

# U.S. Department of Energy Energy Information Administration

## 2001 Residential Energy Consumption Survey Household Questionnaire

Final and Fielded Version  
Do Not Use Any Other Version that Does Not Include this Notice

### INTRODUCTION TO INTERVIEW

Hello, I am \_\_\_\_\_ from Roper Starch Worldwide Inc., a social science research firm. 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. The survey will take about 40 minutes.

We estimate the reporting burden for this collection of information to average 40 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.

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## Section A: HOUSING CHARACTERISTICS

A-1 **TYPEHUQ** Interviewer: Record the type of housing unit as you recorded it in the housing unit observations.

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

A-2 **NUMFLRS** Interviewer: If this is an Apartment Building with 5 or more units, record the number of floors as you recorded it in the housing unit observations.

Enter the number .....

A-3 **CNFRMHUQ** **First, I want to ask you some questions about the type of house or building you live in. My observation is that residence is a [name the type of housing unit recorded on the HURS sheet]. Do you agree with my observation?**

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

A-3a [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-3a1 **REVHUQ** Interviewer: If you *agree* with the householder'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 me by the Department of Energy, they would describe this housing unit as a [enter the TYPEHUQ here]. For the remainder of this interview I must use their definition, but I have recorded that you have described this housing unit as a [enter the ALTHUQ here].**

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

A-4 [If a Single-family house or Apartment building with 2-4 units] **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-5 [If a Single-family house or Apartment building with 2-4 units] *CELLAR CRAWL CONCRETE* **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>	<u>Don't Know</u>
<b>Basement,</b> .....	1	0	6
<b>Crawl space, or</b> .....	1	0	6
<b>Concrete slab?</b> .....	1	0	6

A-5a [If Basement = Yes] *BASEHEAT* **About how much of the basement would you say is warm enough to sit, work, or play in during the winter months? Is it . . .**

**All,**..... 1  
**Part, or**..... 2  
**None?** ..... 0  
 Don't know ..... 6

A-5a1 [Part] *PCTBSTHT* **Please look at the Pink Card. What portion of the basement would you say is warm enough to sit, work, or play in 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-5b [If Basement = Yes and Apartment building with 2-4 units] *BASEUSE* **About how much of the basement would you say you have *exclusive* use of? Is it . . .**

**All,**..... 1  
**Part, or**..... 2  
**None?** ..... 0  
 Don't know ..... 6

A-6 [If a Mobile Home] *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 *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-8 *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-9 *BEDROOMS* **How many bedrooms do you have in your home? [If a one-room efficiency or studio apartment, BEDROOMS=0 and OTHROOMS=1.]**

Enter the number .....

A-10 **OTHRROOMS** Other than bedrooms and bathrooms, how many other rooms are there in your home? Do not count laundry rooms, foyers, unfinished storage spaces, porches, or garages.

Enter the number .....

A-11 **ATTIC** [If a Single family home or Apartment building with 2-4 Units] 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-11a [If 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-11b [If Yes] **ATTICHEAT** About how much of the attic would you say is warm enough to sit, work, or play in during the winter months? Is it . . .

**All**, ..... 1  
**Part, or** ..... 2  
**None?** ..... 0  
Don't know ..... 6

A-11b1 [Part] **PCTATTHT** Please look at the Pink Card. What portion of the attic would you say is warm enough to sit, work, or play in 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 Yes and Apartment building with 2-4 units] **ATTICUSE** About how much of the attic would you say you have exclusive use of? Is it . . .

**All**, ..... 1  
**Part, or** ..... 2  
**None?** ..... 0  
Don't know ..... 6

A-12 **PRKGPLC1** [If a Single family or a Mobile home] Does your home have a garage that is attached to or part of your home?

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

A-12a [If Yes] **GARAGE1C GARAGE2C GARAGE3C** Which does it have? Is it a . . .

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

A-12a1 GARGLOC **Is the garage attached to or part of the basement, first floor, or some other floor of the home?**

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

A-12a2 GARGHEAT **Is the garage warm enough to sit, work, or play in during the winter months?**

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

A-12b [If A-12=No] PRKGPLC2 **Does your home have a detached garage or covered carport?**

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

A-12a [If Yes] GARAGE1C GARAGE2C GARAGE3C 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-13 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-13a [If KOWNRENT = Rent or Occupied without payment of rent] HUPROJ **Is this residence in a public housing project -- that is, is it owned by a housing authority?**

- Yes..... 1
- No..... 0
- Don't know ..... 6

A-13a1 [If HUPROJ = No or Don't know] RENTHELP **Is your household paying lower rent because the federal, state, or local government is paying part of the cost?**

- Yes..... 1
- No..... 0
- Don't know ..... 6

A-14 KOWNCOND **Is this home part of a condominium or cooperative?**

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

A-14a [If Yes] CONDCOOP **Which is it, a condominium or a cooperative?**

- Condominium ..... 1
- Cooperative ..... 2
- Don't know ..... 6

A-15 **YEARMADE** Please look at Exhibit A-15. In what year was this structure built? Your best estimate is fine.

BEFORE 1940 .....	01	1990 .....	08
1940-49 .....	02	1991-95.....	09
1950-59 .....	03	1996-98.....	10
1960-69 .....	04	1999 .....	11
1970-79 .....	05	2000 .....	12
1980 .....	06	2001 .....	13
1981-89 .....	07	Don't Know.....	96

A-15a [If 1999, 2000, 2001 or Don't Know] **OCCUPY** Did your household move into this home or apartment after December 1998?

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

A-15a1 [If Yes] **OCCUPYY** In what year did your household move in?

1999 .....	1
2000 .....	2
2001 .....	3
Don't Know.....	6

A-15a2 [If 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-16 **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-17 **UGASHERE** Is natural gas from underground pipes available in this neighborhood?

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

## Section B: KITCHEN APPLIANCES

B-1 STOVEN STOVE OVEN TOPGRILL **Now I have some questions about your use of kitchen appliances. Please look at Exhibit B-1. Which of these cooking appliances do you have in your kitchen? (Mark all that apply.)**

	<u>Yes</u>	<u>No</u>
Stove that has both burners and one or two ovens.....	1	0
Separate built-in range top or burners .....	1	0
Separate built-in oven .....	1	0
Built-in or stove-top grill.....	1	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-1a1 [If Yes, read the following statement to the respondent:] **As you answer my questions about the stove that has both burners and an oven, think about the one *you use the most*.**

B-1b [If STOVEN=Yes] STOVENFU **Does your stove use the same fuel for both the burners and the oven?**

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

B-1b1 [If STOVENFU=No] STOVENAB **What fuel do the burners use? Is it . . .**

**Electricity,** ..... 05  
**Natural gas from underground pipes,** ..... 01  
**Bottled gas (LPG or Propane), or** ..... 02  
**Some other fuel?** ..... 21  
 Don't know ..... 96

B-1b2 [If STOVENFU=No] STOVENAO **What fuel does the oven use? Is it . . .**

**Electricity,** ..... 05  
**Natural gas from underground pipes,** ..... 01  
**Bottled gas (LPG or Propane), or** ..... 02  
**Some other fuel?** ..... 21  
 Don't know ..... 96

B-1b3 [If STOVENFU=Yes] STOVENA **What fuel does your stove use? Is it . . .**

**Electricity,** ..... 05  
**Natural gas from underground pipes,** ..... 01  
**Bottled gas (LPG or Propane), or** ..... 02  
**Some other fuel?** ..... 21  
 Don't know ..... 96



B-1c [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-1c1 [If Yes, read the following statement to the respondent:] As you answer my questions about the separate built-in range top or burners, think about the one you use the most.

