# ID-7: Tech Assistance (Market Actor) OMB Control No. XXXXXXXX

Note that this survey instrument will be used for programs where the participants are market actors. This includes sample points that fall under the following sub-categories: "Generalized Workshop or Demonstration," "Targeted Training or Certification," or "Technical Assistance" under three BPAC categories: (1) Building Retrofits, (2) Loans, Grants, and Incentives, and (3) Renewable Energy Market Development.

## DATABASE VARIABLES

&CONTACT.......contact name from program records
&SPONSOR......organization that sponsored the effort being researched
&PROGRAM.....program name

&DATE........dates of workshop, demonstration, training funded by SEP

&INTERVIEWER NAME......name of the caller

&PHONE.....extension or phone number to call back &STATE.....state in which program is offered

&WORKSHOP/DEMONSTRATION/TRAINING.......Name of workshop, demonstration, or training & TECHNICAL ASSISTANCE......Name of technical assistance

&BPAC.....Will indicate the specific-BPAC for sample

NOTE THAT OTHER VARIABLES ARE SHOWN IN THE DOCUMENT AS THEY ARE CREATED

## INTRODUCTION AND FINDING CORRECT RESPONDENT

**INITIAL.** Hello, this is &INTERVIEWER NAME calling on behalf of the United States Department of Energy from Opinion Dynamics Corporation.

May I please speak with &CONTACT, [IF CONTACT NAME AVAILABLE]?

[IF NEEDED] This is not a sales call.

**[IF NEEDED]** This is a fact-finding survey only, authorized by the U. S. Department of Energy which wants to understand how you used the information provided through the [&WORKSHOP/TRAINING/DEMONSTRATION; &TECHNICAL ASSISTANCE].

[No, that person is not available right now]	1	[GO TO APPOINT]
[Unable to refer someone who can help]	2	[GO TO APPOINT]
[Yes, that would be me]	3	[GO TO PURPOSE]
[Yes, let me transfer you to]	4	[GO TO INTRO]
[No, that is the wrong person]	5	[GO TO INITIAL]

[No, other reason (specify)]	6	[GO TO APPOINT]
[Don't know]	-97	[GO TO APPOINT]
[Refused]	-98	[GO TO APPOINT]

#### **APPOINT.** When would be a good day and time for us to call back?

		RECORD, CONTACT NAME, DAY OF THE WEEK, TIME OF DAY AND DATE TO CALL BACK		
		CALL BACK AT AGREED TIME		
[Don't know]	-97	THANK & TERMINATE; ASSIGN REFUSED AND REMOVE FROM CALL ORDER		
[Refused]	-98	END CALL; KEEP CONTACT IN REGULAR CALL ORDER		

#### INTRO.

On &DATE, you [attended a &WORKSHOP/TRAINING/DEMONSTRATION]/[received &TECHNICAL ASSISTANCE] offered by &SPONSOR. In an effort to determine what actions you may have taken as a result of participating, we ask that you complete this brief survey. Your input will help [&SPONSOR] understand the effects of their past efforts. The survey should take no more than 45 minutes for you to complete. The responses you provide will be combined with those of many other individuals and will not be linked to you or your organization in any way.

The U.S. Department of Energy (DOE) would like to inform each individual that the information requested here is being solicited under the statutory authority of Title III of the Energy Policy and Conservation Act of 1975, as amended, which authorizes DOE to administer the State Energy Program (SEP). This information is being sought as part of a national evaluation of SEP, the purpose of which is to reliably quantify Program accomplishments and help inform decisions on future operations. The sole use of the information collected will be for an analysis of national-level Program impacts. Disclosure of this information is voluntary and there will be no adverse effects associated with not providing all or any part of the requested information.

# SCREENER

**S1.** Do you recall [attending the &WORKSHOP/DEMONSTRATION/TRAINING/CERTIFICATION] /[receiving &TECHNICAL ASSISTANCE] on [&DATE]?

[Yes]	1	[GO TO A1]
[No]	2	[THANK AND TERMINATE]
[Don't know]	-97	[THANK AND TERMINATE]
[Refused]	-98	[THANK AND TERMINATE]

# RESPONDENT INFO: ROLE IN THE PROJECT

First, I'd like to get some information about your firm, your job and experience regarding energy efficiency and renewable energy in [&STATE].

