|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site ID #: | ***SiteID*** |  |  Site Strata: |  | Survey Date: |  |

***Contact Information:***

|  |  |
| --- | --- |
| Owner Name:  |  |
| Occupant Name (if different from owner) |  |
| Owner Phone:  | Tenant Phone:  | Email:  |
| Address 1:  |
| Address 2: |
| City:  Zip:  |
| Mailing Address:  |
| City: Zip:  |

*\* Mailing address is only needed if different from building address*

***Survey Tracking Information***

|  |  |
| --- | --- |
| Surveyor Name:  | Travel Mileage:  |
| Start Time:  | Finish Time:  | Total Time (mins): (Onsite, QC, Travel)  |  |

|  |
| --- |
| Scheduling Notes: |

|  |  |
| --- | --- |
| Month/Year of Home Performance Assessment | Month/Year of Home Performance Work Completion |
|  |  |
| Number of Year Round Occupants | Change in number of occupants over the past 12 months? |
|  |  |
| Any significant changes to household energy consumption over the past 12 months? | Y / N (if yes, please document the changes below) |

Site & Survey Notes (Please note any changes to the household’s energy usage or occupancy over the past 12 months):

**Room(s) that could not be entered: Reason?**

***Background Information***

**Dwelling Information**

|  |  |
| --- | --- |
| Dwelling type |  |
| Year Built |  |
| Number of stories |  |

**Utility Information**

|  |  |  |
| --- | --- | --- |
|  | Electric | Natural Gas |
| Utility |  |  |
| Account Number |  |  |
| Meter Number |  |  |

**Installed Measures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Measure Description | Quantity | Energy Savings | Units of Savings | Total Customer Cost |
| EE Measure 1 |  |  |  |  |  |
| EE Measure 2 |  |  |  |  |  |
| EE Measure 3 |  |  |  |  |  |
| EE Measure 4 |  |  |  |  |  |
| EE Measure 5 |  |  |  |  |  |
| EE Measure 6 |  |  |  |  |  |
| EE Measure 7 |  |  |  |  |  |
| EE Measure 8 |  |  |  |  |  |

***Interview & Introduction***

*Hello, my name is [NAME] and I work with KEMA Inc. I am working on behalf of [****Sponsor****] to conduct an independent assessment of energy-efficiency technologies installed under the* ***&Program****. I am here to meet with [****FirstName1 LastName2****] to discuss energy-using technologies in this home.* ***(Show letter, identification and business card.)*** *During my visit I’d like to ask a few questions about your home’s general characteristics and then would like walk through to note the number and type of lighting fixtures and visually inspect heating, cooling, and water heating equipment. The survey should take no more than 300 minutes to complete. Do you have any questions regarding my visit?*

*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.*

***Cooling Equipment –Inventory***

|  |  |  |
| --- | --- | --- |
|  | **Primary** | **Secondary** |
| **C1. Cooling Type** **C** = Central Air Conditioning**CO**=Cooling coil **HPA** = Heat Pump – air**HPG**= Heat Pump - ground**R** = Room air conditioning **N** = No AC **OTH** = Other (describe)**DK**= Don’t Know | **C CO HPA HPG R****N DK****OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[If N or DK skip to CV1]** | **C CO HPA HPG R****N DK****OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[If N or DK skip to CV1]** |
| **C2. Size**  | tons / kBtu / kW | tons / kBtu / kW |
| **C3. Manufacturer** |  |  |
| **C4. Model Number** |  |  |
| **C5. Serial Number** |  |  |
| **C6. Estimated Age**1. <1 year old
2. 1-4 years old
3. 5-10 years old
4. 11-15 years old
5. 16-20 years old
6. >20 years old
7. Don’t Know
 | **1 2 3 4 5 6 7** | **1 2 3 4 5 6 7** |
| **C7. Manufacturer Date** |  |  |
| **C8. Efficiency** (from yellow sticker) | SEER / EER | SEER / EER |
| **C9. Space Served** | 1. Serves home or apartment only
2. Serves more than one home or apartment
 | 1. Serves home or apartment only
2. Serves more than one home or apartment
 |
| **C10. Frequency of Use**1. All summer
2. Quite a bit
3. Only a few times when needed
4. Not at all
5. Don’t know
 | **1 2 3 4 5** | **1 2 3 4 5** |