B-1d [If STOVE=Yes] STOVEA What fuel does your separate built-in range top or burners use? Is it ...

Electricity, ..... 05  
Natural gas from underground pipes, ..... 01  
Bottled gas (LPG or Propane), or ..... 02  
Some other fuel? ..... 21  
Don't know ..... 96

B-1e [If OVEN=Yes] MULTOVEN Do you have more than one separate built-in oven in your home?

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

B-1e1 [If Yes, read the following statement to the respondent:] As you answer my questions about the separate built-in oven, think about the one you use the most.

B-1f [If OVEN=Yes] OVENA What fuel does your separate built-in oven use? Is it ...

Electricity, ..... 05  
Natural gas from underground pipes, ..... 01  
Bottled gas (LPG or Propane), or ..... 02  
Some other fuel? ..... 21  
Don't know ..... 96

B-1g [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  
Bottled gas (LPG or Propane), or ..... 02  
Some other fuel? ..... 21  
Don't know ..... 96

B-2 [If STOVEN=Yes or OVEN=Yes] OVENUSE Please look at Exhibit B-2. 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-3 [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
- Don't know ..... 6

B-3a [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
- Don't know ..... 6

B-4 MICRO **Does anyone in your household use a microwave oven to do any cooking?**

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

B-4a [If Yes] AMTMICRO **Please look at Exhibit B-4. 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-5 NUMMEAL **Please look at Exhibit B-5. 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 ..... 0

B-6 COFFEE **Do you use any electric coffee makers?**

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

B-6a [If Yes] COFFFRQ **Please look at Exhibit B-5. 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-6b [If 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-7 TOASTER **Do you use any electric toaster ovens?**

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

B-7a [If Yes] TSTRFRQ **Please look at Exhibit B-5. 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-8 [If more than one fuel is used for cooking] FUELFOD **You mentioned that you used (enter the names of the fuels mentioned in B-1) to prepare your meals. Which of these fuels is used most for cooking in your home?**

- Electricity..... 05
- Natural gas from underground pipes . 01
- Bottled gas (LPG or Propane)..... 02
- Some other fuel..... 21
- Don't know ..... 96

B-9 NUMFRIG **How many refrigerators do you use in your home?**

- One ..... 1
- Two ..... 2
- Three or more ..... 3
- None..... 6 → SKIP to B-13

[If there are two or more refrigerators in the home read this introduction.] **First I would like to ask some questions about the refrigerator that you use the most.**

B-10a TYPFRFR1 **Please look at Exhibit B-10a. 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
- Don't know ..... 6

B-10a1 [If Two doors] *DOORSFR1* **Are those doors side-by-side or top-and-bottom?**

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

B-10b *SIZRFR1* **Please look at Exhibit B-10b. 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
- Don't know ..... 6

B-10c *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
- Don't know ..... 6

B-10d *ICE* **Does this refrigerator have through-the-door ice and water service?**

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

B-10e *AGERFR1* **Please look at the Yellow Card. 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
- Don't know ..... 96

[If B-7 is One or None SKIP to B-13, Otherwise read this introduction:] **Now I would like to ask you the same questions about your** (if B-9 = "Two" insert **other**; if B-9 = "Three or more" insert **second most used**) refrigerator.

B-11a *TYPFR2* **Please look at Exhibit B-10a. 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
- Don't know ..... 6

B-11a1 [If Two doors] *DOORSFR2* **Are those doors side-by-side or top-and-bottom?**

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

**B11b SIZFR12 Please look at Exhibit B-10b. 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
- Don't know ..... 6

**B-11c 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
- Don't know ..... 6

**B-11d MONRFR12 During the past 12 months, how many months was this refrigerator turned on?**

Enter the number .....

**B-11e AGERFR12 Please look at the Yellow Card. 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
- Don't know ..... 96

[If B-9 is One, Two, or None SKIP to B-13, Otherwise read this introduction.] **Now I would like to ask you the same questions about your** (if B-9 = "Three or more" insert **third most used**) **refrigerator.**

**B-12a TYPERFR3 Please look at Exhibit B-10a. 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
- Don't know ..... 6

**B12a1 [If Two doors] DOORSFR3 Are those doors side-by-side or top-and-bottom?**

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

**B12b SIZRFRI3 Please look at Exhibit B-10b. 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
- Don't know ..... 6

**B-12c 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
- Don't know ..... 6

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

Enter the number .....

**B-12e AGERFRI3 Please look at the Yellow Card. 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
- Don't know ..... 96

**B-13 SEPFREEZ Does your household use a separate freezer that is not part of a refrigerator?**

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

**B-13a [If Yes] NUMFREEZ How many separate freezers are used in your home?**

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

[If more than one freezer read this introduction.] **Now I would like to ask some questions about the separate freezer that you use the most.**

**B-14a 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

**B-14b** *SIZFREEZ* Please look at Exhibit B-10b. 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
- Don't know ..... 6

**B-14c** *FREEZER* What type of defrosting does this freezer have? Is it . . .

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

**B-14d** *AGEFRZR* Please look at the Yellow Card. 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
- Don't know ..... 96

**B-15** *DISHWASH* Does your household use an automatic dishwasher?

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

**B-15a** [If Yes] *DWASHUSE* Please look at Exhibit B-15. 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

## 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? [Do not include community clothes washers that are located in the basement or laundry room of apartment buildings.]

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

C-1a [If 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 Yes] **WASHLOAD** Please look at Exhibit C-1. 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  
Don't know ..... 6

C-1c [If 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 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-2 **DRYER** Do you use a clothes dryer in your home? [Do not include community clothes dryers that are located in the basement or laundry room of apartment buildings.]

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

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

**Electricity,** ..... 05  
**Natural gas from underground pipes, or ....** 01  
**Bottled gas?** ..... 02  
Don't know ..... 96



C-2b [If Yes] **DRYRUSE** Please look at Exhibit C-2. 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-3 **WATERBED** Does your household use any waterbed heaters?

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

C-3a [If 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 Yes] **NUMCFAN** How many ceiling fans does your household use?

Enter the number .....

C-5 [If a Single-family home] **SWIMPOOL** Does your home have its own swimming pool with a filtering system?