**RIO.** Which of the following services does your firm offer in [&STATE]?

a. Architectural services	1	[GO TO RI1]
b. Electrical Engineering	2	[GO TO RI1]
c. Mechanical Engineering	3	[GO TO RI1]
d. Code compliance assessment for other designers and builders	4	[GO TO RI1]
e. Commercial construction management	5	[GO TO RI1]
f. Commercial construction	6	[GO TO RI1]
g. Residential construction	7	[GO TO RI1]
h. Other: Specify	8	[GO TO RI1]

**RI1.** What is your job title?

[RECORD JOB TITLE]	1	[GO TO RI2]
[Don't know]	-97	[GO TO RI2]
[Refused]	-98	[GO TO RI2]

**RI2.** What are your specific job responsibilities? [OPEN END]

[OPEN END: (Specify)]	1	[GO TO AC1]
[Don't know]	-97	[GO TO AC1]
[Refused]	-98	[GO TO AC1]

**AC1.** Which of the following best describes where you intended to apply the information you received? **[READ CATEGORIES]** 

NOTE: IF THE ANSWER IS "SOMEWHERE ELSE", SPECIFY THEN PROBE FOR WHICH OF THE FIVE CLASSIFICATIONS BEST DESCRIBES THEM.

At my home	1	[GO TO ALTERNATIVE RES SURVEY/TERMINATE]
At the facility(ies) my business occupies	2	[GO TO ALTERNATIVE NON- RES SURVEY/TERMINATE]
At the facility(ies) my business manages (e.g. Property managers)	3	[GO TO ALTERNATIVE NON- RES SURVEY/TERMINATE]
In facilities occupied or managed by customers to whom I provide services (e.g. Architects, engineering firms, contractors, code inspectors)	4	[GO TO MVN1]
In the classroom where I teach	5	[GO TO ALTERNATIVE TEACHER SURVEY/ TERMINATE]
Somewhere else: Specify	6	[GO TO MVN1]

#### RESPONDENT TYPE DEFINED FOR DISPOSITION

[CLASSIFY AC1=1 AS REU (RESIDENTIAL END-USE CUSTOMER)]

[CLASSIFY AC1=2, 3 AS CEU (COMMERCIAL END-USE CUSTOMER)]

[CLASSIFY AC1=4 AS MA (MARKET ACTOR)]

[CLASSIFY AC1=5 AS TEA (TEACHER)]

[CLASSIFY AC1=6 AS DEFAULT ASSUMED RESPONDENTS BASED ON PROGRAM TARGET]

# INITIAL INVENTORY

**MVN1.** Since [&DATE], have you installed any equipment or made any behavioral changes to facilities occupied or managed by customers to whom you provide services for in any of the following areas? [READ LIST IN THE GRID. MARK ALL THAT APPLY]

	1	1
a. Lighting	1	[GO TO MOP3]
b. Cooling	2	[GO TO MOP3]
c. Heating	3	[GO TO MOP3]
d. Commercial Refrigeration	4	[GO TO MOP3]
e. Motors/Drives	5	[GO TO MOP3]
f. Appliances, such as dishwashers,	6	[GO TO MOP3]
clothes washers, refrigerators		
g. Hot Water	7	[GO TO MOP3]
h. Duct Testing	8	[GO TO MOP3]
i. Insulation	9	[GO TO MOP3]
j. Showerheads/Aerators	10	[GO TO MOP3]
k. PV	11	[GO TO MOP3]
l. Wind	12	[GO TO MOP3]
m. Solar thermal	13	[GO TO MOP3]
n. Biomass	14	[GO TO MOP3]
o. Biogas	15	[GO TO MOP3]
f. Any other changes?	16	[GO TO MOP3]

# EFFECT OF OTHER PROGRAMS

**MOP3.** Did the [&WORKSHOP/DEMONSTRATION/TRAINING][&TECHNICAL ASSISTANCE] inform you about any financial support available to [buildings/customers] such as incentives or loans offered by sponsors, such as, local utilities, industry associations, or government agencies?