\* If Type = Room AC, note the quantity in the notes section

Notes:

***Cooling Equipment – Verification of Installed Measures*** *(repeat set of questions for each type of equipment installed under the program)*

|  |  |
| --- | --- |
|  | **Installed Equipment** |
| **CV1. Cooling Type Installed****C** = Central Air Conditioning **E** = Evaporative coolers (swamp coolers)**HPA=** Heat Pump – air**HPG=**Heat Pump - ground**R** = Room air conditioning **DK** = Don’t Know**OTH** = Other (describe) | **C E HPA HPG R****DK****OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CV2. Quantity** |  |
| **CV3. Efficiency** (from yellow sticker) | SEER / EER |
| **[If CV2not equal to quantity in tracker, else skip to CR1]****CV4. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **CV5. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

Notes:

|  |  |
| --- | --- |
|  | **Replaced Equipment** |
| **CR1. Cooling Type Replaced****C** = Central Air Conditioning **E** = Evaporative coolers (swamp coolers)**H=** Heat Pump (heats & cools)**R** = Room air conditioning **DK** = Don’t know**REF** = Refused**OTH** = Other (describe)**NO**=no cooling equipment replaced | **C E H R DK REF****OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NO****[If NO, DK, REF, skip to H1]** |
| **CR2. Quantity** |  |
| **CR3. Efficiency** (from yellow sticker) | SEER / EER |
| **CR4. Condition of replaced equipment****G**= Good**F**= Fair**P**=Poor**I**=Inoperable**DK**=Don’t know**REF**=Refused | **G F P I DK REF**  |
| **CR5. Estimated Age**1. <5 years old
2. 5-10 years old
3. 11-20 years old
4. >20 years old
5. Don’t know
6. Refused
 | **1 2 3 4 5 6**  |

Notes:

***Heating Equipment –Inventory***

|  |  |  |
| --- | --- | --- |
|  | **Primary** | **Secondary** |
| **H1. Fuel Type** **N**=Natural gas **B**= Bottled gas/propane **E**=Electric **O**=Oil **K**=Kerosene **W**=Wood **S**=Solar **G**=Geothermal **OTH**=Other (describe)\_\_\_\_\_\_\_\_\_**NO**=No heating system **DK**=Don’t know | **N B E O K W S G** **OTH \_\_\_\_\_\_\_\_\_\_\_\_\_****NO DK** **[If NO or DK skip to HV1]** | **N B E O K W S G** **OTH \_\_\_\_\_\_\_\_\_\_\_\_\_****NO DK****[If NO or DK skip to HV1]** |
| **H2. Heating Type**1. Central forced air furnace
2. Steam boiler (upright radiators or baseboards)
3. Hot water boiler (upright radiator or base boards
4. Baseboard, wall heaters without fans or ceiling cables
5. Wall heaters with fans
6. Air source heat pump
7. Ground source heat pump
8. Direct vent space heaters
9. Un-vented space heaters
10. Portable heaters
11. Fireplace inserts
12. Stoves
13. Other \_\_\_\_\_\_\_\_\_\_\_\_\_
14. No heating system
15. Don’t know
 | **1 2 3 4 5** **6 7 8 9 10** **11 12** **13\_\_\_\_\_\_\_\_\_\_\_\_\_****14 15**  | **1 2 3 4 5** **6 7 8 9 10** **11 12** **13\_\_\_\_\_\_\_\_\_\_\_\_\_****14 15**  |
| **H3. Input Capacity**  | kBtuh / kW / GPH | kBtuh / kW / GPH |
| **H4. Output Capacity**  | kBtuh / kW | kBtuh / kW |
| **H5. Manufacturer** |  |  |
| **H6. Model Number** |  |  |
| **H7. Serial Number** |  |  |
| **H8. Estimated Age**1. <1 year old
2. 1-4 years old
3. 5-10 years old
4. 11-15 years old
5. 16-20 years old
6. >20 years old
7. Don’t know
 | **1 2 3 4 5 6 7** | **1 2 3 4 5 6 7** |
| **H9. Manufacturer Date** |  |  |
| **H10. Efficiency \*** | AFUE / COP  | AFUE / COP  |
| **H11. Space Served** | 1. Serves home or apartment only
2. Serves more than one home or apartment
 | 1. Serves home or apartment only
2. Serves more than one home or apartment
 |
| **H12. Frequency of Use** | 1. Everyday
2. 3-5 days per week
3. 1-2 days per week
4. Only a few days a year
5. Don’t know
6. Refused to answer
 | 1. Everyday
2. 3-5 days per week
3. 1-2 days per week
4. Only a few days a year
5. Don’t know
6. Refused to answer
 |

\* If efficiency not available for electric equipment, note volts and amperage from nameplate. (For non-electric equipment, note input and output values).