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

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

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

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

- Electricity..... 05
- Natural gas from under ground pipes ..... 01
- Bottled gas (LPG or Propane)..... 02
- Fuel oil..... 03
- Kerosene..... 04
- Solar..... 08
- Other (Specify \_\_\_\_\_)..... 21
- Don't know ..... 96

**C-6 RECBATH Does your home have a heated hot tub, spa, or jacuzzi, other than a bathtub?**

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

**C-6a [If Yes] FUELTUB 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  
Bottled gas (LPG or Propane ) ..... 02  
Fuel oil ..... 03  
Kerosene ..... 04  
Solar ..... 08  
Other (Specify \_\_\_\_\_) ..... 21  
Don't know ..... 96

**C-7 TVCOLOR How many color television sets do you use in your home?**

Enter the number .....

**C-7a [If TVCOLOR>0] BIGTV Of these, how many are large screen television sets?**

Enter the number .....

**C-7b [If TVCOLOR>0] TVRECEP Are any of your televisions connected into a cable network or outdoor satellite antenna?**

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

**C-7b1 [If Yes] TYPRECEP Which are you connected to, cable or an outdoor dish satellite antenna?**

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

**C-7b1a [If Cable network] 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-7c [If TVCOLOR>0] VCR How many VCRs and DVD players do you use in your home? Do not count DVD drives in your computer.**

Enter the number .....

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-8a	<i>WELLPUMP</i>	Electric pump for well water? .....	1	0
C-8b	<i>SWAMPCOL</i>	Evaporative or swamp cooler? .....	1	0
C-8c	<i>NOTMOIST</i>	Electric dehumidifier that removes moisture from the air, usually in the summer? .....	1	0
C-8d	<i>MOISTURE</i>	Electric humidifier that adds moisture to the air, usually in the winter? .....	1	0
C-8e	<i>AQUARIUM</i>	Large heated aquariums of 20 gallons or more? .....	1	0
C-8f	<i>DIPSTICK</i>	Automobile block heaters, dip-stick engine heaters, or battery blankets? .....	1	0
C-8g	<i>NOCORD</i>	A portable cordless telephone (other than cell phones)? .....	1	0
C-8h	<i>CELLPHON</i>	A cell or mobile telephone? .....	1	0
C-8i	<i>ANSMACH</i>	A telephone answering machine? .....	1	0
C-8j	<i>STEREO</i>	Stereo equipment? .....	1	0

C-8j1 [IF STEREO=Yes] Please look at Exhibit C-8. Which categories best describe the type of stereo equipment you use in you home? (Mark all that apply.)

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

C-8k *BATTOOLS* Portable appliances or tools, such as hand-held vacuum cleaners or power drills, that are powered by a rechargeable battery? .....

C-8k1 [If 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

**Do you use any of the following kinds of office equipment in you home?**

		<u>Yes</u>	<u>No</u>
C-9	<b>COMPUTER A personal computer? (Include both desk-top and lap-top PCs).....</b>	1	0
	[If COMPUTER=Yes, ask the following series of PC related questions.]		
C-9a	<b>MULTPC Do you use more than one personal computer in your home?.....</b>	1	0
C-9a1	[If Yes] <b>NUMPC How many PCs do you use?</b> Enter the number ..... <input style="width: 40px; height: 20px;" type="text"/>		
C-9b	<b>LAPTOPPC How many of the PCs used are lap-tops?</b> Enter the number ..... <input style="width: 40px; height: 20px;" type="text"/>		
C-9c	<b>INTERNET Do you have access to the Internet? .....</b>	1	0
C-9d	<b>PCPRINT Do you have any type of printer attached to any PC?.....</b>	1	0
C-9d1	[If PCPRINT=Yes] <b>FXCOPIER Some printers have built-in fax and copier features. Is your printer one of these? .....</b>	1	0
C-10	<b>FAX Do you have a separate fax (facsimile) machine?.....</b>	1	0
C-11	<b>COPIER A separate photocopier?.....</b>	1	0
C-12	[If COMPUTER=Yes] <b>PCUSE Altogether, how many hours each week is (are all) your personal computer (computers) turned on? Is it (Are they) turned on . . .</b>		
	<b>Less than 2 hours per week, .....</b>	10	
	<b>2 to 15 hours per week, .....</b>	20	
	<b>16 to 40 hours per week, or.....</b>	31	
	<b>More than 40 hours per week but not on all the time.....</b>	32	
	<b>is it (are they) turned on all the time? .....</b>	40	
C-12a	[If More than 16 hours] <b>PCTASK Do you use your computer mainly for personal use, such as paying bills, doing homework, on-line shopping, or playing games, or do you use it mainly for business purposes, that is, as part of your job?</b>		
	Personal use .....	1	
	Business use.....	2	
	Both or About equally (if volunteered).....	3	
C-12a1	[If Business Use or Both] <b>TELECOM How would you describe the business use of your personal computer? Do you, or anyone else telecommute? That is, does anyone work on your computer at home instead of traveling to their employer's place of business?</b>		
	Yes, telecommute .....	1	
	No, other business use only.....	0	
C-12a1a	[If Yes] <b>TELLDAYS How many days each week, on average, is the personal computer used for telecommuting?</b> Enter the number of days..... <input style="width: 40px; height: 20px;" type="text"/>		

## Section D: SPACE HEATING

D-1 **FUELHEAT** Now I have some questions about heating your home. Please look at the Blue Card. 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
Bottled gas, that is, LPG or Propane.....	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 [If Don't heat home] 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

D-1a1 [If Have equipment] **FUELHEAT** Please look at the Blue Card. 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
Bottled gas, that is, LPG or Propane .....	02
Fuel oil.....	03
Kerosene.....	04
Wood.....	07
Solar.....	08
Some other fuel (Specify _____) .....	21

D-2 **EQUIPM** Please look at Exhibit D-2. Please tell me which type of heating equipment provides most of the heat for 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, or baseboard.....	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
Equipment not listed (Specify _____) .....	21
No heating equipment used .....	00

D-3 **EQUIPAGE Please look at the Yellow Card. Approximately, how old is your household's (name the equipment identified in D-2) 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
- Don't know ..... 96

D-4 **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 D-2), do you use any other types of equipment to heat your home, even only once in a while?**

- Yes ..... 1
- No..... 0
- Don't know ..... 6

D-5a **[If Yes] Please look at Exhibit D-2. Please tell me which types you occasionally use to provide heat in addition to the (name the equipment identified in D-2). Prompt: Is there any other heating equipment you use? [Record all that are used.]**

- 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, or baseboards ..... 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 (type) use?**

Electricity .....	05
Natural gas from underground pipes .....	01
Bottled gas (LPG or Propane) .....	02
Fuel oil.....	03
Kerosene.....	04
Wood.....	07
Solar.....	08
Other (Specify _____) .....	21
Don't know .....	96

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
Bottled gas (LPG or Propane).....	02
Fuel oil.....	03
Kerosene.....	04
Wood.....	07
Some other fuel (Specify _____) .....	21
Don't know .....	96

