THAT APPLY _____

TAKE BACK EXHIBIT 56

INTERVIEWER INSTRUCTIONS:

Q. 54 -- Mark "Yes," "No," or "In Process," for each item. Count as "In Process" any work started but not yet completed. Do not count changes made before this household moved in.

Q. 55 -- If household has done item more than once, write down the most recent date.

- REASONS FOR Q. 56**
- 1 FOR COMFORT
 - 2 TO SAVE HEATING AND/OR COOLING COSTS
 - 3 TO TAKE THE COST AS A CREDIT ON INCOME TAX RETURN
 - 4 TO TAKE ADVANTAGE OF GOVERNMENT MONEY OR LOW-COST GOVERNMENT LOANS FOR IMPROVEMENTS
 - 5 DID THIS BECAUSE WE WERE DOING OTHER HOME IMPROVEMENTS AT SAME TIME
 - 6 RECOMMENDED BY FRIEND OR RELATIVE
 - 7 RECOMMENDED BY PROFESSIONAL ENERGY ADVISOR (ENERGY AUDITOR OR EXPERT)
 - 8 HEARD OR READ ABOUT BENEFITS (ON RADIO OR TV, MAGAZINE OR NEWSPAPERS)
 - 9 REPLACEMENT OF BROKEN OR DEFECTIVE ITEM
 - 10 OTHER REASON (SPECIFY)

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 75

HAND RESPONDENT EXHIBIT 57

57. Have any of these been added or installed in your home since September 1, 1980?

407-408:04

	Q. 57	Q. 58	Q. 59	Q. 60	Q. 61 CIRCLE NUMBERS FOR REASONS SELECTED BY RESPONDENT
a. A replacement or additional home heating system or furnace	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROCESS 411	<input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITIONAL 412	<input type="checkbox"/> SAME FUEL <input type="checkbox"/> DIFFERENT FUEL 413	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 414-417	418-422 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
b. A replacement or additional hot water heater, boiler, or tank	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROCESS 423	<input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITIONAL 424	<input type="checkbox"/> SAME FUEL <input type="checkbox"/> DIFFERENT FUEL 425	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 426-429	430-434 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
c. A replacement or additional central air-conditioning system	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROCESS 435	<input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITIONAL 436	<input type="checkbox"/> SAME FUEL <input type="checkbox"/> DIFFERENT FUEL 437	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 438-441	442-446 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____

TAKE BACK EXHIBIT 57

FOR EACH "YES", OR "IN PROCESS", ON Q. 57, ASK:

58. Was this a replacement or an additional system?

59. Does it use the same fuel or different fuel than the one you had before?

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

HAND RESPONDENT EXHIBIT 61

61. Which of these were most important in your decision to replace/add the new system? CIRCLE NUMBERS FOR ALL REASONS THAT APPLY

TAKE BACK EXHIBIT 61

IF "YES," OR "IN PROCESS," ON Q. 57a, b, or c, ASK:

62. Has/have the replacement/additional system(s) included the use of active solar energy or wind energy devices?

YES 447
 NO

IF "YES," ASK:

63. Please describe the new system.

448-
449

REASONS FOR Q. 61
1 FOR COMFORT
2 TO SAVE HEATING AND/OR COOLING COSTS
3 TO TAKE THE COST AS A CREDIT ON INCOME TAX RETURN
4 TO TAKE ADVANTAGE OF GOVERNMENT MONEY OR LOW-COST GOVERNMENT LOANS FOR IMPROVEMENTS
5 DID THIS BECAUSE WE WERE DOING OTHER HOME IMPROVEMENTS AT SAME TIME
6 RECOMMENDED BY FRIEND OR RELATIVE
7 RECOMMENDED BY PROFESSIONAL ENERGY ADVISOR (ENERGY AUDITOR OR EXPERT)
8 HEARD OR READ ABOUT BENEFITS (ON RADIO OR TV, MAGAZINE OR NEWSPAPERS)
9 REPLACEMENT OF BROKEN OR DEFECTIVE ITEM
10 OTHER REASON (SPECIFY)

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 75

HAND RESPONDENT EXHIBIT 64

64. Please look at this list and as I read each item tell me which, if any, have been added or installed in your home since September 1, 1980. (SEE INSTRUCTIONS AT BOTTOM OF FACING PAGE.)

	Q. 64	Q. 65	Q. 66 CIRCLE NUMBERS FOR REASONS SELECTED BY RESPONDENT
a. An automatic set-back or clock thermostat	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 450	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 451-454	455-459 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
b. Flame retention head burner for furnace (fuel oil)	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 460	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 461-464	465-469 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
c. Automatic flue door (vent damper)	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 470	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 471-474	475-479 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
d. Electrical or mechanical furnace ignition system (spark ignition)	1 <input type="checkbox"/> YES 507- 0 <input type="checkbox"/> NO 508: 2 <input type="checkbox"/> IN PROCESS 05 511	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 512-515	516-520 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
e. Insulation around heating and/or cooling ducts	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 521	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 522-525	526-530 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
f. Insulation around the hot water and/or cooling pipes	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 531	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 532-535	536-540 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
g. Insulation around the hot water heater	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 541	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 542-545	546-550 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____

Q. 64-66 ARE CONTINUED ON FACING PAGE

FOR EACH "YES," ASK:

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

TURN TO EXHIBIT 66

66. Which of these were most important in your decision to add or install (TYPE OF ITEM ADDED OR INSTALLED)?
CIRCLE NUMBERS FOR ALL REASONS THAT APPLY

CONTINUED FROM PAGE 14

	Q. 64	Q. 65	Q. 66 CIRCLE NUMBERS FOR REASONS SELECTED BY RESPONDENT
h. Closeable shutters, insulating drapes, reflective film	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 561	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 552-555	556-560 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
i. Plastic sheets (over windows or other openings)	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 561	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 562-565	566-570 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
j. Caulking	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 571	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 572-575	576-580 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
k. Weather stripping around any windows or doors to the outside	1 <input type="checkbox"/> YES 607- 0 <input type="checkbox"/> NO 608: 2 <input type="checkbox"/> IN PROCESS 06 611	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 612-615	616-620 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
l. Heat pump	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 621	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 622-625	626-630 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____
m. Wood-burning stove	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO 2 <input type="checkbox"/> IN PROCESS 631	MONTH: _____ YEAR: 198_____ <input type="checkbox"/> IN PROCESS 632-635	636-640 1 2 3 4 5 6 7 8 9 10 (SPECIFY): _____

FOR EACH "YES," ASK:

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

TURN TO EXHIBIT 66

66. Which of these were most important in your decision to add or install (TYPE OF ITEM ADDED OR INSTALLED)?
CIRCLE NUMBERS FOR ALL REASONS THAT APPLY _____

TAKE BACK EXHIBIT 66

INTERVIEWER INSTRUCTIONS:

Q. 64 -- Mark "Yes," "No," or "In Process" for each item. Count as "In Process" any work started but not yet completed. Do not count any changes made before this household moved in.

