

## RECS National Pilot Questionnaire Specifications

### Example

SASVAR1	
<b>ASK</b>	All respondents
Question Text  1 Yes 0 No	
<b>NEXT</b>	SASVAR2
<b>PAPER</b>	Comments about how paper mode may need to differ from Web.
<b>PROMPT</b>	Type of prompt (hard/soft/motivational) and text.  NOTE: For all items that do not have a prompt specified, used default soft prompt of "Did you mean to leave this question blank? If yes, please click "No change, continue" to go to the next question or click "Change answer" to edit your response."

## STRUCTURAL CHARACTERISTICS

Please answer the following questions about the home at <sample address>. (Paper: Please answer the following questions about the home located at the address on the enclosed letter.)

TYPEHUQ	
<b>ASK</b>	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	
<b>NEXT</b>	If TYPEHUQ=1: PRIMRES If TYPEHUQ in(2,3): CELLAR If TYPEHUQ in(4,5): BASEAPT
<b>PAPER</b>	
<b>EDIT</b>	Hard edit if respondent attempts to skip this question.
<b>PROMPT</b>	HARD: Please provide an answer to this question to continue.

BASEAPT	
<b>ASK</b>	If TYPEHUQ in(4,5)
<p>Is your apartment located in the basement of your building?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	PRIMRES
<b>PAPER</b>	

CELLAR	
<b>ASK</b>	If TYPEHUQ in(2,3)
<p>Does your home have a basement?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If CELLAR=1: BASEFIN Else: ATTIC
<b>PAPER</b>	

BASEFIN	
<b>ASK</b>	If CELLAR=1
<p>Is any part of your basement finished? For this survey, a "finished" basement has finishing materials on the floor, ceiling, and walls.</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	ATTIC
<b>PAPER</b>	

ATTIC	
<b>ASK</b>	If TYPEHUQ in(2,3)
<p>An attic is a space just below the roof of your home where a person can stand up. Does your home have an attic?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If ATTIC=1: ATTICFIN Else: STORIES
<b>PAPER</b>	

ATTICFIN	
<b>ASK</b>	If ATTIC=1
<p>Is any part of your attic finished? For this survey, a "finished" attic has finishing materials on the floor, ceiling, and walls.</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	STORIES
<b>PAPER</b>	

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

PRKGPLC1	
<b>ASK</b>	If TYPEHUQ in(2,3)
<p>Does your home have an attached garage?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If PRKGPLC1=1: SIZEOFGARAGE Else: PRIMRES
<b>PAPER</b>	

SIZEOFGARAGE	
<b>ASK</b>	If PRKGPLC1=1
<p>What is the size of your attached garage?</p> <p>1 One-car garage 2 Two-car garage 3 Three-or-more-car garage</p>	
<b>NEXT</b>	PRIMRES
<b>PAPER</b>	

PRIMRES	
<b>ASK</b>	All respondents
<p>Is the home at &lt;sample address&gt; your primary residence? Your primary residence is the place where you live most of the year.</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	KOWNRENT
<b>PAPER</b>	Instead of the fill: Is the home located at the address on the enclosed letter your primary residence? Your primary residence is the place where you live most of the year.

<b>KOWNRENT</b>	
<b>ASK</b>	All respondents
<p>Is your home -</p> <ol style="list-style-type: none"> <li>1 Owned by you or someone in your household</li> <li>2 Rented</li> <li>3 Occupied without payment of rent</li> </ol>	
<b>NEXT</b>	YEARMADERANGE
<b>PAPER</b>	
<b>PROMPT</b>	

<b>YEARMADERANGE</b>	
<b>ASK</b>	All respondents
<p>When was your home built?</p> <ol style="list-style-type: none"> <li>1 Before 1950</li> <li>2 1950 to 1959</li> <li>3 1960 to 1969</li> <li>4 1970 to 1979</li> <li>5 1980 to 1989</li> <li>6 1990 to 1999</li> <li>7 2000 to 2009</li> <li>8 2010 to 2015</li> </ol> <p>Don't know</p>	
<b>NEXT</b>	OCCUPYYRANGE
<b>PAPER</b>	
<b>PROMPT</b>	

<b>OCCUPYYRANGE</b>	
<b>ASK</b>	All respondents
<p>When did your household move in?</p> <p>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</p>	
<b>NEXT</b>	VACANT
<b>PAPER</b>	

<b>VACANT</b>	
<b>ASK</b>	All respondents
<p>During the past year, was your home vacant for one or more months?</p> <p>1 Yes  0 No</p> <p>Don't know</p>	
<b>NEXT</b>	SQFTEST
<b>PAPER</b>	

<b>SQFTEST</b>	
<b>ASK</b>	All respondents
<p>About how many square feet is your home? Your best estimate is fine.</p> <p>_____ square feet</p> <p>{ALLOW RANGE 0 – 99,999}</p>	
<b>NEXT</b>	If TYPEHUQ in(2,3): SQFTINCB, SQFTINCA, SQFTINCG, SQFTINCN, SQFTNONE If TYPEHUQ in(1,4,5): BEDROOMS, NCOMBATH, NHAFBATH, OTHROOMS
<b>PAPER</b>	

<b>SQFTINCB, SQFTINCA, SQFTINCG, SQFTINCN, SQFTNONE</b>	
<b>ASK</b>	If TYPEHUQ in(2,3)

<p>Which of the following areas are included in your estimate of &lt;SQFTEST&gt; square feet? <i>Please select all that apply.</i></p> <p>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)</p> <p>Don't know</p>	
<b>NEXT</b>	BEDROOMS, NCOMBATH, NHAFBATH, OTHROOMS
<b>PAPER</b>	<p>Instead of the fill: Which of the following areas are included in your estimate of square footage in Question #12? <i>Please select all that apply.</i></p> <p>Ask of all respondents. Respondents in mobile homes and apartments can select "My home does not have any of these spaces."</p>

<b>BEDROOMS, NCOMBATH, NHAFBATH, OTHROOMS</b>	
<b>ASK</b>	All respondents
<p>How many of the following types of rooms are in your home? <i>If BASEFIN=1 or ATTICFIN=1: Include rooms in finished basements and finished attics. If none, please enter "0."</i></p> <p>_____ 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 kitchens, laundry rooms, living or family rooms, home offices, etc. Do not include hallways, closets, or rooms you already counted above.) (OTHROOMS)  {ALLOW RANGE 0-30 FOR EACH}</p>	
<b>NEXT</b>	WALLTYPE
<b>PAPER</b>	Present "include" statement for all respondents.
<b>PROMPT</b>	

<b>WALLTYPE</b>	
<b>ASK</b>	All respondents
<p>What type of material is the outside of your home made of? <i>Select only one.</i> If more than one material is used, please select the one used the most.</p> <p>1 Brick  2 Wood  3 Siding (aluminum, vinyl, or steel)  4 Stucco  5 Shingle (composition)</p>	

6	Stone
7	Concrete or concrete block
9	Other/specify
	Don't know
<b>NEXT</b>	ROOFTYPE
<b>PAPER</b>	

<b>ROOFTYPE</b>	
<b>ASK</b>	All respondents
<p>What type of material is your home's roof made of? <i>Select only one</i>. If more than one material is used, please select the one used the most.</p> <ul style="list-style-type: none"> <li>1 Ceramic or clay tiles</li> <li>2 Wood shingles/shakes</li> <li>3 Metal</li> <li>4 Slate or synthetic slate</li> <li>5 Shingles (composition or asphalt)</li> <li>6 Concrete tiles</li> <li>9 Other/specify</li> </ul> <p>Don't know</p>	
<b>NEXT</b>	HIGHCEIL
<b>PAPER</b>	



HIGHCEIL	
<b>ASK</b>	All respondents
<p>Most ceilings are about 8 feet high which is about a foot higher than a standard door. Are any of the ceilings in your home unusually high?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	DOOR1SUM
<b>PAPER</b>	

DOOR1SUM	
<b>ASK</b>	All respondents
<p>How many sliding glass doors does your home have? Count each pair of sliding glass doors as one door.</p> <p>_____ sliding glass doors {ALLOW RANGE 0-50}</p>	
<b>NEXT</b>	WINDOWS
<b>PAPER</b>	

<b>WINDOWS</b>	
<b>ASK</b>	All respondents
<p>About how many windows does your home have?</p> <p>10 1 or 2 windows  20 3 to 5 windows  30 6 to 9 windows  41 10 to 15 windows  42 16 to 19 windows  50 20 to 29 windows  60 30 or more windows</p> <p>Don't know</p>	
<b>NEXT</b>	TYPEGLASS
<b>PAPER</b>	

<b>TYPEGLASS</b>	
<b>ASK</b>	All respondents
<p>Not counting storm windows, which best describes the glass in most of the windows in your home?</p> <p>1 Single-pane glass  2 Double-pane glass  3 Triple-pane glass</p> <p>Don't know</p>	
<b>NEXT</b>	WINFRAME
<b>PAPER</b>	

<b>WINFRAME</b>	
<b>ASK</b>	All respondents
<p>What frame material is used for most of the windows in your home?</p> <ol style="list-style-type: none"> <li>1 Wood</li> <li>2 Metal (aluminum)</li> <li>3 Vinyl</li> <li>4 Composite</li> <li>5 Fiberglass</li> <li>9 Other/specify</li> </ol> <p>Don't know</p>	
<b>NEXT</b>	ADQINSUL
<b>PAPER</b>	

<b>ADQINSUL</b>	
<b>ASK</b>	All respondents
<p>Which of these best describes the insulation level of your home?</p> <ol style="list-style-type: none"> <li>1 Well insulated</li> <li>2 Adequately insulated</li> <li>3 Poorly insulated</li> <li>4 Not insulated</li> </ol>	
<b>NEXT</b>	DRAFTY
<b>PAPER</b>	

<b>DRAFTY</b>	
<b>ASK</b>	All respondents
<p>How often do you or other members of your household find your home too drafty?</p> <ol style="list-style-type: none"> <li>1 All the time</li> <li>2 Most of the time</li> <li>3 Some of the time</li> <li>4 Never</li> </ol>	
<b>NEXT</b>	UGASHERE
<b>PAPER</b>	

UGASHERE	
<b>ASK</b>	All respondents
<p>Is natural gas from underground pipes available in your neighborhood?</p> <p>1 Yes 0 No</p> <p>Don't know</p>	
<b>NEXT</b>	If TYPEHUQ in(1,2,3): SWIMPOOL If TYPEHUQ in(4,5): RECBATH
<b>PAPER</b>	

SWIMPOOL	
<b>ASK</b>	If TYPEHUQ in(1,2,3)
<p>Does your home have its own swimming pool?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If SWIMPOOL=1: MONPOOL Else: RECBATH
<b>PAPER</b>	Do not use housing unit type skip. We expect people in apartment to say "no."