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

Natural gas from underground pipes .....	01
Bottled gas (LPG or Propane).....	02
Fuel oil.....	03
Kerosene.....	04
Don't know .....	96

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

Wood.....	07
Some other fuel (Specify _____) .....	21
Don't know .....	96

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
Bottled gas (LPG or Propane).....	02
Some other fuel (Specify _____) .....	21
Don't know .....	96

D-5a5a [If Natural gas or Bottled gas] *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 Natural gas or Bottled gas] *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] *RNGGUEL ELECAUX UGASAUX LPGAUX FOILAUX KEROAUX WOODAUX OTHERAUX DKAUX* **What fuel does the cooking stove use?**

Electricity..... 05  
Natural gas from underground pipes ..... 01  
Bottled gas (LPG or Propane)..... 02  
Fuel oil..... 03  
Kerosene..... 04  
Wood..... 07  
Other (Specify \_\_\_\_\_) ..... 21  
Don't know ..... 96

D-6 [If D-5 = Yes] *EQMAMT* **Thinking about your main heating equipment, the (name the equipment identified in D-2) that uses (main heating fuel identified in D-1), 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  
Don't know ..... 6

D-7 [If FUELHEAT = Solar or SOLARAU = 1] *ACTSOLAR* **Does your solar heating system *require* pumps or fans (other than ceiling fans) to circulate warm air or hot fluids between solar collectors and the rooms they heat?**

Yes ..... 1  
No..... 0  
Don't know ..... 6

D-8 *THERMAIN* **Please look at Exhibit D-8. Do you have a thermostat that controls your main (insert name of main heating system) heating equipment and allows you to set the system to a specific temperature during the heating season? [Interviewer: If needed, add: A thermostat automatically responds to temperature changes and turns the heat on or off until the desired temperature is reached.]**

Yes ..... 1  
No..... 0  
Don't know ..... 6



D-8a [If Yes] *PROTHERM* Is that thermostat programmable? That is, can you set it so that the temperature setting automatically changes at the times of the day or night that you choose?

- Yes..... 1
- No..... 0
- Don't know ..... 6

D-9 At what temperature does your household usually keep your home in the winter?

[Interviewer: If household keeps different parts of the house at different temperatures, record 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, 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-9a *TEMPHOME* During the day when someone is home?

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

D-9b *TEMPGONE* During the day when no one is home?

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

D-9c *TEMPNITE* During sleeping hours?

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

D-10 *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-10a [If No] *HEATNOT* How many of those rooms were not heated last winter?

Enter the Number.....

D-10b *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-10b1 *OTHSPACE* Please describe for me what those spaces were.

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## Section E: WATER HEATING

E-1 **FUELH2O** Please look at the Blue Card. Which fuel do you use the most to heat water for washing or bathing?

Electricity.....	05	
Natural gas from underground pipes.....	01	
Bottled gas, that is, LPG or Propane.....	02	
Fuel oil.....	03	
Kerosene.....	04	
Wood.....	07	
Solar.....	08	
District Steam.....	09	
Some other fuel (Specify _____).....	21	
Don't know.....	96	
Don't use hot water.....	95	→ SKIP to F-1

E-2 **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	
Don't know.....	6	

E-3 **WHEATSIZ** Please look at Exhibit E-3. Please tell me the approximate size of your household's main water heater tank.

Small (30 gallons or less).....	1	
Medium (31 to 49 gallons).....	2	
Large (50 gallons or more).....	3	
Two separate water heaters.....	5	
Don't have a separate water heater.....	0	→ SKIP to F-1
Don't know.....	6	

E-4 **WHEATAGE** Please look at the Yellow Card. Approximately, how old is your household's main 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	
Don't know.....	96	

E-5 **UAUXH2OF** In addition to (name of fuel from E-1) does your household use any other fuel for heating water?

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

E-5a [If Yes] FAUXH2O **Please look at the Blue Card. What is this additional water heating fuel?**

Electricity.....	05
Natural gas from underground pipes .....	01
Bottled gas (LPG or Propane).....	02
Fuel oil.....	03
Kerosene.....	04
Wood.....	07
Solar.....	08
Some other fuel (Specify _____) .....	21
Don't know .....	96

## Section F: AIR CONDITIONING

F-1 **AIRCOND** Do you have air conditioning equipment in your home?

Yes ..... 1  
No..... 0 → SKIP to F-11

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

**A central system,** ..... 1  
**Individual units in the windows or wall, or**..... 2  
**Both central and individual units?** ..... 3  
Don't know ..... 6

F-2a [If "A central system" or "Both central and individual units" and EQUIPM <> Heat pump or Central warm-air furnace] **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  
Don't know ..... 6

F-3 **ACHOUSE** Thinking about the summer of 2001, how many of the rooms (if before July 1, insert **will**; if between July 1 and August 30, insert **do**; if after August 30, insert **did**) your household's air-conditioning equipment cool? All of the rooms or only some of the rooms?

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

F-3a [If "Only some of the rooms"] **ACROOMS** Of the (enter the number from A-9c and A-9d) rooms in your home, how many (if before July 1, insert **will be**; if between July 1 and August 30, insert **are**; if after August 30, insert **were**) cooled by your household's air-conditioning during the summer of 2001?

Enter the number .....

F-4 [If F-2 = "A central system" or "Both central and individual units"; Else Skip to F-8] **CENACHP** Is your central air-conditioning system a heat pump?

Yes ..... 1  
No..... 0  
Don't know ..... 6

F-5 **AGECENAC** Please look at the Yellow Card. Approximately, how old is your household's central air-conditioning equipment?

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 know ..... 96

F-6 **USECENAC** Please look at Exhibit F-6. Which of the statements shown best describes the way your household (if before July 1, insert **will use**; if between July 1 and August 30, insert **uses**; if after August 30, insert **used**) the central air-conditioning system during the summer of 2001?

- 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
- Other ..... 5

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
- Don't know ..... 6

F-8 [If F-2 is "Individual units in the windows or wall" or "Both central and individual units"; Otherwise SKIP to F-11] **NUMBERAC** How many window or wall air-conditioning units do you have in your home?

Enter the number .....

F-9 **WWACAGE** Please look at the Yellow Card. Approximately, how old is your household's *most-used* window/wall unit?

- 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 know ..... 96

F-10 **USEWWAC** Please look at Exhibit F-6. Which of the statements shown best describes the way your household (if before July 1, insert **will use**; if between July 1 and August 30, insert **uses**; if after August 30, insert **used**) the (*most used*) wall or window unit air-conditioner during the summer of 2001?

- 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
- Other ..... 5

F-11 **TREESHAD** Does your home have any large trees that shade your home from the afternoon summer sun?

- Yes ..... 1
- No ..... 0
- Don't know ..... 6

## Section G: MISCELLANEOUS

G-1 **Thinking of a typical summer weekday, please tell me the number of indoor lights your household has turned on for each of the following time periods. Do not include any nightlights in your count.**

G-1a **LGT12 How many are tuned on for more than 12 hours per day**

Enter the number .....