Q. 65 -- If household has done item more than once, write down the most recent date.

REASONS FOR Q. 66

- 1 FOR COMFORT
- 2 TO SAVE HEATING AND/OR COOLING COSTS
- 3 TO TAKE THE COST AS A CREDIT ON INCOME TAX RETURN
- 4 TO TAKE ADVANTAGE OF GOVERNMENT MONEY OR LOW-COST GOVERNMENT LOANS FOR IMPROVEMENTS
- 5 DID THIS BECAUSE WE WERE DOING OTHER HOME IMPROVEMENTS AT SAME TIME
- 6 RECOMMENDED BY FRIEND OR RELATIVE
- 7 RECOMMENDED BY PROFESSIONAL ENERGY ADVISOR (ENERGY AUDITOR OR EXPERT)
- 8 HEARD OR READ ABOUT BENEFITS (ON RADIO OR TV, MAGAZINE OR NEWSPAPERS)
- 9 REPLACEMENT OF BROKEN OR DEFECTIVE ITEM
- 10 OTHER REASON (SPECIFY)

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 75

67. In the past 12 months, did a representative from your electric or gas company perform a detailed energy audit of your home? 1[] YES 641
0[] NO -- SKIP TO Q. 71

IF "YES," HAND RESPONDENT EXHIBIT 68 AND ASK:

68. This is a list of some possible reasons for requesting an energy audit. For each one, please tell me whether it was a very important reason for requesting an audit in your case, somewhat important, or not a reason at all.
- | | VERY
IMPORTANT | SOMEWHAT
IMPORTANT | NOT A
REASON | |
|---|-------------------|-----------------------|-----------------|-----|
| a. HIGH UTILITY OR FUEL BILLS | 1[] | 2[] | 3[] | 642 |
| b. MY HOME WAS UNCOMFORTABLE | 1[] | 2[] | 3[] | 643 |
| c. WE WERE PLANNING OTHER HOME IMPROVEMENTS | 1[] | 2[] | 3[] | 644 |
| d. FRIENDS OR NEIGHBORS RECOMMENDED IT | 1[] | 2[] | 3[] | 645 |
| e. THE AUDIT WAS A BARGAIN | 1[] | 2[] | 3[] | 646 |

69. Were there other reasons, not on the exhibit, that were important to you? 1[] YES
0[] NO -- TAKE BACK EXHIBIT 68; SKIP TO Q. 72 647

IF "YES," ON Q. 69, ASK:

70. What were they? 648-
649

TAKE BACK EXHIBIT 68; SKIP TO Q. 72

IF "NO" ON Q. 67, HAND RESPONDENT EXHIBIT 71 AND ASK:

71. Which of these was the main reason for not requesting an energy audit? (MARK ONE ANSWER ONLY)
- 01[] OUR UTILITY DOES NOT OFFER ENERGY AUDITS
 - 02[] WE HAVE ALREADY INSTALLED AS MANY ENERGY CONSERVATION ITEMS AS ARE REASONABLE
 - 03[] DON'T NEED OUTSIDE ADVICE 650-
651
 - 04[] THE AUDIT COSTS TOO MUCH
 - 05[] PLANNING ON MOVING SOON
 - 06[] JUST MOVED IN
 - 07[] WE RENT THIS RESIDENCE
 - 08[] THE AUDIT WOULD NOT BE WORTH THE TIME AND EFFORT
 - 09[] DIDN'T KNOW IT WAS AVAILABLE
 - 21[] OTHER (SPECIFY): _____

TAKE BACK EXHIBIT 71

CONTINUE IF ONE-FAMILY HOUSE OR MOBILE HOME. IF 2 OR MORE UNITS IN BUILDING, SKIP TO Q. 75

72. Do you have your own swimming pool?
(SEE INSTRUCTION BELOW.)

- 1 YES 652
0 NO -- SKIP TO Q. 75

IF "YES," ASK:

73. Do you use a heater to heat the water?

- 1 YES 653
0 NO -- SKIP TO Q. 75

IF "YES," ASK:

HAND RESPONDENT EXHIBIT 74

74. What fuel is used for the heater?

- 01 GAS FROM UNDERGROUND PIPES
SERVING THE NEIGHBORHOOD
02 LPG GAS (BOTTLED OR TANK GAS)
03 FUEL OIL
04 KEROSENE OR COAL OIL 654-
05 ELECTRICITY 655
06 COAL OR COKE
07 WOOD
08 SOLAR COLLECTORS
21 OTHER (SPECIFY): _____
96 DON'T KNOW

TAKE BACK EXHIBIT 74

INTERVIEWER INSTRUCTIONS:

Q. 72 -- Do NOT count ponds, hot tubs, jacuzzis, or children's wading pools as swimming pools.

ASK EVERYONE

75. Do you have a refrigerator in your home that you use regularly or occasionally?

- 1 YES
- 0 NO -- SKIP TO Q. 79 656

IF "YES," ASK:

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

- 1 ONE 657
- 2 TWO
- 3 THREE OR MORE

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

77. Is it electric or gas?

REFRIGERATOR #1		REFRIGERATOR #2	
1 <input type="checkbox"/> ELECTRIC		1 <input type="checkbox"/> ELECTRIC	
2 <input type="checkbox"/> GAS	658	2 <input type="checkbox"/> GAS	660
1 <input type="checkbox"/>	659	1 <input type="checkbox"/>	661
2 <input type="checkbox"/>		2 <input type="checkbox"/>	
3 <input type="checkbox"/>		3 <input type="checkbox"/>	
4 <input type="checkbox"/>		4 <input type="checkbox"/>	

HAND RESPONDENT EXHIBIT 78

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

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

TAKE BACK EXHIBIT 78

INTERVIEWER INSTRUCTIONS:

Q. 77-78 -- If respondent has more than two refrigerators, ask about two used most.

79. Do you have a home freezer -- one that is a separate appliance from the refrigerator -- that is presently in use?

- 1 YES
- 0 NO -- SKIP TO Q. 83 662

IF "YES," ASK:

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

- 1 ONE 663
- 2 TWO
- 3 THREE OR MORE

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

81. Is it electric or gas?

FREEZER #1		FREEZER #2	
1 <input type="checkbox"/>	ELECTRIC	1 <input type="checkbox"/>	ELECTRIC
2 <input type="checkbox"/>	GAS 664	2 <input type="checkbox"/>	GAS 666
1 <input type="checkbox"/>	FROST-FREE	1 <input type="checkbox"/>	FROST-FREE
2 <input type="checkbox"/>	MUST DEFROST 665	2 <input type="checkbox"/>	MUST DEFROST 667

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

INTERVIEWER INSTRUCTIONS:

Q. 81-82 -- If respondent has more than two freezers (that are appliances separate from refrigerators), ask about two used most.

