**RECS Web/Mail Pilot**

**Questionnaire Spec**

**STRUCTURAL CHARACTERISTICS**

Please answer the following questions about the home at <*sample address*>.

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| --- | --- |
| TYPEHUQ | |
| ASK | All respondents |
| Which best describes your home?   1. Mobile home 2. Single-family house detached from any other house 3. Single-family house attached to one or more other houses (for example: duplex, row house, or townhome) 4. Apartment in a building with 2 to 4 units 5. Apartment in a building with 5 or more units | |
| NEXT | If TYPEHUQ in(1,2,3): PRIMRES  If TYPEHUQ in(4,5): BASEAPT |

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| --- | --- |
| BASEAPT | |
| ASK | If TYPEHUQ in(4,5) |
| Is your apartment located in the basement of your building?   1. Yes 2. No | |
| NEXT | PRIMRES |

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| --- | --- |
| PRIMRES | |
| ASK | All respondents |
| Is the home at <*sample address*> your primary residence? (Your primary residence is the place where you live most of the year.)   1. Yes 2. No | |
| NEXT | OWNRENT |

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| --- | --- |
| OWNRENT | |
| ASK | All respondents |
| Is your home -   1. Owned by you or someone in your household? 2. Rented? 3. Occupied without payment of rent? | |
| NEXT | YEARMADERANGE |

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| --- | --- |
| YEARMADERANGE | |
| ASK | All respondents |
| In what year was your home built?   1. Before 1950 2. 1950 to 1959 3. 1960 to 1969 4. 1970 to 1979 5. 1980 to 1989 6. 1990 to 1999 7. 2000 to 2009 8. 2010 to 2015   Don’t Know | |
| NEXT | OCCUPYYRANGE |

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| --- | --- |
| OCCUPYYRANGE | |
| ASK | All respondents |
| In what year did your household move in?   1. Before 1950 2. 1950 to 1959 3. 1960 to 1969 4. 1970 to 1979 5. 1980 to 1989 6. 1990 to 1999 7. 2000 to 2009 8. 2010 to 2015 | |
| NEXT | VACANT |

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| --- | --- |
| VACANT | |
| ASK | All respondents |
| During the past year, was your home vacant for one or more months?   1. Yes 2. No   Don’t Know | |
| NEXT | If TYPEHUQ in(1,4,5): SQFTEST  If TYPEHUQ in(2,3): CELLAR |

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| --- | --- |
| CELLAR | |
| ASK | If TYPEHUQ in(2,3) |
| Does your home have a basement?   1. Yes 2. No | |
| NEXT | If CELLAR=1: BASEFIN  If CELLAR=0: ATTIC |

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| --- | --- |
| BASEFIN | |
| ASK | If CELLAR=1 |
| Is any part of your basement finished? For this survey, a “finished” basement has finishing materials on the floor, ceiling, and walls.   1. Yes 2. No | |
| NEXT | ATTIC |

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| --- | --- |
| ATTIC | |
| ASK | If TYPEHUQ in(2,3) |
| Does your home have an attic?   1. Yes 2. No | |
| NEXT | If ATTIC=1: ATTICFIN  If ATTIC=0: STORIES |

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| --- | --- |
| ATTICFIN | |
| ASK | If ATTIC=1 |
| Is any part of your attic finished? That is, does it have finishing materials on the floor, ceiling, and walls?   1. Yes 2. No | |
| NEXT | STORIES |

|  |  |
| --- | --- |
| STORIES | |
| ASK | If TYPEHUQ in(2,3) |
| Not including basements or attics, how many stories does your home have?   1. One story 2. Two stories 3. Three stories 4. Four or more stories 5. Split-level | |
| NEXT | PRKGPLC1 |

|  |  |
| --- | --- |
| PRKGPLC1 | |
| ASK | If TYPEHUQ in(2,3) |
| Does your home have an attached garage?   1. Yes 2. No | |
| NEXT | If PRKGPLC1=1: SIZEOFGARAGE  If PRKGPLC1=0: SQFTEST |

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| --- | --- |
| SIZEOFGARAGE | |
| ASK | If TYPEHUQ in(2,3) |
| What is the size of your attached garage?   1. One-car garage 2. Two-car garage 3. Three-or-more-car garage | |
| NEXT | SQFTEST |

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| --- | --- |
| SQFTEST | |
| ASK | All respondents |
| About how many square feet is your home? Your best estimate will do.  \_\_\_\_\_ square feet  *Don’t Know – consider having an experiment where half of the respondents receive this option, half do not* | |
| NEXT | If TYPEHUQ in(2,3): SQFTINCB, SQFTINCA, SQFTINCG, SQFTINCN, SQFTNONE  If TYPEHUQ in(1,4,5): BEDROOMS, NCOMBATH, NHAFBATH, OTHROOMS |

|  |  |
| --- | --- |
| SQFTINCB, SQFTINCA, SQFTINCG, SQFTINCN, SQFTNONE | |
| ASK | If TYPEHUQ in(2,3) |
| Which of the following areas are included in your estimate of *<square footage>*? Please select all that apply.  Basement (SQFTINCB)  Attic (SQFTINCA)  Attached garage (SQFTINCG)  I have at least one of these spaces but none are included in my estimate (SQFTINCN)  My home does not have any of these spaces (SQFTNONE) | |
| NEXT | BEDROOMS, NCOMBATH, NHAFBATH, OTHROOMS |

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| --- | --- |
| BEDROOMS, NCOMBATH, NHAFBATH, OTHROOMS | |
| ASK | All respondents |
| How many of the following types of rooms are in your home? *If BASEFIN=1 or ATTICFIN=1:*Include rooms in finished basements and finished attics.  \_\_\_\_ Bedrooms (BEDROOMS)  \_\_\_\_ Full bathrooms (A full bathroom includes a sink with running water, a toilet, and a bath or  shower.) (NCOMBATH)  \_\_\_\_ Half bathrooms (A half bathroom includes a sink with running water and either a toilet, a bath, or  a shower.) (NHAFBATH)  \_\_\_\_ Other rooms (Include living or family rooms, kitchens, home offices, etc. Do not include hallways,  closets, or rooms you already counted above.) (OTHROOMS) | |
| NEXT | WALLTYPE |

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| WALLTYPE | |
| ASK | All respondents |
| What type of material is the outside of your home made of? If more than one material is used, please select the one used the most.   1. Brick 2. Wood 3. Siding (aluminum, vinyl, or steel) 4. Stucco 5. Shingle (composition) 6. Stone 7. Concrete or concrete block 8. Other/specify   Don’t Know | |
| NEXT | ROOFTYPE |

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| --- | --- |
| ROOFTYPE | |
| ASK | All respondents |
| What type of material is your home’s roof made of? If more than one material is used, please select the one used the most.   1. Ceramic or clay tiles 2. Wood shingles/shakes 3. Metal 4. Slate or synthetic slate 5. Composition shingles 6. Asphalt 7. Concrete tiles 8. Other/specify   Don’t Know | |
| NEXT | CEILHEIGHT |

|  |  |
| --- | --- |
| CEILHEIGHT | |
| ASK | All respondents |
| On average, how high are the ceilings in your home? Your best estimate will do.  \_\_\_\_\_ feet  Don’t Know | |
| NEXT | DOOR1SUM |

|  |  |
| --- | --- |
| DOOR1SUM | |
| ASK | All respondents |
| How many sliding glass doors does your home have? Count each pair of sliding glass doors as one door.  \_\_\_\_\_ sliding glass doors    Don’t Know | |
| NEXT | WINDOWS |