MONPOOL	
<b>ASK</b>	If SWIMPOOL=1
<p>In the last year, how many months was your swimming pool in use?</p> <p>_____ months</p> <p>{ALLOW RANGE 0 - 12}</p>	
<b>NEXT</b>	If MONPOOL ge 1: FUELPOOL Else: RECBATH
<b>PAPER</b>	

FUELPOOL	
<b>ASK</b>	If MONPOOL ge 1
<p>What fuel is used to heat the water in your swimming pool?</p> <p>0 None, my swimming pool is not heated</p>	

5 Electricity 1 Natural gas from underground pipes 2 Propane (bottled gas) 3 Fuel oil 8 Solar 9 Other/specify  Don't know	
<b>NEXT</b>	RECBATH
<b>PAPER</b>	

<b>RECBATH</b>	
<b>ASK</b>	All respondents
Does your home have its own hot tub, spa, or Jacuzzi, other than a bathtub?  1 Yes 0 No	
<b>NEXT</b>	If RECBATH=1: MONTUB Else: OUTLET
<b>PAPER</b>	

<b>MONTUB</b>	
<b>ASK</b>	If RECBATH=1
In the last year, how many months was your hot tub, spa, or Jacuzzi in use?  _____ months  {ALLOW RANGE 0 - 12}	
<b>NEXT</b>	If MONTUB ge 1: FUELTUB Else: OUTLET
<b>PAPER</b>	

<b>FUELTUB</b>	
<b>ASK</b>	If MONTUB ge 1
What fuel is used to heat the water in your hot tub, spa, or Jacuzzi?  5 Electricity 1 Natural gas from underground pipes 2 Propane (bottled gas) 3 Fuel oil 8 Solar	

9	Other/specify Don't know
<b>NEXT</b>	OUTLET
<b>PAPER</b>	

<b>OUTLET</b>	
<b>ASK</b>	All respondents
Do you or any member of your household park a vehicle within about 20 feet of an electric outlet?	
1 Yes 0 No	
<b>NEXT</b>	ELECVEH
<b>PAPER</b>	

<b>ELECVEH</b>	
<b>ASK</b>	All respondents
Do you or any member of your household own or lease a plug-in electric vehicle?	
1 Yes 0 No	
<b>NEXT</b>	NUMFRIG
<b>PAPER</b>	

**MOTIVATIONAL PROMPT #1:** Thank you for your participation so far! The next questions are about appliances in your home and will provide valuable information for this study.

## APPLIANCES

NUMFRIG	
<b>ASK</b>	All respondents
<p>How many refrigerators are plugged-in and turned on in your home? Include refrigerators in basements or garages, even if they are only used occasionally, and also include compact refrigerators and wine chillers. <i>If none, please enter "0."</i></p> <p>_____ refrigerators</p> <p>{ALLOW RANGE 0-30}</p>	
<b>NEXT</b>	If NUMFRIG>0: SIZEFRI1 Else: NUMFREEZ
<b>PAPER</b>	
<b>PROMPT</b>	

SIZEFRI1	
<b>ASK</b>	If NUMFRIG>0
<p>What is the size of your <u>most used</u> refrigerator?</p> <ol style="list-style-type: none"> <li>1 Half-size or compact</li> <li>2 Small (17.5 cubic feet or less)</li> <li>3 Medium (17.6 to 22.5 cubic feet)</li> <li>4 Large (22.6 to 29.5 cubic feet)</li> <li>5 Very large (bigger than 29.5 cubic feet)</li> </ol>	
<b>NEXT</b>	If SIZEFRI1=1: AGEFRI1 Else: TYPFRFR1
<b>PAPER</b>	

TYPFRFR1	
<b>ASK</b>	If SIZEFR1>1
<p>Which of the following best describes your <u>most used</u> refrigerator?</p> <ul style="list-style-type: none"> <li>1 One door</li> <li>21 Two doors, freezer <u>next</u> to the refrigerator</li> <li>22 Two doors, freezer <u>above</u> the refrigerator</li> <li>23 Two doors, freezer <u>below</u> the refrigerator</li> <li>5 Three or more doors</li> </ul>	
<b>NEXT</b>	AGERFR1
<b>PAPER</b>	

AGERFR1	
<b>ASK</b>	If NUMFRIG>0
<p>About how old is your <u>most used</u> refrigerator? Your best estimate is fine.</p> <ul style="list-style-type: none"> <li>1 Less than 2 years old</li> <li>2 2 to 4 years old</li> <li>3 5 to 9 years old</li> <li>41 10 to 14 years old</li> <li>42 15 to 19 years old</li> <li>5 20 or more years old</li> </ul> <p>Don't know</p>	
<b>NEXT</b>	ICE
<b>PAPER</b>	

ICE	
<b>ASK</b>	If NUMFRIG>0
<p>Does your <u>most used</u> refrigerator have through-the-door ice service?</p> <ul style="list-style-type: none"> <li>1 Yes</li> <li>0 No</li> </ul>	
<b>NEXT</b>	If NUMFRIG>1: SIZEFR2 Else: NUMFREEZ
<b>PAPER</b>	



SIZEFRI2	
<b>ASK</b>	If NUMFRIG>1
<p>What is the size of your <u>second most used</u> refrigerator?</p> <ol style="list-style-type: none"> <li>1 Half-size or compact</li> <li>2 Small (17.5 cubic feet or less)</li> <li>3 Medium (17.6 to 22.5 cubic feet)</li> <li>4 Large (22.6 to 29.5 cubic feet)</li> <li>5 Very large (bigger than 29.5 cubic feet)</li> </ol>	
<b>NEXT</b>	If SIZEFRI2>1: TYPFR2 Else: AGERFRI2
<b>PAPER</b>	

TYPFR2	
<b>ASK</b>	If SIZEFRI2>1
<p>Which of the following best describes your <u>second most used</u> refrigerator?</p> <ol style="list-style-type: none"> <li>1 One door</li> <li>21 Two doors, freezer <u>next</u> to the refrigerator</li> <li>22 Two doors, freezer <u>above</u> the refrigerator</li> <li>23 Two doors, freezer <u>below</u> the refrigerator</li> <li>5 Three or more doors</li> </ol>	
<b>NEXT</b>	AGERFRI2
<b>PAPER</b>	

AGERFRI2	
<b>ASK</b>	If NUMFRIG>1
<p>About how old is your <u>second most used</u> refrigerator? Your best estimate is fine.</p> <p>1 Less than 2 years old  2 2 to 4 years old  3 5 to 9 years old  41 10 to 14 years old  42 15 to 19 years old  5 20 or more years old</p> <p>Don't know</p>	
<b>NEXT</b>	LOCRFRI2
<b>PAPER</b>	


LOCRFRI2	
<b>ASK</b>	If NUMFRIG>1
<p>Where is your <u>second most used</u> refrigerator located?</p> <p>1 Basement  2 Garage  3 Outside  4 Main floor of house  9 Other/Specify</p>	
<b>NEXT</b>	NUMFREEZ
<b>PAPER</b>	

NUMFREEZ	
<b>ASK</b>	All respondents
<p>How many stand-alone freezers are plugged-in and turned on in your home? <i>If none, please enter "0."</i></p> <p>_____ freezers</p> <p>{ALLOW RANGE 0-30}</p>	
<b>NEXT</b>	If NUMFREEZ>0: UPRTFRZR Else: STOVEN
<b>PAPER</b>	

UPRTFRZR	
<b>ASK</b>	If NUMFREEZ>0
<p>Which of the following best describes your <u>most used</u> freezer?</p> <p>1 Upright 2 Chest</p>	
<b>NEXT</b>	SIZFREEZ
<b>PAPER</b>	

SIZFREEZ	
<b>ASK</b>	If NUMFREEZ>0
<p>What is the size of your <u>most used</u> freezer?</p> <p>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 feet)</p>	
<b>NEXT</b>	AGEFRZR
<b>PAPER</b>	


AGEFRZR	
<b>ASK</b>	If NUMFREEZ>0
<p>About how old is your <u>most used</u> freezer? Your best estimate is fine.</p> <ul style="list-style-type: none"> <li>1 Less than 2 years old</li> <li>2 2 to 4 years old</li> <li>3 5 to 9 years old</li> <li>41 10 to 14 years old</li> <li>42 15 to 19 years old</li> <li>5 20 or more years old</li> </ul> <p>Don't know</p>	
<b>NEXT</b>	STOVEN
<b>PAPER</b>	

STOVEN	
<b>ASK</b>	All respondents
<p><b>Example Stove/Range</b></p>  <p>How many <u>stoves/ranges</u> do you have in your home? A stove has both a cooktop and an oven.</p> <p>_____ stoves/ranges</p> <p>{ALLOW RANGE 0-9}</p>	
<b>NEXT</b>	If STOVEN>0: STOVENFUEL Else: STOVE
<b>PAPER</b>	

STOVENFUEL	
<b>ASK</b>	If STOVEN>0
<p>What fuel does your <u>most used stove/range</u> use?</p> <p>5 Electricity  1 Natural gas from underground pipes  2 Propane (bottled gas)  9 Other/specify</p>	
<b>NEXT</b>	COOKTUSE
<b>PAPER</b>	


COOKTUSE	
<b>ASK</b>	If STOVEN>0
<p>In a typical week, about how many times is the <u>cooktop part of your most used stove/range</u> used? <i>If not used, please enter "0."</i></p> <p>_____ times per week</p> <p>{ALLOW RANGE 00-99}</p>	
<b>NEXT</b>	OVENUSE
<b>PAPER</b>	