Notes:

***Heating Equipment – Verification of Installed Measures*** *(repeat set of questions for each type of equipment installed under the program)*

|  |  |
| --- | --- |
|  | **Installed Equipment** |
| **HV1. Heating Type Installed****G** = Natural gas boiler **W** =Wood pellet boiler**H=** Heat pump (heats & cools)**DK** = Don’t know**OTH** = Other (describe) | **G W H DK** **OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HV2. Quantity** |  |
| **HV3. Fuel type** **N**=Natural gas **B**= Bottled gas/propane **E**=Electric **O**=Oil **W**=Wood **S**=Solar **OTH**=Other (describe)\_\_\_\_\_\_\_\_\_ | **N B E O W S****OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **[If HV2 not equal to Quantity in Tracker, else skip to HR1]****HV4. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **HV5. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

Notes:

|  |  |
| --- | --- |
|  | **Replaced Equipment** |
| **HR 1. Heating Type Replaced****G** = Natural gas boiler **W** =Wood pellet boiler**F=**Furnace**DK** = Don’t Know**REF** = Refused**OTH** = Other (describe)**NO**=No heating equipment replaced | **G W F DK REF****OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NO****[IF NO, DK, REF, skip to WH1]** |
| **HR 2. Condition of replaced equipment****G**= Good**F**= Fair**P**=Poor**I**=Inoperable**DK**=Don’t know**REF**=Refused | **G F P I DK REF**  |
| **HR 3. Estimated Age**1. <5 years old
2. 5-10 years old
3. 11-20 years old
4. >20 years old
5. Don’t know
6. Refused
 | **1 2 3 4 5 6**  |

Notes:

***Water Heating Equipment –Inventory***

|  |  |  |
| --- | --- | --- |
|  | **Primary** | **Secondary** |

|  |  |  |  |
| --- | --- | --- | --- |
| **WH1. Fuel Type** **N**=Natural gas **B**= Bottled gas/propane **E**=Electric **O**=Oil **K**=Kerosene **W**=Wood **S**=Solar **G**=Geothermal **OTH**=Other (describe)\_\_\_\_\_\_\_\_\_**NO**=No heating system **DK**=Don’t know | **N B E O K W S G** **OTH \_\_\_\_\_\_\_\_\_\_\_\_\_****NO DK** **[If NO or DK skip to WHV1]** | **N B E O K W S G** **OTH \_\_\_\_\_\_\_\_\_\_\_\_\_****NO DK** **[If NO or DK skip to WHV1]** |  |

|  |  |  |
| --- | --- | --- |
| **WH2. Equipment Type:** 1. Traditional water heater tank
2. Whole house tankless system or instantaneous
3. Heat pump water heater
4. High efficiency gas storage water heater
5. Indirect tank attached to a boiler
6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_
7. Don’t know
8. Refused to answer
 | **1 2 3 4 5** **6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****8 9** | **1 2 3 4 5** **6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****8 9** |
| **WH3. Manufacturer** |  |  |
| **WH4. Model Number** |  |  |
| **WH5. Serial Number** |  |  |
| **WH6. Manufacture Date** |  |  |
| **WH7. Quantity** |  |  |
| **WH8. Size:** Tank Capacity/Volume in Gallons |  |  |
| **WH9. Rated Input Capacity** |  |  |
| **WH10. Rated Input Capacity Units:** (W=kW or B=kBtuh) | **W B** | **W B** |
| **WH11. Location**1. Garage
2. Attic
3. Conditioned space
4. Outside closet
5. Mechanical room/closet
6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_
 | **1 2 3 4 5** **6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **1 2 3 4 5** **6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **WH12. Location dimensions (W x D x H)** |  |  |
| **WH13. Is water heater less than 8’ away from all DHW fixtures?** | **Y N** | **Y N** |