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| --- | --- |
| WINDOWS | |
| ASK | All respondents |
| Approximately how many windows does your home have?  *.”*   1. 1 or 2 windows 2. 3 to 5 windows 3. 6 to 9 windows 4. 10 to 15 windows 5. 16 to 19 windows 6. 20 to 29 windows 7. 30 or more windows   Don’t Know | |
| NEXT | TYPEGLASS |

|  |  |
| --- | --- |
| TYPEGLASS | |
| ASK | All respondents |
| Not counting storm windows, which best describes the glass in most of the windows in your home?   1. Single-pane glass 2. Double-pane glass 3. Triple-pane glass   Don’t Know | |
| NEXT | WINFRAME |

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| --- | --- |
| WINFRAME | |
| ASK | All respondents |
| What frame material is used for most of the windows in your home?   1. Wood 2. Metal (aluminum) 3. Vinyl 4. Composite 5. Fiberglass 6. Other/specify   Don’t Know | |
| NEXT | ADQINSUL |

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| --- | --- |
| ADQINSUL | |
| ASK | All respondents |
| Which of these best describes the insulation level of your home?   1. Well insulated 2. Adequately insulated 3. Poorly insulated 4. Not insulated | |
| NEXT | DRAFTY |

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| --- | --- |
| DRAFTY | |
| ASK | All respondents |
| How often do you or other members of your household find your home too drafty?   1. All the time 2. Most of the time 3. Some of the time 4. Never | |
| NEXT | UGASHERE |

|  |  |
| --- | --- |
| UGASHERE | |
| ASK | All respondents |
| Is natural gas from underground pipes available in your neighborhood?   1. Yes 2. No   Don’t Know | |
| NEXT | NUMFRIG |

**APPLIANCES**

|  |  |
| --- | --- |
| NUMFRIG | |
| ASK | All respondents |
| How many refrigerators are plugged-in and turned on in your home? Include refrigerators even if they are only used occasionally.  \_\_\_\_\_ refrigerators | |
| NEXT | If NUMFRIG>0: SIZEFR1  Else: NUMFREEZ |

|  |  |
| --- | --- |
| SIZEFRI1 | |
| ASK | If NUMFRIG>0 |
| What is the size of your most used refrigerator?   1. Half-size or compact 2. Small (17.5 cubic feet or less) 3. Medium (17.6 to 22.5 cubic feet) 4. Large (22.6 to 29.5 cubic feet) 5. Very Large (bigger than 29.5 cubic ft.) | |
| NEXT | If SIZEFRI1=1: AGEFRI1  Else: TYPERFR1 |
| PAPER |  |

|  |  |
| --- | --- |
| TYPERFR1 | |
| ASK | If SIZEFRI1>1 |
| Which of the following best describes your most used refrigerator?   1. One door 2. Two doors, freezer *next* to the refrigerator 3. Two doors, freezer *above* the refrigerator 4. Two doors, freezer *below* the refrigerator 5. Three or more doors | |
| NEXT | AGERFRI1 |

|  |  |
| --- | --- |
| AGERFRI1 | |
| ASK | If NUMFRIG>0 |
| About how old is your most used refrigerator? Your best estimate is fine.   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | ICE |

|  |  |
| --- | --- |
| ICE | |
| ASK | If NUMFRIG>0 |
| Does your most used refrigerator have through-the-door ice service?   1. Yes   0 No | |
| NEXT | If NUMFRIG>1: SIZEFRI2  Else: NUMFREEZ |

|  |  |
| --- | --- |
| SIZEFRI2 | |
| ASK | If NUMFRIG>1 |
| What is the size of your second most used refrigerator?   1. Half-size or compact 2. Small (17.5 cubic feet or less) 3. Medium (17.6 to 22.5 cubic feet) 4. Large (22.6 to 29.5 cubic feet) 5. Very Large (bigger than 29.5 cubic ft.) | |
| NEXT | If SIZEFRI2=1: AGERFRI2  Else: TYPERFR2 |

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| --- | --- |
| TYPERFR2 | |
| ASK | If SIZEFRI2>1 |
| Which of the following best describes your second most used refrigerator?   1. One door 2. Two doors, freezer *next* to the refrigerator 3. Two doors, freezer *above* the refrigerator 4. Two doors, freezer *below* the refrigerator 5. Three or more doors | |
| NEXT | AGERFRI2 |

|  |  |
| --- | --- |
| AGERFRI2 | |
| ASK | If NUMFRIG>1 |
| About how old is your second most used refrigerator? Your best estimate is fine.   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | FRIGLOC |

|  |  |
| --- | --- |
| FRIGLOC | |
| ASK | If NUMFRIG>1 |
| Where is your second refrigerator located?  Basement  Garage  Outside  Main floor of house  Other/Specify\_\_\_\_\_\_\_\_ | |
| NEXT | NUMFREEZ |
| PAPER |  |

|  |  |
| --- | --- |
| NUMFREEZ | |
| ASK | All respondents |
| How many stand alone freezers are plugged-in and turned on in your home?  \_\_\_\_\_ freezers | |
| NEXT | If NUMFREEZ>0: UPRTFRZR  Else: NUMMEAL |

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| --- | --- |
| UPRTFRZR | |
| ASK | If NUMFREEZ>0 |
| Which of the following best describes your most used freezer?   1. Upright 2. Chest | |
| NEXT | SIZFREEZ |

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| --- | --- |
| SIZFREEZ | |
| ASK | If NUMFREEZ>0 |
| What is the size of your most used freezer?   1. Small (17.5 cubic feet or less) 2. Medium (17.6 to 22.5 cubic feet) 3. Large (22.6 to 29.5 cubic feet) 4. Very Large (bigger than 29.5 cubic ft.) | |
| NEXT | AGEFRZR |

|  |  |
| --- | --- |
| AGEFRZR | |
| ASK | If NUMFREEZ>0 |
| About how old is your most used freezer? Your best estimate is fine.   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | NUMMEAL |

|  |  |
| --- | --- |
| NUMMEAL | |
| ASK | All respondents |
| Which of the categories shown best describes how often hot food is usually cooked in your home?   1. Three or more times a day 2. Two times a day 3. Once a day 4. A few times each week 5. About once a week 6. Less than once a week 7. Never | |
| NEXT | STOVEN |

|  |  |
| --- | --- |
| STOVEN, STOVE, OVEN, MICRO | |
| ASK | All respondents |
| How many of each of the following appliances do you have in your home?  \_\_\_\_ Stoves/ranges (A stove/range has both a cooktop and an oven.) (STOVEN)  \_\_\_\_ Separate cooktops (STOVE)  \_\_\_\_ Separate wall ovens (OVEN)  \_\_\_\_ Microwave ovens (MICRO) | |
| NEXT | If STOVEN>0: STOVENFUEL  Else if STOVE>0: STOVEFUEL  Else if OVEN>0: OVENFUEL  Else if MICRO>0: AMTMICRO  Else if : TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, MIXER, BREAD, BLENDER  Else if : DISHWASH |
| PAPER |  |