OVENUSE	
<b>ASK</b>	If STOVEN>0
<p>In a typical week, about how many times is the <u>oven part of your most used stove/range</u> used? <i>If not used, please enter "0."</i></p> <p>_____ times per week</p> <p>{ALLOW RANGE 00-99}</p>	
<b>NEXT</b>	STOVE
<b>PAPER</b>	

STOVE	
<b>ASK</b>	All respondents
<p><b>Example Separate Cooktop</b></p>  <p>How many <u>separate cooktops</u> do you have in your home? <i>Count the entire cooktop, not the number of burners. Do not include cooktops that are attached to an oven.</i></p> <p>_____ cooktops</p> <p>{ALLOW RANGE 0-9}</p>	
<b>NEXT</b>	If STOVE>0: STOVEFUEL Else: OVEN
<b>PAPER</b>	

STOVEFUEL	
<b>ASK</b>	If STOVE>0
<p>What fuel does your <u>most used separate cooktop</u> use?</p> <p>5 Electricity  1 Natural gas from underground pipes  2 Propane (bottled gas)  9 Other/specify</p>	
<b>NEXT</b>	STOVEUSE
<b>PAPER</b>	

STOVEUSE	
<b>ASK</b>	If STOVE>0
<p>In a typical week, about how many times is your <u>most used separate cooktop</u> used? <i>If not used, please enter "0."</i></p> <p>_____ times per week</p> <p>{ALLOW RANGE 00-99}</p>	
<b>NEXT</b>	OVEN
<b>PAPER</b>	

OVEN	
<b>ASK</b>	All respondents
<p><b>Example Separate Wall Oven</b></p>  <p>How many <u>separate wall ovens</u> do you have in your home? (Do not include wall ovens that are attached to a cooktop.)</p> <p>_____ wall ovens</p> <p>{ALLOW RANGE 0-9}</p>	
<b>NEXT</b>	If OVEN>0: OVENFUEL Else: MICRO
<b>PAPER</b>	

OVENFUEL	
<b>ASK</b>	If OVEN>0
<p>What fuel does your <u>most used separate wall oven</u> use?</p> <p>5 Electricity 1 Natural gas from underground pipes 2 Propane (bottled gas) 9 Other/specify</p>	
<b>NEXT</b>	OVENUSE
<b>PAPER</b>	

OVENUSE	
<b>ASK</b>	If OVEN>0
<p>In a typical week, about how many times is your <u>most used separate wall oven</u> used? <i>If not used, please enter "0."</i></p>	



_____ times per week {ALLOW RANGE 00-99}	
<b>NEXT</b>	MICRO
<b>PAPER</b>	

MICRO	
<b>ASK</b>	All respondents
How many <u>microwaves</u> do you have in your home?  _____ microwaves {ALLOW RANGE 0-9}	
<b>NEXT</b>	If MICRO>0: AMTMICRO Else: OUTGRILLFUEL
<b>PAPER</b>	

AMTMICRO	
<b>ASK</b>	If MICRO>0
In a typical week, about how many times is your microwave used? <i>If not used, please enter "0."</i>  _____ times per week {ALLOW RANGE 00-99}	
<b>NEXT</b>	OUTGRILLFUEL
<b>PAPER</b>	

OUTGRILLFUEL	
<b>ASK</b>	All respondents
Does your household use an outdoor grill?  1 Yes, natural gas grill 2 Yes, propane grill 23 Yes, charcoal grill 0 No	
<b>NEXT</b>	NUMMEAL
<b>PAPER</b>	

<b>NUMMEAL</b>	
<b>ASK</b>	All respondents
<p>Which of the categories shown best describes how often hot food is usually cooked in your home?</p> <ul style="list-style-type: none"> <li>1 Three or more times a day</li> <li>2 Two times a day</li> <li>3 Once a day</li> <li>4 A few times each week</li> <li>5 About once a week</li> <li>6 Less than once a week</li> <li>0 Never</li> </ul>	
<b>NEXT</b>	TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, BLENDER, APPOTHER
<b>PAPER</b>	

TOASTER, TOASTOVN, COFFEE, CROCKPOT, FOODPROC, RICECOOK, BLENDER, APPOTHER	
<b>ASK</b>	All respondents
<p>Which of the following small kitchen appliances are <u>used at least once a week</u> in your home? <i>Please select all that apply.</i></p> <p>Toaster (TOASTER)  Toaster oven (TOASTOVN)  Coffee maker (COFFEE)  Crock pot or slow cooker (CROCKPOT)  Food processor (FOODPROC)  Rice cooker (RICECOOK)</p> <p>Blender or juicer (BLENDER)</p> <p>Other/specify (APPOTHER)</p> <p>None</p>	
<b>NEXT</b>	DISHWASH
<b>PAPER</b>	

DISHWASH	
<b>ASK</b>	All respondents
<p>Does your household have a dishwasher?</p> <p>1 Yes  0 No</p>	
<b>NEXT</b>	If DISHWASH=1: DWASHUSE Else: CWASHER
<b>PAPER</b>	

DWASHUSE	
<b>ASK</b>	If DISHWASH=1
<p>In a typical week, about how many times is your dishwasher used? <i>If not used, please enter "0."</i></p> <p>_____ times per week</p> <p>{ALLOW RANGE 00-99}</p>	
<b>NEXT</b>	DWCYCLE
<b>PAPER</b>	

DWCYCLE	
<b>ASK</b>	If DISHWASH=1
<p>Which cycle is used <u>most of the time</u> when running your dishwasher?</p> <ol style="list-style-type: none"> <li>1 Normal or default cycle <u>without</u> heated dry</li> <li>2 Normal or default cycle <u>with</u> heated dry</li> <li>3 Heavy or "pots and pans" cycle</li> <li>4 Light or delicate cycle</li> <li>5 Energy saver</li> </ol> <p>Don't know Dishwasher not used</p>	
<b>NEXT</b>	AGEDW
<b>PAPER</b>	

AGEDW	
<b>ASK</b>	If DISHWASH=1
<p>About how old is your dishwasher? Your best estimate is fine.</p> <p>1 Less than 2 years old  2 2 to 4 years old  3 5 to 9 years old  41 10 to 14 years old  42 15 to 19 years old  5 20 or more years old</p> <p>Don't know</p>	
<b>NEXT</b>	CWASHER
<b>PAPER</b>	

CWASHER	
<b>ASK</b>	All respondents
<p>Does your household have a clothes washer? <i>If TYPEHUQ in(4,5): Do not include community clothes washers that are located in the basement or laundry room of your apartment building.</i></p> <p>1 Yes  0 No</p>	
<b>NEXT</b>	If CWASHER=1: TOPFRONT Else: DRYER
<b>PAPER</b>	Include second sentence for all respondents.

TOPFRONT	
<b>ASK</b>	If CWASHER=1
<p>Is your clothes washer top loading or front loading?</p> <p>1 Top loading  2 Front loading</p>	
<b>NEXT</b>	WASHLOAD
<b>PAPER</b>	

WASHLOAD	
<b>ASK</b>	If CWASHER=1
<p>In a typical week, about how many times is your clothes washer used? <i>If not used, please enter "0."</i></p>	

_____ times per week {ALLOW RANGE 00-99}	
<b>NEXT</b>	WASHTEMP
<b>PAPER</b>	

<b>WASHTEMP</b>	
<b>ASK</b>	If CWASHER=1
<p>What water temperature setting is typically used for the <u>wash</u> cycle of your clothes washer?</p> <p>1 Hot 2 Warm 3 Cold</p>	
<b>NEXT</b>	RNSETEMP
<b>PAPER</b>	

<b>RNSETEMP</b>	
<b>ASK</b>	If CWASHER=1
<p>What water temperature setting is typically used for the <u>rinse</u> cycle of your clothes washer?</p> <p>1 Hot 2 Warm 3 Cold</p>	
<b>NEXT</b>	AGECWASH
<b>PAPER</b>	

<b>AGECWASH</b>	
<b>ASK</b>	If CWASHER = 1
<p>About how old is your clothes washer? Your best estimate is fine.</p> <p>1 Less than 2 years old 2 2 to 4 years old 3 5 to 9 years old 41 10 to 14 years old 42 15 to 19 years old 5 20 or more years old</p> <p>Don't know</p>	

<b>NEXT</b>	DRYER
<b>PAPER</b>	

<b>DRYER</b>	
<b>ASK</b>	All respondents
<p>Does your household have a clothes dryer? <i>If TYPEHUQ in(4,5): Do not include community clothes dryers that are located in the basement or laundry room of your apartment building.</i></p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If DRYER=1: DRYRFUEL Else TVCOLOR
<b>PAPER</b>	Include second sentence for all respondents.

<b>DRYRFUEL</b>	
<b>ASK</b>	If DRYER=1
<p>What fuel does your clothes dryer use?</p> <p>5 Electricity 1 Natural gas from underground pipes 2 Propane (bottled gas)</p> <p>Don't know</p>	
<b>NEXT</b>	DRYRUSE
<b>PAPER</b>	

<b>DRYRUSE</b>	
<b>ASK</b>	If DRYER=1
<p>In a typical week, about how many times is your clothes dryer used? <i>If not used, please enter "0."</i></p> <p>_____ times per week</p> <p>{ALLOW RANGE 00-99}</p>	
<b>NEXT</b>	AGECDRYER
<b>PAPER</b>	

**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
- 41 10 to 14 years old
- 42 15 to 19 years old
- 5 20 or more years old

Don't know

**NEXT** | TVCOLOR**PAPER** |



## ELECTRONICS

TVCOLOR	
<b>ASK</b>	All respondents
<p>How many televisions are used in your home? <i>If none, please enter "0."</i></p> <p>_____ televisions</p> <p>{ALLOW RANGE 00-30}</p>	
<b>NEXT</b>	If TVCOLOR>0 : TVSIZE1 Else: DESKTOP, NUMLAPTOP, NUMTABLET, ELPERIPH, NUMSMPHONE, CELLPHONE
<b>PAPER</b>	

