

CONSULTANT REPORT

2009 CALIFORNIA RESIDENTIAL APPLIANCE SATURATION STUDY

Appendices

Prepared for: California Energy Commission

Prepared by: KEMA, Inc.

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APPENDIX A

2009 RASS Survey, English version with variables



Pacific Gas and
Electric Company™



SOUTHERN CALIFORNIA
EDISON COMPANY



Southern
California
Gas Company



Los Angeles
Department of
Water & Power



HOME ENERGY SURVEY

*Please complete the survey for the service
address below following "For Service at:"*



(IDENT)

Thank you for participating in this important survey. Your responses will support statewide planning activities and help us to meet the electric and natural gas needs of all Californians. We appreciate your time and your input.

YOUR PARTICIPATION IS VERY IMPORTANT

Please fill out this survey with a **PENCIL**, filling in the oval completely as illustrated to the right. Information in **blue** helps to clarify questions or directs you to skip to another question based on your response.



Do your best to answer all of the questions. If you do not know the answer to one of the questions, please move on to the next one. If you would like help in completing the survey, you can call our toll free survey line at 1-866-372-3978 from 8:30 a.m. to 5 p.m. Monday through Friday. You may leave a message at all other times and we will call you back with a response.

When you are finished, please return the survey in the enclosed postage-paid envelope to the address below:

CA Home Energy Survey Processing Center
PO Box 71050
Oakland, CA 94612

This survey is also available on the **internet** if you would prefer to answer it there. Go to: <http://websafe.kemainc.com/rassweb/survey>. In order to perform our energy analysis, we need to be sure you provide your response only for your home. You will need some information from this booklet before you can begin the internet survey.

Esta encuesta tambien esta disponible en Español por el **internet**, si usted prefiere llenarla de ese modo. Por favor visite la página <http://websafe.kemainc.com/rassweb/survey>. Para poder realizar nuestro análisis de energía, necesitamos que sus respuestas sean solo sobre su casa. Antes de empezar la encuesta por internet, necesitará información disponible en este libreto.

We look forward to receiving your information. Thank you for participating!

Sponsored by:

Pacific Gas and Electric
San Diego Gas and Electric
Southern California Gas Company

Southern California Edison
Los Angeles Dept. of Water and Power
California Energy Commission

Your Home & Lifestyle

A1 What type of building exists at the service address on the front cover of this survey? (DWLTYPE) (RES – Cleaned dwltype)

- Single-family detached house → Number of stories: 1 2 3 or more
(STORIES)
- Townhouse, duplex, or row house (*Shares exterior walls with neighboring unit, but not roof or floor*)
- Apartment or condominium (2 – 4 units)
- Apartment or condominium (5 or more units)
- Mobile home
- Other (*Describe:* (DWLOTRD) _____)

A2 Do you own or rent this home? (OWNRENT)

- Own / buying Rent / lease

A3 How long have you lived at this address? (YRS_RES)

- | | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 1 yr or less | <input type="checkbox"/> 6 years | <input type="checkbox"/> 11 years | <input type="checkbox"/> 16 – 20 years |
| <input type="checkbox"/> 2 years | <input type="checkbox"/> 7 years | <input type="checkbox"/> 12 years | <input type="checkbox"/> 21 – 30 years |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 8 years | <input type="checkbox"/> 13 years | <input type="checkbox"/> More than 30 years |
| <input type="checkbox"/> 4 years | <input type="checkbox"/> 9 years | <input type="checkbox"/> 14 years | |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> 10 years | <input type="checkbox"/> 15 years | |

A4 Which of the following best describes this residence? (SEASOCC)

- This is my permanent year-round residence. (*Go to A6.*)
- This is my partial-year or seasonal residence.
- This is my vacation home and is generally used only by my family.
- This is a vacation rental home.

A5 If this is a partial-year or vacation home, please indicate the months this home is typically occupied. (*Mark all months that apply.*)

- | | | | | | |
|---|---|---|---|--|---|
| <input type="checkbox"/> Jan (SEASJAN) | <input type="checkbox"/> Mar (SEASMAR) | <input type="checkbox"/> May (SEASMAY) | <input type="checkbox"/> Jul (SEASJUL) | <input type="checkbox"/> Sept (SEASSEP) | <input type="checkbox"/> Nov (SEASNOV) |
| <input type="checkbox"/> Feb (SEASFEB) | <input type="checkbox"/> Apr (SEASAPR) | <input type="checkbox"/> Jun (SEASJUN) | <input type="checkbox"/> Aug (SEASAUG) | <input type="checkbox"/> Oct (SEASOCT) | <input type="checkbox"/> Dec (SEASDEC) |

A6 Approximately what year was this residence built? (BUILTYR)
(HOMEAGE – Cleaned Bultyr)

- | | | | |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Before 1940 | <input type="checkbox"/> 1960-1969 | <input type="checkbox"/> 1978-1982 | <input type="checkbox"/> 1998-2000 |
| <input type="checkbox"/> 1940-1949 | <input type="checkbox"/> 1970-1974 | <input type="checkbox"/> 1983-1992 | <input type="checkbox"/> 2001-2004 |
| <input type="checkbox"/> 1950-1959 | <input type="checkbox"/> 1975-1977 | <input type="checkbox"/> 1993-1997 | <input type="checkbox"/> 2005-2008 |

A7 How many bedrooms are in your home? (NUMROOM)

- | | | | |
|---|----------------------------|----------------------------|---------------------------------------|
| <input type="checkbox"/> No bedrooms (studio apartment) | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 bedroom | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 2 bedrooms | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | <input type="checkbox"/> More than 10 |

A8 How many square feet of **living space** are there in your residence, including bathrooms, foyers and hallways? (*Exclude garages, basements and unheated porches.*) (SQFT) (SQFT_A – Cleaned continuous sqft, not including MM)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Less than 250 | <input type="checkbox"/> 1001 – 1250 | <input type="checkbox"/> 2501 – 3000 |
| <input type="checkbox"/> 250 – 500 | <input type="checkbox"/> 1251 – 1500 | <input type="checkbox"/> 3001 – 4000 |
| <input type="checkbox"/> 501 – 750 | <input type="checkbox"/> 1501 – 2000 | <input type="checkbox"/> 4001 – 5000 |
| <input type="checkbox"/> 751 – 1000 | <input type="checkbox"/> 2001 – 2500 | <input type="checkbox"/> More than 5000 |

A9 Are your home's **exterior (outside) walls** insulated? (EXTWLINS)

Yes, all walls Yes, some walls No

A10 Is your home's **attic/ceiling** insulated? (ACEILINS)

Yes → **A11** If yes, estimate the number of inches of **attic/ceiling** insulation. (CEILINCH)

No 0 – 3 inches (*R-value less than R-10*)
 4 – 6 inches (*R-11 to R-19*)
 7 – 10 inches (*R-20 to R-30*)
 More than 10 inches (*R-31 or higher*)

A12 Choose the statements that best describe your **windows**.

PANE TYPE (number of layers of glass) (WINDTYPE)

All or most are single All or most are double Mixture of single and double pane

FRAME TYPE (WINFRAME)

All or most have vinyl All or most have wood frames All or most have metal frames

A13 Has your home been remodeled in the past 12 months? (REMOD)

No (*Go to A15.*)

Yes → **A14** If yes, what type of remodel did you do? (*Choose all that apply.*)

Room addition, added square footage to home (RMDROOM)
 Kitchen or bath re-model (RMDKTBTH)
 Re-built most of the home (RMDREBLT)
 Other (RMDOTH)

A15 For each of the following age groups, how many people, including yourself, usually live in this home? (NUMI – Plugged continuous number in household, not including MM)

| Age | Number of People Usually Living In This Home | | | | | | | | |
|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | None | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Over 7 |
| 5 and under (NR0_5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 – 18 (NR6_18) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 – 34 (NR19_34) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 – 54 (NR35_54) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55 – 64 (NR55_64) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65 and over (NR65_99) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A16 Generally speaking, how often does a member of this household use major **electrical** appliances or equipment (e.g., clothes washer, electric range, dishwasher, air conditioner, etc.) on **weekdays from 12 noon to 6 pm?** (ONPKUSE)

Frequently (*3 – 5 weekdays per week*)

Occasionally (*1 – 2 weekdays per week*)

Rarely or Never (*Less than 1 weekday per week*)

A17 Is natural gas service from underground pipes from the gas utility available in your neighborhood? (NGSERV)

Yes No ([Go to A20](#))

A18 Do you have a natural gas line or hook-up to any part of your home? (NGLINE)

Yes No

A19 What utility do you pay for **natural gas** service to your home? (NGUTIL)

| | |
|---|--|
| <input type="checkbox"/> Pacific Gas & Electric (PG&E) | <input type="checkbox"/> Southwest Gas Corporation |
| <input type="checkbox"/> San Diego Gas & Electric | <input type="checkbox"/> City of Coalinga |
| <input type="checkbox"/> Southern California Gas Company ("The Gas Company") | <input type="checkbox"/> City of Long Beach Gas Department |
| | <input type="checkbox"/> Not sure |

A20 How many vehicles are at this residence? (NUMVEH)

None ([Go to B1](#)) 1 2 3 4 5 or More

A21 For **each** of the three **most frequently used** vehicles:

| | Vehicle No. 1 <small>(VEH1OWM)</small> | Vehicle No. 2 <small>(VEH2OWM)</small> | Vehicle No. 3 <small>(VEH3OWM)</small> |
|---|---|---|---|
| For each vehicle that is driven on regular trips on weekdays, how many miles are driven one-way? | <input type="checkbox"/> 0 to 10 | <input type="checkbox"/> 11 to 20 | <input type="checkbox"/> 21 to 30 |
| | <input type="checkbox"/> 21 to 30 | <input type="checkbox"/> More than 30 | <input type="checkbox"/> More than 30 |
| | <input type="checkbox"/> 0 to 10 | <input type="checkbox"/> 11 to 20 | <input type="checkbox"/> 21 to 30 |
| | <input type="checkbox"/> 11 to 20 | <input type="checkbox"/> More than 30 | <input type="checkbox"/> More than 30 |
| | <input type="checkbox"/> More than 30 | <input type="checkbox"/> 0 to 10 | <input type="checkbox"/> 11 to 20 |

| | Vehicle No. 1 <small>(VEH1TMD)</small> | Vehicle No. 2 <small>(VEH2TMD)</small> | Vehicle No. 3 <small>(VEH3TMD)</small> |
|--|---|---|---|
| How many total miles are driven in a year for each vehicle? | <input type="checkbox"/> 0 to 7,999 | <input type="checkbox"/> 8,000 to 11,999 | <input type="checkbox"/> 12,000 to 15,999 |
| | <input type="checkbox"/> 12,000 to 15,999 | <input type="checkbox"/> 16,000 or More | <input type="checkbox"/> 16,000 or More |
| | <input type="checkbox"/> 16,000 or More | <input type="checkbox"/> 0 to 7,999 | <input type="checkbox"/> 8,000 to 11,999 |
| | <input type="checkbox"/> 8,000 to 11,999 | <input type="checkbox"/> 16,000 or More | <input type="checkbox"/> 12,000 to 15,999 |
| | <input type="checkbox"/> 16,000 or More | <input type="checkbox"/> 8,000 to 11,999 | <input type="checkbox"/> 12,000 to 15,999 |

Where is **each** vehicle usually parked?

| | Garage <small>(VEH1GRG)</small> | Carport <small>(VEH1CPT)</small> | Outside Space <small>(VEH1OSP)</small> | On Street <small>(VEH1OST)</small> |
|---------------|------------------------------------|-------------------------------------|---|---------------------------------------|
| Garage | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Carport | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Outside Space | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| On Street | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |

Is there an electrical (**power**) outlet within reach of this parking space without crossing a public walkway?

| | Yes <small>(VEH1POW)</small> | No <small>(VEH2POW)</small> | Yes <small>(VEH3POW)</small> |
|-----|---------------------------------|--------------------------------|---------------------------------|
| Yes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

Space Heating

B1 Do you pay to heat your home? (**PAYHEAT**)

- Yes No, it is part of my rent/condo fee (*Go to B8.*)
 No, do not have a heating system (*Go to B8.*)

B2 What type of heating system do you use to heat this home?

(If you use more than one heating system, mark the system that you use the most as "Main Heating" and mark all other systems as "Additional Heating.") (**PHTFUEL3 – Plugged heating fuel**)

| | Main Heating <i>(Mark only ONE BOX below)</i> | Additional Heating <i>(Mark ALL BOXES that apply)</i> |
|--|---|---|
| NATURAL GAS (from gas utility) | | |
| Central forced-air furnace (<i>fan circulates hot air through air ducts</i>) | <input type="checkbox"/> (PHTNGCNT) | <input type="checkbox"/> (AHTNGCNT) |
| Floor or wall heater/furnace | <input type="checkbox"/> (PHTNGFWL) | <input type="checkbox"/> (AHTNGFWL) |
| Hot water radiator | <input type="checkbox"/> (PHTNGRAD) | <input type="checkbox"/> (AHTNGRAD) |
| Fireplace (Gas) | <input type="checkbox"/> (PHTNGFP) | <input type="checkbox"/> (AHTNGFP) |
| Other system type | <input type="checkbox"/> (PHTNGOTH) | <input type="checkbox"/> (AHTNGOTH) |
| ELECTRIC | | |
| Resistance (baseboard/ceiling/floor/wall) | <input type="checkbox"/> (PTELBSB) | <input type="checkbox"/> (ATELBSB) |
| Central forced air furnace (<i>fan circulates hot air through air ducts</i>) | <input type="checkbox"/> (PTELCRH) | <input type="checkbox"/> (ATELCRH) |
| Central heat pump (<i>heats and cools</i>) | <input type="checkbox"/> (PTELCHP) | <input type="checkbox"/> (ATELCHP) |
| Through-the-wall heat pump (<i>looks like a window/wall air conditioner, but also provides heat</i>) | <input type="checkbox"/> (PTELWHP) | <input type="checkbox"/> (ATELWHP) |
| Portable heaters | <input type="checkbox"/> (PTELPOR) | <input type="checkbox"/> (ATELPOR) |
| Other system type | <input type="checkbox"/> (PTELOTH) | <input type="checkbox"/> (ATELOTH) |
| BOTTLED GAS (propane, LP) | | |
| Central forced air furnace (<i>fan circulates hot air through air ducts</i>) | <input type="checkbox"/> (PHTBGCNT) | <input type="checkbox"/> (AHTBGCNT) |
| Floor or wall heater/furnace | <input type="checkbox"/> (PHTBGFWL) | <input type="checkbox"/> (AHTBGFWL) |
| Hot water radiator | <input type="checkbox"/> (PHTBGRAD) | <input type="checkbox"/> (AHTBGRAD) |
| Other system type | <input type="checkbox"/> (PHTBGOTH) | <input type="checkbox"/> (AHTBGOTH) |
| WOOD | | |
| Woodstove/pellet stove/fireplace insert | <input type="checkbox"/> (PHTWDWS) | <input type="checkbox"/> (AHTWDWS) |
| Fireplace (Wood-burning) | <input type="checkbox"/> (PHTWDFP) | <input type="checkbox"/> (AHTWDFP) |
| SOLAR | | |
| Solar – no backup | <input type="checkbox"/> (PHTSLRN) | <input type="checkbox"/> (AHTSLRN) |
| Solar – natural gas backup | <input type="checkbox"/> (PHTSLRG) | <input type="checkbox"/> (AHTSLRG) |
| Solar – propane backup | <input type="checkbox"/> (PHTSLRP) | <input type="checkbox"/> (AHTSLRP) |
| Solar – electric backup | <input type="checkbox"/> (PHTSLRE) | <input type="checkbox"/> (AHTSLRE) |
| OTHER FUEL | | |
| (Describe): (HTOTSYS) _____ | <input type="checkbox"/> (PHTOTSYS) | <input type="checkbox"/> (AHTOTSYS) |

B3 If your heating system(s) use natural gas for fuel, indicate whether it has a pilot light(s).

| | | | |
|--|--|--|--|
| Main gas heating (MAINPILT) | <input type="checkbox"/> Yes, pilot light on all year | <input type="checkbox"/> Yes, pilot light on in winter only | <input type="checkbox"/> No pilot light |
| Secondary gas heating (SECPILT) | <input type="checkbox"/> Yes, pilot light(s) on all year | <input type="checkbox"/> Yes, pilot light(s) on in winter only | <input type="checkbox"/> No pilot light(s) |

B4 How old is your main heating system? (HTSYSAGE)

- 1 Less than one year 3 4 – 8 years 5 14 – 30 years
 2 1 – 3 years 4 9 – 13 years 6 Over 30 years

B5 What type of thermostat does your main heating system(s) use? (HTCTLTYP)

- 1 Programmable thermostat (*Digital units usually have a digital readout and buttons. Mechanical units usually have a clock or rotary timer and tabs, pins or levers.*)
 2 Standard thermostat (*Allows you to set the temperature and turn the heater on or off. You cannot set on/off times.*)
 3 No thermostat (*Simple on/off control or steam valve*) (*Go to B7.*)

B6 If your main heating system is controlled by a thermostat, what is the average thermostat temperature usually set for each time period during the heating season?