|  |  |
| --- | --- |
| STOVENFUEL | |
| ASK | If STOVEN>0 |
| What fuel does your most used stove/range use?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas) 4. Other/specify | |
| NEXT | STOVENCTUSE |

|  |  |
| --- | --- |
| STOVENCTUSE | |
| ASK | If STOVEN>0 |
| In a typical week, how often is the cooktop part of your most used stove/range used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | STOVENOVUSE |

|  |  |
| --- | --- |
| STOVENOVUSE | |
| ASK | If STOVEN>0 |
| In a typical week, how often is the oven part of your most used stove/range used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | If STOVE>0: STOVEFUEL  Else if OVEN>0: OVENFUEL  Else if MICRO>0: AMTMICRO  Else: TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, MIXER, BREAD, BLENDER |

|  |  |
| --- | --- |
| STOVEFUEL | |
| ASK | If STOVE>0 |
| What fuel does your most used cooktop use?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas) 4. Other/specify | |
| NEXT | STOVEUSE |

|  |  |
| --- | --- |
| STOVEUSE | |
| ASK | If STOVE>0 |
| In a typical week, how often is your most used cooktop used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | If OVEN>0: OVENFUEL  Else if MICRO>0: AMTMICRO  Else: TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, MIXER, BREAD, BLENDER |

|  |  |
| --- | --- |
| OVENFUEL | |
| ASK | If OVEN>0 |
| What fuel does your most used separate wall oven use?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas) 4. Other/specify | |
| NEXT | OVENUSE |
| PAPER |  |

|  |  |
| --- | --- |
| OVENUSE | |
| ASK | If OVEN>0 |
| In a typical week, how often is your most used oven used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | If MICRO>0: AMTMICRO  Else: TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, MIXER, BREAD, BLENDER |

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| --- | --- |
| AMTMICRO | |
| ASK | If MICRO>0 |
| In a typical week, how often is your most used microwave used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, MIXER, BREAD, BLENDER |

|  |  |
| --- | --- |
| TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, MIXER, BREAD, BLENDER | |
| ASK | All respondents |
| Which of the following small kitchen appliances are used at least once a week in your home? Please select all that apply.  Toaster (TOASTER)  Toaster Oven (TOASTOVN)  Coffee Maker (COFFEE)  Crock Pot or Slow Cooker (CROCKPOT)  Food Processor (FOODPROC)  Rice Cooker (RICECOOK)  Stand Mixer (MIXER)  Bread Maker (BREAD)  Blender or Juicer (BLENDER)  Waffle maker (WAFFLE)  No small kitchen appliances | |
| NEXT | DISHWASH |

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| --- | --- |
| DISHWASH | |
| ASK | All respondents |
| Does your household have an automatic dishwasher?   1. Yes   0 No | |
| NEXT | If DISHWASH=1: DWASHUSE  Else: CWASHER |

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| --- | --- |
| DWASHUSE | |
| ASK | If DISHWASH=1 |
| In a typical week, how often is your dishwasher used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | AGEDW |

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| --- | --- |
| AGEDW | |
| ASK | If DISHWASH=1 |
| About how old is your dishwasher? Your best estimate is fine.   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | DWCYCLE |

|  |  |
| --- | --- |
| DWCYCLE | |
| ASK | If DISHWASH=1 |
| Which cycle do you use most of the time when running your dishwasher?   1. Normal or default cycle **without** heated dry 2. Normal or default cycle **with** heated dry 3. Heavy or pots and pans cycle 4. Light or delicate cycle 5. Energy saver 6. Dishwasher not used   Don’t know | |
| NEXT | CWASHER |

|  |  |
| --- | --- |
| CWASHER | |
| ASK | All respondents |
| Does your household have a clothes washer? Do not include community clothes washers that are located in the basement or laundry room of your apartment building**.**   1. Yes   0 No | |
| NEXT | If CWASHER=1: TOPFRONT  Else: DRYER |

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| --- | --- |
| TOPFRONT | |
| ASK | If CWASHER=1 |
| Is your washing machine one that you load from the top or one that you load from the front?   1. Top loading 2. Front loading | |
| NEXT | WASHLOAD |

|  |  |
| --- | --- |
| WASHLOAD | |
| ASK | If CWASHER=1 |
| In a typical week, how often is your clothes washer used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | WASHTEMP |

|  |  |
| --- | --- |
| WASHTEMP | |
| ASK | If CWASHER=1 |
| What water temperature setting is usually used for the *wash* cycle of your clothes washer?  1 Hot  2 Warm  3 Cold | |
| NEXT | RNSETEMP |

|  |  |
| --- | --- |
| RNSETEMP | |
| ASK | If CWASHER=1 |
| What water temperature setting is usually used for the *rinse* cycle of your clothes washer?    1 Hot  2 Warm  3 Cold | |
| NEXT | AGECWASH |

|  |  |
| --- | --- |
| AGECWASH | |
| ASK | If CWASHER = 1 |
| About how old is your clothes washer? Your best estimate is fine.   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | DRYER |

|  |  |
| --- | --- |
| DRYER | |
| ASK | All Respondents |
| Does your household have a clothes dryer? Do not include community clothes washers that are located in the basement or laundry room of your apartment building**.**   1. Yes   0 No | |
| NEXT | If DRYER=1: DRYRFUEL  Else TVCOLOR |

|  |  |
| --- | --- |
| DRYRFUEL | |
| ASK | If DRYER=1 |
| What fuel does your clothes dryer use?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas)   Don’t Know | |
| NEXT | DRYRUSE |

|  |  |
| --- | --- |
| DRYRUSE | |
| ASK | If DRYER=1 |
| In a typical week, how often is your clothes dryer used? If not used, enter “0.”  \_\_\_\_\_\_\_\_ times per week | |
| NEXT | AGECDRYER |

|  |  |
| --- | --- |
| AGECDRYER | |
| ASK | IF DRYER = 1 |
| About how old is your clothes dryer? Your best estimate is fine.   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | TVCOLOR |

**ELECTRONICS**

|  |  |
| --- | --- |
| TVCOLOR | |
| ASK | All respondents |
| How many televisions are used in your home?  \_\_\_\_\_\_\_\_ Televisions | |
| NEXT | If TVCOLOR>0 : TVSIZE1  Else: DESKTOP, LAPTOP, TABLET, PCPRINT, ELECDEV |

|  |  |
| --- | --- |
| TVSIZE1 | |
| ASK | If TVCOLOR>0 |
| What is the size of your most used television?   1. 27 inches or less 2. 27 to 39 inches 3. 40 to 59 inches 4. 60 inches or more | |
| NEXT | TVTYPE1 |

|  |  |
| --- | --- |
| TVTYPE1 | |
| ASK | If TVCOLOR>0 |
| What type of display does your most used television have?   1. LCD 2. Plasma 3. LED 4. Projection 5. Standard Tube   Don’t Know | |
| NEXT | TVONWD1 |

|  |  |
| --- | --- |
| TVONWD1 | |
| ASK | If TVCOLOR>0 |
| Thinking about your most used television’s use on weekdays, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.  \_\_\_\_\_\_\_\_ hours per day | |
| NEXT | TVONWE1 |