TVSIZE1	
<b>ASK</b>	If TVCOLOR>0
<p>What is the size of your <u>most used</u> television?</p> <ol style="list-style-type: none"> <li>1 27 inches or less</li> <li>2 28 to 39 inches</li> <li>3 40 to 59 inches</li> <li>4 60 inches or more</li> </ol>	
<b>NEXT</b>	TVTYPE1
<b>PAPER</b>	

TVTYPE1	
<b>ASK</b>	If TVCOLOR>0
<p>What type of display does your <u>most used</u> television have?</p> <p>1 LCD  2 Plasma  3 LED  4 Projection  5 Standard tube</p> <p>Don't know</p>	
<b>NEXT</b>	TVONWD1
<b>PAPER</b>	

TVONWD1	
<b>ASK</b>	If TVCOLOR>0
<p>Thinking about your <u>most used</u> television's use on <u>weekdays</u>, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.</p> <p>_____ hours per day</p> <p>{ALLOW RANGE 00-24}</p>	
<b>NEXT</b>	TVONWE1
<b>PAPER</b>	

TVONWE1	
<b>ASK</b>	If TVCOLOR>0
<p>Thinking about your <u>most used</u> television's use on <u>weekends</u>, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.</p> <p>_____ hours per day</p> <p>{ALLOW RANGE 00-24}</p>	
<b>NEXT</b>	If TVCOLOR>1: TVSIZE2 Else: CABLESAT, COMBODVR, SEPDVR, PLAYSTA, DVD, VCR, INTSTREAM, TVAUDIOSYS
<b>PAPER</b>	

TVSIZE2	
<b>ASK</b>	If TVCOLOR>1
<p>What is the size of your <u>second most used</u> television?</p> <p>1 27 inches or less 2 28 to 39 inches 3 40 to 59 inches 4 60 inches or more</p>	
<b>NEXT</b>	TVTYPE2
<b>PAPER</b>	

TVTYPE2	
<b>ASK</b>	If TVCOLOR>1
<p>What type of display does your <u>second most used</u> television have?</p> <p>1 LCD 2 Plasma 3 LED 4 Projection 5 Standard tube</p> <p>Don't know</p>	
<b>NEXT</b>	TVONWD2
<b>PAPER</b>	

TVONWD2	
<b>ASK</b>	If TVCOLOR>1
<p>Thinking about your <u>second most used</u> television's use on <u>weekdays</u>, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.</p> <p>_____ hours per day</p> <p>{ALLOW RANGE 00-24}</p>	
<b>NEXT</b>	TVONWE2
<b>PAPER</b>	

TVONWE2	
<b>ASK</b>	If TVCOLOR>1
<p>Thinking about your <u>second most used</u> television's use on <u>weekends</u>, how many hours is it turned on each day? Include the time it is on even if no one is actually watching it.</p> <p>_____ hours per day</p> <p>{ALLOW RANGE 00-24}</p>	
<b>NEXT</b>	CABLESAT, COMBODVR, SEPDVR, PLAYSTA, DVD, VCR, INTSTREAM, TVAUDIOSYS
<b>PAPER</b>	

CABLESAT, COMBODVR, SEPDVR, PLAYSTA, DVD, VCR, INTSTREAM, TVAUDIOSYS	
<b>ASK</b>	If TVCOLOR>0
<p>How many of each of the following are used in your home? <i>If none, please enter "0."</i></p> <p>_____ cable or satellite box <u>without</u> DVR (CABLESAT)_____ cable or satellite box <u>with</u> DVR (COMBODVR)_____ separate DVR (for example: TIVO) (SEPDVR)_____ video game console (PLAYSTA)_____ DVD or Blu-ray player (DVD)_____ VCR (VCR)_____ Internet streaming device (for example: Apple TV, Google Chromecast, Slingbox, or Roku) (INSTSTREAM)_____ home theater or audio system (TVAUDIOSYS)</p> <p>{ALLOW RANGE 00-30 FOR ALL}</p>	
<b>NEXT</b>	DESKTOP, NUMLAPTOP, NUMTABLET, ELPERIPH, NUMSMPHONE, CELLPHONE
<b>PAPER</b>	

DESKTOP, NUMLAPTOP, NUMTABLET, ELPERIPH, NUMSMPHONE, CELLPHONE	
<b>ASK</b>	All respondents
<p>How many of each of the following are used in your home? <i>If none, please enter "0."</i></p> <p>_____ desktop computers (DESKTOP)_____ laptop computers (NUMLAPTOP)_____ tablet computers or e-readers (for example: iPad or Kindle) (NUMTABLET)_____ printers, scanners, fax machines, or copiers (ELPERIPH)_____ "smart" phones (for example, iPhone or Android) (NUMSMPHONE)_____ other cellular phones (CELLPHONE)</p> <p>{ALLOW RANGE 00-30 FOR ALL}</p>	
<b>NEXT</b>	INTERNET
<b>PAPER</b>	

<b>INTERNET</b>	
<b>ASK</b>	All respondents
<p>In your home, do you or any member of your household access the Internet?</p> <p>1 Yes</p> <p>0 No</p>	
<b>NEXT</b>	If INTERNET=1: INWIRELESS Else: HEATHOME
<b>PAPER</b>	

INWIRELESS	
<b>ASK</b>	If INTERNET=1
<p>Is a wireless router used in your home for accessing the Internet?</p> <p>1 Yes 0 No</p> <p>Don't know</p>	
<b>NEXT</b>	HEATHOME
<b>PAPER</b>	

**MOTIVATIONAL PROMPT #2:** Thanks for your participation so far! You are about halfway done with the survey. Your responses are very important to the study. The next questions are about heating and cooling equipment in your home.

## SPACE HEATING

EQUIPM	
<b>ASK</b>	All respondents
<p>What is the <u>main</u> type of heating equipment in your home?</p> <ul style="list-style-type: none"> <li>2 Central furnace</li> <li>4 Heat pump</li> <li>3 Steam or hot water system with radiators or pipes</li> <li>5 Built-in electric units installed in walls, ceilings, baseboards, or floors</li> <li>6 Built-in floor/wall pipeless furnace</li> <li>7 Built-in room heater burning gas, oil, or kerosene</li> <li>8 Heating stove burning wood, coal, or coke</li> <li>10 Portable electric heaters</li> <li>9 Fireplace</li> <li>99 Other/Specify</li> </ul> <p>Don't know</p> <p>0 Don't have any heating equipment</p>	
<b>NEXT</b>	If EQUIPM ne 0: EQUIPAGE Else: MOISTURE
<b>PAPER</b>	



EQUIPAGE	
<b>ASK</b>	If EQUIPM ne 0
<p>About how old is your <u>main</u> heating equipment? Your best estimate is fine.</p> <p>1 Less than 2 years old  2 2 to 4 years old  3 5 to 9 years old  41 10 to 14 years old  42 15 to 19 years old  5 20 or more years old</p> <p>Don't know</p>	
<b>NEXT</b>	FUELHEAT
<b>PAPER</b>	

FUELHEAT	
<b>ASK</b>	If EQUIPM ne 0
<p>What is the <u>main</u> fuel used by this equipment for heating your home?</p> <p>5 Electricity  1 Natural gas from underground pipes  2 Propane (bottled gas)  3 Fuel oil  7 Wood  9 Other/Specify</p> <p>Don't know</p>	
<b>NEXT</b>	HEATHOME
<b>PAPER</b>	
<b>PROMPT</b>	

HEATHOME	
<b>ASK</b>	If EQUIPM ne 0
<p>Does your household use heating equipment during the winter?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If HEATHOME = 1: THERMAIN Else: MOISTURE
<b>PAPER</b>	

THERMAIN	
<b>ASK</b>	If HEATHOME=1
<p>Does your household use a thermostat to control your <u>main</u> heating equipment?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If THERMAIN=1: PROTHERM Else: EQUIPMUSE
<b>PAPER</b>	

PROTHERM	
<b>ASK</b>	If THERMAIN=1
<p>Is the thermostat that controls your <u>main</u> heating equipment programmable, meaning it can be set to automatically adjust the temperature at certain times?</p> <p>1 Yes 0 No</p> <p>Don't know</p>	
<b>NEXT</b>	EQUIPMUSE
<b>PAPER</b>	

EQUIPMUSE	
<b>ASK</b>	If HEATHOME=1
<p>Which of the following best describes how your household controls your <u>main</u> heating equipment most of the time?</p> <ol style="list-style-type: none"> <li>1 Set one temperature and leave it there most of the time</li> <li>2 Manually adjust the temperature at night or when no one is at home</li> <li>3 Program the thermostat to automatically adjust the temperature during the day and night at certain times</li> <li>4 Turn equipment on or off as needed</li> <li>5 Our household does not have control over the equipment</li> <li>9 Other/Specify</li> </ol>	
<b>NEXT</b>	TEMPHOME
<b>PAPER</b>	

TEMPHOME	
<b>ASK</b>	If HEATHOME=1
<p>The next questions are about the temperature inside your home during the winter. If you have a thermostat, think about where your household sets the temperature for your main heating equipment. If you don't have a thermostat, your best guess about the temperature is fine.</p> <p>During the winter, what is the typical temperature when <u>someone is home during the day</u>?</p> <p>_____ degrees</p> <p>{ALLOW RANGE 40-96}</p> <p>Don't know</p>	
<b>NEXT</b>	TEMPGONE
<b>PAPER</b>	

TEMPGONE	
<b>ASK</b>	If HEATHOME=1
<p>What is the typical temperature when <u>no one is inside your home during the day</u>?</p> <p>_____ degrees</p> <p>{ALLOW RANGE 40-96}</p> <p>Don't know</p>	
<b>NEXT</b>	TEMPNITE
<b>PAPER</b>	

TEMPNITE	
<b>ASK</b>	If HEATHOME=1
<p>What is the typical temperature inside your home <u>at night</u>?</p> <p>_____ degrees</p> <p>{ALLOW RANGE 40-96}</p> <p>Don't know</p>	
<b>NEXT</b>	EQUIPAUX
<b>PAPER</b>	

EQUIPAUX	
<b>ASK</b>	If HEATHOME=1
<p>In addition to your main heating equipment, does your household also use any of the following as a <u>second source</u> for heating your home? If more than one, select the type most frequently used.</p> <p>0 No other equipment used  1 Portable electric heaters  2 Wood-burning stove  3 Natural gas fireplace  4 Wood-burning fireplaces  9 Other (please specify equipment and fuel)</p> <p>Don't know</p>	
<b>NEXT</b>	BASEHEAT, ATTCHEAT, GARGHEAT
<b>PAPER</b>	

