Energy Review

Describe your home (select all that apply):								
	Apartment/Condo/Townhouse House (detached or semi-detached) Mobile home One floor Two or more floors							
What is the square footage of your home?								
How old is your home?								
	New to 10 years 11 to 25 years 26 to 50 years More than 50 years							
Type of furnace								
	Gas Electric Oil							
How old	How old is your furnace?							
	Less than 10 years More than 10 years Unsure							
Type of	water heater							
	Gas Electric Oil							
How old	d is your water heater?							
	Less than 5 years More than 5 years Unsure							
Do you have air conditioning?								
	Yes, central air Yes, room/window units O How many?							
	No, I don't have air conditioning							

If you d	on't have air conditioning, do you use fans to cool the house?							
	Yes No							
If you use fans, how many do you have?								
	1 2-3 More than 3							
Is your home insulated?								
	Yes OR Factor of insulation? No Partially Unsure							
How old	How old are the windows in your home?							
	Less than 10 years More than 10 years Unsure							
What type of windows do you have?								
	Single pane Double pane Triple pane Mix of the above Unsure							
What ty	ype of stove/oven do you have, and how many of each? (check all that apply)							
	☐ Electric – Number:							
How ma	any refrigerators or standalone freezers do you have in use?							
	1 2 More than 2							
What is the age of each refrigerator or standalone freezer?								
	Less than 10 years – Number: More than 10 years – Number: Unsure – Number:							
Do you have an electric clothes dryer?								
	Yes No							

If you h	nave an electric clothes dr	yer, how many loads of laundry do you dry per week?					
	1 to 3						
	4 to 6						
	More than 6						
What c	ther electric appliances d	lo you have, and what is the age of each?					
	Dishwasher – Age:	<u>_</u>					
	Microwave oven – Age:						
	Dehumidifier – Age:						
	Other:	Age:					
	Other:	Age:					
	Other:	Age:					
	Other:	Age:					
How m	any televisions do you ha	ve?					
	1						
	2						
	More than 2						
What t	ype(s) and size(s) of telev	isions do you have? List each on a separate line.					
	Type:	Size:					
	Type:						
	Type:						
	Type:						
	Type:						
	Type:						
How m	any hours per day are tel	evisions on in your home? (Provide total of ALL TVs combined)					
	Fewer than 5						
	6 to 10						
	More than 10						
Do you	r televisions have electro	nic cable or satellite boxes attached?					
	Yes (How many?)						
	No .						
How m	any computers (desk or la	aptop) do you have?					
	1						
	2						
	More than 2						
How many light bulbs (total home) are in your light fixtures?							
	Fewer than 10						
	10 to 20						
	More than 20						

Do you	use any energy-efficient light bulbs?						
	Yes, all are energy-efficient						
	Yes, some are energy-efficient						
	No						
When	you leave the house for the day, do you leave on a light, or multiple lights?						
	Yes						
	o How many?						
	Sometimes						
П	o How many? Never						
_	you leave the house for more than a day, do you leave on a light, or multiple lights?						
_							
	Yes						
П	How many? Sometimes						
	o How many?						
	Never						
When	you leave the house for more than a day, do you unplug any TVs, computers, or appliances?						
	Yes						
	Sometimes						
	Never						
At wha	t temperature is your thermostat set in the warmer (Spring/Summer) months?						
At wha	t temperature is your thermostat set in the colder (Fall/Winter) months?						
When	you leave the house for the day, do you adjust your thermostat?						
П	Yes						
	Sometimes						
	Never						
How m	any people live in your home on a regular basis?						
П	1						
	2-4						
	More than 4						
How of	ften do you have additional people in your home (visitors or occasional occupants)?						
	More than once a month						
	Once a month						
	6 to 11 times per year						
	Five or less times per year						

Please	rank your	use of lig	thting (int	ternal an	d extern	al) by sea	ison. (1=	most use	e; 5=least	use)			
	Winter_												
	Christma		'S	_									
	Spring												
	Summer												
	Fall												
What t	imes of th	e year do	you use	your sto	ve/oven	more tha	an usual?	(For exa	imple, ho	olidays.)	Please be	specific.	
List an	y other ma	ajor uses	of electri	city in yo	ur home	that hav	e not alre	eady bee	n noted.	(For exa	mple: po	ol heater, etc.)
How Ic	ong have y	ou lived i	n your cu	rrent ho	me?								
	Less thar	one vea	r										
	Between	-		s									
	More tha		•										
Do you	ı have you	-		?									
П	Yes												
	No												
•	have your an 24 mon			-		'H usage	noted on	the bill 1	for each (of the pa	st 24 mor	nths. If you ha	ve
List the	e most rec	ent bill fir	rst.										
1	2	3	4	5	6	7	8	9	10	11	12		
13	14	15	16	17	18	19	20	21	22	23	24		
What i	s the seria	l number	and mod	del numb	er of you	ır electric	c meter?						
What i	s your add	lress?		-									
				_									