HAND RESPONDENT EXHIBIT 83

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

- 01 GAS FROM UNDERGROUND PIPES SERVING THE NEIGHBORHOOD
- 02 LPG GAS (BOTTLED OR TANK GAS)
- 03 FUEL OIL
- 04 KEROSENE OR COAL OIL 668-669
- 05 ELECTRICITY
- 06 COAL OR COKE
- 07 WOOD
- 21 OTHER (SPECIFY): _____
- 00 NO COOKING DONE -- SKIP TO Q. 88

TAKE BACK EXHIBIT 83

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

- 1 YES 670
- 0 NO -- SKIP TO Q. 88

IF "YES," ASK:

85. Do you have one oven or more than one oven that you presently use? (How many altogether?) (SEE INSTRUCTION BELOW.)

- 1 ONE
- 2 TWO 671
- 3 THREE OR MORE

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

86. Is your oven electric or gas?

IF "ELECTRIC," ASK:

87. Is it a microwave oven?

OVEN #1		OVEN #2	
1 <input type="checkbox"/> ELECTRIC		1 <input type="checkbox"/> ELECTRIC	
2 <input type="checkbox"/> GAS	672	2 <input type="checkbox"/> GAS	674
1 <input type="checkbox"/> YES		1 <input type="checkbox"/> YES	
0 <input type="checkbox"/> NO	673	0 <input type="checkbox"/> NO	675

INTERVIEWER INSTRUCTIONS:

Q. 85 -- Do NOT count toaster ovens in count of ovens.

Q. 86 -- If respondent has more than two ovens, ask about two used most.

HAND RESPONDENT EXHIBIT 88

707-708:07

88. Please look at this list and, as I read each item, tell me which of these you use here in your (house/apartment)?

- | | | | | | |
|--|----------------------------|-----|----------------------------|----|----------------------------------|
| ELECTRIC RANGE (STOVE-TOP OR BURNERS) | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 711 |
| GAS RANGE (STOVE-TOP OR BURNERS) | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 712 |
| OUTDOOR GAS GRILL
(USING GAS FROM UNDERGROUND PIPES) | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 713 |
| OUTDOOR GAS GRILL
(USING LPG--BOTTLED OR TANK GAS) | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 714 |
| AUTOMATIC CLOTHES WASHER | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 715 |
| WRINGER WASHING MACHINE (ELECTRIC) | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 716 |
| ELECTRIC DISHWASHER | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 717 |
| ELECTRIC CLOTHES DRYER | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 718 |
| GAS CLOTHES DRYER | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 719 |
| OUTDOOR GAS LIGHT | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 720 |
| ELECTRIC DEHUMIDIFIER | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 721 |
| ELECTRIC HUMIDIFIER | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 722 |
| EVAPORATIVE COOLER (SWAMP COOLER) | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 723 |
| "WHOLE HOUSE" COOLING FAN
(IN ATTIC OR ENTRANCE TO ATTIC) | 1 <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | 724 |
| WINDOW OR CEILING FAN | <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | NUMBER: <input type="text"/> 725 |
| BLACK AND WHITE TELEVISION SET | <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | NUMBER: <input type="text"/> 726 |
| COLOR TELEVISION SET | <input type="checkbox"/> | YES | 0 <input type="checkbox"/> | NO | NUMBER: <input type="text"/> 727 |

IF "YES" FOR WINDOW OR CEILING FAN, ASK:

89. How many window or ceiling fans do you use here in your home? _____

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

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

IF "YES" FOR COLOR TV SET, ASK:

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



TAKE BACK EXHIBIT 88

Now some questions about cars.

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

NUMBER OF DRIVERS:
 NONE

728-729

HAND RESPONDENT EXHIBIT 93

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

1 YES
 0 NO -- TAKE BACK EXHIBIT 93; SKIP TO Q. 102 730

IF "YES," ASK:

94. How many do you have?

NUMBER OF VEHICLES:

731-732

ASK ABOUT EACH VEHICLE.

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

807-808:08

		VEHICLE NUMBER							
		1	2	3	4				
STATION WAGON	01 <input type="checkbox"/>	733-734	01 <input type="checkbox"/>	756-757	01 <input type="checkbox"/>	811-812	01 <input type="checkbox"/>	834-835	
AUTOMOBILE	02 <input type="checkbox"/>		02 <input type="checkbox"/>		02 <input type="checkbox"/>		02 <input type="checkbox"/>		
JEEP OR SIMILAR VEHICLE	03 <input type="checkbox"/>		03 <input type="checkbox"/>		03 <input type="checkbox"/>		03 <input type="checkbox"/>		
PASSENGER VAN OR MINIBUS	04 <input type="checkbox"/>		04 <input type="checkbox"/>		04 <input type="checkbox"/>		04 <input type="checkbox"/>		
CARGO VAN	05 <input type="checkbox"/>		05 <input type="checkbox"/>		05 <input type="checkbox"/>		05 <input type="checkbox"/>		
PICKUP TRUCK	06 <input type="checkbox"/>		06 <input type="checkbox"/>		06 <input type="checkbox"/>		06 <input type="checkbox"/>		
OTHER TRUCK	07 <input type="checkbox"/>		07 <input type="checkbox"/>		07 <input type="checkbox"/>		07 <input type="checkbox"/>		
MOTOR HOME	08 <input type="checkbox"/>		08 <input type="checkbox"/>		08 <input type="checkbox"/>		08 <input type="checkbox"/>		
OTHER (SPECIFY):	21 <input type="checkbox"/>		21 <input type="checkbox"/>		21 <input type="checkbox"/>		21 <input type="checkbox"/>		
		735-736	758-759	813-814	836-837				
MAKE		737-738	760-761	815-816	838-839				
MODEL YEAR		19 _____	19 _____	19 _____	19 _____				
		739-740	762-763	817-818	840-841				
MODEL NAME		_____	_____	_____	_____				