G-1b **LGT4 Between 4 hours and 12 hours per day**

Enter the number .....

G-1c **LGT1 Between 1 hour and 4 hours per day**

Enter the number .....

G-2 **OUTLGTNT Are any outdoor lights left on all night?**

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

G-2a [If Yes] **GASLIGHT Do any of these lights use natural gas?**

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

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 Yes] **DOOR1SUM How many of these sliding glass doors does your home have?**  
[Interviewer: Count each pair of sliding glass doors as one door.]

Enter the number .....

G-4 **WINDOWS Please look at Exhibit G-4. Approximately, how many windows does your home 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.**

1 or 2 ..... 01  
3 to 5 ..... 02  
6 to 9 ..... 03  
10 to 19 ..... 04  
20 to 29 ..... 05  
30 or more ..... 06  
None (volunteered) ..... 00

[Interviewer: 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-5 *ADQINSUL* Overall, would you say that your home is . . . . .

- Well insulated, ..... 1
- Adequately insulated, or ..... 2
- Poorly insulated? ..... 3
- No insulation (if volunteered) ..... 4
- Don't know ..... 6

G-6 DRAFTY How often do you or other members of your household find your home 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

## Section H: FUELS USED

H-1 [If USENG=Yes and USELP=Yes] USENGLPG **You have told me that you use both natural gas from underground pipes and bottled gas (LPG or propane) 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 LPG?**

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

H-1a [If No] NGLPGFU **Which one do you use, natural gas or bottled gas?**

Natural gas from underground pipes ..... 01  
 Bottled Gas (LPG or Propane)..... 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) **for any purpose in your home?**

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

H-2a [If Yes] **Which of these fuels do you use?** [Record all that apply.]

Electricity..... 05  
 Natural gas from underground pipes ..... 01  
 Bottled gas (LPG or Propane)..... 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. . . .**

	<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. . . .**

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



H-2a3 [If Bottled gas is named] LPWARM LPWATER LPCOOK LPGRILL LPOTHER **How do you use bottled gas in your home? Do you use it for. . . .**

	<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. . . .**

	<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. . . .**

	<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. . . .**

	<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. . . .**

	<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 PELHEAT PELHOTWA PELCOOK PELAC PELLIGHT PGASHEAT PGASHTWA PUGCOOK PUGOTH FOPAY LPGPAY [Ask for all fuels/end uses not already recorded by CAPI as N/A] **In the past 12 months was the (fuel) used for (end use) paid for by your household, included in the rent or condo fee, or paid some other way?**

	<u>HH Pays</u>	<u>Rent/Fee</u>	<u>Other Way</u>	<u>Don't Know</u>
Electricity for . . .				
Heating your home.....	1	2	3	8
Air-Conditioning.....	1	2	3	8
Heating water.....	1	2	3	8
Cooking.....	1	2	3	8
Lighting and Appliances.....	1	2	3	8
Natural Gas for . . .				
Heating your home.....	1	2	3	8
Heating water.....	1	2	3	8
Cooking.....	1	2	3	8
Other uses.....	1	2	3	8
Fuel Oil.....	1	2	3	8
Bottled Gas.....	1	2	3	8

H-4 [If USEEL=Yes or USENG=Yes] DEREGL **Some households can choose to buy electricity and natural gas from companies other than their local utility. This is often called deregulation or customer choice. Have you heard about this?**

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

H-4a [If Yes and USEEL=Yes] DEREGEL **Are you able to buy *electricity* from a company other than your local utility?**

[Interviewer: If the respondent does not understand the question then add: **In the past your electricity has been supplied by your local utility. Now, companies outside your local area are able to contact you and ask that you buy from them instead of the local company.**]

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

H-4a1 [If Yes] BUYDRGEL **Do you buy your electricity from someone other than your local utility?**

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

H-4b [If Yes and USENG=Yes] DEREGNG **Are you able to buy *natural gas* from a company other than your local utility?**

[Interviewer: If the respondent does not understand the question then add: **In the past your natural gas has been supplied by your local utility. Now, companies outside your local area are able to contact you and ask that you buy from them instead of the local company.**]

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

H-4b1 [If Yes] BUYDRGNG **Do you buy your natural gas from someone other than your local utility?**

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

H-5 [If USELP=Yes] LPGDELV **Is bottled gas delivered to your home?**

Yes..... 1  
No..... 0  
Don't know ..... 6

H-5a [If Yes] NDIFLPCO **How many different companies delivered bottled gas to you in the past 12 months?**

Enter the number .....

H-5b [If Yes] NLPDELNC **About how many deliveries did your household get in the past 12 months?**

Enter the number .....   
Don't know ..... 96  
Did not live here the full 12 months ... 95

H-6 [If USEFO=Yes] QUANTFO **Please look at Exhibit H-6. 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  
Don't know ..... 6

H-7 [If USEFO=Yes] FODEL **Is fuel oil delivered to your home?**

Yes..... 1  
No..... 0  
Don't know ..... 6

H-7a [If Yes] NDIFFOCO **How many different companies delivered fuel oil to your household in the past 12 months?**

Enter the number .....   
Don't know ..... 96

H-7b [If Yes] NFODELNC **About how many deliveries did your household get in the past 12 months?**

Enter the number .....   
Don't know ..... 96  
Did not live here the full 12 months ..... 95

H-8 [If USEKERO=Yes] KERODEL **You mentioned that you use kerosene in your household. Is kerosene delivered to your home?**

Yes ..... 1  
No..... 0  
Don't know ..... 6

H-8a [If Yes] NDIFKRCO **How many different companies delivered kerosene to your household in the past 12 months?**

Enter the number .....   
Don't know ..... 96

H-8b [If Yes] NKRDEL **About how many deliveries did your household get in the past 12 months?**

Enter the number .....   
Don't know ..... 96

H-9 [If USEKERO=Yes] KERO CASH **Did your household buy kerosene in the past 12 months and bring it home, that is, cash and carry?**

Yes ..... 1  
No..... 0  
Don't know ..... 6

H-9a [If Yes] NOCRCASH **How many times in the past 12 months did your household buy kerosene and bring it home?**

Enter the number .....   
Don't know ..... 96  
Did not live here the full 12 months ..... 95

H-9b [If 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 .....   
Other ..... 66  
Not sure..... 77

H-9c [If Yes] PRICEKER **On average, about how much per gallon did your household pay for kerosene?**

Enter the amount price .....   
Don't know ..... 96

H-9d [If Yes] TOTPAYKER **About how much did you pay for kerosene each time your household bought it (total amount)?**

Enter the total amount .....   
Don't know ..... 96

H-10 [If USEWOOD=Yes] TYPEWOOD **You mentioned that you use wood as a fuel in your household. What kinds of wood do you burn? Do your burn . . .**

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

H-10a [If WOODUSE=Yes] WOODAMT **Please look at Exhibit H-10. 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
- Don't know ..... 6

H-10a1 [If 1+ cord] CORDPLUS **About how many cords would you estimate you burned?**

- 1 ..... 1
- 1½ ..... 2
- 2 ..... 3
- 2½ ..... 4
- 3 or more..... 5
- [If 3+ cords] Enter the number .....