[Yes]	1	[GO TO MES2]
[No]	2	[GO TO MES2]
[Don't know]	-97	[GO TO MES2]
[Refused]	-98	[GO TO MES2]

## ENERGY SAVINGS AND ATTRIBUTION

NOTE: IN THIS SECTION, WE ASK QUESTIONS TO IDENTIFY ANY ENERGY SAVINGS ACTIONS TAKEN AS A RESULT OF PARTICIPATION IN THE [&WORKSHOP/DEMONSTRATION/TRAINING OR &TECHNICAL ASSISTANCE]. WE WILL PROVIDE A CUSTOMIZED LIST OF ENERGY SAVINGS ACTIONS BASED UPON A REVIEW OF COURSE CURRICULA, PROGRAM DATABASES AND INFORMATION GLEANED FROM THE PROGRAM MANAGER INTERVIEWS. WE WILL ASK IN-DEPTH QUESTIONS FOR UP TO TWO MEASURE CATEGORIES, BASED UPON POTENTIAL ENERGY SAVINGS IMPACTS.

MES2. You indicated that you made changes across a number of areas [READ IN MVN1]. Which ones would you say resulted in the most energy savings?

[DEFAULT TO HVAC, LIGHTING ACTION, INSERT BY LEVEL OF ENERGY SAVINGS]

NOTE: THERE WILL BE QUESTIONS ASKING ABOUT SPECIFIC EFFICIENCY LEVELS, QUANTITY/FREQUENCY OF ACTION, PRIOR PRACTICE OR EQUIPMENT, AND TIMING OF ACTION. THESE WILL BE ASKED FOR THE TWO ACTIONS INDICATED AS HIGHEST ENERGY SAVINGS.

#### LIGHTING BATTERY

NOTE: ASK RESPONDENT TO SPECIFY BOTH THE NEW, HIGHER EFFICIENCY LIGHTING TYPE AS WELL AS THE STANDARD EFFICIENCY ANALOGUE, E.G., "HIGH EFFICIENCY T8S INSTEAD OF STANDARD EFFICIENCY T8S" OR "T5S INSTEAD OF METAL HALIDES".

**L1**. You stated that you [INSTALLED EFFICIENT LIGHTING]. What type of high efficiency lighting do you now install or install more of based on what you learned in the course?

CFLs	1	[GO TO L2]
T8s with magnetic ballasts	2	[GO TO L2]
T8s with electronic ballasts	3	[GO TO L2]
T5s	4	[GO TO L2]
Other, specify	5	[GO TO L2]
[Don't know]	-97	[GO TO L2]
[Refused]	-98	[GO TO L2]

**L2.** What type of lighting would you have installed in the past, or would you still be installing if you hadn't taken the course?

Nothing—fixtures were added to area where no prior	1	[GO TO L3]
Incandescent bulbs	2	[GO TO L3]
CFLs	3	[GO TO L3]

T-12s	4	[GO TO L3]
T8s with magnetic ballasts	5	[GO TO L3]
T8s with electronic ballasts	6	[GO TO L3]
T5s	7	[GO TO L3]
Other (SPECIFY)	00	[GO TO L3]
[Don't know]	-97	[GO TO L3]
[Refused]	-98	[GO TO L3]

# **L3.** Prior to taking the course, on what percentage of projects did you install [READ IN PRIOR LIGHTING TYPE – L2]?

[PERCENTAGE – PRIOR INSTALL]		[GO TO L4]
[Don't know]	-997	[GO TO L4]
[Refused]	-998	[GO TO L4]

# **L4.** How many fixtures do you install on an average project?

[#FIXTURES INSTALLED]		[GO TO L5]
[Don't know]	-997	[GO TO L5]
[Refused]	-998	[GO TO L5]

# **L5.** What type of fixtures do you install on an average project?

[TYPE FIXTURES INSTALLED]		[GO TO L6]
[Don't know]	-997	[GO TO L6]
[Refused]	-998	[GO TO L6]

# **L6.** What is the average wattage of the installed fixtures?

[AVERGAGE WATTAGE]		[GO TO L7]
[Don't know]	-997	[GO TO L7]
[Refused]	-998	[GO TO L7]

L7. How many projects did your firm work on during [&PROGRAM YEAR]? Your best estimate is fine.