TAKE BACK EXHIBIT 93

96. Please tell me the make and model year (of each one). (ENTER LAST TWO DIGITS OF MODEL YEAR.)

97. What is the model name (of each one)? (SEE INSTRUCTION BELOW.)

INTERVIEWER INSTRUCTIONS:

- Q. 93 -- "Regular use" means keeping the vehicle at home.
- Q. 95 -- If household has more than four vehicles, mark answers for the four vehicles used most.
- Q. 97 -- For pick-up trucks and vans, be sure to get a specific model name (examples: Chevrolet Luv, Ford Courier, GMC G1500, or Datsun 620, etc.) If respondent does not know model name of truck, probe for size (1/2 ton, 3/4 ton, etc.)

CONTINUE IF ONE OR MORE VEHICLES ON Q. 93. OTHERWISE SKIP TO Q. 102

ASK Q's. 98-101 FIRST ABOUT FIRST VEHICLE, THEN SECOND, THIRD, AND FOURTH.

USE COLUMNS FOR VEHICLE NUMBERS CORRESPONDING TO THOSE ON PRECEDING PAGE

These next questions are about your (first/second/third/fourth) vehicle.

VEHICLE NUMBER

98. Did you get this vehicle within the past 12 months or did you have it before that?
 WITHIN PAST 12 MONTHS
 HAD IT MORE THAN 12 MONTHS -- SKIP TO Q. 101

IF "WITHIN PAST 12 MONTHS," ASK:

99. In what month and year did you get it?
 MONTH
 YEAR
 100. How many miles has it been driven since you have had it, just approximately?
 MILES
 DON'T KNOW

IF "HAD IT MORE THAN 12 MONTHS" ON Q. 98, ASK:

101. How many miles was it driven during the past 12 months, just approximately?
 MILES
 DON'T KNOW

	1	2	3	4
	741	744	810	845
	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	742-745	765-768	820-823	848-850
	MONTH _____	MONTH _____	MONTH _____	MONTH _____
	YEAR 198 _____	YEAR 198 _____	YEAR 198 _____	YEAR 198 _____
	746-750	763-773	824-828	847-851
	MILES _____	MILES _____	MILES _____	MILES _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	751-755	774-778	829-833	852-856
	MILES _____	MILES _____	MILES _____	MILES _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PERSON NUMBER	WHO IS RESPONDENT?	RELATIONSHIP TO HOUSEHOLDER	SEX		AGE	Q. 107 - EMPLOYMENT (AGE 14+)			
			FEMALE	MALE		FULL TIME	PART TIME	NOT EMPLOYED	
1		HOUSEHOLDER	1[]	2[]		1[]	2[]	0[]	861-867
2			1[]	2[]		1[]	2[]	0[]	871-877
3			1[]	2[]		1[]	2[]	0[]	907-908:09 911-917
4			1[]	2[]		1[]	2[]	0[]	921-927
5			1[]	2[]		1[]	2[]	0[]	931-937
6			1[]	2[]		1[]	2[]	0[]	941-947
7			1[]	2[]		1[]	2[]	0[]	951-957
8			1[]	2[]		1[]	2[]	0[]	961-967
9			1[]	2[]		1[]	2[]	0[]	971-977
10			1[]	2[]		1[]	2[]	0[]	1007-1008:10 1011-1017
11			1[]	2[]		1[]	2[]	0[]	1021-1027
12			1[]	2[]		1[]	2[]	0[]	1031-1037

I have listed (READ RELATIONSHIPS FROM Q. 102 ABOVE). Have I missed

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

FOR OFFICE USE ONLY:

1038-1039

FOR EACH PERSON AGED 14 YEARS OR OLDER, ASK:

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

INTERVIEWER INSTRUCTIONS:

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

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

Q. 102 -- Be sure to list relationships, not names. Include members of a second family that share the housing unit. Check box to indicate which household member is the respondent.

Q. 105 -- Persons who are normally members of the household but who are now living away from home (e.g., college students or members of the Armed Forces) should not be listed.

108. Does another family share your home with you? 1040
- 1 YES (SEE INSTRUCTION BELOW.)
- 0 NO

INTERVIEWER: MARK ANSWER. ASK, IF NECESSARY.

HOUSEHOLDER'S
MARITAL STATUS

109. Which of the following best describes (HOUSEHOLDER): now married, widowed, divorced or separated, or never married? 1041

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

HAND RESPONDENT EXHIBIT 110

110. Which of the groups on this exhibit best describes (HOUSEHOLDER)?
- 1 WHITE
- 2 BLACK OR NEGRO
- 3 AMERICAN INDIAN, ALASKAN NATIVE 1042
- 4 ASIAN, PACIFIC ISLANDER
- 5 OTHER (SPECIFY): _____

TAKE BACK EXHIBIT 110

111. Is (HOUSEHOLDER) of Spanish or Hispanic origin or descent? 1043
- 1 YES
- 0 NO

INTERVIEWER INSTRUCTIONS:

Q. 108 -- If answer is "YES," check whether the additional family (or unrelated individual) has a separate room or apartment that is defined by our rules as separate living quarters. Separate living quarters are those in which the occupants (1) live and eat separately from other persons in building, and (2) have direct access from outside the building or through a common hall.

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

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

If the second family's space does not meet the definition of separate living quarters, be sure that the members of the second family are included in the list of household members in Q. 102.

I have just a few questions for background statistical purposes.

112. What is the highest grade (or year) (HOUSEHOLDER) attended in school?
- | | | |
|--|----------------|-------|
| 00[] NEVER ATTENDED SCHOOL --
SKIP TO Q. 114 | | |
| 01[] FIRST | 07[] SEVENTH | |
| 02[] SECOND | 08[] EIGHTH | |
| 03[] THIRD | 09[] NINTH | |
| 04[] FOURTH | 10[] TENTH | 1044- |
| 05[] FIFTH | 11[] ELEVENTH | 1045 |
| 06[] SIXTH | 12[] TWELFTH | |

- COLLEGE (ACADEMIC YEARS)
- | | |
|----------|------------------|
| 13[] C1 | 16[] C4 |
| 14[] C2 | 17[] C5 |
| 15[] C3 | 18[] C6 OR MORE |

113. Did (HOUSEHOLDER) finish that grade (or year)?
- | | |
|----------|------|
| 1[] YES | 1046 |
| 0[] No | |

HAND RESPONDENT EXHIBIT 114

114. In 1981 did you or any member of your family living here receive any income or benefits from:
(INTERVIEWER: READ AND MARK "YES," OR "NO," FOR EACH ITEM.)