|  |  |  |
| --- | --- | --- |
| **WH14. Estimated Age**1. <1 year old
2. 1-4 years old
3. 5-10 years old
4. 11-15 years old
5. 16-20 years old
6. >20 years old
7. Don’t know

 | **1 2 3 4 5 6 7** | **1 2 3 4 5 6 7** |

|  |  |  |
| --- | --- | --- |
| **WH 15. Water Heater wrap** | **Y N DK** | **Y N DK** |
| **WH16. Hot water pipes insulated** | **Y N DK** | **Y N DK** |
| **WH17. Water heater timer visible?** | **Y N DK** | **Y N DK** |

\*Select solar water heater back-up fuel [N = natural gas, E = electricity, F = fuel oil, P = propane]

Notes:

***Water Heating Equipment – Verification of Installed Measures*** *(repeat set of questions for each type of equipment installed under the program)*

|  |  |
| --- | --- |
|  | **Installed Equipment** |
| **WHV1. Fuel type** **N**=Natural gas **B**= Bottled gas/propane **E**=Electric **O**=Oil **S**=Solar **DK** = Don’t know**OTH**=Other (describe)\_\_\_\_\_\_\_\_\_ | **N B E O S DK** **OTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **WHV2. Quantity** |  |

|  |  |
| --- | --- |
| **WHV3. Temperature setting** | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused**
 |

|  |  |
| --- | --- |
| **[Ask If WHV2 not equal Quantity in Tracking, else skip to WHR1]****WHV4. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **WHV5. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

Notes:

***Water Heating Equipment – Replaced Equipment***

|  |  |
| --- | --- |
|  | **Replaced** |

|  |  |
| --- | --- |
| **WHR1. Fuel Type** **N**=Natural gas **B**= Bottled gas/propane **E**=Electric **S**=Solar **G**=Geothermal **OTH**=Other (describe)\_\_\_\_\_\_\_\_\_**NO**=No heating system **DK**=Don’t know **REF**=Refused | **N B E S G** **OTH \_\_\_\_\_\_\_\_\_\_\_\_\_****NO DK REF** |

|  |  |
| --- | --- |
| **WHR2. Equipment Type:** 1. Traditional water heater tank
2. Tankless or instantaneous hot water heater
3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Don’t know
5. Refused to answer
 | **1 2** **3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****4 5** |
| **WHR3. Temperature setting** | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused**
 |
| **WHR4. Is a clothes washer present?****Y**= Yes**N**= No**DK**=Don’t know | **Y N DK**  |
| **WHR5. Do you wash clothes in warm or hot water?****A**=Always**S**=Sometimes**N**=Never**DK**=Don’t know**REF**=Refused | **A S N DK REF** |
| **WHR6. Is a dishwasher present?****Y**= Yes**N**= No**DK**=Don’t know | **Y N DK**  |

Notes:

***Lighting Inventory***

**Record information on all interior and exterior lighting sockets on the attached sheets. Refer to bulb shape code list.**

|  |
| --- |
| Fixture Group Information |
| **F1.** Fixture Group # | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |
| **F2.** Location (Room Type) |  |  |  |  |  |  |  |  |  |
| **F3.** Control Type | S D L 3M P T | S D L 3M P T | S D L 3M P T | S D L 3M P T | S D L 3M P T | S D L 3M P T | S D L 3M P T | S D L 3M P T | S D L 3M P T |
| **F4.** Fixture Type |  |  |  |  |  |  |  |  |  |
| **F5.** Total # of Fixtures |  |  |  |  |  |  |  |  |  |
| Lamp Information |
| **L1.**  Lamps per Fixture |  |  |  |  |  |  |  |  |  |
| **L2.** Watts per Lamp |  |  |  |  |  |  |  |  |  |
| **L3.** Lamp Type | I C FH L O | I C FH L O | I C FH L O | I C FH L O | I C FH L O | I C FH L O | I C FH L O | I C FH L O | I C FH L O |
| **L4.** Lamp Shape |  |  |  |  |  |  |  |  |  |
| **L5.** Base Type | SM SSP O | SM SSP O | SM SSP O | SM SSP O | SM SSP O | SM SSP O | SM SSP O | SM SSP O | SM SSP O |