(Choose one answer for each time period. Provide the average setting if it varies.)

| | Off | Below 55°F | 55 – 60°F | 61 – 65°F | 66 – 70°F | 71 – 75°F | Over 75°F |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning (6am-9am) (HMRNSET) | <input type="checkbox"/> |
| Day (9am-5pm) (HDAYSET) | <input type="checkbox"/> |
| Evening (5pm-9pm) (HEVNSET) | <input type="checkbox"/> |
| Night (9pm-6am) (HNITESET) | <input type="checkbox"/> |

B7 Has maintenance been performed on your main heating system in the past 12 months? (HTMAINTN)

- 1 Yes 2 No

B8 How many electric portable heaters do you use? (NPORHTRS)

- 1 I don't use portable heaters 3 2 portable heaters
 2 1 portable heater 4 3 or more portable heaters

B9 How often do you use any additional heating system(s), including portable heaters, during the heating season? (USEADDHT)

- 1 No additional heating 4 Often (*2 to 4 days per week*)
 2 Rarely (*once per month*) 5 Always (*5 to 7 days per week*)
 3 Sometimes (*once per week*)

Space Cooling

CENTRAL AIR CONDITIONING/COOLING

C1 Do you pay for central air conditioning/cooling for your home? (PAYCOOL)

- 1 Yes 2 No, it is part of my rent/condo fee (*Go to C7.*)
 3 No, do not have central air conditioning (*Go to C7.*)

C2 What type and how many central air conditioning/cooling system(s) do you have in your home? (COOLING – Plugged combo of CAC/RAC)

| | Number of Central Cooling Systems | | | Main system controlled using a Zoned Thermostat |
|--|-----------------------------------|--------------------------|--------------------------|---|
| | 1 | 2 | 3 or more | |
| Central air conditioning (CTLACAGE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (CTLACZON) |
| Central evaporative (<i>swamp</i>) cooler (CTEVPAGE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (CTEVZON) |
| Heat pump (<i>heats and cools</i>) (HPAGE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (HPZON) |

C3 How old is your main central air conditioning/cooling unit? (CLCNTAGE)

- | | | |
|---|---|--|
| 1 <input type="checkbox"/> Less than one year | 3 <input type="checkbox"/> 4 – 8 years | 5 <input type="checkbox"/> 14 – 30 years |
| 2 <input type="checkbox"/> 1 – 3 years | 4 <input type="checkbox"/> 9 – 13 years | 6 <input type="checkbox"/> Over 30 years |

C4 What type of thermostat does your main cooling system(s) use? (CLCTLTYP)

- | |
|---|
| 1 <input type="checkbox"/> Programmable communicating thermostat (<i>Utility has ability to communicate with unit</i>) |
| 2 <input type="checkbox"/> Programmable thermostat (<i>Digital units usually have a digital readout and buttons. Mechanical units usually have a clock or rotary timer and tabs, pins or levers.</i>) |
| 3 <input type="checkbox"/> Standard thermostat (<i>Allows you to set the temperature and turn the air conditioner on or off. You cannot set on/off times.</i>) |
| 4 <input type="checkbox"/> No thermostat (<i>Simple on/off control</i>) (Go to C6.) |

C5 What is the typical thermostat temperature setting of your main central cooling system for each time period during the cooling season? (Choose one answer for each time period.)

| | Off | Below 70°F | 70 – 73°F | 74 – 76°F | 77 – 80°F | Over 80°F |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Morning (6am–9am) (CMRNSET) | 1 <input type="checkbox"/> |
| Day (9am–5pm) (CDAYSET) | 1 <input type="checkbox"/> |
| Evening (5pm–9pm) (CEVNSET) | 1 <input type="checkbox"/> |
| Night (9pm–6am) (CNITESET) | 1 <input type="checkbox"/> |

C6 Has maintenance been performed on your central air conditioning system in the past 12 months? (CLMAINTN)

- 1 Yes 2 No

ROOM AIR CONDITIONING/COOLING (Window / Wall Units)

C7 Please tell us the characteristics of each room air conditioning/cooling unit below.

- 1 No room air conditioning/cooling units (Go to D1.) (NOROOMAC)

| Type of Room AC/Cooling Unit | Unit 1 (ACTYP1) | Unit 2 (ACTYP2) | Unit 3 (ACTYP3) |
|---|----------------------------|----------------------------|----------------------------|
| Window/wall air conditioner | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Window/wall heat pump | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Window/wall evaporative (<i>swamp</i>) cooler | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Age of Room AC/Cooling Unit | (ACAGE1) | (ACAGE2) | (ACAGE3) |
| Less than one year | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 1 – 3 years | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 4 – 8 years | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9 – 13 years | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| More than 13 years | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |

C8 Please indicate how often your room air conditioning/cooling unit(s) is/are turned on during the cooling season. (Choose one answer for each time period.)

| Time Period | Never | Rarely (1-2 days per week) | Sometimes (3-4 days per week) | Often (5-6 days per week) | Always (7 days per week) |
|---|----------------------------|-------------------------------|----------------------------------|------------------------------|-----------------------------|
| Morning (6am–9am) (CMRNUSE) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Day (9am–5pm) (CDAYUSE) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Evening (5pm–9pm) (CEVNUSE) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Night (9pm–6am) (CNITEUSE) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Hot weekday afternoon (noon–6pm) (CHOTUSE) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

Water Heating

D1 Do you pay for heating water at your residence? (PAYWH)

- Yes No, it is part of my rent/condo fee (Go to D6.)
 No hot water heater (Go to D6.)

D2 What type of water heating systems do you use in your home? (PWHFUEL3- Plugged Water heating fuel)

| | Main Water Heater <i>(Mark only ONE BOX in this column)</i> | Additional Water Heater(s) <i>(Mark ALL BOXES that apply)</i> |
|---|---|---|
| NATURAL GAS | | |
| Standard tank | <input type="checkbox"/> (PWHNGTNK) | <input type="checkbox"/> (AWHNGTNK) |
| Whole house tankless system | <input type="checkbox"/> (PWHNGWHT) | <input type="checkbox"/> (AWHNGWHT) |
| High-efficiency condensing (with plastic vent pipe) | <input type="checkbox"/> (PWHNGHEC) | <input type="checkbox"/> (AWHNGHEC) |
| ELECTRIC | | |
| Standard tank | <input type="checkbox"/> (PWHELTNK) | <input type="checkbox"/> (AWHELTNK) |
| Heat pump | <input type="checkbox"/> (PWHELHP) | <input type="checkbox"/> (AWHELHP) |
| Whole house tankless system | <input type="checkbox"/> (PWHELWHT) | <input type="checkbox"/> (AWHELWHT) |
| Point-of use tankless system | <input type="checkbox"/> (PWHELPNT) | <input type="checkbox"/> (AWHELPNT) |
| PROPANE | | |
| Standard tank | <input type="checkbox"/> (PWHLPTNK) | <input type="checkbox"/> (AWHLPTNK) |
| Whole house tankless system | <input type="checkbox"/> (PWHLPWHT) | <input type="checkbox"/> (AWHLPWHT) |
| SOLAR | | |
| With no backup system | <input type="checkbox"/> (PWHSLRN) | <input type="checkbox"/> (AWHSLRN) |
| With natural gas backup | <input type="checkbox"/> (PWHSLRG) | <input type="checkbox"/> (AWHSLRG) |
| With propane backup | <input type="checkbox"/> (PWHSLRP) | <input type="checkbox"/> (AWHSLRP) |
| With electric backup | <input type="checkbox"/> (PWHSLRE) | <input type="checkbox"/> (AWHSLRE) |
| OTHER FUEL | | |
| Describe: (WHOTSYS) _____ | <input type="checkbox"/> (PWHOTSYS) | <input type="checkbox"/> (AWHOTSYS) |

D3 What is the typical hot water heater temperature setting? (Medium is the standard factory setting.) (WHTEMP)

- Low (below 130°F) Medium (130°F – 150°F) High (over 150°F)

D4 How old is your primary water heating system? (PRWHAGE)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> 4 – 8 years | <input type="checkbox"/> 14 – 30 years |
| <input type="checkbox"/> 1 – 3 years | <input type="checkbox"/> 9 – 13 years | <input type="checkbox"/> Over 30 years |

D5 How many total showers and baths are taken in your home on a **typical day**?

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 or more |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Showers / day (SHWRDAY) | <input type="checkbox"/> |
| Baths / day (BATHSDAY) | <input type="checkbox"/> |

D6 Do you have low-flow showerheads installed in the shower(s)? (Low-flow showerheads use 2.5 gallons per minute or less and have been standard since 1993.) (SHOWERHD)

- Yes, all showers Yes, some showers No

D7 Do the faucets in your home have water-saving aerators? (Aerators are add-on devices that reduce the water usage by mixing air into the water stream.) (AERATORS)

- Yes, all faucets Yes, some faucets No

Laundry

E1 Do you have the use of laundry equipment in your home? (**LNDRYEQP**)

- Yes No, laundry facilities are located in a common area of the building. (*Go to F1.*)
 I do not use laundry facilities in my building (*Go to F1.*)

E2 What type of clothes washer do you have? (**CWTYP**)

(*Do not include machines in common areas.*)

- Top loading washer Front loading washer

E3 How old is your clothes washer? (**CWAGE**)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> 6 – 8 years | <input type="checkbox"/> 16 – 30 years |
| <input type="checkbox"/> 1 – 5 years | <input type="checkbox"/> 9 – 15 years | <input type="checkbox"/> Over 30 years |

E4 For each wash temperature below, how many loads of clothes do you wash in your home during a **typical week?**

| | Number Clothes Washer Loads per Week | | | | | | | | | | |
|------------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 or more |
| Hot water (CWHWLD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warm water (CWWWLD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold water (CWCWLD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E5 What type of clothes dryer do you have? (**CDTYP**)

(*Do not include machines in common areas.*)

- I do not have a clothes dryer Electric dryer
 Natural gas dryer Bottled gas (*Propane, Butane, LP*)

E6 How many loads of clothes do you dry in your clothes dryer during a **typical week?** (**DRYLDS**)

- | | | | | | |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 | <input type="checkbox"/> 10 or more |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 | |

Food Preparation

F1 Which of the following cooking appliances are used in your home? (*Choose all that apply.*)

| Cooking Appliance | Type of Fuel | | | | Age In Years | | | | Over 15 years |
|----------------------------|---|--|----------------------------|----------------------------|--|----------------------------|----------------------------|----------------------------|---------------|
| | Natural Gas | Elec-tric | Bottled Gas | Other | 0–5 yrs | 6–10 yrs | 11–15 years | Over 15 years | |
| Cooktop, stovetop or Range | <input type="checkbox"/> (CKRNTYP) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> (CKRNA) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | |
| Oven(s) | <input type="checkbox"/> (CKOVTYP) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> (CKOVA) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | |
| Outdoor barbecue | <input type="checkbox"/> (CKBBTYP) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> (CKBBQA) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | |
| Microwave Oven | | <input type="checkbox"/> 1 (CKMWA) | | | <input type="checkbox"/> (CKMWA) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | |

F2 During a typical week, how often do you use the following cooking appliances?

| | Never Rarely (less than once per week) | Occasionally (1 – 2 times per week) | Sometimes (3 – 4 times per week) | Often (5 – 7 times per week) |
|-------------------------------------|--|--|-------------------------------------|---------------------------------|
| Cooktop, stovetop or Range (WRNUSE) | 1 <input type="radio"/> 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Oven(s) (WOVUSE) | 1 <input type="radio"/> 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Microwave Oven (WMWUSE) | 1 <input type="radio"/> 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Other (WOTHUSE) | 1 <input type="radio"/> 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

F3 Do you have a dishwasher? (DISHWASH)

1 Yes 2 No ([Go to G1.](#))

F4 How many dishwasher loads are run in a typical week? (DWLOADS)

1 None 3 2 5 4 7 6 9 8
 2 1 4 3 6 5 8 7 10 9 or more

Refrigerators

G1 How many refrigerators do you have plugged in? (RFNUM)

1 0 ([Go to H1.](#)) 2 1 3 2 4 3 or more

G2 Please tell us the characteristics of each refrigerator in the table below.

| | Refrig 1 (RF1STY) | Refrig 2 (RF2STY) | Refrig 3 (RF3STY) |
|--|-------------------------|-------------------------|-------------------------|
| Door Style | | | |
| Single-door | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Top Freezer – Bottom Refrigerator | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> |
| Top Refrigerator – Bottom Freezer | 3 <input type="radio"/> | 3 <input type="radio"/> | 3 <input type="radio"/> |
| Side-by-side | 4 <input type="radio"/> | 4 <input type="radio"/> | 4 <input type="radio"/> |
| Size, in Cubic Feet | (RF1SZ) | (RF2SZ) | (RF3SZ) |
| Mini (under 13 cu. ft.) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Small (13 – 16 cu. ft.) | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> |
| Medium (17 – 19 cu. ft.) | 3 <input type="radio"/> | 3 <input type="radio"/> | 3 <input type="radio"/> |
| Large (20 – 23 cu. ft.) | 4 <input type="radio"/> | 4 <input type="radio"/> | 4 <input type="radio"/> |
| Very large (over 23 cu. ft.) | 5 <input type="radio"/> | 5 <input type="radio"/> | 5 <input type="radio"/> |
| Frost-free or Manual Defrost? | (RF1DEF) | (RF2DEF) | (RF3DEF) |
| Automatic (frost-free) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Manual | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> |
| Age of your Refrigerator | (RF1AGE) | (RF2AGE) | (RF3AGE) |
| Less than two years | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| 2 – 7 years | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> |
| 8 – 10 years | 3 <input type="radio"/> | 3 <input type="radio"/> | 3 <input type="radio"/> |
| 11 – 20 years | 4 <input type="radio"/> | 4 <input type="radio"/> | 4 <input type="radio"/> |
| More than 20 years | 5 <input type="radio"/> | 5 <input type="radio"/> | 5 <input type="radio"/> |
| Other Features | (RF1OTH) | (RF2OTH) | (RF3OTH) |
| Through-the-door ice and water dispenser | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |

Freezers

- H1** How many **stand-alone** freezers do you have plugged in? (FZNUM)
(Do not include freezers that are part of your refrigerator.)

0 (Go to I1.) 1 2 or more

- H2** Please tell us the characteristics for each stand-alone freezer, and for any stand-alone freezer you discarded in the past 12 months, in the table below.

| | Freezer 1 (FZ1STY) | Freezer 2 (FZ2STY) |
|-----------------------------------|------------------------------|------------------------------|
| Style | | |
| Upright, frost-free | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Upright manual defrost | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Chest frost-free | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Chest manual defrost | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Size, in Cubic Feet | (FZ1SZ) | (FZ2SZ) |
| Small (<i>under 13 cu. ft.</i>) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Medium (<i>13 – 16 cu. ft.</i>) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Large (<i>over 16 cu. ft.</i>) | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Age of your Freezer | (FZ1AGE) | (FZ2AGE) |
| Less than two years | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2 – 7 years | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 8 – 10 years | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 11 – 20 years | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| More than 20 years | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Spas and Hot Tubs

- I1** Do you have the use of a spa or hot tub at your home? (SPTYP)

(Do not include whirlpool tubs in your bathroom.)

Yes, and I pay for its energy use
 Yes, but it is in a common area and I do not pay for its energy use (Go to J1.)
 No spa or hot tub (Go to J1.)

- I2** What fuel do you use to heat the spa or hot tub? (SPHTF)

Electricity Solar and electricity Bottled gas (*propane, butane, LP*)
 Natural gas Solar and natural gas Other

- I3** How large is the spa or hot tub? (SPSZ)

Small (*3 people or fewer*) Medium (*4 – 6 people*) Large (*7 or more people*)

- I4** Where is the spa located? (SPLOC)

Outside, in the ground Outside, above ground Indoor spa

- I5** Do you have an insulated cover on your spa or hot tub? (SPCOV)

Yes No

I6 How often do you run the filter pump on your spa or hot tub?

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-----------------------|---------------------------------------|--------------------------------------|------------------------------------|---------------------------------------|--------------------------------------|------------------------------------|
| | Morning (6am-10am) (SMRNFLTPMP) | Mid-Day (10am-6pm) (SMDFLTPMP) | Night (6pm-6am) (SNITFLTPMP) | Morning (6am-10am) (WMRNFLTPMP) | Mid-Day (10am-6pm) (WMDFLTPMP) | Night (6pm-6am) (WNITFLTPMP) |
| Never | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Rarely | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Only when we use it | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1 – 3 hours every day | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4 – 6 hours every day | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |

I7 Please indicate how often you **heat** your spa or hot tub in the winter and summer.