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| --- | --- |
| TVONWE1 | |
| ASK | If TVCOLOR>0 |
| Thinking about your most used television’s use on weekends, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.  \_\_\_\_\_\_\_\_ hours per day | |
| NEXT | If TVCOLOR>1: TVSIZE2  If TVCOLOR=1: CABLESAT, COMBODVR, DVR, PLAYSTA, DVD, VCR, INTERBOX, TVAUDIOSYS, OTHERSTB |

|  |  |
| --- | --- |
| TVSIZE2 | |
| ASK | If TVCOLOR>1 |
| What is the size of your second most used television?   1. 27 inches or less 2. 27 to 39 inches 3. 40 to 59 inches 4. 60 inches or more | |
| NEXT | TVTYPE2 |

|  |  |
| --- | --- |
| TVTYPE2 | |
| ASK | If TVCOLOR>1 |
| What type of display does your second most used television have?   1. LCD 2. Plasma 3. LED 4. Projection 5. Standard Tube   Don’t Know | |
| NEXT | TVONWD2 |

|  |  |
| --- | --- |
| TVONWD2 | |
| ASK | If TVCOLOR>1 |
| Thinking about your second most used television’s use on weekdays, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.  \_\_\_\_\_\_\_\_ hours per day | |
| NEXT | TVONWE2 |

|  |  |
| --- | --- |
| TVONWE2 | |
| ASK | If TVCOLOR>1 |
| Thinking about your second most used television’s use on weekends, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.  \_\_\_\_\_\_\_\_ hours per day | |
| NEXT | CABLESAT, COMBODVR, DVR, PLAYSTA, DVD, VCR, INTERBOX, TVAUDIOSYS |

|  |  |
| --- | --- |
| CABLESAT, COMBODVR, DVR, PLAYSTA, DVD, VCR, INTERBOX, TVAUDIOSYS | |
| ASK | If TVCOLOR>0 |
| How many of each of the following are used in your home?  \_\_\_\_\_\_\_\_ Cable or satellite box without DVR (CABLESAT)  \_\_\_\_\_\_\_\_ Cable or satellite box with DVR (COMBODVR)  \_\_\_\_\_\_\_\_ Separate DVR (for example, TIVO) (DVR)  \_\_\_\_\_\_\_\_ Video game console (PLAYSTA)  \_\_\_\_\_\_\_\_ DVD or Blu-ray Players (DVD)  \_\_\_\_\_\_\_\_ VCR (VCR)  \_\_\_\_\_\_\_\_ Internet streaming device (for example: Apple TV, Slingbox, or Roku) (INTERBOX)  \_\_\_\_\_\_\_\_ Home audio system (TVAUDIOSYS) | |
| NEXT | DESKTOP, LAPTOP, TABLET, PCPRINT, ELECDEV |

|  |  |
| --- | --- |
| DESKTOP, LAPTOP, TABLET, PCPRINT, ELECDEV | |
| ASK | All Respondents |
| How many of each of the following are used in your home?  \_\_\_\_\_\_\_\_ Desktop computer (DESKTOP)  \_\_\_\_\_\_\_\_ Laptop computer (LAPTOP)  \_\_\_\_\_\_\_\_ Tablet computer or e-reader (for example: iPad or Kindle) (TABLET)  \_\_\_\_\_\_\_\_ Printer, scanner, fax machine, or copier (PCPRINT)  \_\_\_\_\_\_\_\_ Internet connected or“smart” phones (SMARTPHN)  \_\_\_\_\_\_\_\_ Other cellular phones (ELECDEV) | |
| NEXT | INTERNET |

|  |  |
| --- | --- |
| INTERNET | |
| ASK | All respondents |
| In your home, do you or any member of your household access the Internet?   1. Yes, with a subscription to an Internet service 2. Yes, without a subscription to an Internet service   0 No internet access in this home | |
| NEXT | IF INTERNET = 1: INACCESS  Else: HEATHOME |

|  |  |
| --- | --- |
| INACCESS | |
| ASK | IF INTERNET = 1 |
| In your home, do you or any member of your household subscribe to the Internet using – *Please select all that apply.*  Dial-up service?  DSL service?  Cable modem service?  Fiber optic service?  Mobile broadband plan for a computer or a cell phone?  Satellite Internet service?  Other/specify | |
| NEXT | INWIRELESS |

|  |  |
| --- | --- |
| INWIRELESS | |
| ASK | IF INTERNET = 1 |
| Do you have a wireless router for access to the Internet in your home?   1. Yes 2. No   Don’t know | |
| NEXT | HEATHOME |

**SPACE HEATING**

|  |  |
| --- | --- |
| HEATHOME | |
| ASK | All respondents |
| Is your home heated during the winter?  1 Yes  0 No | |
| NEXT | If HEATHOME = 1: EQUIPM  Else: AIRCOND |

|  |  |
| --- | --- |
| EQUIPM | |
| ASK | If HEATHOME=1 |
| What is the main type of heating equipment used to provide heat for your home?   1. Central furnace 2. Heat pump 3. Steam or hot water system with radiators or pipes 4. Built-in electric units installed in walls, ceilings, baseboards, or floors 5. Built-in floor/wall pipeless furnace 6. Built-in room heater burning gas, oil, or kerosene 7. Heating stove burning wood, coal, or coke 8. Portable electric heaters 9. Fireplace 10. Other/Specify   Don't Know | |
| NEXT | EQUIPAGE |

|  |  |
| --- | --- |
| EQUIPAGE | |
| ASK | If HEATHOME=1 |
| Approximately how old is your home's main heating equipment?   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | FUELHEAT |

|  |  |
| --- | --- |
| FUELHEAT | |
| ASK | If HEATHOME=1 |
| What is the main fuel used by this equipment for heating your home?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas) 4. Fuel oil 5. Wood 6. Other/Specify   Don't Know | |
| NEXT | THERMAIN |

|  |  |
| --- | --- |
| THERMAIN | |
| ASK | If HEATHOME=1 |
| Does your household use a thermostat to control the main heating equipment?   1. Yes   0 No | |
| NEXT | IF THERMAIN = 1: PROTHERM  Else THERMUSE |

|  |  |
| --- | --- |
| PROTHERM | |
| ASK | If THERMAIN=1 |
| Is the thermostat that controls the main heating equipment in your home programmable?   1. Yes 2. No   Don’t Know | |
| NEXT | THERMUSE |

|  |  |
| --- | --- |
| THERMUSE | |
| ASK | If HEATHOME=1 |
| Which of the following best describes how your household controls the main heating equipment most of the time in your home?   1. Set one temperature on the thermostat and leave it there most of the time 2. Manually adjust the temperature at night or when no one is at home 3. Program the thermostat to automatically adjust the temperature at certain times 4. Turn equipment on or off when needed 5. Our household does not have control over the temperature 6. Other/Specify | |
| NEXT | TEMPHEATDAY |

|  |  |
| --- | --- |
| TEMPHEATDAY | |
| ASK | If HEATHOME=1 |
| What is the usual temperature setting in your home during most winter **days**?   1. 62 degrees or less 2. 63 to 66 degrees 3. 67 to 70 degrees 4. 71 to 74 degrees 5. 75 degrees or more   Don’t know | |
| NEXT | TEMPHEATNIGHT |