- | | | | |
|---|----------|---------|------|
| a. Wages or salaries | 1[] YES | 0[] NO | 1047 |
| b. Self employment from business or farm | 1[] YES | 0[] NO | 1048 |
| c. Aid to Families with Dependent Children (AFDC) | 1[] YES | 0[] NO | 1049 |
| d. Supplemental Security Income (SSI) | 1[] YES | 0[] NO | 1050 |
| e. General Assistance or other public assistance | 1[] YES | 0[] NO | 1051 |
| f. Food Stamps | 1[] YES | 0[] NO | 1052 |
| g. Social Security or Railroad Retirement | 1[] YES | 0[] NO | 1053 |
| h. Unemployment compensation | 1[] YES | 0[] NO | 1054 |

TAKE BACK EXHIBIT 114

HAND RESPONDENT EXHIBIT 115

115. Now let's look at this list of income groups. Please tell me which group letter best describes the total combined income in 1981 of all members of your family living here, from all sources -- wages, dividends, Social Security, and so forth -- before taxes and deductions. (Family includes all related persons living in this household.)

CIRCLE LETTER FOR INCOME GROUP

- | | | |
|--------------------------|--------------------------|--|
| 01 A LESS THAN \$ 3,000 | 10 J \$11,000 - \$11,999 | 19 S \$27,500 - \$29,999 |
| 02 B \$ 3,000 - \$ 3,999 | 11 K \$12,000 - \$12,999 | 20 T \$30,000 - \$32,499 |
| 03 C \$ 4,000 - \$ 4,999 | 12 L \$13,000 - \$13,999 | 21 U \$32,500 - \$34,999 |
| 04 D \$ 5,000 - \$ 5,999 | 13 M \$14,000 - \$14,999 | 22 V \$35,000 - \$39,999 |
| 05 E \$ 6,000 - \$ 6,999 | 14 N \$15,000 - \$17,499 | 23 W \$40,000 - \$49,999 |
| 06 F \$ 7,000 - \$ 7,999 | 15 O \$17,500 - \$19,999 | 24 X \$50,000 - \$74,999 |
| 07 G \$ 8,000 - \$ 8,999 | 16 P \$20,000 - \$22,499 | 25 Y \$75,000 OR OVER |
| 08 H \$ 9,000 - \$ 9,999 | 17 Q \$22,500 - \$24,999 | 96 <input type="checkbox"/> DON'T KNOW |
| 09 I \$10,000 - \$10,999 | 18 R \$25,000 - \$27,499 | 97 <input type="checkbox"/> REFUSED |

1055-
1056

TAKE BACK EXHIBIT 115

IF ANSWER TO Q. 115 IS GROUP R THROUGH Y (INCOME \$25,000 OR OVER), SKIP TO Q. 121
 IF ANSWER TO Q. 115 IS GROUP A THROUGH Q (INCOME UNDER \$25,000), "DON'T KNOW", OR REFUSED", CONTINUE WITH Q. 116

HAND RESPONDENT EXHIBIT 116

116. Between October 1, 1981 and September 30, 1982 did your household receive any of the following services free or at reduced cost, from the federal, state, or local government? (INTERVIEWER: READ AND MARK "YES," OR "NO," FOR EACH ITEM).

- a. Insulation in the attic, outside wall, or basement/crawl space below the floor of the house 1 YES 0 NO 1057
- b. Insulation around the hot water heater 1 YES 0 NO 1058
- c. Repair of broken windows or doors to keep out the cold or hot weather 1 YES 0 NO 1059
- d. Weather stripping or caulking around any windows or doors to the outside 1 YES 0 NO 1060
- e. Storm doors or windows added 1 YES 0 NO 1061
- f. Repair of broken furnace 1 YES 0 NO 1062
- g. Furnace tuneup and/or modifications 1 YES 0 NO 1063
- h. Other home energy-saving devices (Specify): _____ 1 YES 0 NO 1064

TAKE BACK EXHIBIT 116

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

Between October 1, 1981 and September 30, 1982 did your household receive assistance of this type for home cooling from the federal, state, or local government?

1[] YES 0[] NO 1065

118. Between October 1, 1981 and September 30, 1982 did your household receive assistance of this type for home heating from the federal, state, or local government?

1[] YES 0[] NO 1066

IF "YES," ON Q. 118, HAND RESPONDENT EXHIBIT 119 AND ASK:

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

- a. Check to household 1[] YES 0[] NO 1067
- b. Coupon/voucher to household 1[] YES 0[] NO 1068
- c. Assistance sent directly to electric or gas company, fuel dealer, or landlord 1[] YES 0[] NO 1069

TAKE BACK EXHIBIT 119

120. Altogether, how much government energy assistance to help pay heating costs has been provided directly to this household and/or provided on behalf of this household to a utility company, fuel dealer, or landlord between October 1, 1981 and September 30, 1982? (PROBE FOR BEST ESTIMATE)

NUMBER OF DOLLARS \$ _____ .00

1070-1073

ASK EVERYONE

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

- 1[] OWN (BUYING)
- 2[] RENT -- SKIP TO Q. 123 1074
- 3[] OCCUPIED WITHOUT PAYMENT OF RENT -- SKIP TO Q. 124

IF "OWN (BUYING)," ASK:

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

- 1[] YES, CONDOMINIUM
- 2[] YES, COOPERATIVE 1075
- 0[] NO

IF "RENT," ASK:

123. What is the monthly rent of your (house/apartment)?

\$ _____ .00 PER MONTH

1076-1079

IF RENT IS NOT PAID BY THE MONTH, NOTE IN THE SPACE BELOW THE TIME PERIOD COVERED AND THE AMOUNT PAID PER TIME PERIOD.