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|---------------------------|--------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|
| | Morning (6am-10am) (SMRNHTSPA) | Mid-Day (10am-6pm) (SMDHTSPA) | Night (6pm-6am) (SNITHTSPA) | Morning (6am-10am) (WMRNHTSPA) | Mid-Day (10am-6pm) (WMDHTSPA) | Night (6pm-6am) (WNITHTSPA) |
| Never | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 0 – 2 times per month | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 – 8 times per month | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9 or more times per month | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Maintain set temperature | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Pools

J1 Do you have the use of a swimming pool at your home? (PLTYP)

1 Yes, and I pay for its energy use

2 Yes, but it is in a common area and I do not pay for its energy use (Go to K1.)

3 No pool (Go to K1.)

J2 How large is your pool? (An average-size pool is about 5 ft. deep by 40 ft. long by 20 ft. wide and holds 30,000 gallons of water.) (PLSZ)

1 Less than 20,000 gallons 2 20,000 – 40,000 gallons 3 More than 40,000 gallons

J3 How many hours per day do you operate your swimming pool filter?

| Hours | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|--------|--------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|
| | Morning (6am-10am) (SMRNFLTHR) | Mid-Day (10am-6pm) (SMDFLTHR) | Night (6pm-6am) (SNITFLTHR) | Morning (6am-10am) (WMRNFLTHR) | Mid-Day (10am-6pm) (WMDFLTHR) | Night (6pm-6am) (WNITFLTHR) |
| None | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 1 – 2 | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 – 4 | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 5 – 7 | | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8 – 12 | | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |

J4 Which fuel do you use to heat your pool? (PLHTF)

1 Pool is not heated

5 Solar heater (using solar collectors)

2 Natural gas only

6 Bottled gas only (propane, butane, LP)

3 Electricity only

7 Other

4 Electric heat pump only

J5 Please indicate how often you **heat** your pool in the summer and winter.

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-------------------------------|-------------------------------------|------------------------------------|----------------------------------|-------------------------------------|------------------------------------|----------------------------------|
| | Morning (6am-10am) (SMRNHTPL) | Mid-Day (10am-6pm) (SMDHTPL) | Night (6pm-6am) (SNITHTPL) | Morning (6am-10am) (WMRNHTPL) | Mid-Day (10am-6pm) (WMDHTPL) | Night (6pm-6am) (WNITHTPL) |
| Never | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Once a month | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> | 2 <input type="radio"/> |
| Once a week | 3 <input type="radio"/> | 3 <input type="radio"/> | 3 <input type="radio"/> | 3 <input type="radio"/> | 3 <input type="radio"/> | 3 <input type="radio"/> |
| 2 – 4 times per week | 4 <input type="radio"/> | 4 <input type="radio"/> | 4 <input type="radio"/> | 4 <input type="radio"/> | 4 <input type="radio"/> | 4 <input type="radio"/> |
| Keep pool heated continuously | 5 <input type="radio"/> | 5 <input type="radio"/> | 5 <input type="radio"/> | 5 <input type="radio"/> | 5 <input type="radio"/> | 5 <input type="radio"/> |

J6 Which of the following attributes does your pool have? (Choose *all that apply*.)

1 Cover (PLCOV) 1 Pool timer (PLTIMR) 1 Pool sweep (PLSWEEP) 1 Pool vacuum (PLVAC) 1 Pool is indoors (PLINDOOR)

Entertainment and Technology

K1 How many televisions and accessories do you **use** in this home?

| | None | 1 | 2 | 3 or more |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| Standard television(s) (CRT) (STDTV) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| LCD television(s), smaller than 36 inches (SMLLCDTV) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| LCD television(s), 36 inches or larger (LRGLCDTV) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Plasma television(s) (PLSMTV) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Converter box for standard TV (digital to analog) (DTA) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Cable or satellite box without DVR (BOXNODVR) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Cable or satellite box with DVR (BOXWDVR) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Stand-alone digital video recorders (e.g., DVR, TiVo, ReplayTV) (SADVR) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| DVD Player and/or VCR (DVDVCR) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Gaming systems (Xbox, Wii, Playstation, etc) (GAMSYS) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Separate sound or stereo system connected to TV (AUDTOTV) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Stand-alone stereo, I-pod or MP3 docking station (SAMUSIC) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |

K2 How many **combined total hours** are your televisions on each day? (Add up time for all TVs.)

Example: 13 hours a day for one + 16 for another equals 29 total hours.)

| | 1 hour or less | 1 – 8 hours | 9 – 16 hours | 17 – 24 hours | 25 – 30 hours | Over 30 hours |
|---------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| TVs smaller than 36 inches (SMLTVUSE) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| TVs 36 inches or larger (LRGTVUSE) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

K3 How many **personal computer(s)** (PC, Macintosh, etc.) do you **use** in this home?

| | None | 1 | 2 | 3 or more |
|----------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Desktop(s) (NDSKPCS) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Laptop(s) (NLAPPSCS) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

K4 If you have one or more computer(s) in this home, how many **combined total hours** are they turned on each day? (Add up time for all computers, including stand-by)

| | 1 hour or less | 1 – 8 hours | 9 – 16 hours | 17 – 24 hours | 25 – 30 hours | Over 30 hours |
|-----------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Desktop(s) (DSKPCHRS) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Laptop(s) (LAPPCHRS) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

K5 How often does anyone in your home perform any of the following activities on the computer(s) in your home?

| | Never | Rarely (less than once a week) | Occasionally (several times a week) | Frequently (several times a day) |
|--|-------------------------|-----------------------------------|--|-------------------------------------|
| Send or receive e-mail (EMAIL) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Browse the Internet for information (BRWSONLN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Make purchases using the Internet (BUYONLN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Pay bills on-line (BILLONLN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Play games on computer (GAMPC) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

K6 Do you (or someone else in your home) operate a business and/or work from your home? (WORKHOME)

1 No (Go to K8.)

2 Yes → **K7** How many hours a week is someone working out of your home? (WKHRSHM)

- 1 0 – 10 hours per week
- 2 11 – 30 hours per week
- 3 More than 30 hours per week

K8 How many of the following products do you **use** in this home?

| | None | One | Two | Three or more |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Answering machine (ANSRMCHN) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Multifunction machine (printer, fax, scanner, copier) (MULTMCHN) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| FAX machine (Stand-alone) (FAX) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Inkjet Printer for computer (Stand-alone) (PRNTJET) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Laser Printer for computer (Stand-alone) (PRNTLSR) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Scanner (Stand-alone) (SCAN) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Copier (Stand-alone) (COPIER) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Dial-up internet access (PHINT) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| High-speed modem for Internet(DSL/cable/satellite) (HSMODINT) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Home network (wired or wireless) (HMNET) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Uninterrupted Power Supply (UPS, power backup) (UNPWRSUP) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |
| Cell phone (used by occupants of this home) (CELL) | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> | 1 <input type="radio"/> |

Lighting

L1 How many total light bulbs of each type are used in the ceiling fixtures and lamps in each of the following areas of your home? (Choose one answer for each area.)

Compact Fluorescent Light Bulbs (CFLs)



| Area | None | 1-2 | 3-5 | 6-8 | 9-10 | 11 or more |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Family/Living Room (FMLRCFL) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Kitchen/ Dining (KITCFL) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Bathroom(s) (BTHCFL) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Bedroom(s) (including closets) (BDRCFL) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Hallway(s)/Entry (HLWCFL) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

Incandescent Light Bulbs



| Area | None | 1-2 | 3-5 | 6-8 | 9-10 | 11 or more |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Family/Living Room (FMLRINCD) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Kitchen/Dining (KITINCD) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Bathroom(s) (BTHINCD) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Bedroom(s) (including closets) (BDRINCD) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| Hallway(s)/Entry (HLWINCD) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |

- L2** How many lights inside your home are turned on during the following times of day?
(Choose one answer for each time period.)

| Time Period | None | Few lights (about 25%) | Some lights (about 50%) | Many lights (about 75%) | All lights (100%) |
|--|-------------------------|---------------------------|----------------------------|----------------------------|-------------------------|
| Morning (6am-9am) (LMRNUSEN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Day (9am-5pm) (LDAYUSEN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Evening (5pm-9pm) (LEVNUSEN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Night (9pm-6am) (LNITEUSEN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

- L3** How many of the following lighting products do you use **inside** your home?

| Interior Lighting Products | None | 1 – 2 | 3 – 5 | 6 – 10 | 11 or More |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Fixtures on Timers (ICTLTIMR) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Fixtures on Motion Detectors or Occupancy Sensors (ICTLOCCS) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Fixtures on a Dimming Switch (ICTLDIM) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| Nightlights (ICTLNITE) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

- L4** How many of the following lighting products do you use **outside** your home?
(Include items in your garage. Only include exterior lights that are paid for on your electricity bill.)

None 1 – 2 3 – 5 6 or More

Exterior Fixtures

| | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Exterior incandescent fixtures (EXINC) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Exterior compact fluorescent fixtures (EXCFL) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Low voltage landscape light system (EXLOWV) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| HID (sodium vapor, metal halide) fixture (EXHID) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

Exterior Lighting Controls

| | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Fixtures on Timers (ECTLTIMR) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Fixtures on Dusk-to-Dawn Sensors (ECTLDSK) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| Fixtures on Motion Detectors (ECTLMOTN) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

- L5** Have you removed a compact fluorescent light bulb (**CFL**) and replaced it with an incandescent light bulb? (**CFLTOINCD**)

1 No

2 Yes

Miscellaneous Appliances

M1 How many of each of the following appliances or equipment do you **use** in your home? (Choose all that apply.)

| | None | 1 | 2 | 3 or More |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Chargers left plugged in all the time <i>(phone/PDA/tools)</i> (CHRGRS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Portable fan (FNPORT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling fan (FNCEIL) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wind turbine attic ventilator (non-electric) (WNDATV) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric attic fan (FNATTIC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whole-house fan (FNWHOLE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic household air cleaner (AIRCLEAN) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Humidifier or Dehumidifier (HUMDEH) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wine or beverage cooler (WINCLR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water purification system (WHPURIFY) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic hot water recirculation pump (DHWRPMP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric blanket (ELBLNKET) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aquarium (AQUAR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trash compactor (TRSHCOMP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sauna – electric (SAUNA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic security system (SCRTYSYS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pond or water garden pump (POND) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric garage door opener (GRGDROPN) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lawn mower – electric (LAWNMOWR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

M2 Do you use an electric well water pump to provide water for your home? (WLWTRPMP)

No (Go to M5.)

Yes

M3 Does your home also have access to city/county water sources? (WTRSRCES) Yes No

M4 How do you use your well water? (WLWTUSE)

Only for gardening and landscaping

Only for household use

Both household and gardening/landscape use

M5 Select fuel type for any of the equipment that is **used** three or more hours per week.

| | Electric | Natural Gas | Bottled Gas |
|--|--------------------------|--------------------------|--------------------------|
| Sump pump (SUMPPMP) | <input type="checkbox"/> | | |
| Shop tools (SHOPTLS) | <input type="checkbox"/> | | |
| Electric welding equipment (WELD) | <input type="checkbox"/> | | |
| Electric air compressor (AIRCOMP) | <input type="checkbox"/> | | |
| Charger for large battery (BATCHRGE) | <input type="checkbox"/> | | |
| Kiln for ceramics and pottery (KILN) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical equipment (e.g., respirator) (MEDICAL) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

M6 Do you have an electric vehicle, electric wheelchair, or golf cart at your home? (ELVEH)

No (Go to M8.)

Yes, but it is a hybrid vehicle and does not need to be charged at home. (Go to M8.)

Yes, electric wheelchair/cart → **M7** Do you charge your electric wheelchair, cart or vehicle at home? (CHRGVEH)

Yes, electric car/vehicle

Yes No

M8 Do you use any other equipment or large appliance that consumes a significant amount of electricity or natural gas in your home? (OLRGAPP)

No Yes (Please describe equipment and fuel.): (OLRGEQP), (OLRGFUEL) _____

M9 Please indicate if you have **added** any of the following appliances in the past 12 months. If the new item replaced an existing unit, please be sure to answer question **M10** as well. (Choose all that apply.)

| Appliance | Added | Fuel Type of New Unit | | |
|-------------------------------------|------------------------------------|-----------------------|--------------------------|--------------------------|
| | | Elec | Nat. Gas | Other |
| Central heating | <input type="checkbox"/> (CHADD) | (CHFUEL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Central cooling | <input type="checkbox"/> (CCADD) | (CCFUEL) | <input type="checkbox"/> | |
| Wall or window air conditioner | <input type="checkbox"/> (WWADD) | (WWFUEL) | <input type="checkbox"/> | |
| Evaporative (<i>swamp</i>) cooler | <input type="checkbox"/> (EVCLADD) | (EVCLFUEL) | <input type="checkbox"/> | |
| Water heater | <input type="checkbox"/> (WHADD) | (WHFUEL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | <input type="checkbox"/> (RFADD) | (RFFUEL) | <input type="checkbox"/> | |
| Stand-alone freezer | <input type="checkbox"/> (FRZADD) | (FRZFUEL) | <input type="checkbox"/> | |
| Stove top | <input type="checkbox"/> (STADD) | (STFUEL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Oven | <input type="checkbox"/> (OVADD) | (OVFUEL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave oven | <input type="checkbox"/> (MWADD) | (MWFUEL) | <input type="checkbox"/> | |
| Dishwasher | <input type="checkbox"/> (DWADD) | (DWFUEL) | <input type="checkbox"/> | |
| Clothes washer | <input type="checkbox"/> (CWADD) | (CWFUEL) | <input type="checkbox"/> | |
| Clothes dryer | <input type="checkbox"/> (CDADD) | (CDFUEL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool heater | <input type="checkbox"/> (PHADD) | (PHFUEL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool pump | <input type="checkbox"/> (PPADD) | (PPFUEL) | <input type="checkbox"/> | |
| Hot tub/spa heater | <input type="checkbox"/> (TBADD) | (TBFUEL) | <input type="checkbox"/> | <input type="checkbox"/> |

Have not **added** any of the above appliances. (NOADD)

M10 Please indicate if you have **discarded** any of the following appliances in the past 12 months. Include both items that were replaced and those that were discarded without being replaced. (Choose all that apply.)

| Appliance | Age of Discarded Unit | | | Fuel Type of Discarded Unit | | |
|-------------------------------------|--|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| | 1–10 years | 11–20 years | Over 20 years | Elec | Nat. Gas | Other |
| Central heating | (DCHAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DCHFL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Central cooling | (DCCAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DCCFL) <input type="checkbox"/> | | |
| Wall or window air conditioner | (DWWAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DWWFL) <input type="checkbox"/> | | |
| Evaporative (<i>swamp</i>) cooler | (DEVCLAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DEVCLFL) <input type="checkbox"/> | | |
| Water heater | (DWHAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DWHFL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | (DRFAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DRFFL) <input type="checkbox"/> | | |
| Stand-alone freezer | (DFZAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DFRZFL) <input type="checkbox"/> | | |
| Stove top | (DSTAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DSTFL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oven | (DOVAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DOVFL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave oven | (DMWAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DMWFL) <input type="checkbox"/> | | |
| Dishwasher | (DDWAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DDWFL) <input type="checkbox"/> | | |
| Clothes washer | (DCWAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DCWFL) <input type="checkbox"/> | | |
| Clothes dryer | (DCDAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DCDFL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool heater | (DPHAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DPHFL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool pump | (DPPAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DPPFL) <input type="checkbox"/> | | |
| Hot tub/spa heater | (DTBAGE) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (DTBFL) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have not **discarded** any of the above appliances. (NODISCRD)

Household Information

Please provide answers to the following questions. Your responses will be confidential and no data will be used on an individual basis. The information is used to allow us to compare energy usage between various groups.

- N1** In addition to the home described in this survey, do you own any other home in California that is occupied on a part-time basis by your family or as a vacation rental? (Please do not answer yes for any full-time rental property or time-share units.) (PTHME)

Yes No (Go to N3.)

- N2** Please provide the following information for your seasonal or vacation home that you own in California? (Please do not provide information for the home described in this survey, any full-time rental property or any time-share units.)

| | | |
|--|--|---|
| Location (PTHMELOC) | <input type="checkbox"/> In the mountains <input type="checkbox"/> In the desert <input type="checkbox"/> Near a lake or river | <input type="checkbox"/> Near the ocean <input type="checkbox"/> Other |
| Electricity is provided to this vacation home by: (PTHMEUTL) | <input type="checkbox"/> PG&E <input type="checkbox"/> SCE <input type="checkbox"/> SDG&E | <input type="checkbox"/> LADWP <input type="checkbox"/> Other |

- N3** What was the highest level of education completed by any head of household in the home? (EDUC)

Elementary (grades 1 – 8) Some college/trade/ vocational school
 Some high school (grades 9 – 12) College graduate
 High school graduate Postgraduate degree

- N4** What is the primary language spoken in this home? (ETHNIC)

English Spanish
 Asian (describe) Other (describe)
(ASIAETHD) _____

- N5** Are any of the occupants of your home permanently disabled? (DISABLED)

No Yes, 1 permanently disabled Yes, 2 or more permanently disabled

- N6** Which of the following ethnic groups are represented by your head(s) of household? (Choose all that apply.)