|  |  |
| --- | --- |
| TEMPHEATNIGHT | |
| ASK | If HEATHOME=1 |
| What is the usual temperature setting in your home during most winter **nights**?   1. 62 degrees or less 2. 63 to 66 degrees 3. 67 to 70 degrees 4. 71 to 74 degrees 5. 75 degrees or more   Don’t know | |
| NEXT | EQUIPAUX |

|  |  |
| --- | --- |
| EQUIPAUX | |
| ASK | If HEATHOME=1 |
| In addition to your main heating equipment, does your household also use any of the following as a second source for heating your home? (If more than one, select the type most frequently used.)   1. No other equipment used 2. Central furnace 3. Heat Ppump 4. Steam or hot water system with radiators or pipes 5. Built-in electric units installed in walls, ceilings, baseboards, or floors 6. Built-in floor/wall pipeless furnace 7. Built-in room heater burning gas, oil, or kerosene 8. Heating stove burning wood, coal, or coke 9. Portable electric heaters 10. Fireplace 11. Other/Specify   Don't Know | |
| NEXT | If EQUIPAUX=0: BASEHEAT, ATTICHEAT, GARAGEHEAT  If EQUIPAUX≠0: FUELHEATAUX |

|  |  |
| --- | --- |
| FUELHEATAUX | |
| ASK | If EQUIPAUX≠0 |
| What is the fuel used by this second type of equipment for heating your home?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas) 4. Fuel oil 5. Wood 6. Other/Specify   Don't Know | |
| NEXT | BASEHEAT, ATTICHEAT, GARAGEHEAT |

|  |  |
| --- | --- |
| BASEHEAT, ATTICHEAT, GARAGEHEAT | |
| ASK | If HEATHOME=1 |
| Which of the following spaces are heated? Please select all that apply.   1. Basement (BASEHEAT) 2. Attic (ATTICHEAT) 3. Attached garage (GARAGEHEAT) 4. I have at least one of these spaces but none are heated (HEATINCN) 5. My home does not have any of these spaces (HEATNONE) | |
| NEXT | MOISTURE |

|  |  |
| --- | --- |
| MOISTURE | |
| ASK | All Respondents |
| Humidifiers add moisture to the air and are often used in the winter. Is a humidifier used in your home?   1. Yes   0 No | |
| NEXT | If MOISTURE=1: USEMOISTURE  Else: AIRCOND |

|  |  |
| --- | --- |
| USEMOISTURE | |
| ASK | If MOISTURE=1 |
| How many months is your humidifier used?   1. 1 to 3 months 2. 4 to 6 months 3. 7 to 9 months 4. 10 to 11 months 5. Turned on all year | |
| NEXT | AIRCOND |

**AIR CONDITIONING**

|  |  |
| --- | --- |
| AIRCOND | |
| ASK | All respondents |
| Was any air conditioning equipment used in your home last summer?   1. Yes   0 No | |
| NEXT | If AIRCOND=1: CENTRALAC, WWAC, PORTAC, SWAMPCOL  Else: NUMCFAN, NUMFLOORFAN, NUMATTICFAN |

|  |  |
| --- | --- |
| CENTRALAC, WWAC, PORTAC, SWAMPCOL | |
| ASK | If AIRCOND=1 |
| What type of air conditioning equipment was used in your home last summer? Please select all that apply.  Central air conditioning system (CENTRALAC)  Individual units in the windows or wall (WWAC)  Portable air conditioners (PORTAC)  Evaporative or swamp cooler (SWAMPCOL) | |
| NEXT | If CENTRALAC=1: CENACHP  Else if WWAC=1: NUMBERAC  Else: NUMCFAN, NUMFLOORFAN, NUMATTICFAN |

|  |  |
| --- | --- |
| CENACHP | |
| ASK | If CENTRALAC=1 |
| Is your central air conditioning system a heat pump?   1. Yes 2. No   Don’t know | |
| NEXT | AGECENAC |

|  |  |
| --- | --- |
| AGECENAC | |
| ASK | If CENTRALAC=1 |
| How old is your central air conditioning system?   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old 5. 15 to 19 years old 6. 20 or more years old   Don't know | |
| NEXT | THERMAINAC |

|  |  |
| --- | --- |
| THERMAINAC | |
| ASK | If CENTRALAC=1 |
| Does your household use a thermostat to control the central air conditioning system?   1. Yes   0 No | |
| NEXT | PROTHERMAC |

|  |  |
| --- | --- |
| PROTHERMAC | |
| ASK | If THERMAIN=1 |
| Is the thermostat that controls the central air conditioning system in your home programmable?   1. Yes 2. No   Don’t Know | |
| NEXT | THERMUSEAC |

|  |  |
| --- | --- |
| THERMUSEAC | |
| ASK | If CENTRALAC=1 |
| Which of the following best describes how your household controlled the central air conditioning system last summer?   1. Set one temperature on the thermostat and leave it there most of the time 2. Manually adjust the temperature at night or when no one is at home 3. Program the thermostat to automatically adjust the temperature at certain times 4. Turn equipment on or off when needed 5. Our household does not have control over the temperature 6. Other/Specify | |
| NEXT | TEMPACDAY |

|  |  |
| --- | --- |
| TEMPACDAY | |
| ASK | If CENTRALAC=1 |
| What was the usual temperature setting in your home during most **days** last summer?   1. 62 degrees or less 2. 63 to 66 degrees 3. 67 to 70 degrees 4. 71 to 74 degrees 5. 75 degrees or more   Don’t know | |
| NEXT | TEMPACNIGHT |

|  |  |
| --- | --- |
| TEMPACNIGHT | |
| ASK | If CENTRALAC=1 |
| What was the usual temperature setting in your home during most **nights** last summer?   1. 62 degrees or less 2. 63 to 66 degrees 3. 67 to 70 degrees 4. 71 to 74 degrees 5. 75 degrees or more   Don’t know | |
| NEXT | If WWAC=1: NUMBERAC  If WWAC=0: BASECOOL, ATTICCOOL, GARAGECOOL |

|  |  |
| --- | --- |
| NUMBERAC | |
| ASK | If WWAC=1 |
| How many window or wall air conditioning units were used in your home last summer?  \_\_\_\_\_\_ units | |
| NEXT | WWACAGE |

|  |  |
| --- | --- |
| WWACAGE | |
| ASK | If WWAC=1 |
| How old is the most used window or wall unit?   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old   42 15 to 19 years old   1. 20 or more years old   Don't know | |
| NEXT | USEWWAC |

|  |  |
| --- | --- |
| USEWWAC | |
| ASK | If and WWAC=1 |
| Which of the following best describes how your household used the most used window or wall unit last summer?   1. Used only a few days or nights when really needed 2. Used some days or nights 3. Used most or all days and nights 4. Other/specify | |
| NEXT | BASECOOL, ATTICCOOL, GARAGECOOL |

|  |  |
| --- | --- |
| BASECOOL, ATTICCOOL, GARAGECOOL | |
| ASK | If AIRCOND=1 |
| Which of the following spaces are air conditioned? Please select all that apply.  Basement (BASECOOL)  Attic (ATTICCOOL)  Attached garage (GARAGECOOL)  I have at least one of these spaces but none are air conditioned (COOLINCN)  My home does not have any of these spaces (COOLNONE) | |
| NEXT | NUMCFAN, NUMFLOORFAN, NUMATTICFAN |