## Section I: FUEL BILLS

I-1 **SIGNFORM You have just told us how your household uses energy. We would like to find out how much (name the fuels that the household uses) you actually used in the past year. We realize that this would be very difficult for you to tell us right now. But we can get that information directly from your fuel suppliers. So we can contact your fuel suppliers, would you please sign this form?**

Authorization Form Signed..... 1  
Authorization Form Not Signed ..... 0 → SKIP TO J-1

I-1a **For verification purposes, may I have your name, mailing address, and telephone number? My supervisor may want to call you to see how I conducted myself during this interview.**

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

[If the respondent earlier reported purchasing their electricity from a deregulated supplier, ask this series of supplier question. Otherwise SKIP to Question I-3.]

I-2 [If BUYDRGEL=Yes] **Earlier you told me that you buy electricity for your home from a supplier other than your local electric company. What is the name of your supplier and what is your account number?**

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

I-2a **DRELBILL Does your electricity bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-2a1 [If another name] **What is the billing name?**

Billing Name \_\_\_\_\_

I-2b **ELSUPP2 Since January 1, 2001, has any other supplier delivered electricity to your household?**

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

I-2b1 [If Yes] **What is the name of that supplier and what is the account number?**

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

I-2b1a ELBILL2 **Does that electricity bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-2b1aa [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_

I-3 [If household pays for electricity and BUYDRGEL=No] **What is the name and account number of your household's electricity supplier?**

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-3a BILNAMEL **Does your electricity bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-3a1 [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_

[If the respondent earlier reported purchasing their natural gas from a deregulated supplier, ask this series of supplier question. Otherwise SKIP to Question I-5.]

I-4 [If BUYDRGNG=Yes] **Earlier you told me that you buy natural gas for your home from a supplier other than your local natural gas company. What is the name of your supplier and what is your account number?**

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-4a DRNGBILL **Does your natural gas bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-4a1 [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_

I-4b NGSUPP2 **Since January 1, 2001, has any other supplier delivered natural gas to your household?**

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

I-4b1 [If Yes] **What is the name of that supplier and what is the account number?**

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-4b1a NGBILL2 **Does that natural gas bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-4b1aa [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_

I-5 [If household pays for natural gas and BUYDRGNG=No] **What is the name and account number of your household's natural gas supplier?**

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-5a BILNAMNG **Does your natural gas bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-5a1 [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_

I-6 [If household pays for bottled gas] **What is the name and account number of your household's bottled gas (LPG) supplier?**

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-6a BILNAMLP **Does your bottled gas (LPG) bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-6a1 [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_

I-7 [If household pays for fuel oil] **What is the name and account number of your household's fuel oil supplier?**

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-7a BILNAMFO **Does your fuel oil bill come addressed to you or is it in another name?**

Same name..... 1  
Another name ..... 2

I-7a1 [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_



I-8 [If household uses and pays for kerosene] **What is the name and account number of your household's kerosene supplier?**

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-8a BILNAMKR **Does your kerosene bill come addressed to you or is it in another name?**

Same name..... 1

Another name ..... 2

I-8a1 [If Another name] **What is the billing name?**

Billing Name \_\_\_\_\_

I-9 [If NLPDELCD>1 or NFODELNC>1 or NDIFKRCO>1] OTHSUPPS **Are there any others who supplied fuel oil, bottled gas, or kerosene that we haven't covered?**

Yes..... 1

No..... 0 → SKIP to I-10

**ADDITIONAL SUPPLIERS**

Interviewer: Check the box that describes each additional fuel and fill in the supplier's name and the household's account number.

I-9a FUEL:  Fuel Oil  Bottled Gas  Kerosene

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-9b FUEL:  Fuel Oil  Bottled Gas  Kerosene

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-9c FUEL:  Fuel Oil  Bottled Gas  Kerosene

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

I-9d FUEL:  Fuel Oil  Bottled Gas  Kerosene

Supplier Name \_\_\_\_\_

Account Number \_\_\_\_\_

**I-10 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
- Don't know ..... 6

**I-10a [If Yes] PURPOSE Please look at the Pink Card. For which of the following purposes are costs of fuel included in your household fuel bills?**

- 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-10b [If 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
- Bottled gas (LPG or Propane),**..... 2
- Fuel oil,**..... 3
- Kerosene, or** ..... 4
- Electricity?**..... 5

**I-10b1 [If Natural gas] BILLUGP Please look at the Pink Card. 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-10b2 [If Bottled gas] BILLLGP Please look at the Pink Card. What portion of the 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-10b3 [If Fuel oil] BILLPOLP Please look at the Pink Card. 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-10b4 [If Kerosene] BILLKERP **Please look at the Pink Card. 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-10b5 [If Electricity] BILLELP **Please look at the Pink Card. 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-11 [If home is rented, a condominium, or a cooperative] 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 names of the fuel bills paid) bills for this dwelling?**

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

I-11a [If Apartment/Mobile Home Complex] COMPLEXN **Does the complex or development where you live have a formal name?**

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

i-11a1 [If Yes] CPLXNAME **What is the Name?**

Name \_\_\_\_\_

## Section J: HOUSEHOLD CHARACTERISTICS

J-1 **Now I have a few questions about your household. These questions will help us to make sure that the sample of households we've surveyed is really representative of all American households.**

**NHSLDMEM** Including yourself, how many people normally live in this household? Do not include anyone who is just visiting or children who may be away at college or in the military.

Enter the number .....

J-1a [If > 1] **YEARS3** Of (this total), how many are adults 65 or older?

Enter the number .....

J-1a1 [If > 0] **YEARS4** Of the adults 65 or older, how many are 75 or older?

Enter the number .....

J-1b [If > 1] **YEARS1** Of the (remaining members of this household), how many are infants under the age of 1?

Enter the number .....

J-1c [If > 1] **YEARS2** Of the (remaining members of this household), how many are children between the ages of 1 and 12?

Enter the number .....

J-1d [If > 1] **YEARS5** According to the counts so far, there are [NHSLDMEM-YEARS3-YEARS1-YEARS2] (remaining members of this household), all of whom are between of 13 and 64 years old. Is that correct?

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

J-1d1 [If No] **LFTOVRFU** Interviewer: Determine why the response is No and describe what the actual composition of the household.

---

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J-2 **HBUSINESS** Do you operate a home-based business or service?

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

J-2a [If Yes] **OTHBUS** Would you please tell me what kind of business or service this is?

---

J-3 **OTHWOR** 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-3a [If Yes] **OTHACT** Could you please tell me what that activity is?

\_\_\_\_\_

J-4 **ATHOME** On a typical week day is there someone at home all day?

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

J-5 **DRIVECAR** Do you or any other members of your household have the regular use of any cars, trucks, SUVs, or vans?