Head of Household # 1 Head of Household # 2

| | | |
|--------------------------------|------------------------------------|------------------------------------|
| American Indian, Alaska Native | <input type="checkbox"/> (HOHIND1) | <input type="checkbox"/> (HOHIND2) |
| Asian or Pacific Islander | <input type="checkbox"/> (HOHASN1) | <input type="checkbox"/> (HOHASN2) |
| Black, African American | <input type="checkbox"/> (HOHBLK1) | <input type="checkbox"/> (HOHBLK2) |
| Hispanic / Latino | <input type="checkbox"/> (HOHLAT1) | <input type="checkbox"/> (HOHLAT2) |
| White, Caucasian | <input type="checkbox"/> (HOHWHT1) | <input type="checkbox"/> (HOHWHT2) |
| Other | <input type="checkbox"/> (HOHOTH1) | <input type="checkbox"/> (HOHOTH2) |

- N7** Please check the range that best describes your household's total annual income. (INCOME) (AVGINC – Plugged continuous income, not including MM)

Less than \$10,000 \$30,000 – \$34,999 \$60,000 – \$74,999
 \$10,000 – \$19,999 \$35,000 – \$39,999 \$75,000 – \$99,999
 \$20,000 – \$24,999 \$40,000 – \$49,999 \$100,000 – \$149,999
 \$25,000 – \$29,999 \$50,000 – \$59,999 \$150,000 or more

We may need to contact you to verify some of the information you have provided in the survey, and request a phone number by which to do so. Providing a phone number is **optional**, and your survey can be considered complete even without a phone number. If you provide your number, please also indicate the times that would be most convenient for you to be contacted. Your phone number will not be given out to anyone and will be used only for this research project. You will only be called if we need to follow-up on some of the information in the survey.

**Phone Number (Please write in your answer and (PHONE)
fill out the circles to match each number in the box below.)**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | - | 4 | 5 | 6 | - | 7 | 8 | 9 | 10 |
| 0 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | | 1 | 1 | 1 | | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | | 2 | 2 | 2 | | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | | 3 | 3 | 3 | | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | | 4 | 4 | 4 | | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | | 5 | 5 | 5 | | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | | 6 | 6 | 6 | | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | | 7 | 7 | 7 | | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | | 8 | 8 | 8 | | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | | 9 | 9 | 9 | | 9 | 9 | 9 | 9 |

Best Time to Call (TIMECALL)

- Weekday mornings
- Weekday afternoons
- Weekday early evening
- Weekday evening
- Weekend

**Please return your survey in the enclosed envelope.
The sponsors greatly value your time and input.
Thank you very much for participating!**

APPENDIX B

2009 RASS Survey, Spanish version



ENCUESTA DE LA ENERGIA EN EL HOGAR

*Por favor, llene esta encuesta por la casa en
la dirección que indica "For Service at:"*



Gracias por su ayuda! Su participación es muy importante para nosotros. La información que Usted nos da nos ayuda a planear las necesidades de electricidad y gas natural suyas y las de todos los californianos. Le agradecemos su atención y la información que nos proporciona.

SU PARTICIPACIÓN ES MUY IMPORTANTE. Hemos mandado esta encuesta a una cantidad limitada de hogares, por lo que sus respuestas son muy importantes.

Por favor, llene esta encuesta con un **LÁPIZ**, rellenando completamente el óvalo como se muestra a la derecha. La información en azul ayuda a aclarar preguntas o indica si debe saltarse algunas preguntas.



Trate de responder todas las preguntas. Si no sabe la respuesta a una de las preguntas, por favor continúe con la siguiente. Si prefiere hacer la encuesta por teléfono o tiene preguntas sobre la encuesta, puede llamar sin cargo al 1-866-372-3978, de 8:30 de la mañana a 5:00 de la tarde. Fuera de este horario Usted puede dejar un mensaje y nosotros le llamamos.

Cuando termine, por favor envíe la encuesta en el sobre de porte pagado, a la dirección siguiente:

CA Home Energy Survey Processing Center
155 Grand Avenue
Oakland, CA 94612

Esta encuesta también está disponible en Español por el **internet**. Si usted prefiere llenarla de ese modo, por favor visite la página
<http://websafe.kemainc.com/rassweb/survey>.

Para poder realizar nuestro análisis de uso de energía, necesitamos que sus respuestas sean solo sobre su casa. Antes de empezar la encuesta por internet, necesitará información disponible en este libreto.

Esperamos recibir su información. ¡Gracias por participar!

Esta encuesta es patrocinada por:

Pacific Gas and Electric
San Diego Gas and Electric
Southern California Gas Company

Southern California Edison
Los Angeles Dept. of Water and Power
California Energy Commission

Su casa

A1 ¿Qué tipo de edificio existe en la dirección impresa al frente de esta encuesta?

- Casa individual ➔ Número de pisos: 1 2 3 o más
 Townhouse, duplex o casa en hilera (*Comparte paredes exteriores con una casa vecina, pero no el techo o el piso*)
 Departamento o condominio (2 – 4 unidades)
 Departamento o condominio (5 o más unidades)
 Casa rodante
 Otro (*Describa:* _____)

A2 ¿Es propietario de esta vivienda o la renta?

- Propietario / comprandola Renta / alquila

A3 ¿Cuánto tiempo ha vivido Ud. en esta dirección?

- | | | | |
|--|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 1 año o menos | <input type="checkbox"/> 6 años | <input type="checkbox"/> 11 años | <input type="checkbox"/> 16 – 20 años |
| <input type="checkbox"/> 2 años | <input type="checkbox"/> 7 años | <input type="checkbox"/> 12 años | <input type="checkbox"/> 21 – 30 años |
| <input type="checkbox"/> 3 años | <input type="checkbox"/> 8 años | <input type="checkbox"/> 13 años | <input type="checkbox"/> más de 30 años |
| <input type="checkbox"/> 4 años | <input type="checkbox"/> 9 años | <input type="checkbox"/> 14 años | |
| <input type="checkbox"/> 5 años | <input type="checkbox"/> 10 años | <input type="checkbox"/> 15 años | |

A4 ¿Cuál es la mejor descripción de esta residencia?

- Esta es mi residencia permanente. (*Pase a A6.*)
 Esta es mi residencia por parte del año o en temporada.
 Esta es mi casa de vacaciones y generalmente la usa solo mi familia.
 Esta es una casa vacaciones que se renta.

A5 Si esta es una casa parte del año o de vacaciones, por favor marque los meses en que normalmente está ocupada (*Marque los meses correspondientes.*)

- | | | | | | |
|----------------------------------|--------------------------------|--------------------------------|---------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Enero | <input type="checkbox"/> Marzo | <input type="checkbox"/> Mayo | <input type="checkbox"/> Julio | <input type="checkbox"/> Sept | <input type="checkbox"/> Nov |
| <input type="checkbox"/> Febrero | <input type="checkbox"/> Abril | <input type="checkbox"/> Junio | <input type="checkbox"/> Agosto | <input type="checkbox"/> Oct | <input type="checkbox"/> Dec |

A6 Aproximadamente, en qué año fué construida esta vivienda?

- | | | | |
|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Antes 1940 | <input type="checkbox"/> 1960-1969 | <input type="checkbox"/> 1978-1982 | <input type="checkbox"/> 1998-2000 |
| <input type="checkbox"/> 1940-1949 | <input type="checkbox"/> 1970-1974 | <input type="checkbox"/> 1983-1992 | <input type="checkbox"/> 2001-2004 |
| <input type="checkbox"/> 1950-1959 | <input type="checkbox"/> 1975-1977 | <input type="checkbox"/> 1993-1997 | <input type="checkbox"/> 2005-2008 |

A7 ¿Cuantas recamaras hay en esta casa?

- | | | | |
|---|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> No tiene (es un estudio) | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 dormitorio | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 2 dormitorios | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | <input type="checkbox"/> Más de 10 |

A8 ¿Cuántos pies cuadrados o espacio de uso tiene su vivienda, incluídos los cuartos, vestíbulo y pasillos? (*Excluidos los garajes, sótanos y porches sin calefacción*)

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Menos de 250 | <input type="checkbox"/> 1001 – 1250 | <input type="checkbox"/> 2501 – 3000 |
| <input type="checkbox"/> 250 – 500 | <input type="checkbox"/> 1251 – 1500 | <input type="checkbox"/> 3001 – 4000 |
| <input type="checkbox"/> 501 – 750 | <input type="checkbox"/> 1501 – 2000 | <input type="checkbox"/> 4001 – 5000 |
| <input type="checkbox"/> 751 – 1000 | <input type="checkbox"/> 2001 – 2500 | <input type="checkbox"/> Más de 5000 |

A9 ¿Tienen aislamiento las **paredes exteriores** de su casa?

- Si, todas Si, algunas No

A10 ¿Tiene aislamiento el **ático/techo** de su casa?

- Si ➔ **A11** Si es si, estime las pulgadas de aislamiento del **ático/techo**.
 No 0 – 3 pulgadas (*Valor R menos de R-10*)
 4 – 6 pulgadas (*R-11 a R-19*)
 7 – 10 pulgadas (*R-20 a R-30*)
 Más de 10 pulgadas (*R-31 o mayor*)

A12 Choose the statements that best describe your **windows**.

Vidrio (numero de capas de vidrio)

- Todas o la mayoría tienen un solo vidrio Todas o la mayoría tienen vidrio doble Mi casa tiene una mezcla de ventanas con vidrio sencillo y vidrio doble

TIPO DE MARCO

- Todas o la mayoría tienen marcos de vinil Todas o la mayoría tienen marcos de madera Todas o la mayoría tienen marcos de metal

A13 ¿Ha sido remodelada su casa en los últimos 12 meses?

No (*Pase a A15.*)

Si → **A14** ¿Que clase de remodelación hizo? (*Elija todas las apropiadas*)

- Añadió un cuarto, o aumentó pies cuadrados a la casa
 Remodelación de baño o cocina
 Reconstruimos casi toda la casa
 Otra

A15 Por cada uno de los siguientes grupos de edades, cuántas personas, incluído/a Usted, viven en la casa?

Número de personas que usualmente viven en esta casa

| Edad | Nadie | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Más de 7 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5 y menores | <input type="checkbox"/> |
| 6 – 18 | <input type="checkbox"/> |
| 19 – 34 | <input type="checkbox"/> |
| 35 – 54 | <input type="checkbox"/> |
| 55 – 64 | <input type="checkbox"/> |
| 65 y mayores | <input type="checkbox"/> |

A16 En general, con qué frecuencia un miembro de esta casa usa aparatos o equipos eléctricos (por ejemplo lavarropas, estufa eléctrica, lavadora de platos, aire acondicionado, etc) los días de semana de **12 del mediodía a 6 de la tarde?**

Frecuentemente (*3 – 5 días a la semana*)

Ocasionalmente (*1 – 2 días a la semana*)

Nunca o casi nunca (*Menos de 1 día a la semana*)

A17 ¿Hay en su vecindario servicio de gas natural a través de tubería?

Si

No (*Pase a A20.*)

A18 ¿Tiene una línea de gas natural o conexión en alguna parte de su casa?

Si

No

A19 ¿A qué compañía paga Usted por el servicio de **gas natural** en su casa?

Pacific Gas & Electric (PG&E)

Southwest Gas Corporation

San Diego Gas & Electric

City of Coalinga

Southern California Gas Company

City of Long Beach Gas Department

(“The Gas Company”)

No estoy seguro

A20 ¿Cuantos vehículos hay en esta residencia ?

- Ninguno (*Pase a B1*) 1 2 3 4 5 o mas

| | | | | |
|---|--|-----------------------|-----------------------|-----------------------|
| A21 | Por favor responda acerca de los tres vehiculos que se usan mas: | Vehiculo No. 1 | Vehiculo No. 2 | Vehiculo No. 3 |
| Cada vehiculo que se maneja entre semana en viajes regulares, ¿Cuantas millas se maneja en una sola ida? (Sin contar el regreso.) | | | | |
| | 0 to 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 11 to 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 21 to 30 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Mas de 30 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ¿Cuantas millas se maneja cada vehiculo en un año? | | | | |
| | 0 to 7,999 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 8,000 to 11,999 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 12,000 to 15,999 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 16,000 o mas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ¿Usual mente donde estaciona cada vehiculo? | | | | |
| | Garaje | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Estacionamiento exterior cubierto | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Estacionamiento exterior no cubierto | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | En la calle | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| El lugar donde se estaciona este carro esta cerca de un enchufe electrico sin necesidad de atravesar el paso del publico | | | | |
| | Si | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | No | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Calefacción

B1 ¿Paga Usted por la calefacción de su casa?

- Si No, es parte de la renta/cuota de condominio (*Pase a B8.*)
- No, no tiene sistema de calefacción (*Pase a B8.*)

B2 ¿Qué tipo de sistema de calefacción utiliza para calentar su casa?

(Si Ud. utiliza más de un sistema de calefacción marque el sistema que más utiliza como "Principal" y marque todos los otros sistemas como "Adicional")

| | Calefacción Principal <i>(Marque solo UNA respuesta)</i> | Calefacción Adicional <i>(Marque TODAS las apropiadas)</i> | |
|---|--|---|--|
| GAS NATURAL (del servicio de gas) | | | |
| Calefacción central de aire forzado (<i>un ventilador circula el aire caliente a través de los conductos</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Calefacción de pared/piso | <input type="checkbox"/> | <input type="checkbox"/> | |
| Radiador de agua caliente | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chimenea (de gas) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Otro tipo de sistema | <input type="checkbox"/> | <input type="checkbox"/> | |
| ELÉCTRICA | | | |
| Resistencia (zócalo/techo/piso/pared) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Calefacción central de aire forzado (<i>un ventilador circula el aire caliente a través de los conductos</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bomba de calor central (<i>calienta y enfriá</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bomba de calor en la pared (<i>Parece un aire acondic. de ventana/pared pero también dá calor</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Calefactor portátil | <input type="checkbox"/> | <input type="checkbox"/> | |
| Otro tipo de sistema | <input type="checkbox"/> | <input type="checkbox"/> | |
| GAS ENVASADO (propano, LP) | | | |
| Calefacción central de aire forzado (<i>un ventilador circula el aire caliente a través de los conductos</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Calefacción de pared/piso | <input type="checkbox"/> | <input type="checkbox"/> | |
| Radiador de agua caliente | <input type="checkbox"/> | <input type="checkbox"/> | |
| Otro tipo de sistema | <input type="checkbox"/> | <input type="checkbox"/> | |
| MADERA | | | |
| Estufa de leña/estufa de pellets/chimenea inserta | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chimenea (de madera) | <input type="checkbox"/> | <input type="checkbox"/> | |
| SOLAR | | | |
| Solar – sin respaldo | <input type="checkbox"/> | <input type="checkbox"/> | |
| Solar – con respaldo de gas natural | <input type="checkbox"/> | <input type="checkbox"/> | |
| Solar – con respaldo de propano | <input type="checkbox"/> | <input type="checkbox"/> | |
| Solar – con respaldo eléctrico | <input type="checkbox"/> | <input type="checkbox"/> | |
| OTRO combustible | | | |
| (describa): _____ | | | |
| B3 Si su(s) sistema(s) de calefacción usa(n) gas natural como energía indique si tiene(n) piloto(s) de encendido | | | |
| Calefacción primaria a gas | <input type="checkbox"/> Si, tiene piloto Predicho todo el año | <input type="checkbox"/> Si, tiene piloto Solo prendido en invierno | <input type="checkbox"/> No tiene piloto |
| Calefacción secundaria a gas | <input type="checkbox"/> Si, tiene pilotos Predicho todo el año | <input type="checkbox"/> Si, tiene pilotos Solo prendido en invierno | <input type="checkbox"/> No tiene pilotos(s) |
| B4 ¿Cuántos años tiene su sistema de calefacción? | | | |
| <input type="checkbox"/> Menos de 1 año | <input type="checkbox"/> 4 – 8 años | <input type="checkbox"/> 14 – 30 años | |
| <input type="checkbox"/> 1 – 3 años | <input type="checkbox"/> 9 – 13 años | <input type="checkbox"/> Más de 30 años | |

B5 ¿Qué clase de termostato tiene su sistema principal de calefacción?

- Termostato programable (*Los digitales usualmente tienen un reloj digital y botones. Los mecánicos usualmente tienen un reloj rotativo y lenguetas, clavijas, o palancas.*)
- Termostato estandar (*Le permite ajustar la temperatura y encender o apagar la calefacción. No se pueden ajustar los tiempos para encendido y apagado*)
- No tiene termostato (*Válvula/control simple de apagado/encendido*) (*Pase a B7.*)

B6 Si su sistema de calefacción principal está controlado por un termostato, cuál es la temperatura promedio a la que está ajustado en cada período durante el invierno?

(*Elija una respuesta por cada período de tiempo. Seleccione la temperatura típica en que está puesto si ésta varía*)

| | Apagado | Deabajo 55°F | 55 – 60°F | 61 – 65°F | 66 – 70°F | 71 – 75°F | Sobre 75°F |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mañana (6am-9am) | <input type="checkbox"/> |
| Día (9am-5pm) | <input type="checkbox"/> |
| Tarde (5pm-9pm) | <input type="checkbox"/> |
| Noche (9pm-6am) | <input type="checkbox"/> |

B7 ¿Se le ha hecho un servicio de mantenimiento a su sistema de calefacción principal en los pasados 12 meses?