\* **I** = Incandescent, **C** = Compact Fluorescent, **F** = Fluorescent, **H** = Halogen, **L** = LED, **O** = Other

**SM** = Mini Screw **SS** = Standard Screw **P** = Pin **O** = Other

**S** = Switch **D** = Dimmer **L** = Photocell **3** = Three-way **M** = Motion **P** = Photomotion **T** = Timer

Notes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Types** | **Fixture Types** | **Lamp Types** | **Lamp Descriptions** |
| Basement | Ceiling fixtures | CF-I-A | Compact fluorescent integrated – Use code from below |
| Bathroom – 1 | Ceiling Fan | CF-Mini | Any CFL with mini screw base |
| Bathroom – 2 | Floor Lamp | CF-PIN-Base | Compact fluorescent type all, non-integrated ballast (pin base) |
| Bathroom – 3 | Other | F-12 | T-12 Fluorescent |
| Bathroom – Master | Architecturally Integrated (built into furniture) | F-4 | T-4 Fluorescent |
| Bedroom – 1 | Garage Door Opener | F-5 | T-5 Fluorescent |
| Bedroom – 2 | Wall mount | F-8 | T-8 Fluorescent |
| Bedroom – 3 | Recessed can | F-CIR | T-12 or T-8 Circular |
| Bedroom – 4 | Torchiere | F-OTH | Other Tube Fluorescent not listed above |
| Bedroom – Mster | Chandelier / Hanging | F-TUBE-UNK | Unknown fluorescent tube lamp |
| Breakfast Nook | Table lamps | HAL-MR | MR-16 pin based halogen |
| Closet | Track lighting | HAL-PAR | Halogen Parabolic Reflector |
| Dining Rm | Under Cabinet | HAL-QTZTUB | Halogen quartz tube |
| Family Room | Exterior – post | HAL-OTH | Other Halogen lamp not listed above |
| Garage | Exterior – walkway | I-DEC | Decorative screw based incandescent |
| Hall | Exterior – wall mount | I-FLOOD | Flood/PAR screw based incandescent |
| Kitchen | **Control Types** | I-GLO | Globe style screw based incandescent |
| Laundry Rm | Switch | I-Mini | Any incandescent with mini screw base |
| Living Rm | Dimmer | I-OTH | Other screw based incandescent |
| Office | Motion | I-STD | Standard screw based incandescent |
| Other | Photocell | I-UNK | Unknown type screw based incandescent |
| Exterior Porch | Photo/motion | HEAT LAMP | Relatively high wattage incandescent lamp commonly found in bathrooms |
| Exterior – Other | Timer | SSL | Any Solid State Lamp |
|  Rec Rm |  |  |  |
| **Wattage** |  |  |  |
| 888 – three way |  |  |  |
| 999 – unknown |  |  |  |



|  |  |
| --- | --- |
| **[Ask If F5 not equal to Quantity in Tracker, else skip to DW1]****LV1. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **LV2. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

***Appliance Verification***

|  |  |
| --- | --- |
| ***Dishwasher*** |  |

|  |  |
| --- | --- |
| **DW1. Did you replace an existing dishwasher?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** **[If N, DK, REF then skip to DW5** |

|  |  |
| --- | --- |
| **DW2. Estimated Age of replaced dishawasher**1. <1 year old
2. 1-4 years old
3. 5-10 years old
4. >10 years old
5. Don’t know
6. Refused
 | **1 2 3 4 5 6**  |

|  |  |
| --- | --- |
| **DW3. Was the replaced dishwasher working?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** **[If N, DK, REF, skip to DW5]** |
| **DW4. Condition of replaced dishwasher****G**= Good**F**= Fair**P**=Poor**DK**=Don’t know**REF**=Refused | **G F P DK REF**  |
|  **[ Ask If quantity not equal to quantity in tracker, else skip to CW1]****DW5. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **DW6. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

|  |  |
| --- | --- |
| ***Clothes Washer*** |  |

|  |  |
| --- | --- |
| **CW1. Did you replace an existing clothes washer?****Y**= Yes**N**= No**DK**=Don’t know**REF** = Refused | **Y N DK REF** **[If N, DK, REF skip to CW4]** |