BASEHEAT, ATTCHEAT, GARGHEAT	
<b>ASK</b>	If HEATHOME=1
<p>Which of the following spaces in your home are heated? <i>Please select all that apply.</i></p> <p>Basement (BASEHEAT)  Yes  No  Not applicable (my home does not have this space)</p> <p>Attic (ATTCHEAT)  Yes  No  Not applicable (my home does not have this space)</p> <p>Attached garage (GARGHEAT)  Yes  No  Not applicable (my home does not have this space)</p>	
<b>NEXT</b>	MOISTURE
<b>PAPER</b>	

MOISTURE	
<b>ASK</b>	All Respondents
<p>Humidifiers add moisture to the air and are often used in the winter. Is a humidifier used in your home?</p> <p>1 Yes  0 No</p>	

<b>NEXT</b>	If MOISTURE=1: USEMOISTURE Else: AIRCOND
<b>PAPER</b>	

<b>USEMOISTURE</b>	
<b>ASK</b>	If MOISTURE=1
	In the last year, how many months was the humidifier used? _____ months  {ALLOW RANGE 0 - 12}
<b>NEXT</b>	AIRCOND
<b>PAPER</b>	

## AIR CONDITIONING

AIRCOND	
<b>ASK</b>	All respondents
<p>Is any air conditioning equipment used in your home?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If AIRCOND=1: CENTRALAC Else: SWAMPCOL
<b>PAPER</b>	
<b>PROMPT</b>	

CENTRALAC	
<b>ASK</b>	If AIRCOND=1
<p>Is your home cooled using a central air conditioning system?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If CENTRALAC=1: CENACHP Else: WWAC
<b>PAPER</b>	

CENACHP	
<b>ASK</b>	If CENTRALAC=1
<p>Is your central air conditioning system a heat pump?</p> <p>1 Yes 0 No</p> <p>Don't know</p>	
<b>NEXT</b>	AGECENAC
<b>PAPER</b>	

AGECENAC	
<b>ASK</b>	If CENTRALAC=1
<p>About how old is your central air conditioning system? Your best estimate is fine.</p> <p>1 Less than 2 years old</p>	

2	2 to 4 years old
3	5 to 9 years old
41	10 to 14 years old
42	15 to 19 years old
5	20 or more years old
Don't know	
<b>NEXT</b>	THERMAINAC
<b>PAPER</b>	

<b>THERMAINAC</b>	
<b>ASK</b>	If CENTRALAC=1
Does your household use a thermostat to control your central air conditioning system?	
1 Yes 0 No	
<b>NEXT</b>	If THERMAINAC=1: PROTHERMAC If THERMAINAC=0: USECENAC
<b>PAPER</b>	

<b>PROTHERMAC</b>	
<b>ASK</b>	If THERMAINAC=1
Is the thermostat that controls your central air conditioning system programmable, meaning it can be set to automatically adjust the temperature at certain times?	
1 Yes 0 No  Don't know	
<b>NEXT</b>	USECENAC
<b>PAPER</b>	

<b>USECENAC</b>	
<b>ASK</b>	If CENTRALAC=1
Which of the following best describes how your household controls your central air conditioning system most of the time?	
1 Set one temperature 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 during the day and night at certain times	



	4 Turn equipment on or off as needed 5 Our household does not have control over the equipment 9 Other/Specify
<b>NEXT</b>	WWAC
<b>PAPER</b>	

WWAC	
<b>ASK</b>	If AIRCOND=1
Is your home cooled using individual window,wall, or portable air conditioning units?  1 Yes 0 No	
<b>NEXT</b>	If WWAC=1: NUMBERAC Else: TEMPHOMEAC
<b>PAPER</b>	

NUMBERAC	
<b>ASK</b>	If WWAC=1
How many individual window, wall, or portable air conditioning units do you use in your home? _____ units  {ALLOW RANGE 00-30}	
<b>NEXT</b>	WWACAGE
<b>PAPER</b>	

WWACAGE	
<b>ASK</b>	If WWAC=1
About how old is your <u>most used</u> window, wall, or portable air conditioning unit? Your best estimate is fine.  1 Less than 2 years old 2 2 to 4 years old 3 5 to 9 years old 41 10 to 14 years old 42 15 to 19 years old 5 20 or more years old  Don't know	

<b>NEXT</b>	USEWWAC
<b>PAPER</b>	

<b>USEWWAC</b>	
<b>ASK</b>	If WWAC=1
<p>Which best describes how your household controls your <u>most used</u> individual unit most of the time?</p> <ol style="list-style-type: none"> <li>1 Set one temperature and leave it there most of the time</li> <li>2 Manually adjust the temperature at night or when no one is at home</li> <li>3 Program the thermostat to automatically adjust the temperature during the day and night at certain times</li> <li>4 Turn equipment on or off as needed</li> <li>5 Our household does not have control over the equipment</li> <li>9 Other/Specify</li> </ol>	
<b>NEXT</b>	TEMPHOMEAC
<b>PAPER</b>	

TEMPHOMEAC	
<b>ASK</b>	If AIRCOND=1
<p>The next questions are about the temperature inside your home during the summer. If you have a thermostat, think about where your household sets the temperature for your air conditioning equipment. If you do not have a thermostat, your best guess about the temperature is fine.</p> <p>During the summer, what is the typical temperature when <u>someone is home during the day</u>?</p> <p>_____ degrees</p> <p>{ALLOW RANGE 40-96}</p> <p>Don't know</p>	
<b>NEXT</b>	TEMPGONEAC
<b>PAPER</b>	

TEMPGONEAC	
<b>ASK</b>	If AIRCOND=1
<p>What is the typical temperature when <u>no one is inside your home during the day</u>?</p> <p>_____ degrees</p> <p>{ALLOW RANGE 40-96}</p> <p>Don't know</p>	
<b>NEXT</b>	TEMPNITEAC
<b>PAPER</b>	

TEMPNITEAC	
<b>ASK</b>	If AIRCOND=1
<p>What is the typical temperature inside your home <u>at night</u>?</p> <p>_____ degrees</p> <p>{ALLOW RANGE 40-96}</p> <p>Don't know</p>	
<b>NEXT</b>	BASECOOL, ATTCCOOL, GARGCOOL
<b>PAPER</b>	

BASECOOL, ATTCCOOL, GARGCOOL	
<b>ASK</b>	If AIRCOND=1
<p>Which of the following spaces in your home are air conditioned? <i>Please select all that apply.</i></p> <p>Basement (BASECOOL)</p> <p>Yes</p> <p>No</p> <p>Not applicable (my home does not have this space)</p> <p>Attic (ATTCCOOL)</p> <p>Yes</p> <p>No</p> <p>Not applicable (my home does not have this space)</p> <p>Attached garage (GARGCOOL)</p> <p>Yes</p> <p>No</p> <p>Not applicable (my home does not have this space)</p>	
<b>NEXT</b>	SWAMPCOL
<b>PAPER</b>	

SWAMPCOL	
<b>ASK</b>	If AIRCOND=1
<p>Is your home cooled using evaporative or swamp coolers?</p> <p>1 Yes</p> <p>0 No</p>	

<b>NEXT</b>	NUMCFAN, NUMFLOORFAN, NUMHOUSEFAN, NUMATTICFAN
<b>PAPER</b>	

NUMCFAN, NUMFLOORFAN, NUMHOUSEFAN, NUMATTICFAN	
<b>ASK</b>	All respondents
<p>How many of the following types of fans does your household use? <i>If none, please enter "0."</i></p> <p>_____ Ceiling fans (NUMCFAN)            _____ Floor or window fans (NUMFLOORFAN)            _____ Whole house fans (NUMHOUSEFAN)            _____ Attic fans (NUMATTICFAN)</p> <p>{ALLOW RANGE 00-50 FOR ALL}</p>	
<b>NEXT</b>	NOTMOIST
<b>PAPER</b>	

NOTMOIST	
<b>ASK</b>	All respondents
<p>Dehumidifiers remove moisture from the air and are often used in the summer. Is a dehumidifier used in your home?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If NOTMOIST=1: USENOTMOIST Else: H2OMAIN
<b>PAPER</b>	

USENOTMOIST	
<b>ASK</b>	If NOTMOIST=1
<p>In the last year, how many months was the dehumidifier used??</p> <p>_____ months</p> <p>{ALLOW RANGE 0 - 12}</p>	
<b>NEXT</b>	H2OMAIN
<b>PAPER</b>	

**MOTIVATIONAL PROMPT #3:** You are about three-quarters done with the survey. Thank you again for your participation so far! The next section asks important questions about the water heater used in your home. This will give us a better understanding of your home's energy use.