TIME PERIOD COVERED: _____
 AMOUNT PAID PER TIME PERIOD: \$ _____ .00

HAND RESPONDENT EXHIBIT 124

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

1107-1108:11

	USED	NOT USED	PAID BY HOUSEHOLD	INCLUDED IN RENT	OTHER (SPECIFY)	
<u>ELECTRICITY</u>						
a. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1111-1112
b. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1113-1114
c. FOR AIR-CONDITIONING (CENTRAL OR WINDOW/WALL UNITS)	1[]	0[]	1[]	2[]	5[] _____	1115-1116
d. FOR COOKING	1[]	0[]	1[]	2[]	5[] _____	1117-1118
e. FOR LIGHTING AND OTHER APPLIANCES	1[]	0[]	1[]	2[]	5[] _____	1119-1120
<u>GAS FROM UNDERGROUND PIPES SERVING YOUR NEIGHBORHOOD</u>						
f. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1121-1122
g. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1123-1124
h. FOR CENTRAL AIR-CONDITIONING	1[]	0[]	1[]	2[]	5[] _____	1125-1126
i. FOR COOKING INSIDE HOME	1[]	0[]	1[]	2[]	5[] _____	1127-1128
j. FOR COOKING ON OUTDOOR GRILL	1[]	0[]	1[]	2[]	5[] _____	1129-1130
k. FOR OTHER APPLIANCES (INCLUDE OUTSIDE GAS LIGHT HERE)	1[]	0[]	1[]	2[]	5[] _____	1131-1132
<u>LPG GAS (BOTTLED OR TANK GAS)</u>						
l. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1133-1134
m. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1135-1136
n. FOR CENTRAL AIR-CONDITIONING	1[]	0[]	1[]	2[]	5[] _____	1137-1138
o. FOR COOKING INSIDE HOME	1[]	0[]	1[]	2[]	5[] _____	1139-1140
p. FOR COOKING ON OUTDOOR GRILL	1[]	0[]	1[]	2[]	5[] _____	1141-1142
q. FOR OTHER APPLIANCES (INCLUDE OUTSIDE GAS LIGHT HERE)	1[]	0[]	1[]	2[]	5[] _____	1143-1144
<u>FUEL OIL OR KEROSENE</u>						
r. FOR HOT WATER	1[]	0[]	1[]	2[]	5[] _____	1145-1146
s. FOR HEATING YOUR HOME	1[]	0[]	1[]	2[]	5[] _____	1147-1148
t. FOR COOKING	1[]	0[]	1[]	2[]	5[] _____	1149-1150

FOR EACH USE OF EACH FUEL, ASK:

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



TAKE BACK EXHIBIT 124

IF GAS FROM UNDERGROUND PIPES IS NOT USED, ASK Q. 126. OTHERWISE, SKIP TO INSTRUCTION AT BOTTOM OF THIS PAGE

126. Is gas from underground pipes available in this neighborhood?

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

1151

IF NONE OF FUEL BILLS ARE "PAID BY HOUSEHOLD," SKIP TO INSTRUCTION FOR Q. 144 ON PAGE 35 OTHERWISE, CONTINUE WITH Q. 127 ON NEXT PAGE.

IF HOUSEHOLD USES AND PAYS FOR ELECTRICITY, GAS (FROM UNDERGROUND PIPES OR LPG), OR FUEL OIL/ KEROSENE IN Q. 125, ASK Q. 127ff. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 144.

HAND RESPONDENT EXHIBIT 127

127. Do any of your household fuel bills include charges for fuel used for purposes other than for your own living quarters, such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 1 YES
- 0 NO -- TAKE BACK EXHIBIT 127; SKIP TO INSTRUCTION FOR Q. 133 1152

IF "YES," ASK:

128. Which fuel bills include charges for fuel used for purposes other than your own living quarters? (MARK AS MANY AS APPLY.)
- ELECTRICITY 1153
- GAS FROM UNDERGROUND PIPES 1154
- LPG GAS (BOTTLED OR TANK GAS) 1155
- FUEL OIL OR KEROSENE 1156

TURN TO EXHIBIT 129-132

IF "ELECTRICITY" ON Q. 128, ASK:

129. About how much of your household's electricity bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
- 1 1/4 (5 - 33%)
- 2 1/2 (34 - 66%) 1157
- 3 3/4 (67 - 95%)

IF "GAS FROM UNDERGROUND PIPES" ON Q. 128, ASK:

130. About how much of your household's gas bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
- 1 1/4 (5 - 33%)
- 2 1/2 (34 - 66%) 1158
- 3 3/4 (67 - 95%)

IF "LPG GAS" ON Q. 128, ASK:

131. About how much of your household's LPG bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
- 1 1/4 (5 - 33%)
- 2 1/2 (34 - 66%) 1159
- 3 3/4 (67 - 95%)

IF "FUEL OIL OR KEROSENE" ON Q. 128, ASK:

132. About how much of your household's fuel oil/kerosene bill is used for non-household uses such as farm buildings or machinery, the house or apartment of another household, a business or office, or anything else?
- 0 VERY LITTLE (LESS THAN 5%)
- 1 1/4 (5 - 33%)
- 2 1/2 (34 - 66%) 1160
- 3 3/4 (67 - 95%)

TAKE BACK EXHIBIT 129-132

IF HOUSEHOLD USES AND PAYS FOR LPG GAS (SEE QUESTIONS 124-125, PARTS l-q), ASK Q. 133ff. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 136.

133. About how many deliveries of LPG does your household usually get in a year? NUMBER OF DELIVERIES: 1161-1162
- 94[] CASH AND CARRY, PICK UP AT STORE
95[] LIVED HERE LESS THAN 1 YEAR
134. Did you buy LPG for this (house/apartment) in the past 12 months from one company or from more than one company? 1[] ONE COMPANY 1163
2[] MORE THAN ONE COMPANY
- IF "MORE THAN ONE COMPANY," ASK:
135. How many different companies? 2[] TWO
3[] THREE 1164
4[] FOUR OR MORE

IF HOUSEHOLD USES AND PAYS FOR FUEL OIL OR KEROSENE (SEE QUESTIONS 124-125, PARTS r-t), ASK Q. 136ff. OTHERWISE, SKIP TO Q. 140.