|  |  |
| --- | --- |
| **CW2. Estimated Age of replaced clothes washer**1. <1 year old
2. 1-4 years old
3. 5-10 years old
4. >10 years old
5. Don’t know
6. Refused
 | **1 2 3 4 5 6**  |

|  |  |
| --- | --- |
| **CW3. Was the replaced clothes washer working?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF**  |

|  |  |
| --- | --- |
| **CW4. Do you have a clothes dryer?** | **Y N DK REF** **[If N, DK, REF skip to CW6]** |
| **CW5. Fuel type of clothes dryer:****E**=Electric **N**=Natural Gas **OTH**=Other (specify)\_\_\_\_\_\_\_\_\_**DK**=Don’t know**REF**=Refused | **E N** **OTH\_\_\_\_\_\_\_\_\_****DK REF** |

|  |  |
| --- | --- |
| **[Ask if quantity not equal to quantity in tracker, else skip to R1]****CW6. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **CW7. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

|  |  |
| --- | --- |
| ***Refrigerator*** |  |
| **R1. Location of freezer:**1. Freezer on bottom
2. Freezer on top
3. Freezer on side
4. Don’t know
5. Refused
 | **1 2 3 4 5** |
| **R2. Through the door ice machine in new refrigerator:****Y**= Yes**N**= No**DK**=Don’t know | **Y N DK** |
| **R3. Type of defrost:****A**=Automatic defrost **P**=Partial automatic defrost **M**=Manual defrost **DK**=Don’t know | **A P M DK** |
| **R4. Plugged in and operating:**1. All the time
2. Special occasions only
3. During certain months
4. Never plugged in
5. Don’t know
 | **1 2 3 4 5**  |
| **R5. Size:****C**=Compact **S**=Standard **O**=Oversized **DK**= Don’t know | **C S O DK** |

|  |  |
| --- | --- |
| **R6. Did this refrigerator replace an existing refrigerator****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF****[If N, DK, REF, skip to R14]** |

|  |  |
| --- | --- |
| **R7. Location of freezer for replaced refrigerator:**1. Freezer on bottom
2. Freezer on top
3. Freezer on side
4. Don’t know
5. Refused
 | **1 2 3 4 5** |
| **R8. Through the door ice machine in replaced refrigerator:****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |
| **R9. Through the door ice machine in replaced refrigerator:****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |
| **R10. Estimated Age of replaced refrigerator**1. <1 year old
2. 1-4 years old
3. 5-10 years old
4. >10 years old
5. Don’t know
6. Refused
 | **1 2 3 4 5 6**  |
| **R11. Has the replaced refrigerator been removed from the home?****R**=Removed from home**S**=Still have it**DK**=Don’t know**REF**=Refused | **R S DK REF****[If S, DK, REF, skip to R13]** |
| **R12. How did you dispose of your old refrigerator?**1. Took it recycler or scrap dealer
2. Took it to a landfill or threw away
3. Sold or gave it to a private party
4. Sold it to a used refrigerator/freezer dealer
5. Hired someone to pick it up
6. Utility program hauled it away
7. Left it behind when moved
8. Other (specify)\_\_\_\_\_\_\_\_\_
9. Don’t know
10. Refused
 | **1 2 3 4 5 6 7** **8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****9 10** |

|  |  |
| --- | --- |
| **R13. Was the replaced refrigerator working?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF**  |
| **[If quantity not equal to quantity in tracker, else skip to I1]****R14. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **R15. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

Notes:

***Other Measure Verification***

|  |  |
| --- | --- |
| ***Insulation*** |  |

|  |  |
| --- | --- |
| **I1. Did you add insulation to walls, attic/ceiling or both?****W**= Wall only**A=**Attic/ceiling only**B=**Both**DK**=Don’t know**REF**=Refused | **W A B DK REF** **[If A skip to I8, if DK, REF skip to SHA1]** |

|  |  |
| --- | --- |
| **I2. Was there existing insulation in walls?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF****[If N, DK, REF skip to I4]** |