## WATER HEATING

H2OMAIN	
<b>ASK</b>	All respondents
<p>Where is the main water heating equipment for your home located?</p> <ul style="list-style-type: none"> <li>1 Inside my home or garage</li> <li>2 Outside my home/garage (for example: in the basement of an apartment building)</li> <li>9 Other/Specify</li> </ul>	
<b>NEXT</b>	WHEATSIZ
<b>PAPER</b>	

WHEATSIZ	
<b>ASK</b>	All respondents
<p>What is the approximate size of your main water heater?</p> <ul style="list-style-type: none"> <li>1 Small (30 gallons or less)</li> <li>2 Medium (31 to 49 gallons)</li> <li>3 Large (50 gallons or more)</li> <li>4 Tankless or on-demand</li> </ul> <p>Don't know</p>	
<b>NEXT</b>	WHEATAGE
<b>PAPER</b>	

WHEATAGE	
<b>ASK</b>	All respondents
<p>About how old is your main water heater? Your best estimate is fine.</p> <ul style="list-style-type: none"> <li>1 Less than 2 years old</li> <li>2 2 to 4 years old</li> <li>3 5 to 9 years old</li> <li>41 10 to 14 years old</li> <li>42 15 to 19 years old</li> <li>5 20 or more years old</li> </ul> <p>Don't know</p>	
<b>NEXT</b>	FUELH2O
<b>PAPER</b>	

<b>FUELH2O</b>	
<b>ASK</b>	All respondents
<p>What fuel does your main water heater use?</p> <ul style="list-style-type: none"> <li>5 Electricity</li> <li>1 Natural gas from underground pipes</li> <li>2 Propane (bottled gas)</li> <li>3 Fuel oil</li> <li>7 Wood</li> <li>9 Other/Specify</li> </ul> <p>Don't know</p>	
<b>NEXT</b>	MORETHAN1H2O
<b>PAPER</b>	
<b>PROMPT</b>	

<b>MORETHAN1H2O</b>	
<b>ASK</b>	All respondents
<p>Do you have more than one water heater?</p> <ul style="list-style-type: none"> <li>1 Yes</li> <li>0 No</li> </ul>	
<b>NEXT</b>	If MORETHAN1H2O=1: FUELH2O2 Else: LGTINNUM
<b>PAPER</b>	

<b>FUELH2O2</b>	
<b>ASK</b>	If MORETHAN1H2O=1
<p>What fuel does your second water heater use?</p> <ul style="list-style-type: none"> <li>5 Electricity</li> <li>1 Natural gas from underground pipes</li> <li>2 Propane (bottled gas)</li> <li>3 Fuel oil</li> <li>7 Wood</li> <li>9 Other/Specify</li> </ul> <p>Don't know</p>	



<b>NEXT</b>	LGTINNUM
<b>PAPER</b>	

## LIGHTING

LGTINNUM	
<b>ASK</b>	All respondents
<p>Approximately how many <u>light bulbs</u> are installed <u>inside your home</u>? 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.</p> <ol style="list-style-type: none"> <li>1 Fewer than 20 light bulbs</li> <li>2 20 to 39 light bulbs</li> <li>3 40 to 59 light bulbs</li> <li>4 60 to 79 light bulbs</li> <li>5 80 or more light bulbs</li> </ol> <p>Don't Know</p>	
<b>NEXT</b>	LGT4
<b>PAPER</b>	

LGT4	
<b>ASK</b>	All respondents
<p>How many of the light bulbs <u>inside your home</u> are used <u>at least 4 hours per day</u>?</p> <p>_____ light bulbs</p> <p>{ALLOW RANGE 00-99}</p>	
<b>NEXT</b>	LGTINCAN
<b>PAPER</b>	

**LGTINCAN**

**ASK** All respondents

Example incandescent bulb



What portion of the light bulbs inside your home are incandescent bulbs?

- 1 All
- 2 Most
- 3 About half
- 4 Some
- 0 None

Don't know

**NEXT** LGTINCFL

**PAPER**

**LGTINCFL**

**ASK** All respondents

Example CFL bulb



What portion of the light bulbs inside your home are CFL bulbs?

- 1 All
- 2 Most
- 3 About half
- 4 Some
- 0 None

Don't know

**NEXT** LGTINLED

**PAPER**

LGTINLED	
<b>ASK</b>	All respondents
<p>Example LED bulb</p>  <p>What portion of the light bulbs <u>inside your home</u> are <u>LED</u> bulbs?</p> <p>1 All  2 Most  3 About half  4 Some  0 None</p> <p>Don't know</p>	
<b>NEXT</b>	LGTINCNTL
<b>PAPER</b>	

LGTINCNTL	
<b>ASK</b>	All respondents
<p>Are any of the light bulbs <u>inside your home</u> controlled by timers or dimmer switches?</p> <p>1 Yes  0 No</p>	
<b>NEXT</b>	LGTOUTNUM
<b>PAPER</b>	

LGTOUTNUM	
<b>ASK</b>	All respondents
<p>About how many light bulbs are installed <u>outside your home</u>? For apartments, only include light bulbs connected to your unit.</p> <p>0 None  1 1 to 4 bulbs  2 5 to 9 bulbs  3 10 or more bulbs</p> <p>Don't know</p>	
<b>NEXT</b>	If LGTOUTNUM in(1,2,3): LGTOUTCAN, LGTOUTCFL, LGTOUTLED, LGTOUTNG Else: AUDIT
<b>PAPER</b>	

LGTOUTCAN, LGTOUTCFL, LGTOUTLED, LGTOUTNG	
<b>ASK</b>	If LGTOUTNUM in(1,2,3)
<p>Which of the following types of light bulbs are used <u>outside your home</u>? <i>Please select all that apply.</i></p> <p>Incandescent bulbs (LGTOUTCAN)  CFL bulbs (LGTOUTCFL)  LED bulbs (LGTOUTLED)  Natural gas lights (LGTOUTNG)</p>	
<b>NEXT</b>	LGTOUTCNTL
<b>PAPER</b>	

LGTOUTCNTL	
<b>ASK</b>	If LGTOUTNUM in(1,2,3)
<p>Are any of the light bulbs <u>outside your home</u> controlled by motion detectors or light sensors?</p> <p>1 Yes  0 No</p>	
<b>NEXT</b>	AUDIT
<b>PAPER</b>	

## ENERGY PROGRAMS

AUDIT	
<b>ASK</b>	All respondents
<p>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?</p> <p>1 Yes 0 No</p> <p>Don't know</p>	
<b>NEXT</b>	If AUDIT=1: AUDITCHG Else: EELIGHTS, FREEAUDIT, REBATEAPP, RECYCAPP, TAXCREDITAPP, BENOTHER
<b>PAPER</b>	

AUDITCHG	
<b>ASK</b>	If AUDIT=1
<p>Did your household make any of the changes suggested by the energy auditor?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	EELIGHTS, FREEAUDIT, REBATEAPP, RECYCAPP, TAXCREDITAPP, BENOTHER
<b>PAPER</b>	

EELIGHTS, FREEAUDIT, REBATEAPP, RECYCAPP, TAXCREDITAPP, BENOTHER	
<b>ASK</b>	All respondents
<p>Has your household received any of the following energy-related benefits or assistance for this home? <i>Please select all that apply.</i></p> <p>Free or subsidized energy-efficient light bulbs (EELIGHTS) 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)</p> <p>Tax credit for new appliance or equipment (TAXCREDITAPP)</p> <p>Other/Specify (BENOTHER)</p> <p>My household has not received any of these benefits or assistance</p>	

<b>NEXT</b>	ENERGYASST
<b>PAPER</b>	

<b>ENERGYASST</b>	
<b>ASK</b>	All respondents
<p>Has your household participated in a home energy assistance program that helps pay energy bills or fix broken equipment?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If ENERGYASST=1: ENERGYASST11, ENERGYASST12, ENERGYASST13, ENERGYASST14, ENERGYASST15, ENERGYASSTOTH Else: ESCWASH, ESDRYER, ESDISHW, ESFREEZ, ESLIGHT, ESFRIG, ESWATER, ESWIN
<b>PAPER</b>	

**ENERGYASST11, ENERGYASST12, ENERGYASST13, ENERGYASST14, ENERGYASST15,  
ENERGYASSTOTH**

**ASK**    If ENERGYASST=1

In which of the following years did your household receive home energy assistance? *Please select all that apply.*

- 2011 (ENERGYASST11)
- 2012 (ENERGYASST12)
- 2013 (ENERGYASST13)
- 2014 (ENERGYASST14)
- 2015 (ENERGYASST15)
- Some other year(s) (ENERGYASSTOTH)

**NEXT**    ESCWASH, ESDRYER, ESDISHW, ESFREEZ, ESLIGHT, ESFRIG, ESWATER, ESWIN

**PAPER**



**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.*

- Windows (ESWIN)
- Refrigerator (ESFRIG)
- Freezer (ESFREEZ)
- Dishwasher (ESDISHW)
- Clothes washer (ESCWASH)
- Clothes dryer (ESDRYER)
- Water heater (ESWATER)
- Light bulbs (ESLIGHT)

None of the above

**NEXT** | SMARTTHERM

**PAPER**

**SMARTTHERM**

**ASK** | All respondents

Does your home have a "smart" or Internet-connected thermostat?

- 1 Yes
- 0 No

Don't know

**NEXT** | ELPAY

**PAPER**

## ENERGY BILLS

ELPAY	
<b>ASK</b>	All respondents
<p>Which of the following describes who is responsible for paying for the <u>electricity</u> used in this home?</p> <p>1 Household is responsible for paying for <u>all</u> 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            9 Other/Specify</p> <p>Don't know</p>	
<b>NEXT</b>	If STOVENFUEL=1 or STOVEFUEL=1 or OVENFUEL=1 or OUTGRILLFUEL=1 or DRYRFUEL=1 or FUELHEAT=1 or FUELH2O=1 or FUELH2O2=1 or FUELPOOL=1 or FUELTUB=1: NGPAY Else if STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or OUTGRILLFUEL=2 or DRYRFUEL=2 or FUELHEAT=2 or FUELH2O=2 or FUELH2O2=2 or FUELPOOL=2 or FUELTUB=2: LPGPAY Else if FUELHEAT=3 or FUELH2O=3 or FUELH2O2=3 or FUELPOOL=3 or FUELTUB=3: FOPAY Else KFUELOT
<b>PAPER</b>	
<b>PROMPT</b>	

NGPAY	
<b>ASK</b>	If STOVENFUEL=1 or STOVEFUEL=1 or OVENFUEL=1 or OUTGRILLFUEL=1 or DRYRFUEL=1 or FUELHEAT=1 or FUELH2O=1 or FUELH2O2=1 or FUELPOOL=1 or FUELTUB=1
<p>Which of the following describes who is responsible for paying for the <u>natural gas</u> used in this home?</p> <p>1 Household is responsible for paying for <u>all</u> 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            9 Other/Specify</p> <p>Don't know</p>	
<b>NEXT</b>	If STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or OUTGRILLFUEL=2 or DRYRFUEL=2 or FUELHEAT=2 or FUELH2O=2 or FUELH2O2=2 or FUELPOOL=2 or FUELTUB=2: LPGPAY Else if FUELHEAT=3 or FUELH2O=3 or FUELH2O2=3 or FUELPOOL=3 or FUELTUB=3: FOPAY Else KFUELOT
<b>PAPER</b>	Include additional response option – “Do not use natural gas” instead of using skip.