[ENTER NUMBER OF PROJECTS]		[GO TO L8]
[Don't know]	-997	[GO TO L8]
[Refused]	-998	[GO TO L8]

**L8.** Roughly what percentage of your projects were accounted for by the following kinds of facilities:

a. Private Office	1	[GO TO L10]
b. Retail	2	[GO TO L10]
c. Schools	3	[GO TO L10]
d. Other institutional	4	[GO TO L10]
e. Residential Multifamily	5	[GO TO L9]
f. Residential Single Family	6	[GO TO L9]
g. Other: Specify	7	[GO TO L10]
[Don't know]	-97	[GO TO L10]
[Refused]	-98	[GO TO L10]

**L9.** Is your firm involved in construction of single family homes or multifamily buildings?

[Yes]	1	[GO TO L10]
[No]	2	[GO TO L10]
[Don't know]	-97	[GO TO L10]
[Refused]	-98	[GO TO L10]

**L10.** What is the typical size, in square feet, of the buildings on which you do work?

## NOTE: GET A RANGE IF MULTIPLE BUILDINGS OF VARYING SIZES.

[TYPICAL SIZE IN SQUARE FEET]		[GO TO L11]
[TYPICAL SIZE IN SQUARE FEET]		[GO TO L11]
[TYPICAL SIZE IN SQUARE FEET]		[GO TO L11]
[Don't know]	-999997	[GO TO L11]
[Refused]	-999998	[GO TO L11]

**L11.** What is the average age in years of the typical building stock that you work on?

# NOTE: IF THERE ARE A LOT, HAVE THE RESPONDENT IDENTIFY THE TWO OR THREE MOST COMMON TYPES, AND THE SHARE OF TOTAL BUILDINGS THESE REPRESENT.

[OPEN END AVERAGE AGE IN YEARS]		[GO TO L12]
[Don't know]	-97	[GO TO L12]
[Refused]	-98	[GO TO L12]

**L12**. On a scale of 1 to 10, where 1 means "very unlikely" and 10 means "very likely", how likely is it that your firm would have undertaken these changes if [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE] activities had not occurred?

[ENTER 1 – 10]		[GO TO L13]
[Don't know]	-97	[GO TO L13]
[Refused]	-98	[GO TO L13]

**L13**. Are there factors other than the [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE] you received from [&PROGRAM SPONSOR] that have contributed to these changes? IF YES: Could you identify those factors.

[Yes: Specify]	1	[GO TO NEXT MVN1, ELSE TO1]
[No]	2	[GO TO NEXT MVN1, ELSE TO1]
[Don't know]	-97	[GO TO NEXT MVN1, ELSE TO1]
[Refused]	-98	[GO TO NEXT MVN1, ELSE TO1]

# OTHER CHANGES - ACTIONS

**OA1.** Please describes the change(s) you made based on what you learned in the [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE]?

[OPEN END]

[OPEN END: (Specify)]	1	[GO TO OA2]
[Don't know]	-97	[GO TO OA2]
[Refused]	-98	[GO TO OA2]

**OA2.** When did you make these changes?

[MONTH]		[GO TO OA3]
[YEAR]		[GO TO OA3]
[Don't know]	-97	[GO TO OA3]
[Refused]	-98	[GO TO OA3]

**OA3.** What type of actions would you have taken in the past, or would you still be taking if you had not taken the course? [ASK TO SPECIFY BOTH THE NEW, HIGHER EFFICIENCY ACTION AS WELL AS THE STANDARD EFICIENCY ANALOGUE]

[OPEN END: (Specify)]	1	[GO TO OA4]
[Don't know]	-97	[GO TO OA4]
[Refused]	-98	[GO TO OA4]

# **OA4.** How many [READ IN OA1 RESPONSE] do you take on an average project?

[# OF ACTIONS]		[GO TO OA5]
[Don't know]	-97	[GO TO OA5]
[Refused]	-98	[GO TO OA5]

**OA5.** How many projects did your firm work on in [&PROGRAM YEAR]? Your best estimate is fine.

[NUMBER OF PROJECTS]	1	[GO TO OA6]
[Don't know]	-97	[GO TO OA6]
[Refused]	-98	[GO TO OA6]