- Si
- No

B8 ¿Cuantos calentadores eléctricos portátiles utiliza?

- No uso calentadores portátiles
- 2 calentadores portátiles
- 1 calentador portátil
- 3 o más calentadores portátiles

B9 ¿Con qué frecuencia utiliza otro(s) sistema(s) de calefacción adicional(es) incluyendo calentadores portátiles, durante el invierno?

- No uso sistema adicional
- Con frecuencia (*2 a 4 días a la semana*)
- Raramente (*una vez al mes*)
- Siempre (*5 a 7 días a la semana*)
- A veces (*una vez a la semana*)

Aire acondicionado

AIRE ACONDICIONADO CENTRAL

C1 ¿Paga Ud. por el aire acondicionado central/enfriamiento de su casa?

- Si
- No, es parte de la renta/cuota de condominio (*Pase a C7.*)
- No, no tengo aire acondicionado central (*Pase a C7.*)

C2 Qué clase y cuántos sistemas centrales de aire acondicionado tiene Ud. en su casa?

| | Número de sistemas centrales | | | Sistema principal controlado con un termostato con zonas |
|--|------------------------------|--------------------------|--------------------------|--|
| | 1 | 2 | 3 o más | |
| Aire acondicionado central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enfriamiento por evaporación (<i>swamp cooler</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bomba de calor (<i>calienta y enfria</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C3 ¿Cuántos años tiene su unidad de aire acondicionado central principal?

- Menos de un año
- 4 – 8 años
- 1 – 3 años
- 9 – 13 años
- 14 – 30 años
- Más de 30 años

C4 ¿Qué clase de termostato tiene su sistema de aire acondicionado?

Termostato programable con comunicación (*El termostato tiene capacidad de comunicarse con la compañía de electricidad*)
 Termostato programable (*Los digitales usualmente tienen un reloj digital y botones. Los mecánicos usualmente tienen un reloj rotativo y lenguetas, clavijas, o palancas.*)
 Termostato estandar (*Le permite ajustar la temperatura y encender y apagar el aire acondicionado. No se pueden ajustar los tiempos de encendido o apagado*)
 No tiene termostato (*Control simple de encendido/apagado*) (*Pase a C6.*)

C5 ¿Cuál es cuál es la temperatura promedio a la que está ajustado el termostato durante el verano? (*Elija una respuesta para cada período de tiempo.*)

| | Apagado | Menos de 70°F | 70 – 73°F | 74 – 76°F | 77 – 80°F | Más de 80°F |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mañana (6am–9am) | <input type="checkbox"/> |
| Día (9am–5pm) | <input type="checkbox"/> |
| Tarde (5pm–9pm) | <input type="checkbox"/> |
| Noche (9pm–6am) | <input type="checkbox"/> |

C6 ¿Se le ha hecho un servicio de mantenimiento a su sistema de aire acondicionado central en los últimos 12 meses?

Si No

AIRE ACONDICIONADO DE VENTANA O PARED

C7 Indique abajo las características del aire acondicionado/enfriamiento en cada habitación.

No hay habitaciones con unidades de aire acondicionado/enfriamiento (*Pase a D1.*)
 Unidad 1 Unidad 2 Unidad 3

Tipo de aire acondicionado/unidad de enfriamiento en la habitación

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Aire acondicionado de ventana/pared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bomba a calor de ventana/pared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaporador de ventana/pared (<i>swamp cooler</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Edad de la unidad en la habitación

| | | | |
|-----------------|--------------------------|--------------------------|--------------------------|
| Menos de un año | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 – 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 – 8 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 – 13 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Más de 13 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C8 Indique con qué frecuencia las unidades de aire acondicionado/enfriamiento están encendidas en el verano. (*Seleccione una respuesta por cada período.*)

| Período de tiempo | Nunca | Rara vez 1-2 días por sem. | A veces 3-4 días por semana | Con frec. 5-6 días por sem. | Siempre 7 días por semana |
|-------------------------|--------------------------|-------------------------------|--------------------------------|--------------------------------|------------------------------|
| Mañana (6am–9am) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Día (9am–5pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tarde (5pm–9pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Noche (9pm–6am) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tarde de calor (12-6pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Calentamiento de agua

- D1** ¿Paga Ud. por calentar el agua en su casa?
- Si No, es parte de la renta/cuota de condominio (*Pase a D5.*)
 No hay calentador de agua (*Pase a D5.*)

D2 ¿Qué sistema usa Ud. para calentar el agua en su casa?

| | Calentador de agua principal <i>(Marque solo UNA caja en esta columna)</i> | Calentador(es) de agua adicional(es) <i>(Marque TODAS las cajas apropiadas)</i> |
|---|--|---|
| GAS NATURAL | | |
| Tanque estandar | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema sin tanque en toda la casa | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema de condensacion de alta eficiencia (con tubo de ventilacion de plastico) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICO | | |
| Tanque estandar | <input type="checkbox"/> | <input type="checkbox"/> |
| Bomba de calor | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema sin tanque en toda la casa | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema sin tanque de encendido instantaneo | <input type="checkbox"/> | <input type="checkbox"/> |
| PROPANO | | |
| Tanque estandar | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema sin tanque en toda la casa | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR | | |
| Sin sistema de respaldo | <input type="checkbox"/> | <input type="checkbox"/> |
| Con respaldo de gas natural | <input type="checkbox"/> | <input type="checkbox"/> |
| Con respaldo de propano | <input type="checkbox"/> | <input type="checkbox"/> |
| Con respaldo eléctrico | <input type="checkbox"/> | <input type="checkbox"/> |
| OTRO COMBUSTIBLE Describa: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

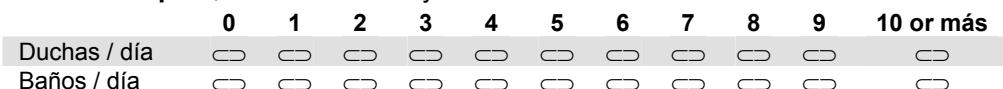
D3 ¿Cuál es la temperatura promedio a la que pone el calentador de agua? *(Mediano es el ajuste standard de fábrica.)*

Bajo (menos de 130°F) Mediano (130°F-150°F) Alto (sobre 150°F)

D4 ¿Cuántos años tiene su sistema principal para calentar el agua?

Menos de 1 año 4 – 8 años 14 – 30 años
 1 – 3 años 9 – 13 años MÁS de 30 años

D5 En un **día típico**, cuántas duchas y baños se toman en su casa ?



D6 ¿Tiene regadera(s) de bajo flujo instalada(s) en su(s) ducha(s)? *(Las regaderas de bajo flujo usan 2.5 galones por minuto o menos y son standar desde 1993)*

Si, todas las duchas Si, algunas duchas No

D7 ¿Los grifos de su casa tienen aereadores para ahorrar agua? *(Aereadores son agregados para reducir el uso de agua mezclando aire con el flujo de agua)*

Si, todos los grifos Si, algunos grifos No

Lavado y secado de ropa

E1 ¿Tiene lavadora o secadora de ropa en su casa?

Si No, el cuarto de lavado está en el área común del edificio. *(Pase a F1.)*
 Yo no uso el cuarto de lavado en mi edificio. *(Pase a F1.)*

E2 ¿Que tipo de lavarropas tiene?

(No incluya los lavarropas que funcionan con monedas o están en áreas comunes.)

Lavarrropas con abertura arriba Lavarrropas con abertura al frente

E3 ¿Cuantos años tiene su lavarropas?

Menos de 1 año 6 – 8 años 16 – 30 años
 1 – 5 años 9 – 15 años Más de 30 años

E4 ¿Cuantas veces usa la lavadora de ropa en una semana promedio? Por favor indique de acuerdo a la temperatura del agua de lavado.

| | Número de cargas de ropa por semana | | | | | | | | | | |
|-------------|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 o más |
| En caliente | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| En tibio | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| En frío | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

E5 ¿Qué tipo de secadora de ropa tiene?

(No incluya las secadoras que funcionan con monedas o están en áreas comunes.)

- | | |
|---|--|
| <input type="radio"/> No tengo una secadora | <input type="radio"/> Secadora eléctrica |
| <input type="radio"/> Secadora de gas natural | <input type="radio"/> Secadora de gas envasado (Propano, Butano, LP) |

E6 ¿Cuántas cargas de ropa se secan en su secadora durante una **semana promedio**?

- | | | | | | |
|-------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------------|
| <input type="radio"/> Ninguna | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 | <input type="radio"/> 8 | <input type="radio"/> 10 o más |
| <input type="radio"/> 1 | <input type="radio"/> 3 | <input type="radio"/> 5 | <input type="radio"/> 7 | <input type="radio"/> 9 | |

Preparación de comida

F1 ¿Cuál de las siguientes aparatos para cocinar se utilizan en su casa? (Marque todos los que tenga.)

| Aparatos para cocinar | Tipo de combustible | | | | Edad del aparato (años) | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| | Gas Nat. | Elec trico | Gas Envas. | Otro | 0-5 a. | 6-10 a. | 11-15 años | Más de 15 años |
| Estufa, completa o solo hornillas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Horno(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asador exterior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Horno de microondas | <input type="radio"/> | | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

F2 Durante una **semana promedio**, cuantas vezce utilizas los siguientes aparatos de cocina?

| | Nunca | Raramente (menos de una en la semana) | En ocasión (1 – 2 veces en la semana) | A veces (3 – 4 veces en la semana) | Frecuente (5 – 7 veces en la semana) |
|---------------------|-----------------------|--|--|---------------------------------------|---|
| Estufa | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Horno(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Horno de Microondas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Otro | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

F3 ¿Tiene lavaplatos?

- | | |
|--------------------------|---------------------------------------|
| <input type="radio"/> Si | <input type="radio"/> No (Pase a G1.) |
|--------------------------|---------------------------------------|

F4 ¿Cuántas veces utiliza el lavaplatos en una **semana promedio**?

- | | | | | |
|-------------------------------|-------------------------|-------------------------|-------------------------|-------------------------------|
| <input type="radio"/> Ninguna | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 3 | <input type="radio"/> 5 | <input type="radio"/> 7 | <input type="radio"/> 9 o más |

Refrigeradores

G1 ¿Cuántos refrigeradores tiene conectados?

- | | | | |
|--------------------------------------|-------------------------|-------------------------|-------------------------------|
| <input type="radio"/> 0 (Pase a H1.) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 o más |
|--------------------------------------|-------------------------|-------------------------|-------------------------------|

G2 Por favor indique las características de cada refrigerador:

| | Refrig 1 | Refrig 2 | Refrig 3 |
|--|-----------------------|-----------------------|-----------------------|
| Estilo de la puerta | | | |
| Una puerta | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Congelador arriba – Refrig. abajo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Refrigerador arriba – Cong. abajo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Uno al lado del otro | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tamaño, en pies cúbicos | | | |
| Mini (<i>menos de 13 pies cu.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pequeño (<i>13 – 16 pies cu.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mediano (<i>17 – 19 pies cu.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Grande (<i>20 – 23 pies cu.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Muy grande (<i>mas de 23 pies cu.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sin descongelador o descongelador manual? | | | |
| Automático (sin descongelador) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Manual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Edad de su refrigerador | | | |
| Menos de 2 años | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 – 7 años | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 – 10 años | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 – 20 años | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Más de 20 años | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Otras características | | | |
| Dispensador de hielo y agua en la puerta | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Congeladores individuales

H1 ¿Cuántos congeladores individuales tiene funcionando?

(*No incluya los congeladores que son parte del refrigerador.*)

0 (*Pase a 11.*)

1

2 o más

H2 Por favor indique las características de cada congelador:

| | Congelador 1 | Congelador 2 |
|--------------------------------------|-----------------------|-----------------------|
| Estilo | | |
| Vertical, sin descongelador | <input type="radio"/> | <input type="radio"/> |
| Vertical, descong. manual | <input type="radio"/> | <input type="radio"/> |
| De baúl, sin descongelador | <input type="radio"/> | <input type="radio"/> |
| De baúl, descong. manual | <input type="radio"/> | <input type="radio"/> |
| Tamaño en pies cúbicos | | |
| Pequeño (<i>menos de 13 p. c.</i>) | <input type="radio"/> | <input type="radio"/> |
| Mediano (<i>13 – 16 p. c.</i>) | <input type="radio"/> | <input type="radio"/> |
| Grande (<i>más de 16 p. c.</i>) | <input type="radio"/> | <input type="radio"/> |
| Edad de su congelador | | |
| Menos de 2 años | <input type="radio"/> | <input type="radio"/> |
| 2 – 7 años | <input type="radio"/> | <input type="radio"/> |
| 8 – 10 años | <input type="radio"/> | <input type="radio"/> |
| 11 – 20 años | <input type="radio"/> | <input type="radio"/> |
| Más de 20 años | <input type="radio"/> | <input type="radio"/> |

Spas y Jacuzzis

- I1** ¿Tiene un spa o jacuzzi en su casa?
(No incluya las tinas con hidromasaje.)
- Si, y pago por la energía que consume
 Si, pero está en un área común y no pago por su consumo de energía (Pase a J1.)
 No tengo spa o jacuzzi (Pase a J1.)
- I2** ¿Qué energía usa para calentar el spa o jacuzzi?
- Electricidad Solar y eléctrica Gas envasado (*propano, LP*)
 Gas natural Solar y gas natural Otro
- I3** De qué tamaño es su spa o jacuzzi?
- Pequeño (*3 pers. o menos*) Mediano (*4 – 6 personas*) Grande (*7 o más personas*)
- I4** ¿Dónde está el spa o jacuzzi?
- Afuera, a nivel del piso Afuera, elevado Spa adentro
- I5** ¿Utiliza una cobertura aislante para su spa o jacuzzi?
- Si No
- I6** ¿Con qué frecuencia funciona la bomba de filtro en su spa o jacuzzi?

| | Verano (Mayo– Oct.) | | | Invierno (Nov. – Abril) | | |
|----------------------------|----------------------------|----------------------------|--------------------------|----------------------------|----------------------------|--------------------------|
| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raramente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solo cuando lo usamos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 – 3 horas todos los días | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 – 6 horas todos los días | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- I7** Por favor indique con qué frecuencia calienta el spa o jacuzzi en invierno y verano.

| | Verano (Mayo – Oct.) | | | Invierno (Nov. – Abril) | | |
|-------------------------|----------------------------|----------------------------|--------------------------|----------------------------|----------------------------|--------------------------|
| | En la mañana (6am-10am) | AL medio dia (10am-6pm) | En la noche (6pm-6am) | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 – 2 veces por semana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 – 8 veces por mes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 o más veces por mes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mantiene la temperatura | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Albercas/Piscinas

- J1** ¿Tiene Ud. una alberca o piscina en su casa?
- Si, y pago por su consumo de energía
 Si, pero está en un área común y yo no pago su consumo de energía (Pase a K1.)
 No tengo piscina (Pase a K1.)
- J2** ¿De qué tamaño es su piscina? (*Una piscina de tamaño regular tiene 5 pies de profundidad por 40 pies de largo por 20 pies de ancho y contiene 30.000 galones de agua.*)
- Menos de 20.000 galones 20.000 – 40.000 galones Más de 40.000 galones

J3 ¿Cuántas horas por día funciona el filtro de su piscina?

| | Verano (Mayo – Oct.) | | | Invierno (Nov. – Abril) | | |
|---------|----------------------------|----------------------------|--------------------------|----------------------------|----------------------------|--------------------------|
| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
| Ninguna | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 – 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 – 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 – 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 – 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J4 ¿Qué energía utiliza para calentar su piscina?

- | | |
|---|--|
| <input type="checkbox"/> No se calienta | <input type="checkbox"/> Calentador solar (<i>panel recolector de calor</i>) |
| <input type="checkbox"/> Solo gas natural | <input type="checkbox"/> Solo gas envasado (<i>propano, butano, LP</i>) |
| <input type="checkbox"/> Solo electricidad | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Solo bomba eléctrica | |

J5 Por favor, indique con qué frecuencia calienta Ud. la piscina en verano e invierno.

| | Verano (Mayo – Oct.) | | | Invierno (Nov. – Abril) | | |
|------------------------------|----------------------------|----------------------------|--------------------------|----------------------------|----------------------------|--------------------------|
| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Una vez al mes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Una vez a la semana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 – 4 veces por semana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mantengo la piscina caliente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J6 ¿Cuáles de las siguientes características tiene su piscina? (*Seleccione todos los apropiados*)

- | | | | | |
|------------------------------------|---|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Cobertura | <input type="checkbox"/> Reloj Automatico | <input type="checkbox"/> Barredora | <input type="checkbox"/> Aspiradora | <input type="checkbox"/> Piscina en el interior de la casa |
|------------------------------------|---|------------------------------------|-------------------------------------|--|

Entretenimiento y Tecnología

K1 ¿Cuántos televisores y accesorios **utiliza** en su casa?

| | No | 1 | 2 | 3 o más |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Televisión estándar (CRT) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| TV LCD, (menos de 36 pulgadas) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| TV LCD (mas de 36 pulgadas) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Televisión plasma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Caja convertidora para la TV (de digital a analógico) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Caja de cable digital o satelite sin DVR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Caja de cable o satélite con DVR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cajas grabadoras de video digitales personales (como DVR, TiVo) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DVD y/o VCR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sistemas de juegos (ej. Xbox, Wii, Playstation etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sistema de sonido o estereo conectado al televisor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Estereo individual, Estación para conectar el Ipod o MP3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K2 ¿Cuántas horas por día están todos sus televisores encendidos ?