|  |  |
| --- | --- |
| NUMCFAN, NUMFLOORFAN, NUMATTICFAN | |
| ASK | All respondents |
| How many of the following types of fans does your household use?  \_\_\_\_\_ Ceiling fans (NUMCFAN)  \_\_\_\_\_ Floor or window fans (NUMFLOORFAN)  \_\_\_\_\_ Whole house (NUMWHOLEFAN)  \_\_\_\_\_ Attic fans (NUMATTICFAN) | |
| NEXT | NOTMOIST |

|  |  |
| --- | --- |
| NOTMOIST | |
| ASK | All Respondents |
| Dehumidifiers remove moisture from the air and are often used in the summer. Is a dehumidifier used in your home?   1. Yes   0 No | |
| NEXT | If NOTMOIST=1: USENOTMOIST  Else:H2OMAIN |

|  |  |
| --- | --- |
| USENOTMOIST | |
| ASK | IF NOTMOIST=1 |
| How many months is your dehumidifier used?   1. 1 to 3 months 2. 4 to 6 months 3. 7 to 9 months 4. 10 to 11 months 5. Turned on all year | |
| NEXT | H2OMAIN |

**WATER HEATING**

|  |  |
| --- | --- |
| H2OMAIN | |
| ASK | All respondents |
| What is the main water heating equipment used in your home?   1. Storage water heating tank(s) in home 2. Tankless or on-demand water heater(s) in home 3. Water heater is outside my home or unit, such as in an apartment building 4. Other/Specify | |
| NEXT | If H2OMAIN=1: WHEATSIZ  Else: WHEATAGE |

|  |  |
| --- | --- |
| WHEATSIZ | |
| ASK | If H2OMAIN=1 |
| What is the size of the water heating storage tank in your home? (If more than one, answer for the largest.)   1. Small (30 gallons or less) 2. Medium (31 to 49 gallons) 3. Large (50 gallons or more)   Don’t know | |
| NEXT | WHEATAGE |

|  |  |
| --- | --- |
| WHEATAGE | |
| ASK | All respondents |
| How old is your main water heating equipment?   1. Less than 2 years old 2. 2 to 4 years old 3. 5 to 9 years old 4. 10 to 14 years old   42 15 to 19 years old   1. 20 or more years old   Don't know | |
| NEXT | FUELH2O |

|  |  |
| --- | --- |
| FUELH2O | |
| ASK | All respondents |
| What fuel does your main water heating equipment use?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas) 4. Fuel oil 5. Wood 6. Other/Specify   Don't Know | |
| NEXT | LGTINNUM |

**LIGHTING**

|  |  |
| --- | --- |
| LGTINNUM | |
| ASK | All respondents |
| Approximately how many **light bulbs** are installed inside your home? Include light bulbs in ceiling fixtures and fans, table and floor lamps, as well as those used infrequently, such as in hallways, closets, and garages. For fixtures with multiple bulbs, count each bulb separately.   1. Less than 20 light bulbs 2. 20 to 39 light bulbs 3. 40 to 59 light bulbs 4. 60 to 79 light bulbs 5. 80 or more light bulbs   Don’t Know | |
| NEXT | LGTIN4 |
| PAPER |  |

|  |  |
| --- | --- |
| LGTIN4 | |
| ASK | All respondents |
| How many of the light bulbs inside your home are used **at least 4 hours per day**?  \_\_\_\_\_\_ light bulbs | |
| NEXT | LGTINCAN |

|  |  |
| --- | --- |
| LGTINCAN | |
| ASK | All respondents |
| How many of the light bulbs installed inside your home are incandescent bulbs?   1. All 2. Most 3. About half 4. Some 5. None   Don’t Know | |
| NEXT | LGTINCFL |

|  |  |
| --- | --- |
| LGTINCFL | |
| ASK | All respondents |
| How many of the light bulbs installed inside your home are CFL bulbs?   1. All 2. Most 3. About half 4. Some 5. None   Don’t Know | |
| NEXT | LGTINLED |

|  |  |
| --- | --- |
| LGTINLED | |
| ASK | All respondents |
| How many of the light bulbs installed inside your home are LED bulbs?   1. All 2. Most 3. About half 4. Some 5. None   Don’t Know | |
| NEXT | LGTINDIM |

|  |  |
| --- | --- |
| LGTINDIM | |
| ASK | All respondents |
| Are any of the light bulbs inside your home controlled by dimmers or timers?   1. Yes 2. No | |
| NEXT | LGTOUTNUM |

|  |  |
| --- | --- |
| LGTOUTNUM | |
| ASK | All respondents |
| Approximately how many light bulbs are installed outside your home? For apartments, only include lights connected to your unit.   1. None 2. 1 to 4 bulbs 3. 5 to 9 bulbs 4. 10 or more bulbs   Don’t Know | |
| NEXT | If LGTOUTNUM>0: LGTOUTCAN, LGTOUTCFL, LGTOUTLED, LGTOUTNG  Else: SWIMPOOL |

|  |  |
| --- | --- |
| LGTOUTCAN, LGTOUTCFL, LGTOUTLED, LGTOUTNG, LGTOUTSOL | |
| ASK | If LGTOUTNUM>0 |
| Which of the following types of lights are used outside your home? Please select all that apply.  Incandescent bulbs (LGTOUTCAN)  CFL bulbs (LGTOUTCFL)  LED bulbs (LGTOUTLED)  Natural gas lights (LGTOUTNG) | |
| NEXT | LGTOUTMOD |

|  |  |
| --- | --- |
| LGTOUTMOD | |
| ASK | If LGTOUTNUM>0 |
| Are any of the light bulbs outside your home controlled by motion detectors or light sensors?   1. Yes 2. No | |
| NEXT | SWIMPOOL |

**MISCELLANEOUS**

|  |  |
| --- | --- |
| SWIMPOOL | |
| ASK | All respondents |
| Does your home have its own swimming pool?   1. Yes 2. No | |
| NEXT | If SWIMPOOL=1: FUELPOOL  Else: RECBATH |

|  |  |
| --- | --- |
| FUELPOOL | |
| ASK | If SWIMPOOL=1 |
| What fuel is used to heat the water in your swimming pool?   1. None, my swimming pool is not heated 2. Electricity 3. Natural gas from underground pipes 4. Propane (bottled gas) 5. Fuel oil 6. Solar 7. Other/specify   Don’t Know | |
| NEXT | RECBATH |

|  |  |
| --- | --- |
| RECBATH | |
| ASK | All respondents |
| Does your home have its own heated hot tub, spa, or Jacuzzi, other than a bathtub?   1. Yes 2. No | |
| NEXT | If RECBATH=1: FUELTUB  Else: AUDIT |

|  |  |
| --- | --- |
| FUELTUB | |
| ASK | If RECBATH=1 |
| What fuel is used to heat the water in your heated hot tub, spa, or Jacuzzi?   1. Electricity 2. Natural gas from underground pipes 3. Propane (bottled gas) 4. Fuel oil 5. Solar 6. Other/specify   Don’t Know | |
| NEXT | AUDIT |