136. About how many deliveries of fuel oil/kerosene does your household usually get in a year? NUMBER OF DELIVERIES: 1165-1166
- 94[] CASH AND CARRY, PICK UP AT STORE
95[] LIVED HERE LESS THAN 1 YEAR
137. Did you buy fuel oil/kerosene for this (house/apartment) in the past 12 months from one company or from more than one company? 1[] ONE COMPANY 1167
2[] MORE THAN ONE COMPANY
- IF "MORE THAN ONE," ASK:
138. How many different companies? 2[] TWO
3[] THREE 1168
4[] FOUR OR MORE

HAND RESPONDENT EXHIBIT 139

139. About how much fuel oil/kerosene does your household use in a year -- which of these groups would it be, just approximately? PROBE FOR BEST ESTIMATE. 1[] LESS THAN 100 GALLONS PER YEAR
2[] 100-499 GALLONS PER YEAR
3[] 500-999 GALLONS PER YEAR 1169
4[] 1000 OR MORE GALLONS PER YEAR

TAKE BACK EXHIBIT 139

CONTINUE IF ANY ELECTRIC, GAS (FROM UNDERGROUND PIPES OR LPG), OR FUEL OIL/KEROSENE BILLS ARE PAID BY HOUSEHOLD. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 144

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

I have a form that would authorize the companies that supply your household to provide that information to Response Analysis Corporation. The authorization applies to the period from January 1982 through April 1986.

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

INTERVIEWER: REMOVE THE AUTHORIZATION FORM FROM THE QUESTIONNAIRE AND HAND TO RESPONDENT. EITHER YOU OR RESPONDENT SHOULD FILL IN THE NAME(S) OF COMPANIES. IF MORE THAN ONE LPG OR FUEL OIL OR KEROSENE COMPANY HAS BEEN USED SINCE JANUARY 1, 1982, FILL IN ADDITIONAL COMPANY NAMES ON OTHER SIDE OF FORM. PLEASE PRINT.

- 1 AUTHORIZATION FORM SIGNED 1170
 0 AUTHORIZATION FORM NOT SIGNED -- INTERVIEWER, EXPLAIN BELOW:

IF AUTHORIZATION FORM IS SIGNED, ASK Q. 141ff. OTHERWISE, SKIP TO INSTRUCTION FOR Q. 144.

141. Do your fuel bills come addressed to (NAME OF SIGNATURE ON AUTHORIZATION FORM), or are they in another name? 1171
- 1 SAME NAME -- SKIP TO Q. 143.
 2 ANOTHER NAME

IF BILL IS IN ANOTHER NAME, ASK:

142. What is that name and address:

BILLING NAME: _____

STREET ADDRESS: _____

CITY AND STATE: _____

ZIP CODE: _____

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

ELECTRIC COMPANY -- CUSTOMER NUMBER: _____ 1172

NOT AVAILABLE/REFUSED

GAS (FROM UNDERGROUND PIPES) -- CUSTOMER NUMBER: _____ 1173

NOT AVAILABLE/REFUSED

--	--



U.S. DEPARTMENT OF ENERGY SURVEY

Authorization Form for Residential Energy Consumption Survey

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

This authorization covers use of fuels (electricity, natural gas or LPG, fuel oil or kerosene) by my household from January 1, 1982 through April 30, 1986 including:

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

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

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

Signature: _____

Date: _____

PLEASE PRINT

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

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

ELECTRICITY

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

GAS

from underground pipes
or LPG (bottled or tank gas)

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

FUEL OIL

or KEROSENE

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

GAS →
LPG (bottled
or tank gas)

SECOND GAS COMPANY

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

THIRD GAS COMPANY

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

FUEL OIL →
or KEROSENE

SECOND FUEL OIL/KEROSENE COMPANY

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

THIRD FUEL OIL/KEROSENE COMPANY

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

IF HOUSEHOLD HAS ONE OR MORE FUELS "INCLUDED IN RENT" OR "OTHER" (SEE Q. 125 ON PAGE 29,) ASK Q. 144. OTHERWISE, SKIP TO Q. 145.

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

NAME: _____

1174

TELEPHONE NUMBER: (AREA CODE: _____) _____

STREET ADDRESS: _____

CITY OR TOWN/STATE/ZIP CODE: _____

ASK EVERYONE

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

RESPONDENT'S NAME: _____

TELEPHONE NUMBER: (AREA CODE: _____) _____

STREET ADDRESS: _____

CITY OR TOWN/STATE/ZIP CODE: _____

146. INTERVIEWER:
 MARK TYPE OF HOUSING UNIT

- 1 MOBILE HOME OR TRAILER
 - 2 ONE-FAMILY HOUSE
 - 1 ONE STORY
 - 2 TWO STORY
 - 3 THREE STORY
 - 4 SPLIT-LEVEL
 - 5 OTHER (SPECIFY): _____
- } IF ONE-FAMILY HOUSE, MARK STYLE BASED ON GENERAL APPEARANCE FROM OUTSIDE 1211-1212
- 3 HOUSE OR BUILDING WITH 2 TO 4 UNITS
 - 4 APARTMENT BUILDING OR OTHER STRUCTURE WITH 5 OR MORE UNITS

IF THIS IS A MOBILE HOME OR A BUILDING WITH 5 OR MORE HOUSING UNITS, SKIP TO Q. 153.
 IF THIS IS A BUILDING WITH 2 TO 4 HOUSING UNITS, SKIP TO Q. 150.
 IF THIS IS A ONE-FAMILY HOUSE, CONTINUE WITH Q. 147.

HAND RESPONDENT EXHIBIT 147

147. Does this house have a basement, an enclosed crawl space, a crawl space open to the outside, a concrete slab, or a combination of these?
- 1 BASEMENT
 - 2 CRAWL SPACE -- ENCLOSED 1213
 - 3 CRAWL SPACE -- OPEN TO THE OUTSIDE
 - 4 CONCRETE SLAB -- SKIP TO Q. 153
 - 5 COMBINATION (MARK ALL THAT APPLY.)
 - BASEMENT 1214
 - CRAWL SPACE -- ENCLOSED 1215
 - CRAWL SPACE -- OPEN TO THE OUTSIDE 1216
 - CONCRETE SLAB 1217

TAKE BACK EXHIBIT 147

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

148. Is all, part, or none of the basement or crawl space heated?
- 1 ALL -- SKIP TO Q. 153
 - 2 PART 1218
 - 0 NONE

IF RESPONDENT ASKS, A BASEMENT IS CONSIDERED HEATED IF IT IS A COMFORTABLE PLACE TO SIT, WORK, OR PLAY, ETC., YEAR-ROUND

IF "PART," OR "NONE" IS HEATED, HAND RESPONDENT EXHIBIT 149 AND ASK:

149. About how much of the floor area above the unheated basement or crawl space is insulated?
- NONE, VERY LITTLE (LESS THAN 4%)
 - 1/4 (5 - 33%)
 - 1/2 (34 - 66%) 1212
 - 3/4 (67 - 95%)
 - ALL (96 - 100%)
 - DON'T KNOW

TAKE BACK EXHIBIT 149; SKIP TO Q. 153

IF THIS IS A BUILDING WITH 2 TO 4 HOUSING UNITS, ASK Q. 150, OTHERWISE, SKIP TO Q. 153.