(Suma las horas por todos los televisores. Por ejemplo, 13 horas al dia de 1 televisor + 16 de otro televisor da un total de 29 horas.)

| | 1 hora o menos | 1 – 8 horas | 9 – 16 horas | 17 – 24 horas | 25 – 30 horas | Mad de 30 horas |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| TVs menos de 36 pulgadas | <input type="radio"/> |
| TVs 36 pulgadas o mas | <input type="radio"/> |

K3 ¿Cuántas **computadoras personales** (PC, Macintosh, etc.) **utiliza** en su casa?

| | Ninguno | 1 | 2 | 3 o mas |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|
| De escritorio | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Portátiles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K4 Si tiene una o más computadoras personales en su casa, cuántas horas por día están prendidas? (Suma las horas de todas las computadoras, incluyendo las que están en stand-by.)

| | 1 hora o menos | 1 – 8 horas | 9 – 16 horas | 17 – 24 horas | 25 – 30 horas | Mad de 30 horas |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| De escritorio (desktops) | <input type="radio"/> |
| Portátiles (laptops) | <input type="radio"/> |

K5 ¿Con qué frecuencia alguien en su casa hace una de estas actividades en la computadora?

| | Nunca | Raramente (menos de 1 vez por sem.) | Ocasionalmente (varias veces por sem.) | Frecuente (varias veces al dia) |
|-----------------------------------|-----------------------|-------------------------------------|--|---------------------------------|
| Envía o recibe correo electrónico | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Busca información en Internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hace compras en Internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Paga cuentas en Internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Juegos de computadora | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K6 ¿Tiene Usted (o alguien en su casa) un negocio o trabajo desde la casa?

No (*Pase a K8.*)

Si ➔ **K7** ¿Cuántas horas por semana trabaja alguien desde su casa?

- 0 – 10 horas por semana
- 11 – 30 horas por semana
- Más de 30 horas por semana

K8 ¿Cuántos de los siguientes productos utiliza en su casa?

| | No | Uno | Dos | Tres o más |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Maquina contestadora | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Máquina multifuncional (<i>impresora, fax, scanner, fotocopiadora</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FAX | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impresora inkjet de computadora | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impresora láser de computadora | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scanner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fotocopiadora | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acceso al Internet via línea telefónica | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Modem DSL para Internet (DSL/cable/satelite) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Red (alambre/inalámbrico) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bateria para computadora (Uninterrupted Power Supply - <i>UPS</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tel. celular (<i>usado por ocupantes de esta casa</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Luz

L1 ¿Cuantos focos de cualquier estilo hay instalados en el techo y en las lamparas de cada area de su casa? (*Seleccione una respuesta por cada area*)

Focos fluorescentes compactos (CFLs)

| Area | Ninguno | 1-2 | 3-5 | 6-8 | 9-10 | 11 o mas |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sala | <input type="checkbox"/> |
| Cocina/ Comedor | <input type="checkbox"/> |
| Baño(s) | <input type="checkbox"/> |
| Dormitorio(s) (<i>incluyendo el armario</i>) | <input type="checkbox"/> |
| Pasillo(s) o entrada | <input type="checkbox"/> |

Focos incandescentes

| Area | Ninguno | 1-2 | 3-5 | 6-8 | 9-10 | 11 or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sala | <input type="checkbox"/> |
| Cocina/Comedor | <input type="checkbox"/> |
| Baño(s)) | <input type="checkbox"/> |
| Dormitorio(s) (<i>incluyendo el armario</i>) | <input type="checkbox"/> |
| Pasillo(s) o entrada | <input type="checkbox"/> |

L2 ¿Dentro de su casa cuantas luces son prendidas durante los siguientes tiempos?
(*Escoja una respuesta para cada período*)

| Tiempo | No | Pocas luces (aprox. 25%) | Algunas luces (aprox. 50%) | Muchas luces (aprox. 75%) | Todas las luces (100%) |
|------------------------|--------------------------|-----------------------------|-------------------------------|------------------------------|---------------------------|
| En la mañana (6am-9am) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| En el dia (9am-5pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| En la tarde (5pm-9pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| En la noche (9pm-6am) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

L3 ¿Cuántos de los siguientes productos de iluminación utiliza **en el interior** de su casa?

| Productos de interior | No | 1 – 2 | 3 – 5 | 6 – 10 | 11 o más |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Lamparas con apagadores automáticos ("timers") | <input type="checkbox"/> |
| Lamparas con detectores o sensores de movimiento | <input type="checkbox"/> |
| Lamparas con control de nivel de luz | <input type="checkbox"/> |
| Luz suave para la noche | <input type="checkbox"/> |

L4 ¿Cuantos de los siguientes productos de iluminación utiliza **en el exterior** de su casa?

(*Incluya luces en su garaje. Solo incluya las luces exteriores por las que usted paga la electricidad.*)

| No | 1 – 2 | 3 – 5 | 6 o más |
|----|-------|-------|---------|
|----|-------|-------|---------|

Iluminación de exteriores

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Lámparas incandescentes de exteriores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focos compactos fluorescentes de exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema de luz de jardines de bajo voltaje | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focos HID (sodium vapor, metal halide) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Controles exteriores de iluminación

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Focos con encendido/apagado automático | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focos con sensores de atardecer/amanecer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focos con detectores de movimiento | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

L5 Alguna vez ha usted quitado un foco fluorescente compacto (**CFL**) para reemplazarlo con un foco incandescente?

- No
- Yes

Otros aparatos eléctricos

M1 ¿Cuántos de los siguientes aparatos o equipos eléctricos se utilizan en su casa?
(*Seleccione todos los apropiados.*)

| No | 1 | 2 | 3 o más |
|----|---|---|---------|
|----|---|---|---------|

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Cargadores conectados todo el tiempo <i>(Telefono/PDA/instrumentos)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilador portátil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilador de techo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilador de ático de turbina (no eléctrico) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilador de ático eléctrico | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilador para toda la casa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purificador de aire eléctrónico | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Humidificador o deshumidificador | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerador solo para vino o bebidas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema de purificación de agua | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema para recircular el agua caliente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cobija (frazada) eléctrica | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acuario | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compactador de basura | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sauna eléctrico | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sistema de seguridad electrónico | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bomba para jardín acuático o estanque | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abridor eléctrico de garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cortadora de césped eléctrica | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

M2 ¿Utiliza una bomba eléctrica de pozo para sacar agua para su casa?

No (*Pase a M5.*)

Si → **M3** ¿Tiene también su casa acceso al agua de la ciudad o condado?

Si No

M4 ¿Como utiliza el agua de pozo?

- Solo para el jardín
- Solo para uso en la casa
- Para la casa y para el jardín

M5 Seleccione el tipo de combustible para equipo que es usado tres o más horas por semana

| | Eléctrico | Gas natural | Gas envasado |
|---|--------------------------|--------------------------|--------------------------|
| Bombeador de deshechos | <input type="checkbox"/> | | |
| Herramientas de trabajo | <input type="checkbox"/> | | |
| Equipo eléctrico de soldaduras | <input type="checkbox"/> | | |
| Compresor eléctrico de aire | <input type="checkbox"/> | | |
| Cargador para baterías grandes | <input type="checkbox"/> | | |
| Horno para cerámica | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipo médico (por ejemplo, respirador) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

M6 ¿Tiene un vehículo eléctrico, silla de ruedas eléctrica o carro de golf en su casa?

No (*Pase a M8.*)

Si, pero es un vehículo híbrido y no necesita cargarse en la casa. (*Pase a M8.*)

Si, una silla de ruedas

→ **M7** ¿Carga usted su silla de ruedas eléctrico, el carrito o el vehículo en casa?

Si No

M8 ¿Se utiliza en su casa algún otro equipo o aparato grande que consume una cantidad importante de electricidad o gas natural?

No Si (*Por favor describa el equipo y tipo de combustible.:*) _____

M9 Por favor indique si Ud. ha añadido alguno de los siguientes aparatos en los últimos 12 meses. Si el nuevo aparato reemplazó una unidad existente, por favor responda también a la pregunta **M10**. (*Seleccione todas las apropiadas.*)

| Aparatos | Nueva unidad añadida | Tipo de energía de la nueva unidad | | |
|------------------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| | | Elec. | Gas Nat. | Otro |
| Calefacción central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air acondicionado central | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Aire acond. de pared/ventana | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Evaporador (<i>swamp cooler</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calentador de agua | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerador | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Congelador solo | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Estufa u hornillas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno de microondas | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Lavadora de platos | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Lavadora de ropa | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Secadora de ropa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calentador de piscina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bomba de piscine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Calentador de spa/jacuzzi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

No he añadido ninguno de los aparatos listados arriba.

M10 Por favor indique si Ud. ha **descartado** alguna de los siguientes aparatos en los pasados 12 meses. Incluya los que fueron reemplazados y tambien aquellos que fueron descartados sin ser reemplazados. (*Seleccione todos los apropiados.*)

| Aparatos | Edad de la unidad descartada | | | Tipo de energía de la unidad descartada | | |
|-------------------------------------|------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | 1-10 años | 11-20 años | Más de 20 años | Elec. | Gas Nat. | Otro |
| Calefacción central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enfriamiento central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aire acondicionado de pared/ventana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaporador (<i>swamp cooler</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calentador de agua | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerador | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Congelador solo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estufa/cocina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno de microondas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lavadora de platos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lavadora de ropa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secadora de ropa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calentador de piscina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bomba de piscina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calentador de spa/jacuzzi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

No he **descartado** ninguno de los aparatos de más arriba.

Información de la casa

Por favor provea las respuestas a las siguientes preguntas. Sus respuestas son totalmente confidenciales y los datos no se usarán en forma individual. La información se usa para permitirnos comparar el uso de la energía entre diferentes grupos.

N1 Además de la casa descripta en este cuestionario, tiene Ud. alguna otra propiedad en California que su familia ocupa parte del tiempo o que renta en las vacaciones?

Si No (*Pase a N3.*)

N2 Por favor, provea la siguiente información de la casa que ocupa parte del tiempo o de vacaciones que Ud. tiene en California. (*Por favor no provea información de la casa descripta en este cuestionario, propiedades de renta continua, o de una propiedad compartida.*)

| | | |
|-------|---|---|
| Lugar | <input type="checkbox"/> En las montañas | <input type="checkbox"/> Cerca del océano |
| | <input type="checkbox"/> En el desierto | <input type="checkbox"/> Otro |
| | <input type="checkbox"/> Cerca de un lago o río | |

| | | |
|--|--------------------------------|--------------------------------|
| La electricidad de esta casa de vacaciones la provee: | <input type="checkbox"/> PG&E | <input type="checkbox"/> LADWP |
| | <input type="checkbox"/> SCE | <input type="checkbox"/> Otro |
| | <input type="checkbox"/> SDG&E | |

N3 ¿Cuál es el nivel más alto de educación que ha completado cualquier miembro de la familia en su casa?

| | |
|--|---|
| <input type="checkbox"/> Primario (<i>grados 1 – 8</i>) | <input type="checkbox"/> Algo de universidad/un oficio/escuela vocacional |
| <input type="checkbox"/> Algo de secundario (<i>grados 9 – 12</i>) | <input type="checkbox"/> Graduado/a de universidad |
| <input type="checkbox"/> Graduado/a de secundario | <input type="checkbox"/> Posgrado |

N4 ¿Cuál es el lenguaje principal en la casa?

Inglés Español
 Idioma asiático (*describa*) _____ Otro (*describa*) _____

N5 ¿Está alguno de los ocupantes de su casa descapacitado en forma permanente?

- No Si, 1 descapacitado permanente Si, 2 o más descapacitados permanentes

N6 ¿Cuál de los siguientes grupos étnicos está representado por los(s) jefes (jefas) del hogar? (*Seleccione todos los apropiados.*)

Jefe (jefa) del hogar #1 Jefe (jefa) del hogar #2

| | | |
|----------------------------------|--------------------------|--------------------------|
| Indio Amer., Nativo de Alaska | <input type="checkbox"/> | <input type="checkbox"/> |
| Asiático o de Islas del Pacífico | <input type="checkbox"/> | <input type="checkbox"/> |
| Negro, Afro-americano | <input type="checkbox"/> | <input type="checkbox"/> |
| Hispano / Latino | <input type="checkbox"/> | <input type="checkbox"/> |
| Blanco / Caucásico | <input type="checkbox"/> | <input type="checkbox"/> |
| Otro | <input type="checkbox"/> | <input type="checkbox"/> |

N7 Por favor, indique el rango del **ingreso total anual** de su hogar.

- | | | |
|--|--|--|
| <input type="checkbox"/> Menos de \$10.000 | <input type="checkbox"/> \$30.000 – \$34.999 | <input type="checkbox"/> \$60.000 – \$74.999 |
| <input type="checkbox"/> \$10.000 – \$19.999 | <input type="checkbox"/> \$35.000 – \$39.999 | <input type="checkbox"/> \$75.000 – \$99.999 |
| <input type="checkbox"/> \$20.000 – \$24.999 | <input type="checkbox"/> \$40.000 – \$49.999 | <input type="checkbox"/> \$100.000 – \$149.999 |
| <input type="checkbox"/> \$25.000 – \$29.999 | <input type="checkbox"/> \$50.000 – \$59.999 | <input type="checkbox"/> \$150.000 o más |

En caso de que sea necesario contactarle para verificar parte de la información que usted ha proporcionado en la encuesta, le solicitamos un número de teléfono para poderlo hacer. Proporcionar un número de teléfono es totalmente opcional, y su encuesta esta completa aún sin un número de teléfono. Si usted proporciona su número, por favor también indique los tiempos que serían más convenientes contactarle. Su número de teléfono no será proporcionado a nadie y será utilizado sólo para este proyecto de investigación. Le llamaremos solo si necesitamos hacerle preguntas sobre la información que dio en la encuesta.

Número de teléfono (Por favor escriba su respuesta y rellene los círculos que corresponden a cada número.)

| | | | | | | | | | | |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|

Mejores horas para llamar

- Mañana-entre semana
- Tarde-entre semana
- Atardecer-entre semana
- Noche-entre semana
- Fin de semana

**Por favor envie la encuesta en el sobre proporcionado.
Los patrocinadores de la encuesta valoran mucho el tiempo de Usted
y le agradecen su ayuda.
¡Muchas gracias por su participacion!**