**OA6.** Roughly what percentage of your projects were accounted for by the following kinds of facilities:

a. Private Office	1	[GO TO OA8]
b. Retail	2	[GO TO OA8]
c. Schools	3	[GO TO OA8]
d. Other institutional	4	[GO TO OA8]
e. Residential Multifamily	5	[GO TO OA7]
f. Residential Single Family	6	[GO TO OA7]
g. Other: Specify	7	[GO TO OA8]
[Don't know]	-97	[GO TO OA8]
[Refused]	-98	[GO TO OA8]

**OA7**. Is your firm involved in construction of single family homes or multifamily buildings?

[Yes]	1	[GO TO OA8]
[No]	2	[GO TO OA8]
[Don't know]	-97	[GO TO OA8]
[Refused]	-98	[GO TO OA8]

**OA8.** What is the typical size, in square feet, of the buildings on which you do work?

#### NOTE: GET A RANGE IF MULTIPLE BUILDINGS OF VARYING SIZES.

[TYPICAL SIZE IN SQUARE FEET]		[GO TO OA9]
[TYPICAL SIZE IN SQUARE FEET]		[GO TO OA9]
[TYPICAL SIZE IN SQUARE FEET]		[GO TO OA9]
[Don't know]	-999997	[GO TO OA9]
[Refused]	-999998	[GO TO OA9]

**OA9.** What is the average age, in years, of the typical building stock that you work on?

# NOTE: IF THERE ARE A LOT, HAVE THE RESPONDENT IDENTIFY THE TWO OR THREE MOST COMMON TYPES, AND THE SHARE OF TOTAL BUILDINGS THESE REPRESENT.

[OPEN END AGE IN YEARS]		[GO TO OA10]
[Don't know]	-97	[GO TO OA10]
[Refused]	-98	[GO TO OA10]

**OA10.** On a scale of 1 to 10, where 1 means "very unlikely" and 10 means "very likely", how likely is it that your firm would have undertaken these changes if [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE] activities had not occurred?

[ENTER 1 – 10]	1	[GO TO OA11]
[Don't know]	-97	[GO TO OA11]
[Refused]	-98	[GO TO OA11]

**OA11.** Are there factors other than the [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE] you received from [&PROGRAM SPONSOR] that have contributed to these changes? IF YES: Could you identify those factors.

[Yes - Specify]	1	[GO TO NEXT MVN1, ELSE TO1]
[No]	2	[GO TO NEXT MVN1, ELSE TO1]

[Don't know]	-97	[GO TO NEXT MVN1, ELSE TO1]
[Refused]	-98	[GO TO NEXT MVN1, ELSE TO1]

# OTHER CHANGES – BEHAVIORS

**OB0.** Please describes the change(s) to your practices that you made based on what you learned in the [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE]?

#### [OPEN END]

[OPEN END: (Specify)]	1	[GO TO OB1]
[Don't know]	-97	[GO TO OB1]
[Refused]	-98	[GO TO OB1]

**OB1**. You stated that you [INSERT CHANGE TO PRACTICES]. What actions do you take now that you did not take in the past based on what you learned in the [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE]?

Test	1	[GO TO OB2]
Use diagnostic tools	2	[GO TO OB2]
Check air sealing	3	[GO TO OB2]
	4	[GO TO OB2]
Other (SPECIFY)	5	[GO TO OB2]
[Don't know]	98	[GO TO OB2]
[Refused]	99	[GO TO OB2]

**OB2.** When did you make these changes?

[MONTH]		[GO TO OB3]
[YEAR]		[GO TO OB3]
[Don't know]	-97	[GO TO OB3]
[Refused]	-98	[GO TO OB3]

**OB3.** What type of practices would you have taken in the past, or would you still be taking if you had not taken the course? [ASK TO SPECIFY BOTH THE NEW, HIGHER EFFICIENCY ACTION AS WELL AS THE STANDARD EFICIENCY ANALOGUE]

[OPEN END: (Specify)]	1	[GO TO OB4]
[Don't know]	-97	[GO TO OB4]
[Refused]	-98	[GO TO OB4]

**OB4.** How frequently do you [READ IN OB0 RESPONSE] on an average project?

[ALL OF MY PROJECTS]	1	[GO TO OB5]
[SOME OF MY PROJECTS]	2	[GO TO OB5]
[NONE OF MY PROJECTS]	3	[GO TO OB5]
[Don't know]	-97	[GO TO OB5]
[Refused]	-98	[GO TO OB5]