<b>LPGPAY</b>	
<b>ASK</b>	If STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or OUTGRILLFUEL=2 or DRYRFUEL=2 or FUELHEAT=2 or FUELH2O=2 or FUELH2O2=2 or FUELPOOL=2 or FUELTUB=2
<p>Which of the following describes who is responsible for paying for the <u>propane</u> used in this home?</p> <ol style="list-style-type: none"> <li>1 Household is responsible for paying for <u>all</u> propane used in this home</li> <li>2 All propane used in this home is included in the rent or condo fee</li> <li>3 Some is paid by the household, some is included in the rent or condo fee</li> <li>9 Other/Specify</li> </ol> <p>Don't know</p>	
<b>NEXT</b>	If FUELHEAT=3 or FUELH2O=3 or FUELH2O2=3 or FUELPOOL=3 or FUELTUB=3: FOPAY Else KFUELOT
<b>PAPER</b>	Include additional response option – “Do not use propane” instead of using skip.
<b>FOPAY</b>	
<b>ASK</b>	If FUELHEAT=3 or FUELH2O=3 or FUELH2O2=3 or FUELPOOL=3 or FUELTUB=3
<p>Which of the following describes who is responsible for paying for the <u>fuel oil</u> used in this home?</p> <ol style="list-style-type: none"> <li>1 Household is responsible for paying for <u>all</u> fuel oil used in this home</li> <li>2 All fuel oil used in this home is included in the rent or condo fee</li> <li>3 Some is paid by the household, some is included in the rent or condo fee</li> <li>9 Other/Specify</li> </ol> <p>Don't know</p>	
<b>NEXT</b>	KFUELOT
<b>PAPER</b>	Include additional response option – “Do not use fuel oil” instead of using skip.

KFUELOT	
<b>ASK</b>	All respondents
<p>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?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If KFUELOT=1: BILLEL, BILLUG, BILLPG, BILLFOIL, BILLKER Else: SMARTMETER
<b>PAPER</b>	

BILLEL, BILLUG, BILLPG, BILLFK	
<b>ASK</b>	If KFUELOT=1
<p>Which of your household's energy bills include costs for energy used for non-household purposes? <i>Please select all that apply.</i></p> <p>Electricity (BILLEL) Natural gas from underground pipes (BILLUG) Propane (bottled gas) (BILLPG) Fuel oil or kerosene (BILLFK)</p>	
<b>NEXT</b>	SMARTMETER
<b>PAPER</b>	

SMARTMETER	
<b>ASK</b>	All respondents
<p>Does your home have a "smart meter," which records electricity usage in short time intervals and automatically transmits it to your utility company?</p> <p>1 Yes 0 No</p> <p>Don't know</p>	
<b>NEXT</b>	If SMARTMETER=1: INTDATA Else: BACKUP
<b>PAPER</b>	

INTDATA	
<b>ASK</b>	If SMARTMETER=1
<p>Does your household have access to hourly or daily electricity usage information recorded by your smart</p>	

meter?	
1 Yes 0 No  Don't know	
<b>NEXT</b>	If INTDATA=1: INTDATAACC Else: BACKUP
<b>PAPER</b>	

<b>INTDATAACC</b>	
<b>ASK</b>	If INTDATA=1
Have you or any member of your household ever accessed or viewed this electricity usage data?  1 Yes 0 No	
<b>NEXT</b>	BACKUP
<b>PAPER</b>	

<b>BACKUP</b>	
<b>ASK</b>	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 0 No	
<b>NEXT</b>	ONSITETYPE
<b>PAPER</b>	

ONSITETYPE	
<b>ASK</b>	All respondents
<p>Not including back-up generators, does your home have any of these on-site systems that generates electricity?</p> <ul style="list-style-type: none"> <li>0 No on-site generation system</li> <li>1 Solar or photovoltaic system</li> <li>2 Small wind turbine</li> <li>3 Combined heat and power system</li> <li>9 Other/Specify</li> </ul>	
<b>NEXT</b>	OTHFUELUSE
<b>PAPER</b>	

OTHFUELUSE	
<b>ASK</b>	All respondents
<p>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.</p> <p>Open-ended response</p> <p>Don't use any other fuel</p>	
<b>NEXT</b>	OTHACT
<b>PAPER</b>	

OTHACT	
<b>ASK</b>	All respondents
<p>Are there any activities occurring in your home that use a lot more energy than would usually be used in a home?</p> <p>Open-ended response</p> <p>No high energy-using activities</p>	
<b>NEXT</b>	HHSEX
<b>PAPER</b>	

**MOTIVATIONAL PROMPT #4:** You're almost there! Next, we have a few questions about you and your household.

## HOUSEHOLD CHARACTERISTICS

HHSEX	
<b>ASK</b>	All respondents
What is your sex?  1 Female 2 Male	
<b>NEXT</b>	HHAGE
<b>PAPER</b>	

HHAGE	
<b>ASK</b>	All respondents
What is your age?  _____ years old  {ALLOW RANGE 18-110}	
<b>NEXT</b>	EMPLOYHH
<b>PAPER</b>	

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

EDUCATION	
<b>ASK</b>	All respondents
<p>What is the highest degree or level of school you have completed?</p> <ol style="list-style-type: none"> <li>1 Less than high school diploma or GED</li> <li>2 High school diploma or GED</li> <li>3 Some college or Associate's degree</li> <li>4 Bachelor's degree (for example: BA, BS)</li> <li>5 Master's, Professional, or Doctorate degree (for example: MA, MS, MBA, MD, JD, PhD)</li> </ol>	
<b>NEXT</b>	SDESCENT
<b>PAPER</b>	

SDESCENT	
<b>ASK</b>	All respondents
<p>Are you Hispanic or Latino?</p> <ol style="list-style-type: none"> <li>1 Yes</li> <li>0 No</li> </ol>	
<b>NEXT</b>	RACE_WHITE, RACE_BLACK, RACE_AIAN, RACE_ASIAN, RACE_NHPI, RACE_OTH
<b>PAPER</b>	

RACE_WHITE, RACE_BLACK, RACE_AIAN, RACE_ASIAN, RACE_NHPI, RACE_OTH	
<b>ASK</b>	All respondents
<p>What is your race? <i>Please select all that apply.</i></p> <ul style="list-style-type: none"> <li>White (RACE_WHITE)</li> <li>Black or African-American (RACE_BLACK)</li> <li>American Indian or Alaska Native (RACE_AIAN)</li> <li>Asian (RACE_ASIAN)</li> <li>Native Hawaiian or Other Pacific Islander (RACE_NHPI)</li> <li>Other/Specify (RACE_OTH)</li> </ul>	
<b>NEXT</b>	NHSLDMEM
<b>PAPER</b>	Please make recommendation for how to handle other/specify response options for both web and paper.

NHSHLDMEM	
<b>ASK</b>	All respondents
<p>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.</p>	



<p>_____ household members</p> <p>{ALLOW RANGE 1-20}</p>	
<b>NEXT</b>	NUMADULT
<b>PAPER</b>	
<b>PROMPT</b>	SOFT: If possible, please provide an answer to this question. Please be assured that the information you give us will be treated confidentially. Please click "No change, continue" to go to the next question or click "Change answer" to edit your response."

NUMADULT	
<b>ASK</b>	All respondents
<p>How many members of your household are adults (18 years of age or older)?</p> <p>_____ adults</p> <p>{ALLOW RANGE 1-20}</p>	
<b>NEXT</b>	ATHOME
<b>PAPER</b>	

ATHOME	
<b>ASK</b>	All respondents
<p>In a typical week, how many <u>weekdays</u> is someone at home most or all of the day?</p> <p>0 None</p> <p>1 1 day</p> <p>2 2 days</p> <p>3 3 days</p> <p>4 4 days</p> <p>5 5 days</p>	
<b>NEXT</b>	MONEYPY
<b>PAPER</b>	

MONEYPY	
<b>ASK</b>	All respondents
<p>Including all income sources, which category best describes the total combined income of all household members for the last year, before taxes and deductions?</p> <p>1 Less than \$20,000</p> <p>2 \$20,000 - \$39,999</p>	

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
<b>NEXT</b>	SCALEB
<b>PAPER</b>	

## ENERGY ASSISTANCE

SCALEB	
<b>ASK</b>	All respondents
<p>The last questions are about challenges your household may have had paying energy bills or maintaining heating and cooling in your home.</p> <p>In the last year, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?</p> <p>1 Almost every month            2 Some months            3 1 or 2 months            0 Never</p>	
<b>NEXT</b>	SCALEG
<b>PAPER</b>	

SCALEG	
<b>ASK</b>	All respondents
<p>In the last year, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?</p> <p>1 Almost every month            2 Some months            3 1 or 2 months            0 Never</p>	
<b>NEXT</b>	SCALEE
<b>PAPER</b>	

<b>SCALEE</b>	
<b>ASK</b>	All respondents
<p>In the last year, how many months did your household receive a disconnection notice, shut off notice, or nondelivery notice for an energy bill?</p> <p>1 Almost every month  2 Some months  3 1 or 2 months  0 Never</p>	
<b>NEXT</b>	If SCALEE in(1,2,3): PAYHELP Else: NOHEATBROKE, NOHEATEL, NOHEATNG, NOHEATBULK
<b>PAPER</b>	

<b>PAYHELP</b>	
<b>ASK</b>	If SCALEE in(1,2,3)
<p>When you received that notice, did your household apply for and receive home energy assistance to help pay your energy bill?</p> <p>1 Yes  0 No</p>	
<b>NEXT</b>	NOHEATBROKE, NOHEATEL, NOHEATNG, NOHEATBULK
<b>PAPER</b>	

NOHEATBROKE, NOHEATEL, NOHEATNG, NOHEATBULK	
<b>ASK</b>	All respondents
<p>In the last year, was there ever a time your household was unable to use your main source of heat because any of these events happened? <i>Please select all that apply.</i></p> <p>Your heating equipment was broken and you couldn't afford to pay for the repair or replacement (NOHEATBROKE)            You couldn't pay for electricity and it was disconnected (NOHEATEL)            You couldn't pay for natural gas and it was disconnected (NOHEATNG)            You ran out of fuel oil, propane, kerosene, or wood because you couldn't afford a delivery (NOHEATBULK)</p> <p>None of these happened</p>	
<b>NEXT</b>	If NOHEATBROKE=1 OR NOHEATEL=1 OR NOHEATNG=1 OR NOHEATBULK=1: NOHEATDAYS Else: COLDMA
<b>PAPER</b>	