APPENDIX C

2009 and 2003 RASS Survey Variables, from website

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|-------------|-------|---|------------------|-------------|
| eutil | 1 | Electric utility | Administrative | |
| ngutil | 2 | Gas utility | Administrative | |
| cecfast | 3 | Forecast climate zone (CEC) | Administrative | |
| czt24 | 4 | Title 24 Climate Zones | Administrative | |
| NAC_KWH | 5 | Normalized Annual Consumption - kWh - Individually Metered | Administrative | |
| NAC_Therms | 6 | Normalized Annual Consumption - Therms - Individually Metered | Administrative | |
| AcAn_kWh | 7 | Pre-normalized 12-month Average Usage – kwh – individually | Administrative | |
| ACAn_therms | 8 | Pre-normalized 12-month Average Usage – therms – individually | Administrative | |
| UTILSDGE | 9 | Utility specific climate zone - SDGE | Administrative | |
| scg | 10 | Have SCG account data | Administrative | |
| elecMM | 11 | Master Metered Electric Account | Administrative | |
| res | 12 | Cleaned building type | Home & Lifestyle | |
| numi | 13 | Average continuous number in household | Home & Lifestyle | |
| homeage | 14 | Average home age | Home & Lifestyle | |
| SQFT_A | 15 | Average square footage | Home & Lifestyle | |
| rescnt | 16 | Total number of residents | Home & Lifestyle | |
| DWLTYPE | 17 | Type of building - A1 | Home & Lifestyle | A1 |
| STORIES | 18 | Number of stories if single family - A1 | Home & Lifestyle | A1 |
| OWNRENT | 19 | Own or rent home - A2 | Home & Lifestyle | A2 |
| YRS_RES | 20 | Length of time at this address - A3 | Home & Lifestyle | A3 |
| SEASOCC | 21 | Seasonal occupancy - A4 | Home & Lifestyle | A4 |
| SEASJAN | 22 | Seasonal occupancy, occupied in Jan - A5 | Home & Lifestyle | A5 |
| SEASFEB | 23 | Seasonal occupancy, occupied in Feb - A5 | Home & Lifestyle | A5 |
| SEASMAR | 24 | Seasonal occupancy, occupied in Mar - A5 | Home & Lifestyle | A5 |
| SEASAPR | 25 | Seasonal occupancy, occupied in Apr - A5 | Home & Lifestyle | A5 |
| SEASMAY | 26 | Seasonal occupancy, occupied in May - A5 | Home & Lifestyle | A5 |
| SEASJUN | 27 | Seasonal occupancy, occupied in Jun - A5 | Home & Lifestyle | A5 |
| SEASJUL | 28 | Seasonal occupancy, occupied in Jul - A5 | Home & Lifestyle | A5 |
| SEASAUG | 29 | Seasonal occupancy, occupied in Aug - A5 | Home & Lifestyle | A5 |
| SEASSEP | 30 | Seasonal occupancy, occupied in Sep - A5 | Home & Lifestyle | A5 |
| SEASOCT | 31 | Seasonal occupancy, occupied in Oct - A5 | Home & Lifestyle | A5 |
| SEASNOV | 32 | Seasonal occupancy, occupied in Nov - A5 | Home & Lifestyle | A5 |
| SEASDEC | 33 | Seasonal occupancy, occupied in Dec - A5 | Home & Lifestyle | A5 |
| BUILTYR | 34 | Year home built - A6 | Home & Lifestyle | A6 |
| NUMROOM | 35 | Number of bedrooms - A7 | Home & Lifestyle | A7 |
| SQFT | 36 | Square feet of living space - A8 | Home & Lifestyle | A8 |
| EXTWLINS | 37 | Home has insulated exterior walls - A9 | Home & Lifestyle | A9 |
| ACEILINS | 38 | Home has insulated attic - A10 | Home & Lifestyle | A10 |
| CEILINCH | 39 | Inches of attic insulation - A11 | Home & Lifestyle | A11 |
| WINDTYPE | 40 | Window pane type - A12 | Home & Lifestyle | A12 |
| WINFRAME | 41 | Window frame type - A12 | Home & Lifestyle | A12 |
| WINFPTYP | 42 | Window frame & pane | Home & Lifestyle | |
| REMOD | 43 | Home has been remodeled - A13 | Home & Lifestyle | A13 |
| RMDROOM | 44 | Remodel with room addition - A14 | Home & Lifestyle | A14 |
| RMDKTBTH | 45 | Remodel bath or kitchen - A14 | Home & Lifestyle | A14 |
| RMDREBLT | 46 | Rebuilt most of the home - A14 | Home & Lifestyle | A14 |
| RMDOTHR | 47 | Remodel other - A14 | Home & Lifestyle | A14 |
| kids | 48 | Number of residents 0-18 | Home & Lifestyle | |
| adults | 49 | Number of residents 19-64 | Home & Lifestyle | |
| seniors | 50 | Number of residents 65+ | Home & Lifestyle | |
| NR0_5 | 51 | Number under 5 years of age in home - A15 | Home & Lifestyle | A15 |
| NR6_18 | 52 | Number 6-18 years of age in home - A15 | Home & Lifestyle | A15 |
| NR19_34 | 53 | Number 19-34 years of age in home - A15 | Home & Lifestyle | A15 |
| NR35_54 | 54 | Number 35-54 years of age in home - A15 | Home & Lifestyle | A15 |
| NR55_64 | 55 | Number 55-64 years of age in home - A15 | Home & Lifestyle | A15 |
| NR65_99 | 56 | Number 65-99 years of age in home - A15 | Home & Lifestyle | A15 |
| ONPKUSE | 57 | Peak time use of electrical appliances - A16 | Home & Lifestyle | A16 |
| NGSERV | 58 | Natural gas service available in area - A17 | Home & Lifestyle | A17 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|---|------------------|-------------|
| NGLINE | 59 | Natural gas service available in home - A18 | Home & Lifestyle | A18 |
| NGUTIL | 60 | Natural gas utility - A19 | Home & Lifestyle | A19 |
| NUMVEH | 61 | Number of Vehicles at the Residence - A20 | Home & Lifestyle | A20 |
| VEH1OWM | 62 | Number of one-way miles on regular weekday trips for the first vehicle - A21 | Home & Lifestyle | A21 |
| VEH1TMD | 63 | Total miles driven in a year with the first vehicle - A21 | Home & Lifestyle | A21 |
| VEH1GRG | 64 | First vehicle is parked in garage - A21 | Home & Lifestyle | A21 |
| VEH1CPT | 65 | First vehicle is parked in carport - A21 | Home & Lifestyle | A21 |
| VEH1OSP | 66 | First vehicle is parked in outside space - A21 | Home & Lifestyle | A21 |
| VEH1OST | 67 | First vehicle is parked on street - A21 | Home & Lifestyle | A21 |
| VEH1POW | 68 | Power outlet within reach of the first vehicle parking space - A21 | Home & Lifestyle | A21 |
| VEH2OWM | 69 | Number of one-way miles on regular weekday trips for the second vehicle - A21 | Home & Lifestyle | A21 |
| VEH2TMD | 70 | Total miles driven in a year with the second vehicle - A21 | Home & Lifestyle | A21 |
| VEH2GRG | 71 | Second vehicle is parked in garage - A21 | Home & Lifestyle | A21 |
| VEH2CPT | 72 | Second vehicle is parked in carport - A21 | Home & Lifestyle | A21 |
| VEH2OSP | 73 | Second vehicle is parked in outside space - A21 | Home & Lifestyle | A21 |
| VEH2OST | 74 | Second vehicle is parked on street - A21 | Home & Lifestyle | A21 |
| VEH2POW | 75 | Power outlet within reach of the second vehicle's parking space - A21 | Home & Lifestyle | A21 |
| VEH3OWM | 76 | Number of one-way miles on regular weekday trips for the third vehicle - A21 | Home & Lifestyle | A21 |
| VEH3TMD | 77 | Total miles driven in a year with the third vehicle - A21 | Home & Lifestyle | A21 |
| VEH3GRG | 78 | Third vehicle is parked in garage - A21 | Home & Lifestyle | A21 |
| VEH3CPT | 79 | Third vehicle is parked in carport - A21 | Home & Lifestyle | A21 |
| VEH3OSP | 80 | Third vehicle is parked in outside space - A21 | Home & Lifestyle | A21 |
| VEH3OST | 81 | Third vehicle is parked on street - A21 | Home & Lifestyle | A21 |
| VEH3POW | 82 | Power outlet within reach of the third vehicle's parking space - A21 | Home & Lifestyle | A21 |
| payheat2 | 83 | Cleaned pays for space heating | Space Heating | |
| phtfuel3 | 84 | Cleaned primary heating fuel | Space Heating | |
| phtfuel2 | 85 | Cleaned primary heating fuel - individually metered | Space Heating | |
| PAYHEAT | 86 | Pays for heating - B1 | Space Heating | B1 |
| PHTNGCNT | 87 | Primary central forced air gas furnace - B2 | Space Heating | B2 |
| PHTNGFWL | 88 | Primary floor or wall gas furnace - B2 | Space Heating | B2 |
| PHTNGRAD | 89 | Primary hot water gas radiator - B2 | Space Heating | B2 |
| PHTNGFP | 90 | Primary Gas Fireplace - B2 | Space Heating | B2 |
| PHTNGOTH | 91 | Primary other gas heater - B2 | Space Heating | B2 |
| PHTELBSB | 92 | Primary resistance electric heater - B2 | Space Heating | B2 |
| PHTELCRH | 93 | Primary central forced air electric furnace - B2 | Space Heating | B2 |
| PHTELCHP | 94 | Primary central electric heat pump - B2 | Space Heating | B2 |
| PHTELWHP | 95 | Primary through-the-wall electric heat pump - B2 | Space Heating | B2 |
| PHTELPOR | 96 | Primary portable electric heater - B2 | Space Heating | B2 |
| PHTELOTH | 97 | Primary other electric heater - B2 | Space Heating | B2 |
| PHTBCNT | 98 | Primary central forced air bottled gas furnace - B2 | Space Heating | B2 |
| PHTBGFWL | 99 | Primary floor or wall bottled gas heater - B2 | Space Heating | B2 |
| PHTBGRAD | 100 | Primary hot water bottled gas radiator - B2 | Space Heating | B2 |
| PHTBGOOTH | 101 | Primary bottled gas heater other - B2 | Space Heating | B2 |
| PHTWDWS | 102 | Primary woodstove/fireplace insert - B2 | Space Heating | B2 |
| PHTWDFP | 103 | Primary wood fireplace - B2 | Space Heating | B2 |
| PHTSLRN | 104 | Primary solar heat, no backup - B2 | Space Heating | B2 |
| PHTSLRG | 105 | Primary solar heat, natural gas backup - B2 | Space Heating | B2 |
| PHTSLRP | 106 | Primary solar heat, propane backup - B2 | Space Heating | B2 |
| PHTSLRE | 107 | Primary solar heat, electric backup - B2 | Space Heating | B2 |
| PHTOTSYS | 108 | Primary 'other' heat - B2 | Space Heating | B2 |
| AHTNGCNT | 109 | Secondary central forced air gas furnace - B2 | Space Heating | B2 |
| AHTNGFWL | 110 | Secondary floor or wall gas furnace - B2 | Space Heating | B2 |
| AHTNGRAD | 111 | Secondary hot water gas radiator - B2 | Space Heating | B2 |
| AHTNGOTH | 112 | Secondary other gas heater - B2 | Space Heating | B2 |
| AHTELBSB | 113 | Secondary resistance electric heater - B2 | Space Heating | B2 |
| AHTELCRH | 114 | Secondary central forced air electric furnace - B2 | Space Heating | B2 |
| AHTELCHP | 115 | Secondary central electric heat pump - B2 | Space Heating | B2 |
| AHTELWHP | 116 | Secondary through-the-wall electric heat pump - B2 | Space Heating | B2 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|--|---------------|-------------|
| AHTELPOR | 117 | Secondary portable electric heater - B2 | Space Heating | B2 |
| AHTELOTH | 118 | Secondary other electric heater - B2 | Space Heating | B2 |
| AHTBGCNT | 119 | Secondary central forced air bottled gas furnace - B2 | Space Heating | B2 |
| AHTBGFWL | 120 | Secondary floor or wall bottled gas heater - B2 | Space Heating | B2 |
| AHTBGRAD | 121 | Secondary hot water bottled gas radiator - B2 | Space Heating | B2 |
| AHTNGFP | 122 | Secondary gas fireplace - B2 | Space Heating | B2 |
| AHTBGOTH | 123 | Secondary bottled gas heater other - B2 | Space Heating | B2 |
| AHTWDWS | 124 | Secondary woodstove/fireplace insert - B2 | Space Heating | B2 |
| AHTWDFP | 125 | Secondary wood fireplace - B2 | Space Heating | B2 |
| AHTSLRN | 126 | Secondary solar heat, no backup - B2 | Space Heating | B2 |
| AHTSLRG | 127 | Secondary solar heat, natural gas backup - B2 | Space Heating | B2 |
| AHTSLRP | 128 | Secondary solar heat, propane backup - B2 | Space Heating | B2 |
| AHTSLRE | 129 | Secondary solar heat, electric backup - B2 | Space Heating | B2 |
| AHTOTSYS | 130 | Secondary 'other' heat - B2 | Space Heating | B2 |
| MAINPILT | 131 | Main heater has gas pilot light - B3 | Space Heating | B3 |
| SECPILT | 132 | Secondary heater has gas pilot light - B3 | Space Heating | B3 |
| HTSYSAGE | 133 | Age of main heating system - B4 | Space Heating | B4 |
| HTCTLTYP | 134 | Thermostat type for main heating system - B5 | Space Heating | B5 |
| HMRNSET | 135 | Heater thermostat setting in morning - B6 | Space Heating | B6 |
| HDAYSET | 136 | Heater thermostat setting in day - B6 | Space Heating | B6 |
| HEVNSET | 137 | Heater thermostat setting in evening - B6 | Space Heating | B6 |
| HNITESET | 138 | Heater thermostat setting in night - B6 | Space Heating | B6 |
| HTMAINTN | 139 | Maintenance preformed on heating system - B7 | Space Heating | B7 |
| NPORHTRS | 140 | Number of portable heaters - B8 | Space Heating | B8 |
| USEADDHT | 141 | Use of additional heating systems - B9 | Space Heating | B9 |
| phcnt | 142 | Have a primary heater | Space Heating | |
| havesec | 143 | Have a secondary heater | Space Heating | |
| ahtcnt | 144 | Number of secondary heaters | Space Heating | |
| htng | 145 | Have a primary or secondary gas heater | Space Heating | |
| phtng | 146 | Have a primary gas heater | Space Heating | |
| ahtng | 147 | Have a secondary gas heater | Space Heating | |
| htelec | 148 | Have a primary or secondary electric heater | Space Heating | |
| phtelec | 149 | Have a primary electric heater | Space Heating | |
| ahtelec | 150 | Have a secondary electric heater | Space Heating | |
| htbg | 151 | Have a primary or secondary bottled gas heater | Space Heating | |
| phtbg | 152 | Have a primary bottled gas heater | Space Heating | |
| ahtbg | 153 | Have a secondary bottled gas heater | Space Heating | |
| htwdfp2 | 154 | Have a primary or secondary wood heater | Space Heating | |
| phtwdfp2 | 155 | Have a primary wood heater | Space Heating | |
| ahtwdfp2 | 156 | Have a secondary wood heater | Space Heating | |
| htsolar | 157 | Have a primary or secondary solar heater | Space Heating | |
| phtsolar | 158 | Have a primary solar heater | Space Heating | |
| ahtsolar | 159 | Have a secondary solar heater | Space Heating | |
| htother | 160 | Have a primary or secondary 'other' heater | Space Heating | |
| phtother | 161 | Have a primary 'other' heater | Space Heating | |
| ahtother | 162 | Have a secondary 'other' heater | Space Heating | |
| htelwhp | 163 | Have a primary or secondary electric through-the-wall heat pi | Space Heating | |
| paycool2 | 164 | Pays for central air conditioning | Space Cooling | |
| cooling | 165 | Cleaned cooling type | Space Cooling | |
| cacctn | 166 | Total number of central air conditioners | Space Cooling | |
| RACCNT | 167 | Total number of room air conditioners | Space Cooling | |
| PAYCOOL | 168 | Pays for central air conditioning - C1 | Space Cooling | C1 |
| CTLACAGE | 169 | Number of central air conditioners - C2 | Space Cooling | C2 |
| CTEVZON | 170 | Primary Central Air Conditioning System is controlled by a Zon | Space Cooling | C2 |
| CTEVPAGE | 171 | Number of central evaporative coolers - C2 | Space Cooling | C2 |
| CTLACZON | 172 | Primary Central Evaporative Cooling System is controlled by | Space Cooling | C2 |
| HPAGE | 173 | Number of heat pumps - C2 | Space Cooling | C2 |
| HPZON | 174 | Primary Heat Pump System is controlled by a Zoned Thermo | Space Cooling | C2 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|---|---------------|-------------|
| CLCNTAGE | 175 | Age of main central air conditioner - C3 | Space Cooling | C3 |
| CLCTLTYP | 176 | Thermostat type for main central air - C4 | Space Cooling | C4 |
| CMRNSET | 177 | AC thermostat setting in morning - C5 | Space Cooling | C5 |
| CDAYSET | 178 | AC thermostat setting in day - C5 | Space Cooling | C5 |
| CEVNSET | 179 | AC thermostat setting in evening - C5 | Space Cooling | C5 |
| CNITESET | 180 | AC thermostat setting in night - C5 | Space Cooling | C5 |
| CLMAINTN | 181 | Maintenance preformed on ac system - C6 | Space Cooling | C6 |
| NOROOMAC | 182 | No room air conditioner - C7 | Space Cooling | C7 |
| ACTYP1 | 183 | Type room air conditioner 1 - C7 | Space Cooling | C7 |
| ACTYP2 | 184 | Type room air conditioner 2 - C7 | Space Cooling | C7 |