**OB5.** How many projects did your firm work on in during [&PROGRAM YEAR]? Your best estimate is fine.

[NUMBER OF PROJECTS]	1	[GO TO OB6]
[Don't know]	-97	[GO TO OB6]
[Refused]	-98	[GO TO OB6]

**OB6.** Roughly what percentage of your projects were accounted for by the following kinds of facilities:

a. Private Office	1	[GO TO OB8]
b. Retail	2	[GO TO OB8]
c. Schools	3	[GO TO OB8]
d. Other institutional	4	[GO TO OB8]
e. Residential Multifamily	5	[GO TO OB7]
f. Residential Single Family	6	[GO TO OB7]
g. Other: Specify	7	[GO TO OB8]
[Don't know]	-97	[GO TO OB8]
[Refused]	-98	[GO TO OB8]

**OB7**. Is your firm involved in construction of single family homes or multifamily buildings?

[Yes]	1	[GO TO OB8]
[No]	2	[GO TO OB8]
[Don't know]	-97	[GO TO OB8]
[Refused]	-98	[GO TO OB8]

**OB8.** What is the typical size, in square feet, of the buildings on which you do work?

#### NOTE: GET A RANGE IF MULTIPLE BUILDINGS OF VARYING SIZES.

[TYPICAL SIZE IN SQUARE FEET]		[GO TO OB9]
[TYPICAL SIZE IN SQUARE FEET]		[GO TO OB9]
[TYPICAL SIZE IN SQUARE FEET]		[GO TO OB9]
[Don't know]	-999997	[GO TO OB9]
[Refused]	-999998	[GO TO OB9]

**OB9.** What is the average age, in years, of the typical building stock that you work on?

# NOTE: IF THERE ARE A LOT, HAVE THE RESPONDENT IDENTIFY THE TWO OR THREE MOST COMMON TYPES, AND THE SHARE OF TOTAL BUILDINGS THESE REPRESENT.

[OPEN END AGE IN YEARS]		[GO TO OB10]
[Don't know]	-97	[GO TO OB10]
[Refused]	-98	[GO TO OB10]

**OB10.** On a scale of 1 to 10, where 1 means "very unlikely" and 10 means "very likely", how likely is it that your firm would have undertaken these changes to practices if [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE] activities had not occurred?

[ENTER 1 – 10]	1	[GO TO OB11]
[Don't know]	-97	[GO TO OB11]
[Refused]	-98	[GO TO OB11]

**OB11.** Are there factors other than the [&WORKSHOPS/DEMONSTRATIONS/TRAINING / &TECHNICAL ASSISTANCE] you received from [PROGRAM SPONSOR] that have contributed to these changes? IF YES: Could you identify those factors.

[Yes - Specify]	1	[GO TO TO1]
[No]	2	[GO TO TO1]
[Don't know]	-97	[GO TO TO1]
[Refused]	-98	[GO TO TO1]

## ATTRIBUTION – MARKET CONTEXT

#### TRAINING OBJECTIVES

**TO1.** The [&WORKSHOP/DEMONSTRATION/TRAINING/ &TECHNICAL ASSISTANCE], was designed to achieve the following objectives: &USE COURSE SPECIFIC BELOW.

NOTE: WE WILL PROVIDE COURSE SPECIFICS BASED UPON A REVIEW OF CURRICULA, PARTICIPANT DATABASES AND INPUTS FROM INSTRUCTOR SURVEY DATA.

### [INSERT TWO SENTENCE OR LESS DESCRIPTIONS OF EACH SPECIFIC EFFORT]

**TO2.** Prior to taking this course, had you searched for courses with similar curricula content?

[Yes]	1	[GO TO TO3]
[No]	2	[GO TO KA1]
[Don't know]	-97	[GO TO KA1]
[Refused]	-98	[GO TO KA1]

**TO3.** Using a scale of 1 to 10, where 1 is no courses available and 10 is many courses available, how would you rate the availability of courses with similar curricula prior to [&DATE]?