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

J-5a [If Yes] **VEHICLES** How many vehicles does your household have?

Enter the number .....

J-6 **DRIVEMON** How many people in this household drive on a fairly regular basis? That is, drive at least once a month.

Enter the number .....

J-7 **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-8 **HHSEX** Are you/Is the householder a male or a female?

Male ..... 2  
Female ..... 1  
Don't know ..... 6  
Refused ..... 8

J-9 **HHAGE** How old are you/is the householder?

Enter the age .....   
Don't know ..... 6  
Refused ..... 8

J-10 **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  
Don't know ..... 6  
Refused..... 8

J-11 **SPOUSE** Are you/Is the householder living with a spouse or partner?

Yes..... 1  
No..... 0  
Don't know ..... 6  
Refused..... 8

J-12 **SDESCENT** Are you/Is the householder Hispanic or Latino?

Yes..... 1  
No..... 0  
Don't know ..... 6  
Refused..... 8

J-13 **ORIGIN** Please look at Exhibit J-13. 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  
Don't know ..... 96  
Refused..... 98

J-14 **MONEYPY** Please look at Exhibit J-14. 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 – before taxes and deductions.

Less than \$5,000..... 01  
\$5,000 to \$9,999 ..... 02  
\$10,000 to \$14,999 ..... 03  
\$15,000 to \$19,999 ..... 04  
\$20,000 to \$29,999 ..... 05  
\$30,000 to \$39,999 ..... 06  
\$40,000 to \$49,999 ..... 07  
\$50,000 to \$74,999 ..... 08  
\$75,000 to \$99,999 ..... 09  
More than \$100,000..... 10  
Don't know ..... 96  
Refused..... 97

J-14a [If HHIncome=96 or 97] INC50PLU **Was your household income in the past 12 months under \$50,000?**

Yes, income under \$50,000 .....1  
No.....0  
Don't know .....6  
Refused.....7

**SKIP INSTRUCTIONS**

If MONEYPY is less than \$20,000 and NHSLDMEM = 1, GO TO K-1, Else SKIP TO M-1  
If MONEYPY is less than \$30,000 and NHSLDMEM = 2, GO TO K-1, Else SKIP TO M-1  
If MONEYPY is less than \$30,000 and NHSLDMEM = 3, GO TO K-1, Else SKIP TO M-1  
If MONEYPY is less than \$50,000 and NHSLDMEM > 3, GO TO K-1, Else SKIP TO M-1  
If MONEYPY is \$50,000 or more, SKIP TO M-1  
If INC50PLU= Yes, GO TO K-1, Else SKIP TO M-1

## Section K: ENERGY ASSISTANCE

K-1 **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>	<u>Don't Know</u>
K-1a	<b>WORKPAY a. Employment income from wages and salaries or self-employment income from a business or farm</b> .....	1	0	6
K-1b	<b>RETIREPY b. Retirement income from Social Security, Railroad Retirement, or pensions and other retirement funds</b> .....	1	0	6
K-1c	<b>CASHBEN c. Cash benefits from Temporary Assistance for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), or general assistance for public assistance</b> .....	1	0	6
K-1d	<b>NCASHBEN d. Non-cash benefits from Food Stamps or public/subsidized housing</b> .....	1	0	6

K-2 **The government has a home energy assistance program, often called HEAP, LIHEAP, or HEAT, that helps people pay for their heating, cooling and other home energy costs. These programs are run by State, county, or local governments and the assistance can be paid directly to the household or to the electric or gas company or fuel supplier. If heat is included in a household's rent, the payment can be used to help reduce the rent.**

**During the past 12 months did anyone in your household receive government assistance for any of the following:**

		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
K-2a	<b>HEATAID Help in paying home heating costs</b> .....	1	0	6
K-2b	<b>COOLAID Help in paying home cooling or air-conditioning costs</b> ...	1	0	6
K-2c	<b>LIFELINE Help with other home energy costs</b> .....	1	0	6
K-2d	<b>NOLIHEAP Did not receive any assistance</b> .....	1	0	6

K-3 **[If HEATAID=Yes] How did you receive payments for your home heating costs? Was it . . .**

		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
K-3a	<b>CASHAID a Check sent to your household,</b> .....	1	0	6
K-3b	<b>FUELPAID a Payment sent directly to your utility company or fuel dealer, or was it</b> .....	1	0	6
K-3c	<b>OTHERPMT Some other method of payment, such as a coupon or voucher, or two-party check?</b> .....	1	0	6



K-3d GOVTAMT About how much money did you, or your utility or fuel supplier, receive for heating your home in the past 12 months?

Interviewer: Enter whole dollars below.

Enter the amount received .....  \$  
Don't know (if volunteered) ..... 6

K-4 NOPY In the past 12 months was your electricity ever discontinued because you were unable to pay your electric bill?

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

K-5 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:

Yes      No

K-5a NOPYFIX Your heating system was broken and you were unable to pay for its repair or replacement? ..... 1 .....0

K-5b NOPYFL You ran out of fuel oil, kerosene, LPG, coal, or wood because you were unable to pay for a delivery? ..... 1 .....0

K-5c NOPYEL The utility company discontinued your gas or electric service because you were unable to pay your bill? ..... 1 .....0

K-6 [If NOPYFIX or NOPYFL or NOPYEL = Yes] NNOHEAT Thinking about these times that you went without heat -- how many separate times were there?

Enter the number of times.....

K-6a HRSNOHT Altogether, how many hours or days were you without heat in the past 12 months?

Enter the number of hours/days.....   Hours  
 Days

When you were without heat, was it during the . . .

Yes      No      Not Sure

K-6b NOHWIN October through March period, or the..... 1 .....0.....6

K-6c NOHSUM April through September period? ..... 1 .....0.....6

K-6d OTHERWAY During these times, were you able to heat your home some other way?

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

## **Section L: NOT USED**

## Section M: HOUSING UNIT MEASUREMENTS

[Interviewer Instruction: Get the yellow Measurements/Authorization Form Booklet for this household. Record the Location #, the Housing Unit #, and your Interviewer # at the top of the Housing Unit Measurements cover page.]

The Location # is (location number)

The Housing Unit # is (housing unit #)]

M-1 **MEASURE To understand the usage of energy in your home/apartment, we need to know its size in square feet. With your permission, I would like to measure your home.**

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

M-2 **SQFTEST Would you tell me how many square feet of heated space you have in your home/apartment? Your best estimate will do.**

Enter the square footage here .....   
Don't know ..... 96

[Interviewer: If respondent refused to let you measure the housing unit, thank him/her and end the interview.]

**THERE IS NO QUESTION M-3**

M-4 [If Apartment in 2-4 unit building] **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

M-4a [If Converted] **Was this structure originally built as a single-family house?**

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

M-4a1 [If Yes] **Would you say that your apartment 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

**THERE ARE NO QUESTIONS M-5 THROUGH M-7**

M-8 [If Question M-4=Built as an apartment building or Question M-4a=No or Question M-4a1=More like an apartment] **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

M-8a [If No] **How many levels does your apartment have?**

Enter the number of levels here.....