|  |  |
| --- | --- |
| **I3. Previous R value or number of inches in wall insulation:** | 1. **R Value\_\_\_\_\_\_**
2. **# of inches \_\_\_\_\_\_\_\_\_**
3. **Don’t know**
4. **Refused**
 |
| **I4. Current R value or number of inches in wall insulation:** | 1. **R Value\_\_\_\_\_\_**
2. **# of inches \_\_\_\_\_\_\_\_\_**
3. **Don’t know**
4. **Refused**
 |
| **I5. Number of Rooms insulated** | 1. **Number of rooms \_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused**
 |
| **[Ask If quantity not equal to quantity in tracker, else if I1= B skip to I8, else skip to SHA1]****I6. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **I7. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

|  |  |
| --- | --- |
| **I8. Existing insulation in attic/ceiling?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF****[If N, DK, REF skip to I10]** |

|  |  |
| --- | --- |
| **I9. Previous R value or number of inches in attic/ceiling insulation:** | 1. **R Value\_\_\_\_\_\_**
2. **# of inches \_\_\_\_\_\_\_\_\_**
3. **Don’t know**
4. **Refused**
 |
| **I10. Current R value or number of inches in attic/ceiling insulation:** | 1. **R Value\_\_\_\_\_\_**
2. **# of inches \_\_\_\_\_\_\_\_\_**
3. **Don’t know**
4. **Refused**
 |
| **[Ask If quantity not equal to quantity in tracker, else, skip to SHA1]****I11. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **I12. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |
| ***Showerhead and Faucet Aerators*** |  |

|  |  |
| --- | --- |
| **SHA1. Quantity showerheads installed through the program** | 1. **Number \_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused**
 |

|  |  |
| --- | --- |
| **SHA2. Where was the showerhead installed?** *(more than one response allowed)*1. Main shower (one shower in home)
2. Master bathroom shower
3. Guest shower
4. Outdoor shower
5. Other \_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |

|  |  |
| --- | --- |
| **SHA3. Quantity aerators installed through the program** | 1. **Number \_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused**
 |

|  |  |
| --- | --- |
| **IF SHA1 or SHA3 not equal to quantity in tracker, else skip to DT1]****SHA6. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **SHA8. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

|  |  |
| --- | --- |
| ***Duct testing and Sealing*** |  |
| **DT1. Was the duct system installed or replaced during the time you have lived in the home?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

|  |  |
| --- | --- |
| **DT2. Estimated Age**1. <5 years old
2. 5-10 years old
3. 11-20 years old
4. >20 years old
5. Don’t know
6. Refused
 | **1 2 3 4 5 6**  |

|  |  |
| --- | --- |
| ***Other Equipment Installed Through the Program (repeat as needed)*** |  |
| **O1. Type of equipment** | **­­­[If none, skip to D1]** |
| **O2. Quantity installed through the program** | 1. **Number \_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused**
 |

|  |  |
| --- | --- |
| **[IF O2 not equal to quantity in tracker, else skip to D1]****O3. Reason quantity differed:**1. No idea
2. Put into storage
3. Installed somewhere else in U.S.
4. Insufficient financial resources to complete
5. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Don’t know
7. Refused
 | **1 2 3 4** **5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6 7** |
| **O4. Do you plan to install in the next year?****Y**= Yes**N**= No**DK**=Don’t know**REF**=Refused | **Y N DK REF** |

Notes:

***Housing and Demographic Information***

|  |  |
| --- | --- |
| **D1. Housing Type:**1. One-family detached
2. One-family home attached to one or more houses
3. Apartment building with 2 apartments
4. Apartment building with 3 or 4 apartments
5. Apartment building with 5 or more apartments
6. Mobile home
7. Boat, RV, van etc.
8. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Don’t know
10. Refused to answer
 | **1 2 3 4 5 6 7** **8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****9 10** |
| **D2. Number of year-round occupants:**  | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused to answer**
 |
| **D3. Number of rooms (exclude laundry rooms, foyers, unfinished spaces and garages):**  | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused to answer**
 |
| **D4. Square footage:**  | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Don’t know**
3. **Refused to answer**
 |
| **D5. Number of floors:**1. 1 floor
2. 2 floors
3. 3 floors
4. More than 3 floors
5. Don’t know
6. Refused to answer
 | **1 2 3 4** **5 6** |
| **D6. Age of building:**1. Before 1970’s
2. 1970’s
3. 1980’s
4. 1990-1994
5. 1995-1999
6. 2000’s
7. Don’t know
8. Refused to answer
 | **1 2 3 4 5 6** **7 8** |