None Available	1	[GO TO KA1]
	2	[GO TO KA1]
	3	[GO TO KA1]
	4	[GO TO KA1]
	5	[GO TO KA1]

	6	[GO TO KA1]
	7	[GO TO KA1]
	8	[GO TO KA1]
	9	[GO TO KA1]
Many Available	10	[GO TO KA1]
[Don't know]	-97	[GO TO KA1]
[Refused]	-98	[GO TO KA1]

# KNOWLEDGE AND AWARENESS EFFECTS

NOTE: IN THIS SECTION, WE IDENTIFY ANY CHANGES TO KNOWLEDGE AND AWARENESS AS A RESULT OF PARTICIPATION IN THE COURSE/TRAINING. NOTABLY, THIS SECTION WILL GATHER INFORMATION TO UNDERSTAND OTHER EFFECTS OF THE SEP TRAINING EFFORTS.

**KA1.** Did the [&WORKSHOP/DEMONSTRATION/TRAINING/ &TECHNICAL ASSISTANCE] provide you with any new information?

[Yes]	1	[GO TO KA2a]
[No]	2	[GO TO KA2a]
[Don't know]	-97	[GO TO KA2a]
[Refused]	-98	[GO TO KA2a]

**KA2a.** Using a scale of 1 to 10, where 1 is no knowledge and 10 is significant knowledge, how would you rate your level of knowledge regarding the [&WORKSHOP/DEMONSTRATION/TRAINING/ &TECHNICAL ASSISTANCE], objectives <u>prior</u> to your participation in [&DATE]?

No Knowledge	1	[GO TO KA2b]
	2	[GO TO KA2b]
	3	[GO TO KA2b]
	4	[GO TO KA2b]
	5	[GO TO KA2b]
	6	[GO TO KA2b]
	7	[GO TO KA2b]

	8	[GO TO KA2b]
	9	[GO TO KA2b]
Significant Knowledge	10	[GO TO KA2b]
[Don't know]	-97	[GO TO KA2b]
[Refused]	-98	[GO TO KA2b]

## [SKIP IF MA1=2]

**KA2b.** On the same scale, how would you rate your [&WORKSHOP/DEMONSTRATION/TRAINING/ &TECHNICAL ASSISTANCE] objectives knowledge <u>after</u> your participation?

No Knowledge	1	[GO TO KA3]
	2	[GO TO KA3]
	3	[GO TO KA3]
	4	[GO TO KA3]
	5	[GO TO KA3]
	6	[GO TO KA3]
	7	[GO TO KA3]
	8	[GO TO KA3]
	9	[GO TO KA3]
Significant Knowledge	10	[GO TO KA3]
[Don't know]	-97	[GO TO KA3]
[Refused]	-98	[GO TO MA3]

**KA3.** Did the [&WORKSHOP/DEMONSTRATION/TRAINING/ &TECHNICAL ASSISTANCE] increase your awareness of ways to improve the [energy efficiency/renewable energy]?

[Yes]	1	[GO TO KA4]
[No]	2	[GO TO KA4]
[Don't know]	-97	[GO TO KA4]

[Refused]	-98	[GO TO KA4]

**KA4.** Did your participation in the [&WORKSHOP/DEMONSTRATION/TRAINING/ &TECHNICAL ASSISTANCE] make you more likely to [INSTALL ENERGY EFFICIENT EQUIPMENT / OFFER TRAINING OR ASSISTANCE FOR] specific energy saving measures?

[Yes: Specify	1	[GO TO KA5]
[No]	2	[GO TO KA5]
[Don't know]	-97	[GO TO KA5]
[Refused]	-98	[GO TO KA5]

**KA5.** In your own words, can you describe what you learned from the [&WORKSHOP/DEMONSTRATION/TRAINING/ &TECHNICAL ASSISTANCE] you received?

[OPEN END]	1	[GO TO CPM1]
[Don't know]	-97	[GO TO CPM1]
[Refused]	-98	[GO TO CPM1]

#### MARKET ACTOR CAPACITY BUILDING

NOTE: IN THIS SECTION, WE IDENTIFY ANY CAPACITY BUILDING THAT RESULTED FROM PARTICIPATION IN THE COURSE/TRAINING. NOTABLY, THIS SECTION WILL GATHER INFORMATION TO UNDERSTAND OTHER EFFECTS OF THE SEP TRAINING EFFORTS.