|  |  |
| --- | --- |
| AUDIT | |
| ASK | All respondents |
| A home energy audit is when a trained professional examines how energy is used in all parts of a home. After examining a home, the energy auditor will provide a list of ways to reduce energy use and save money on energy bills. Has your home had an energy audit?   1. Yes 2. No   Don’t Know | |
| NEXT | If AUDIT=1: AUDITCHG  Else: EEPRODUCT, FREEAUDIT, MRREBATE, SUPPREBATE, RECYCAPP, SUBLOAN, TAXCREDIT, WEATHERIZATION, LIHEAP, BENOTHER |

|  |  |
| --- | --- |
| AUDITCHG | |
| ASK | If AUDIT=1 |
| Did your household make any of the changes suggested by the energy auditor?   1. Yes 2. No | |
| NEXT | If AUDITCHG=1: AUDITCHGOPEN  Else: EEPRODUCT, FREEAUDIT, MRREBATE, SUPPREBATE, RECYCAPP, SUBLOAN, TAXCREDIT, WEATHERIZATION, LIHEAP, BENOTHER |

|  |  |
| --- | --- |
| AUDITCHGOPEN | |
| ASK | If AUDITCHG=1 |
| Please describe the changes your household made.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NEXT | EEPRODUCT, FREEAUDIT, MRREBATE, SUPPREBATE, RECYCAPP, SUBLOAN, TAXCREDIT, WEATHERIZATION, LIHEAP, BENOTHER |

|  |  |
| --- | --- |
| EELIGHTS, EETHERM, FREEAUDIT, REBATEAPP, RECYCAPP, SUBLOAN, TAXCREDITAPP, TAXCREDITWIN, WEATHERIZATION, LIHEAP, BENOTHER | |
| ASK | All respondents |
| Has your household received any of the following energy-related benefits or assistance at this home? Please select all that apply.  Free or subsidized energy-efficient light bulbs (EELIGHTS)  Free or subsidized programmable thermostat (EETHERM)  Free or subsidized home energy audit (FREEAUDIT)  Utility or energy supplier rebate for new appliance or equipment (REBATEAPP)  Recycling of old appliance or equipment (for example, a refrigerator) (RECYCAPP)  Subsidized loan for new appliance or equipment (SUBLOAN)  Tax credit for new appliance or equipment (TAXCREDITAPP)  Tax credit for new windows or insulation (TAXCREDITWIN)  Weatherization assistance program (WEATHERIZATION)  Low income home energy assistance (for example, LIHEA) (LIHEAP)  Other/specify (BENOTHER)  My household has not received any of these benefits or assistance | |
| NEXT | ESCWASH, ESDRYER, ESDISHW, ESFREEZ, ESLIGHT, ESFRIG, ESWATER, ESWIN |

|  |  |
| --- | --- |
| ESCWASH, ESDRYER, ESDISHW, ESFREEZ, ESLIGHT, ESFRIG, ESWATER, ESWIN | |
| ASK | All respondents |
| Which of the following products in your home are ENERGY STAR qualified? Please select all that apply.  Clothes Washer  Clothes Dryer  Dishwasher  Refrigerator  Freezer  Light Bulbs  Water Heater  Windows  None | |
| NEXT | SMARTTHERM |

|  |  |
| --- | --- |
| SMARTTHERM | |
| ASK | All respondents |
| Does your home have a “smart” or Internet-connected thermostat?   1. Yes 2. No   Don’t Know | |
| NEXT | SMARTMETER |

|  |  |
| --- | --- |
| SMARTMETER | |
| ASK | All respondents |
| Does your home have a “smart meter,” which records electricity usage in short time intervals and automatically transmits it to your utility company?   1. Yes 2. No   Don’t Know | |
| NEXT | If SMARTMETER=1: INTDATA  Else: OUTLET |

|  |  |
| --- | --- |
| INTDATA | |
| ASK | If SMARTMETER=1 |
| Does your household have access to hourly or daily electricity usage information recorded by your smart meter?     1. Yes 2. No   Don’t Know | |
| NEXT | If INTDATA=1: INTDATAACC  Else: OUTLET |

|  |  |
| --- | --- |
| INTDATAACC | |
| ASK | If INTDATA=1 |
| Have you ever accessed or viewed this interval data?   1. Yes 2. No | |
| NEXT | OUTLET |

|  |  |
| --- | --- |
| OUTLET | |
| ASK | All respondents |
| Do you or any member of your household park a vehicle within about 20 feet of an electric outlet?   1. Yes 2. No | |
| NEXT | ELECVEH |
| PAPER |  |

|  |  |
| --- | --- |
| ELECVEH | |
| ASK | All respondents |
| Do you or any member of your household own or lease a plug-in electric vehicle?   1. Yes 2. No | |
| NEXT | OTHFUELUSE |

**FUELS AND SUPPLIERS**

|  |  |
| --- | --- |
| OTHFUELUSE | |
| ASK | All respondents |
| Are there any other fuels used in your home that you have not already answered about? If so, please list the fuel(s) and how it is used.  Open-ended response  \_\_-Don’t use any other fuel | |
| NEXT | OTHACT |

|  |  |
| --- | --- |
| OTHACT | |
| ASK | All respondents |
| Are there any activities occurring in your home that use a lot more energy than would usually be used in a home?  Open-ended response  \_\_\_No high energy-using activities | |
| NEXT | BACKUP |

|  |  |
| --- | --- |
| BACKUP | |
| ASK | All respondents |
| Does your household have a back-up generator that can be used for generating electricity in case of a power outage or emergency?   1. Yes 2. No | |
| NEXT | ONSITETYPE |

|  |  |
| --- | --- |
| ONSITETYPE | |
| ASK | All respondents |
| Not including back-up generators, does your home have any of these on-site systems that generates electricity?   1. No on-site generation system 2. Solar or photovoltaic system 3. Small wind turbine 4. Combined heat and power system 5. Other/specify | |
| NEXT | ELPAY |

|  |  |
| --- | --- |
| ELPAY | |
| ASK | All respondents |
| Which of the following describes who is responsible for paying for the electricity used in this home?   1. Household is responsible for paying for all electricity used in this home 2. All electricity used in this home is included in the rent or condo fee 3. Some is paid by the household, some is included in the rent or condo fee 4. Other/specify   Don’t Know | |
| NEXT | If STOVENFUEL=1 or STOVEFUEL=1 or OVENFUEL=1 or DRYRFUEL=1 or FUELHEAT=1 or  FUELHEATAUX=1 or FUELH2O=1 or FUELPOOL=1 or FUELTUB=1: NGPAY  Else if STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or DRYRFUEL=2 or  FUELHEAT=2 or FUELHEATAUX=2 or FUELH2O=2 or FUELPOOL=2 or FUELTUB=2:  LPGPAY  Else if FUELHEAT=3 or FUELHEATAUX=3 or FUELH2O=3 or FUELPOOL=3 or FUELTUB=3:  FOPAY  Else KFUELOT |

|  |  |
| --- | --- |
| NGPAY | |
| ASK | If STOVENFUEL=1 or STOVEFUEL=1 or OVENFUEL=1 or DRYRFUEL=1 or FUELHEAT=1 or FUELHEATAUX=1 or FUELH2O=1 or FUELPOOL=1 or FUELTUB=1 |
| Which of the following describes who is responsible for paying for the natural gas used in this home?   1. Household is responsible for paying for all natural gas used in this home 2. All natural gas used in this home is included in the rent or condo fee 3. Some is paid by the household, some is included in the rent or condo fee 4. Other/specify   Don’t Know | |
| NEXT | If STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or DRYRFUEL=2 or FUELHEAT=2 or  FUELHEATAUX=2 or FUELH2O=2 or FUELPOOL=2 or FUELTUB=2: LPGPAY  Else if FUELHEAT=3 or FUELHEATAUX=3 or FUELH2O=3 or FUELPOOL=3 or FUELTUB=3:  FOPAY  Else KFUELOT |