150. Does this building have a basement? 1220
 YES
 NO

IF "YES," ASK:

151. Is any part of the basement for the exclusive or primary use of your household? 1221
 YES
 NO

IF "YES," ASK:

152. Thinking of the basement space used by your household -- is all, part, or none of that space heated? 1222
 ALL
 PART
 NONE

IF RESPONDENT ASKS, A BASEMENT IS CONSIDERED HEATED IF IT IS A COMFORTABLE PLACE TO SIT, WORK, OR PLAY, ETC., YEAR-ROUND.

ASK EVERYONE

HAND RESPONDENT EXHIBIT 153

153. Since September 1980, have any of the kinds of things listed on this exhibit been done to your home -- that is, anything that has either increased or decreased the total number of square feet of space, or that has changed the number of square feet of heated space? 1223
 YES
 NO

IF "YES", TO Q. 153

154. Did the total number of square feet of space increase, decrease, or remain the same? 1224
 INCREASED
 DECREASED
 REMAINED THE SAME

155. Did the amount of heated space increase, decrease, or remain the same? 1225
 INCREASED
 DECREASED
 REMAINED THE SAME

156. Please give me a description of the work that was done. 1226-1227

157. In what month and year was the work completed? 1228-1231
 MONTH: _____
 YEAR: 198_____

TAKE BACK EXHIBIT 153

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

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

INTERVIEWER INSTRUCTIONS:

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

Basements or cellars

Include basements or cellars in one-family houses.

Include basement space in buildings with 2 to 4 housing units, if it is for the exclusive or primary use of household for this interview. See Q. 151.

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

Exclude crawl spaces.

Attics

Include attics if heated or finished.

Exclude attics if unheated and also unfinished.

Garages, sheds, or barns

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

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

Porches

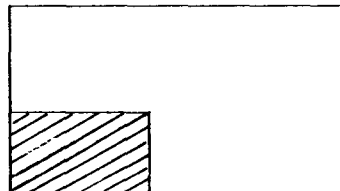
Include porches if enclosed from the weather.

Exclude porches if open to the weather.

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

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

Indicate unheated areas this way →



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

RECORD MEASUREMENTS ON DIAGRAM TO NEAREST FOOT

START HERE

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

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

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

START HERE

if this household does not have a basement or cellar

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

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

CONTINUE ON PAGE 41
FOR SECOND AND THIRD
STORIES

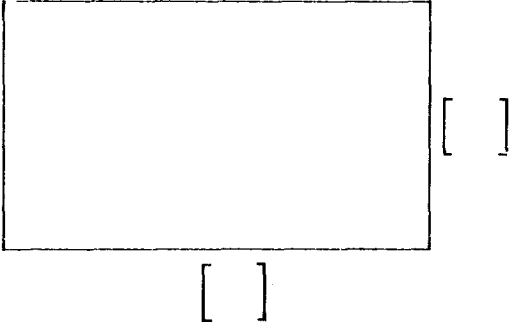
FOR OFFICE USE ONLY

B	Fir Codes			Unit A				Unit B				Unit C				Unit D			# of Units
	1232	33	34	35	36-37	38-39	40	41-42	43-44	45	46-47	48-49	50	51-52	53-54	55			
	1256	57	58	59	60-61	62-63	64	65-66	67-68	69	70-71	72-73	74	75-76	77-78	79			
1																			

IF NO SECOND OR THIRD STORY TO MEASURE, GO TO Q. 159

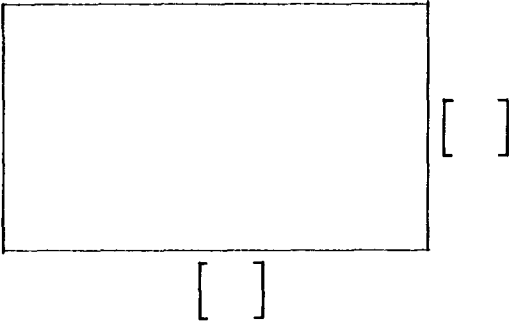
RECORD MEASUREMENTS ON DIAGRAM TO NEAREST FOOT

SECOND STORY MEASUREMENTS FULL STORY
 HALF STORY

RECTANGULAR SHAPE	DRAW DIAGRAM, IF OTHER THAN RECTANGULAR
	

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

THIRD STORY MEASUREMENTS FULL STORY
 HALF STORY

RECTANGULAR SHAPE	DRAW DIAGRAM, IF OTHER THAN RECTANGULAR
	

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

FOR OFFICE USE ONLY

1307-1308:13

Fir Codes			Unit A			Unit B			Unit C			Unit D			# of Units	
1311	12	13	14	15-16	17-18	19	20-21	22-23	24	25-26	27-28	29	30-31	32-33	34	
2																
	1335	36	37	38	39-40	41-42	43	44-45	46-47	48	49-50	51-52	53	54-55	56-57	58
3																

Heated	Unheated	DK Htd/Unhtd
1359-1363	1364-1368	1369-1373


TOTALS		
H	UH	DK
74	75	76

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

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

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

REVISE SKETCHES AS NECESSARY;
THEN MARK APPROPRIATE BOX AT
RIGHT

- 0[] NO UNHEATED AREAS
1[] ALL UNHEATED AREAS HAVE BEEN
MARKED WITH LINES 
2[] ENTIRE UNIT IS UNHEATED (NO
HEATING EQUIPMENT)

160. INTERVIEWER:

MARK BOX TO INDICATE HOW MEASUREMENTS
WERE OBTAINED FOR (HOUSE/APARTMENT)

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

TURN PAGE TO COMPLETE INTERVIEW

FOR OFFICE
USE ONLY

FL	LQT

1377-
1379

INTERVIEWER REPORT ON MEASUREMENT OF YEAR-ROUND LIVING SPACE

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

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

1407-1408:14

TIME INTERVIEW COMPLETED: _____ AM	
_____ PM	LENGTH OF INTERVIEW: _____ MINUTES
INTERVIEWER'S SIGNATURE _____	DATE: _____
INTERVIEWER'S I.D. #: _____	

1411-
1413

1414-
1419

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