- **CPM1.** Please tell me if you agree with any of the following statements. As a result of the [&WORKSHOP/DEMONSTRATION/TRAINING]/ [&TECHNICAL ASSISTANCE]:
- **CPM1a.** I have acquired additional [energy efficiency/renewable energy] skills that I can apply to my work.
- **CPM1b.** I have received a certification or accreditation that is relevant to my work.
- **CPM1c.** I have improved the quality of the work that I offer to customers.
- **CPM1d.** I am now able to market myself as energy efficient (such as an energy efficient contractor).
- CPM1e. I am now able to offer more [energy efficient/renewable energy services/ equipment] to my clients.
- **CPM1f.** I am now performing more jobs per year &FOLLOW UP WITH REQUEST FOR DESCRIPTION OF INCREASE.
- **CPM1g.** I now perform jobs in new market segments (e.g. commercial, residential).
- **CPM1h.** I have received access to financing sources to facilitate [energy efficient/renewable energy] offerings for my clients.
- CPM1i. &INSERT TRAINING SPECIFIC CAPACITY AREA.

CAPACII   CF   CFMID   CF   CFM   CF   CF   CF   CFMII		CAPACIT	CP	CPM1b	СР	СР	CPM	CP	СР	СР	CPM1i
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	Y BUILDIN G	M1a EE Skill s	Certific ation	M1c Qual ity	M1d Mar ket EE	1e EE Servi ces	M1f Mo re Job s	M1g New Mar ket	M1 h Fin anci ng	&INSERT TRAINING SPECIFIC CAPACITY AREA
1	Yes									
2	Somewhat agree									
3	No									
5	[Don't know]									
6	[Refused]									

ASK IF CPM1a-i <3

**CPM2.** You indicated that you agreed with &[READ IN CPM1a-j]. How specifically did the [&WORKSHOP/DEMONSTRATION/TRAINING]/[&TECHNICAL ASSISTANCE] allow you to do so?

[OPEN END]	1	[GO TO MJ1]
[Don't know]	-97	[GO TO MJ1]
[Refused]	-98	[GO TO MJ1]

# JOBS QUESTIONS

NOTE: IN THIS SECTION, WE ASK QUESTIONS TO IDENTIFY ANY DIRECT OR INDIRECT JOB IMPACTS AS A RESULT OF PARTICIPATION IN THE [&WORKSHOP/DEMONSTRATION/TRAINING]/ [&TECHNICAL ASSISTANCE].

**MJ1.** Did you hire any additional staff as a result of what you learned in [&WORKSHOP/DEMONSTRATION/TRAINING]/[&TECHNICAL ASSISTANCE]?

[Yes]	1	[GO TO MJ1a]
[No]	2	[GO TO MJ2]
[Don't know]	-97	[GO TO MJ2]
[Refused]	-98	[GO TO MJ2]

**MJ1a**. How many additional staff did you hire?

[TOTAL NUMBER OF FULL TIME EMPLOYEES]		[GO TO MJ1b]
[Don't know]	-97	[GO TO MJ2]
[Refused]	-98	[GO TO MJ2]

**MJ1b.** Please describe the type of staff that you hired?

## OMB Control No. XXXXXXXX

[TYPE OF STAFF HIRED (E.G. CONTRACTORS, ADMIN]	_	[GO TO MJ2]
[Don't know]	-97	[GO TO MJ2]
[Refused]	-98	[GO TO MJ2]

# **MJ2.** Did you retain any staff who would otherwise have lost their jobs as a result of what you learned in [&WORKSHOP/DEMONSTRATION/TRAINING]/[&TECHNICAL ASSISTANCE]?

[Yes]	1	[GO TO MJ2a]
No	2	[GO TO MAF9]
[Don't know]	-97	[GO TO MAF9]
[Refused]	-98	[GO TO MAF9]

## **MJ2a**. How many staff did you retain?

[TOTAL NUMBER C EMPLOYEES]	F FULL	TIME	_	[GO TO MJ2b]
[Don't know]			-97	[GO TO MAF9]
[Refused]			-98	[GO TO MAF9]

# **MJ2b.** Please describe the type of staff that you retained?

[TYPE OF STAFF HIRED (E.G. CONTRACTORS, ADMIN]		[GO TO MAF9]
[Don't know]	-97	[GO TO MAF9]
[Refused]	-98	[GO TO MAF9]

NOTE: THANK AND TERMINATE.