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| LPGPAY | |
| ASK | If STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or DRYRFUEL=2 or FUELHEAT=2 or FUELHEATAUX=2 or FUELH2O=2 or FUELPOOL=2 or FUELTUB=2 |
| Which of the following describes who is responsible for paying for the propane used in this home?   1. Household is responsible for paying for all propane used in this home 2. All propane used in this home is included in the rent or condo fee 3. Some is paid by the household, some is included in the rent or condo fee 4. Other/specify   Don’t Know | |
| NEXT | If FUELHEAT=3 or FUELHEATAUX=3 or FUELH2O=3 or FUELPOOL=3 or FUELTUB=3:  FOPAY  Else: KFUELOT |

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| FOPAY | |
| ASK | If FUELHEAT=3 or FUELHEATAUX=3 or FUELH2O=3 or FUELPOOL=3 or FUELTUB=3 |
| Which of the following describes who is responsible for paying for the fuel oil used in this home?   1. Household is responsible for paying for all fuel oil used in this home 2. All fuel oil used in this home is included in the rent or condo fee 3. Some is paid by the household, some is included in the rent or condo fee 4. Other/specify   Don’t Know | |
| NEXT | KFUELOT |

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| --- | --- |
| KFUELOT | |
| ASK | All respondents |
| Do any of your household energy bills include costs for energy used for non-household purposes, such as farm buildings or machinery, a business or office, or another house or apartment?   1. Yes 2. No | |
| NEXT | If KFUELOT=1: BILLEL, BILLUG, BILLLPG, BILLFOIL, BILLKER  Else: ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT, AUTHORIZATION |

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| --- | --- |
| BILLEL, BILLUG, BILLLPG, BILLFK | |
| ASK | If KFUELOT=1 |
| Which of your household’s energy bills include costs for energy used for non-household purposes? Please select all that apply.  Electricity (BILLEL)  Natural gas from underground pipes (BILLUG)  Propane (bottled gas) (BILLLPG)  Fuel oil or kerosene (BILLFK) | |
| NEXT | ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT, AUTHORIZATION |

|  |  |
| --- | --- |
| ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT, AUTHORIZATION | |
| ASK | All respondents |
| In addition to the answers you’ve provided in this survey, we would like to find out how much energy your household actually used in the past year.  Please provide the names of your energy supplier(s) and the account number for each fuel used by your household?  Electricity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ELSUPPNAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ELACCT)  Natural Gas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NGSUPPNAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NGACCT  Propane \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LPSUPPNAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LPACCT)  Fuel Oil or Kerosene \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FKSUPPNAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FKACCT)  I hereby give permission to this company or companies to provide information about the energy consumption at <*sample address*> to the U.S. Energy Information Administration for confidential use in connection with the Residential Energy Consumption Survey. (AUTHORIZATION)  \_\_\_\_\_ Initials | |
| NEXT | HHSEX |

**HOUSEHOLD CHARACTERISTICS**

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| --- | --- |
| HHSEX | |
| ASK | All respondents |
| What is your sex?   1. Female 2. Male | |
| NEXT | HHAGE |

|  |  |
| --- | --- |
| HHAGE | |
| ASK | All respondents |
| What is your age?  \_\_\_\_\_ years old | |
| NEXT | If : EMPLOYHH  If : SDESCENT |

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| --- | --- |
| EMPLOYHH | |
| ASK | All respondents |
| Which best describes your employment status?   1. Employed full-time 2. Employed part-time 3. Not employed/retired | |
| NEXT | EDUCATION |

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| --- | --- |
| EDUCATION | |
| ASK | All respondents |
| What is the highest degree or level of school you have completed?   1. Less than high school diploma or GED 2. High school diploma or GED 3. Some college or Associate’s degree 4. Bachelor’s degree (for example: BA, BS) 5. Master’s, Professional, or Doctorate degree (for example: MA, MS, MBA, MD, JD, PhD) | |
| NEXT | SDESCENT |

|  |  |
| --- | --- |
| SDESCENT | |
| ASK | All respondents |
| Are you Hispanic or Latino?   1. Yes 2. No | |
| NEXT | RACE\_WHITE, RACE\_BLACK, RACE\_AIAN, RACE\_ASIAN, RACE\_NHPI, RACE\_OTH |

|  |  |
| --- | --- |
| RACE\_WHITE, RACE\_BLACK, RACE\_AIAN, RACE\_ASIAN, RACE\_NHPI, RACE\_OTH | |
| ASK | All respondents |
| What is your race? Please select all that apply.  White (RACE\_WHITE)  Black or African-American (RACE\_BLACK)  American Indian or Alaska Native (RACE\_AIAN)  Asian (RACE\_ASIAN)  Native Hawaiian or Other Pacific Islander (RACE\_NHPI)  Other/specify (RACE\_OTH) | |
| NEXT | NHSLDMEM |

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| NHSHLDMEM | |
| ASK | All respondents |
| Including yourself, how many people usually live in this home? Do not include anyone who is just visiting, those away in the military, or children who are away at college.  \_\_\_\_\_ household members | |
| NEXT | NUMADULT |

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| NUMADULT | |
| ASK | All respondents |
| How many members of your household are adults (18 years of age or older)?  \_\_\_\_\_ adults | |
| NEXT | NUMCHILD |

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| --- | --- |
| NUMCHILD | |
| ASK | All respondents |
| How many members of your household are children (17 years of age or younger)?  \_\_\_\_\_ children | |
| NEXT | ATHOMEDAYS |

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| ATHOMEDAYS | |
| ASK | All respondents |
| In a typical week, how many **weekdays** is someone at home most or all of the day?   1. None 2. 1 day 3. 2 days 4. 3 days 5. 4 days 6. 5 days | |
| NEXT | MONEYPY |

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| MONEYPY | |
| ASK | All respondents |
| Including all income sources, which category best describes the 2014 total combined income of all members of your household before taxes and deductions?   1. Less than $20,000 2. $20,000 - $39,999 3. $40,000 - $59,999 4. $60,000 to $79,999 5. $80,000 to $99,999 6. $100,000 to $119,999 7. $120,000 to $139,999 8. $140,000 or more | |
| NEXT | End Survey |

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| WHYPAPER | |
| ASK | All respondents receiving nonresponse follow-up paper version of questionnaire |
| Which of the following best describes why you chose to respond to this survey by mail.   1. No Web access 2. I prefer to respond to surveys by mail 3. I had problems responding by Web 4. I did not know there was an option to respond by Web 5. Other/Specify | |
| NEXT | End Survey |