[If Question M-8a > 3 or Question A-4 =Some other type: Interviewer Instruction: This housing unit is some type of unusual structure. Use the Measurements Booklet to mark and, if necessary, sketch the shape of each floor, and manually record all measurements.]

M-9a **Please look at Exhibit M-9. 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

M-9b1 [If Question A-4=Two stories, Three stories, or Split-level or Question M-8a=2 or 3. Otherwise, skip to Question M-9c1.] **Is the *shape* of the second floor of this housing unit the same as the first floor?**

- Yes ..... 1
- No..... 0 → Skip to Question M-9b3

M-9b2 [If Yes] **Is the *size* of the second floor of this housing unit the same as the first floor?**

- Yes ..... 1 → Skip to Question M-9c1
- No..... 0

M-9b3 [If Question M-9b1=No or Question M-9b2=No] **Please look at Exhibit M-9. Thinking about the *second* floor of your home, let's work together to find 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

M-9c1 [If Question A-4=Three stories or Split-level or Question M-8a=3. Otherwise, skip to Question M-9d1.] **Is the *shape* of the third floor of this housing unit the same as the second floor?**

- Yes ..... 1
- No..... 0 → Skip to Question M-9c3

M-9c2 [If Yes] **Is the *size* of the third floor of this housing unit the same as the second floor?**

- Yes ..... 1 → Skip to Question M-9d1
- No..... 0

M-9c3 [If Question M-9c1=No or Question M-9c2=No] **Please look at Exhibit M-9. Thinking about the *third* floor of your home, let's work together to find 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

M-9d1 [If Question A-11a=Yes, or If Question A-11b=All or Part or Question A-11c=Yes, and If an apartment in a 2-4 unit building and Question A-11c=All or Part. Otherwise, skip to Question M-9e1.] **Is the *shape* of the attic of this housing unit the same as the floor under it?**

Yes ..... 1  
No..... 0 → Skip to Question M-9d3

M-9d2 [If Yes] **Is the *size* of the attic of this housing unit the same as the floor under it?**

Yes ..... 1 → Skip to Question M-9e1  
No..... 0

M-9d3 [If Question M-9d1=No or Question M-9d2=No] **Please look at Exhibit M-9. Thinking about the *attic* of your home, let's work together to find 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 only the space that they 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

M-9e1 [If Question A-5a (Basement)=Yes; and If Question A-5a=All or Part; and If an apartment in a 2-4 unit building and Question A-5b=All or Part. Otherwise, skip to the Measurements Instructions.] **Is the *shape* of the basement of this housing unit the same as the floor directly above it?**

Yes ..... 1  
No..... 0 → Skip to Question M9e3.

M-9e2 [If Yes] **Is the *size* of the basement of this housing unit the same as the floor directly above it?**

Yes ..... 1 → Skip to the Measurements Instructions.  
No..... 0

M-9e [If Question 9e1=No or Question M-9e2=No] **Please look at Exhibit M-9. Thinking about the *basement* of your home (if applicable: including the garage), let's work together to find 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 only the space that they 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

## 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, for the 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 Question M-9b1=No or Question M-9b2=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 Question M-9c1=No or Question M-9c2=No: This housing unit has a third floor that is to be measured.

In the Measurements Booklet, 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 Question M-9d1=No or Question M-9d2=No: This housing unit has an attic that is to be measured.

In the Measurements Booklet, 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 Question M-9e1=No or Question M-9e2=No: This basement of this housing unit (if applicable, including the garage) is to be measured.

In the Measurements Booklet, 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 Question M-8a > 3 or Question A-4 = 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

M-10a [If Question M-9a=Square or Rectangle] 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.....

M-10b [If Question M-9a=L- or T-shaped] Interviewer Instruction: Divide the first/main floor into two squares or rectangles and measure the length and the width 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.....

M-10c 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

M-11a [If Question M-9b3=Square or Rectangle, or If Question M-9a=Square or Rectangle and Question M-9b=Yes] Interviewer Instruction: If Question M-9b1=No or Question M-9b2=No, 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.....

M-11b [If Question M-9b3=L- or T-shaped or If Question M-9a=L- or T-shaped and Question M-9b1=Yes] Interviewer Instruction: If Question M-9b1=No or Question M-9b2=No, divide the second floor into two squares or rectangles. Measure the length and the width 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.....

M-11c 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

M-12a [If Question M-9c3=Square or Rectangle, or if the third floor is otherwise determined to be a Square or Rectangle] Interviewer Instruction: If Question M-9c1=No or Question M-9c2=No, 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.....

M-12b [If Question M-9c=L- or T-shaped or if the third floor is otherwise determined to be L- or T-shaped] Interviewer Instruction: If Question M-9b1=No or Question M-9b2=No, divide the third floor into two squares or rectangles and measure the length and the width 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.....

M-12c 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

M-13a [If Question M-9d=Square or Rectangle, or if the attic is otherwise determined to be a Square or Rectangle] Interviewer Instruction: If Question M-9d1=No or Question M-9d1 = No, 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.....

M-13b [If Question M-9d=L- or T-shaped or if the attic is otherwise determined to be L- or T-shaped] Interviewer Instruction: If Question M-9d1=No or Question M-9d2=No, divide the attic into two squares or rectangles and measure the length and the width 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.....

M-13c 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



M-14a [If Question M-9e=Square or Rectangle, or If Question M-9a=Square or Rectangle and Question M-9e1=Yes ]  
Interviewer Instruction: If Question M-9e1=No or Question M-9e2=No, 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.....

M-14b [If Question M-9e=L- or T-shaped, or If Question M-9a=L- or T-shaped and Question M-9e1=Yes] Interviewer  
Instruction: If Question M-9e1=No or Question M-9e2=No, divide the basement into two squares or rectangles  
and measure the length and the width each one. Record the measurements in the spaces below. Round the  
length and width to the nearest whole foot.

Enter the length of the  Enter the width of the   
first area here ..... first area here.....

Enter the length of the  Enter the width of the   
second area here ..... second area here.....

M-14c 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

If Question M-8a > 3 or Question A-4=Four or more stories: 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 shape and the measurements of these  
additional floors to the yellow Measurements Booklet. The Data Processing Department will enter this information for  
you.

**THAT IS THE LAST QUESTION I HAVE.**

**THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.**

**HAVE A PLEASANT DAY/EVENING.**

**U.S. DEPARTMENT OF ENERGY  
2001 RESIDENTIAL ENERGY CONSUMPTION SURVEY**

**Authorization Form**

Location #	Housing Unit #

I hereby give permission to the electric, natural gas, fuel oil, and bottled gas (including LPG and propane) company or companies that provide energy to me to provide information to Roper Starch Worldwide Inc., Inc. (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 the following data for the period from October 1, 2000, through December 31, 2002:

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

**Printed Name:** \_\_\_\_\_