NOHEATDAYS	
<b>ASK</b>	If NOHEATBROKE=1 OR NOHEATEL=1 OR NOHEATNG=1 OR NOHEATBULK=1
<p>About how many days was your household without heat?</p> <p>_____ days</p> <p>{ALLOW RANGE 1 - 366}</p>	
<b>NEXT</b>	NOHEATHELP
<b>PAPER</b>	

NOHEATHELP	
<b>ASK</b>	If NOHEATBROKE=1 OR NOHEATEL=1 OR NOHEATNG=1 OR NOHEATBULK=1
<p>When that happened, did your household apply for and receive home energy assistance to help restore your heating?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	COLDMA
<b>PAPER</b>	

COLDMA	
<b>ASK</b>	All respondents
<p>In the last year, did anyone in your household need medical attention because your home was too cold?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	NOACBROKE, NOACEL
<b>PAPER</b>	

NOACBROKE, NOACEL	
<b>ASK</b>	All respondents
<p>In the last year, was there ever a time your household was unable to use your air conditioner or other cooling equipment because any of these events happened? <i>Please select all that apply.</i></p> <p>Your air conditioning equipment or other cooling equipment was broken and you couldn't afford to pay for the repair or replacement (NOACBROKE)  You couldn't pay for electricity and it was disconnected (NOACEL)</p> <p>None of these happened</p>	
<b>NEXT</b>	If NOACBROKE=1 or NOACEL=1: NOACDAYS Else: HOTMA
<b>PAPER</b>	

NOACDAYS	
<b>ASK</b>	If NOACBROKE=1 or NOACEL=1
<p>About how many days was your household without its air conditioner or other cooling equipment?</p> <p>_____ days</p> <p>{ALLOW RANGE 1 - 366}</p>	
<b>NEXT</b>	NOACHELP
<b>PAPER</b>	

<b>NOACHELP</b>	
<b>ASK</b>	If NOACBROKE=1 or NOACEL=1
<p>When that happened, did your household apply for and receive home energy assistance to help restore your cooling?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	HOTMA
<b>PAPER</b>	

<b>HOTMA</b>	
<b>ASK</b>	All respondents
<p>In the last year, did anyone in your household need medical attention because your home was too hot?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, LPDELTANK, LPDELTANKUNITS, NLPDELNC, LPDELCONS, LPDELUNITS, LPDELEXP, LPBUYTANK, LPBUYTANKUNITS, NLPGCASH, LPBUYCONS, LPBUYUNITS, LPBUYEXP, FKSUPPNAME, FKACCT, FKTANK, NFKDELNC, FKCONS, FKEXP, PELLETCONS, PELLETAMT, WOODAMT, WOODCOST, WOODFREE, AUTHORIZATION, INITIAL
<b>PAPER</b>	

## ENERGY SUPPLIERS AND USE

PROPDEL	
<b>ASK</b>	If STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or OUTGRILLFUEL=2 or DRYRFUEL=2 or FUELHEAT=2 or FUELH2O=2 or FUELH2O2=2 or FUELPOOL=2 or FUELTUB=2
Does your household receive propane deliveries?	
1 Yes 0 No	
<b>NEXT</b>	If PROPDEL=1: LPDELTANK, LPDELTANKUNITS, NLPDELNC, LPDELCONS, LPDELUNITS, LPDELEXP Else: PROPHOME
<b>PAPER</b>	Do not use skip, just ask of all respondents

LPDELTANK, LPDELTANKUNITS, NLPDELNC, LPDELCONS, LPDELUNITS, LPDELEXP	
<b>ASK</b>	If PROPDEL = 1
Please provide as much of the following information as you can about your <u>propane deliveries</u> :	
Tank size: _____ (LPDELTANK) [ ] gallons [ ] pounds (LPDELTANKUNITS) Number of propane deliveries in the past year: _____ (NLPDELNC) Total gallons or pounds of propane used in the past year: _____ (LPDELCONS) [ ] gallons [ ] pounds (LPDELUNITS) Total cost of propane used in the past year: \$_____ (LPDELEXP)	
<b>NEXT</b>	PROPHOME
<b>PAPER</b>	

PROPHOME	
<b>ASK</b>	If STOVENFUEL=2 or STOVEFUEL=2 or OVENFUEL=2 or OUTGRILLFUEL=2 or DRYRFUEL=2 or FUELHEAT=2 or FUELH2O=2 or FUELH2O2=2 or FUELPOOL=2 or FUELTUB=2
Does your household buy propane and bring it home (including cylinder exchange)?	
1 Yes 0 No	



<b>NEXT</b>	If PROPHOME=1: LPBUYTANK Else if FUELHEAT=3 or FUELH2O=3 or FUELH2O2=3 or FUELPOOL=3 or FUELTUB=3: FKDEL Else if FUELHEAT=7 or EQUIPAUX in(2,4) or FUELH2O=7 or FUELH2O2=7: WOOD Else: ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT
<b>PAPER</b>	Do not use skip, just ask of all respondents

<b>LPBUYTANK, LPBUYTANKUNITS, NLPGCASH, LPBUYCONS, LPBUYUNITS, LPBUYEXP</b>	
<b>ASK</b>	If PROPHOME = 1
<p>Please provide as much of the following information as you can about the <u>propane you buy and bring home</u>:</p> <p>Tank size: _____ (LPBUYTANK) [ ] gallons [ ] pounds (LPBUYTANKUNITS)  Number of times buying propane and bringing it home in the past year: _____ (NLPGCASH)  Total gallons or pounds of propane used in the past year: _____ (LPBUYCONS) [ ] gallons [ ] pounds (LPBUYUNITS)  Total cost of propane used in the past year: \$_____ (LPBUYEXP)</p>	
<b>NEXT</b>	If FUELHEAT=3 or FUELH2O=3 or FUELH2O2=3 or FUELPOOL=3 or FUELTUB=3: FKDEL: Else if FUELHEAT=7 or EQUIPAUX in(2,4) or FUELH2O=7 or FUELH2O2=7: WOOD Else: ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT
<b>PAPER</b>	

<b>FKDEL</b>	
<b>ASK</b>	If FUELHEAT=3 or FUELH2O=3 or FUELH2O2=3 or FUELPOOL=3 or FUELTUB=3
<p>Does your household receive fuel oil or kerosene deliveries?</p> <p>1 Yes 0 No</p>	
<b>NEXT</b>	If FKDEL=1: FKTANK, NFKDELNC, FKCONS, FKEXP Else if FUELHEAT=7 or EQUIPAUX in(2,4) or FUELH2O=7 or FUELH2O2=7: WOOD Else: ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT
<b>PAPER</b>	Do not use skip, just ask of all respondents

<b>FKTANK, NFKDELNC, FKCONS, FKEXP</b>	
<b>ASK</b>	If FKDEL = 1
<p>Please provide as much of the following information as you can about your <u>fuel oil or kerosene deliveries</u>:</p> <p>Tank size: _____ gallons (FKTANK)</p>	

Number of fuel oil or kerosene deliveries in the past year: _____ (NFKDELNC) Total gallons of fuel oil or kerosene used in the past year: _____ (FKCONS) Total cost of fuel oil or kerosene used in the past year: _____ (FKEXP)	
<b>NEXT</b>	If FUELHEAT=7 or EQUIPAUX in(2,4) or FUELH2O=7 or FUELH2O2=7: WOOD Else: ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT
<b>PAPER</b>	

<b>WOOD</b>	
<b>ASK</b>	If FUELHEAT=7 or EQUIPAUX in(2,4) or FUELH2O=7 or FUELH2O2=7
Does your household use wood?  1 Yes 0 No	
<b>NEXT</b>	If WOOD=1: PELLETCONS, PELLETAMT, WOODAMT, WOODCOST, WOODFREE Else: ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT
<b>PAPER</b>	Do not use skip, just ask of all respondents

<b>PELLETCONS, PELLETAMT, WOODAMT, WOODCOST, WOODFREE</b>	
<b>ASK</b>	If WOOD=1
Please provide as much of the following information as you can about wood used for fuel:  Total amount of wood pellets used in the past year: _____ (PELLETCONS) <input type="checkbox"/> 40-pound bags <input type="checkbox"/> tons (PELLETAMT) Total amount of wood logs, split wood, or scrap used in the past year: _____ cords (WOODAMT) Total cost of wood used in the past year: _____ (WOODCOST) <input type="checkbox"/> Wood is obtained free of charge (WOODFREE)	
<b>NEXT</b>	ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT
<b>PAPER</b>	

<b>ELSUPPNAME, ELACCT, NGSUPPNAME, NGACCT, LPSUPPNAME, LPACCT, FKSUPPNAME, FKACCT</b>	
<b>ASK</b>	All respondents
An important part of this study is to link the information you've provided in this survey to your actual energy use. This will help us learn exactly how much energy your household 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. Providing your account number ensures we get the correct energy use data. All data collected	

as part of the Residential Energy Consumption Survey, including energy use data, is used only for statistical purposes and will remain strictly confidential.

**Electricity** \_\_\_\_\_ (ELSUPPNAME) \_\_\_\_\_ (ELACCT)

**Natural Gas** \_\_\_\_\_ (NGSUPPNAME) \_\_\_\_\_ (NGACCT)

**Propane** \_\_\_\_\_ (LPSUPPNAME) \_\_\_\_\_ (LPACCT)

I hereby give permission to this company or companies to provide information about the energy consumption at <sample address> to the U.S. Department of Energy for confidential use in connection with the Residential Energy Consumption Survey. (AUTHORIZATION)

Initial here: \_\_\_\_\_ (INITIAL)

<b>NEXT</b>	
<b>PAPER</b>	Instead of the fill for last sentence: I hereby give permission to this company or companies to provide information about the energy consumption at the home located at the address on the enclosed letter to the U.S. Department of Energy for confidential use in connection with the Residential Energy Consumption Survey.