| ACTYP3 | 185 | Type room air conditioner 3 - C7 | Space Cooling | C7 |
| ACAGE1 | 186 | Age of room air conditioner 1 - C7 | Space Cooling | C7 |
| ACAGE2 | 187 | Age of room air conditioner 2 - C7 | Space Cooling | C7 |
| ACAGE3 | 188 | Age of room air conditioner 3 - C7 | Space Cooling | C7 |
| CMRNUSE | 189 | Use of room air conditioner in morning - C8 | Space Cooling | C8 |
| CDAYUSE | 190 | Use of room air conditioner in day - C8 | Space Cooling | C8 |
| CEVNUSE | 191 | Use of room air conditioner in evening - C8 | Space Cooling | C8 |
| CNITEUSE | 192 | Use of room air conditioner at night - C8 | Space Cooling | C8 |
| CHOTUSE | 193 | Use of room air conditioner on a hot weekday - C8 | Space Cooling | C8 |
| paywh2 | 194 | Cleaned pays for water heating | Water Heating | |
| pwhfue13 | 195 | Cleaned primary water heater fuel | Water Heating | |
| PWHFUEL2 | 196 | Cleaned primary water heater fuel - individually metered | Water Heating | |
| PAYWH | 197 | Pay for water heater - D1 | Water Heating | D1 |
| PWHDNGTNK | 198 | Standard tank gas water heater - D2 | Water Heating | D2 |
| PWHDNGWHT | 199 | Whole house tankless gas water heater - D2 | Water Heating | D2 |
| PWHDNGHEC | 200 | High Efficiency Condensing gas water heater - D2 | Water Heating | D2 |
| PWHELTNK | 201 | Standard tank electric water heater - D2 | Water Heating | D2 |
| PWHELHP | 202 | Heat pump electric water heater - D2 | Water Heating | D2 |
| PWHELWHT | 203 | Whole house tankless electric water heater - D2 | Water Heating | D2 |
| PWHELPNT | 204 | Point of use tankless electric water heater - D2 | Water Heating | D2 |
| PWHLPTNK | 205 | Standard tank propane water heater - D2 | Water Heating | D2 |
| PWHLPWHT | 206 | Whole house tankless propane water heater - D2 | Water Heating | D2 |
| PWHSLRN | 207 | Solar water heater, no backup - D2 | Water Heating | D2 |
| PWHSLRG | 208 | Solar water heater, natural gas backup - D2 | Water Heating | D2 |
| PWHSLRP | 209 | Solar water heater, propane backup - D2 | Water Heating | D2 |
| PWHSLRE | 210 | Solar water heater, electric backup - D2 | Water Heating | D2 |
| PWHDOTSYS | 211 | Water heater, other fuel - D2 | Water Heating | D2 |
| AWHNGTNK | 212 | Additional standard tank gas water heater - D2 | Water Heating | D2 |
| AWHNGWHT | 213 | Additional whole house tankless gas water heater - D2 | Water Heating | D2 |
| AWHNGHEC | 214 | Additional High Efficiency Condensing gas water heater - D2 | Water Heating | D2 |
| AWHELTNK | 215 | Additional standard tank electric water heater - D2 | Water Heating | D2 |
| AWHELHP | 216 | Additional heat pump electric water heater - D2 | Water Heating | D2 |
| AWHELWHT | 217 | Additional whole house tankless electric water heater - D2 | Water Heating | D2 |
| AWHELPNT | 218 | Additional point of use tankless electric water heater - D2 | Water Heating | D2 |
| AWHLPTNK | 219 | Additional standard tank propane water heater - D2 | Water Heating | D2 |
| AWHLPWHT | 220 | Additional whole house tankless propane water heater - D2 | Water Heating | D2 |
| AWHSLRN | 221 | Additional solar water heater, no backup - D2 | Water Heating | D2 |
| AWHSLRG | 222 | Additional solar water heater, natural gas backup - D2 | Water Heating | D2 |
| AWHSLRP | 223 | Additional solar water heater, propane backup - D2 | Water Heating | D2 |
| AWHSLRE | 224 | Additional solar water heater, electric backup - D2 | Water Heating | D2 |
| AWHDOTSYS | 225 | Additional water heater, other fuel - D2 | Water Heating | D2 |
| WHTEMP | 226 | Water heater temperature - D3 | Water Heating | D3 |
| PRWHAGE | 227 | Water heater age - D4 | Water Heating | D4 |
| SHWRDAY | 228 | Number of showers - D5 | Water Heating | D5 |
| BATHSDAY | 229 | Number of baths - D5 | Water Heating | D5 |
| SHOWERHD | 230 | Low flow shower head - D6 | Water Heating | D6 |
| AERATORS | 231 | Faucet aerators - D7 | Water Heating | D7 |
| whng | 232 | Have a gas water heater | Water Heating | |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|---|---------------|-------------|
| whelec | 233 | Have an electric water heater | Water Heating | |
| whbg | 234 | Have a bottled gas water heater | Water Heating | |
| whsl | 235 | Have a solar water heater | Water Heating | |
| whoth | 236 | Have an other water heater | Water Heating | |
| whngtnk | 237 | Have a primary or secondary standard tank gas water heater | Water Heating | |
| whngwht | 238 | Have a primary or secondary whole house tankless gas water heater | Water Heating | |
| wheltnk | 239 | Have a primary or secondary standard tank electric water heater | Water Heating | |
| whelhp | 240 | Have a primary or secondary heat pump electric water heater | Water Heating | |
| whelwht | 241 | Have a primary or secondary whole house tankless electric water heater | Water Heating | |
| whelpnt | 242 | Have a primary or secondary point of use tankless electric water heater | Water Heating | |
| whlptnk | 243 | Have a primary or secondary standard tank propane water heater | Water Heating | |
| whlpwht | 244 | Have a primary or secondary whole house tankless propane water heater | Water Heating | |
| whslnr | 245 | Have a primary or secondary solar water heater, no backup | Water Heating | |
| whsrlg | 246 | Have a primary or secondary solar water heater, gas backup | Water Heating | |
| whsrlp | 247 | Have a primary or secondary solar water heater, propane backup | Water Heating | |
| whsre | 248 | Have a primary or secondary solar water heater, electric backup | Water Heating | |
| whotsys | 249 | Have a primary or secondary water heater, other fuel | Water Heating | |
| gdry | 250 | Have gas dryer | Laundry | |
| edry | 251 | Have electric dryer | Laundry | |
| numwash | 252 | Total number of clothes washes per week | Laundry | |
| LNDRYEQP | 253 | Laundry equipment in home - E1 | Laundry | E1 |
| CWTYP | 254 | Type of clothes washer - E2 | Laundry | E2 |
| CWAGE | 255 | Clothes washer age - E3 | Laundry | E3 |
| CWHWLD | 256 | Number of hot water washes per week - E4 | Laundry | E4 |
| CWWWLD | 257 | Number of warm water washes per week - E4 | Laundry | E4 |
| CWCWLD | 258 | Number of cold water washes per week - E4 | Laundry | E4 |
| CDTYP | 259 | Type of clothes dryer - E5 | Laundry | E5 |
| DRYLDS | 260 | Number of dryer loads per week - E6 | Laundry | E6 |
| CKRNTYP | 261 | Fuel for cooktop - F1 | Food Prep | F1 |
| CKRNA | 262 | Age of cooktop - F1 | Food Prep | F1 |
| CKOVVTYP | 263 | Fuel for oven - F1 | Food Prep | F1 |
| CKOVA | 264 | Age of oven - F1 | Food Prep | F1 |
| CKBBTYP | 265 | Fuel for barbecue - F1 | Food Prep | F1 |
| CKBBQA | 266 | Age of barbecue - F1 | Food Prep | F1 |
| CKMW | 267 | Fuel for microwave - F1 | Food Prep | F1 |
| CKMWA | 268 | Age of microwave - F1 | Food Prep | F1 |
| WRNUSE | 269 | Weekly Use of cooktop, stovetop or range - F2 | Food Prep | F2 |
| WOVUSE | 270 | Weekly Use of oven - F2 | Food Prep | F2 |
| WMWUSE | 271 | Weekly Use of microwave - F2 | Food Prep | F2 |
| WOTHUSE | 272 | Weekly Use of other cooking appliance - F2 | Food Prep | F2 |
| DISHWASH | 273 | Have dishwasher - F3 | Food Prep | F3 |
| DWLOADS | 274 | Number of dishwasher loads per week - F4 | Food Prep | F4 |
| RFNUM | 275 | Number of refrigerators - G1 | Refrigerators | G1 |
| RF1STY | 276 | Door style of first refrigerator - G2 | Refrigerators | G2 |
| RF2STY | 277 | Door style of second refrigerator - G2 | Refrigerators | G2 |
| RF3STY | 278 | Door style of third refrigerator - G2 | Refrigerators | G2 |
| RF1SZ | 279 | Size of first refrigerator - G2 | Refrigerators | G2 |
| RF2SZ | 280 | Size of second refrigerator - G2 | Refrigerators | G2 |
| RF3SZ | 281 | Size of third refrigerator - G2 | Refrigerators | G2 |
| RF1DEF | 282 | Defrost type of first refrigerator - G2 | Refrigerators | G2 |
| RF2DEF | 283 | Defrost type of second refrigerator - G2 | Refrigerators | G2 |
| RF3DEF | 284 | Defrost type of third refrigerator - G2 | Refrigerators | G2 |
| RF1AGE | 285 | Age of first refrigerator - G2 | Refrigerators | G2 |
| RF2AGE | 286 | Age of second refrigerator - G2 | Refrigerators | G2 |
| RF3AGE | 287 | Age of third refrigerator - G2 | Refrigerators | G2 |
| RF1OTH | 288 | Door ice in first refrigerator - G2 | Refrigerators | G2 |
| RF2OTH | 289 | Door ice in second refrigerator - G2 | Refrigerators | G2 |
| RF3OTH | 290 | Door ice in third refrigerator - G2 | Refrigerators | G2 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|--|----------------------------|-------------|
| rfdiscrd | 291 | Old refrigerator discarded in the last 12 months | Refrigerators | |
| FZNUM | 292 | Number of stand alone freezers - H1 | Freezers | H1 |
| FZ1STY | 293 | Style of first freezer - H2 | Freezers | H2 |
| FZ1SZ | 294 | Size of first freezer - H2 | Freezers | H2 |
| FZ1AGE | 295 | Age of first freezer - H2 | Freezers | H2 |
| FZ2STY | 296 | Style of second freezer - H2 | Freezers | H2 |
| FZ2SZ | 297 | Size of second freezer - H2 | Freezers | H2 |
| FZ2AGE | 298 | Age of second freezer - H2 | Freezers | H2 |
| fzdiscrd | 299 | Old freezer discarded in the last 12 months | Freezers | |
| SPTYP | 300 | Spa or hot tub - I1 | Spas and Hot Tubs | I1 |
| SPHTF | 301 | Spa fuel - I2 | Spas and Hot Tubs | I2 |
| SPSZ | 302 | Spa size - I3 | Spas and Hot Tubs | I3 |
| SPLOC | 303 | Spa location - I4 | Spas and Hot Tubs | I4 |
| SPCOV | 304 | Spa cover - I5 | Spas and Hot Tubs | I5 |
| SMRNFLTPMP | 305 | Frequency of spa filtration summer morning - I6 | Spas and Hot Tubs | I6 |
| SMDFLTPMP | 306 | Frequency of spa filtration summer mid-day - I6 | Spas and Hot Tubs | I6 |
| SNITFLTPMP | 307 | Frequency of spa filtration summer night - I6 | Spas and Hot Tubs | I6 |
| WMRNFLTPMP | 308 | Frequency of spa filtration winter morning - I6 | Spas and Hot Tubs | I6 |
| WMDFLTPMP | 309 | Frequency of spa filtration winter mid-day - I6 | Spas and Hot Tubs | I6 |
| WNITFLTPMP | 310 | Frequency of spa filtration winter night - I6 | Spas and Hot Tubs | I6 |
| SMRNHTSPA | 311 | Frequency of spa heat in summer morning - I7 | Spas and Hot Tubs | I7 |
| SMDHTSPA | 312 | Frequency of spa heat in summer mid-day - I7 | Spas and Hot Tubs | I7 |
| SNITHHTSPA | 313 | Frequency of spa heat in summer night - I7 | Spas and Hot Tubs | I7 |
| WMRNHTSPA | 314 | Frequency of spa heat in winter morning - I7 | Spas and Hot Tubs | I7 |
| WMDHTSPA | 315 | Frequency of spa heat in winter mid-day - I7 | Spas and Hot Tubs | I7 |
| WNITHHTSPA | 316 | Frequency of spa heat in winter night - I7 | Spas and Hot Tubs | I7 |
| PLTYP | 317 | Pool, pay for energy - J1 | Pools | J1 |
| PLSZ | 318 | Pool size - J2 | Pools | J2 |
| SMRNFLTHR | 319 | Hours per day filter pool summer morning - J3 | Pools | J3 |
| SMDFLTHR | 320 | Hours per day filter pool summer mid-day - J3 | Pools | J3 |
| SNITFLTHR | 321 | Hours per day filter pool summer night - J3 | Pools | J3 |
| WMRNFLTHR | 322 | Hours per day filter pool winter morning - J3 | Pools | J3 |
| WMDFLTHR | 323 | Hours per day filter pool winter mid-day - J3 | Pools | J3 |
| WNITFLTHR | 324 | Hours per day filter pool winter night - J3 | Pools | J3 |
| PLHTF | 325 | Fuel to heat pool - J4 | Pools | J4 |
| SMRNHTPL | 326 | Frequency heat pool summer morning - J5 | Pools | J5 |
| SMDHTPL | 327 | Frequency heat pool summer mid-day - J5 | Pools | J5 |
| SNITHTPL | 328 | Frequency heat pool summer night - J5 | Pools | J5 |
| WMRNHTPL | 329 | Frequency heat pool winter morning - J5 | Pools | J5 |
| WMDHTPL | 330 | Frequency heat pool winter mid-day - J5 | Pools | J5 |
| WNITHTPL | 331 | Frequency heat pool winter night - J5 | Pools | J5 |
| PLCOV | 332 | Pool cover - J6 | Pools | J6 |
| PLTIMR | 333 | Pool timer - J6 | Pools | J6 |
| PLSWEEP | 334 | Pool sweep - J6 | Pools | J6 |
| PLVAC | 335 | Pool vacuum - J6 | Pools | J6 |
| PLINDOOR | 336 | Pool is indoors - J6 | Pools | J6 |
| tvcnt | 337 | Number of TVs | Entertainment & Technology | |
| STDTV | 338 | Number of standard tvs - K1 | Entertainment & Technology | K1 |
| SMLLCDTV | 339 | Number of small LCD tvs less than 36 inches - K1 | Entertainment & Technology | K1 |
| LRGLCDTV | 340 | Number of large LCD tvs less than 36 inches - K1 | Entertainment & Technology | K1 |
| PLSMVT | 341 | Number of plasma tvs - K1 | Entertainment & Technology | K1 |
| DTA | 342 | Number of digital converter boxes for standard TVs - K1 | Entertainment & Technology | K1 |
| BOXNODVR | 343 | Number of cable or satellite boxes without DVR - K1 | Entertainment & Technology | K1 |
| BOXWDVR | 344 | Number of cable or satellite boxes with DVR - K1 | Entertainment & Technology | K1 |
| SADVR | 345 | Number of stand alone digital video recorders - K1 | Entertainment & Technology | K1 |
| DVDVCR | 346 | Number of DVD players and/or VCRs - K1 | Entertainment & Technology | K1 |
| GAMSYS | 347 | Number of gaming systems - K1 | Entertainment & Technology | K1 |
| AUDTOTV | 348 | Number of separate sound or stereo systems connected to TV | Entertainment & Technology | K1 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|--|----------------------------|-------------|
| SAMUSIC | 349 | Number of stand alone stereo, I-pod or MP3 docking stations | Entertainment & Technology | K1 |
| SMLTVUSE | 350 | Hours per day Use of Small TVs - K2 | Entertainment & Technology | K2 |
| LRGTVUSE | 351 | Hours per day Use of Large TVs - K2 | Entertainment & Technology | K2 |
| NDSKPCS | 352 | Number of desktop PCs K3 | Entertainment & Technology | K3 |
| NLAPPACS | 353 | Number of laptop PCs - K3 | Entertainment & Technology | K3 |
| DSKPCHRS | 354 | Hours per day Use of desktop PC's - K4 | Entertainment & Technology | K4 |
| LAPPCHRS | 355 | Hours per day Use of laptop PC's - K4 | Entertainment & Technology | K4 |
| EMAIL | 356 | Frequency of email use - K5 | Entertainment & Technology | K5 |
| BRWSONLN | 357 | Frequency of browse internet - K5 | Entertainment & Technology | K5 |
| BUYONLN | 358 | Frequency of buy on internet - K5 | Entertainment & Technology | K5 |
| BILLONLN | 359 | Frequency of pay bill on internet - K5 | Entertainment & Technology | K5 |
| GAMPC | 360 | Frequency of gaming on computer - K5 | Entertainment & Technology | K5 |
| WORKHOME | 361 | Work from home - K6 | Entertainment & Technology | K6 |
| WKHRSHM | 362 | Hours per week work from home - K7 | Entertainment & Technology | K7 |
| ANSRMCHN | 363 | Number of answering machines - K8 | Entertainment & Technology | K8 |
| MULTMCHN | 364 | Number of multifunction machines - K8 | Entertainment & Technology | K8 |
| FAX | 365 | Number of FAX machines - K8 | Entertainment & Technology | K8 |
| PRNTJET | 366 | Number of inkjet printers - K8 | Entertainment & Technology | K8 |
| PRNTLSR | 367 | Number of laser printers - K8 | Entertainment & Technology | K8 |
| SCAN | 368 | Number of scanners - K8 | Entertainment & Technology | K8 |
| COPIER | 369 | Number of copier - K8 | Entertainment & Technology | K8 |
| PHINT | 370 | Number of phone internet access - K8 | Entertainment & Technology | K8 |
| HSMODINT | 371 | Number of high-speed modems - K8 | Entertainment & Technology | K8 |
| HMNET | 372 | Number of home networks - K8 | Entertainment & Technology | K8 |
| UNPWRSUP | 373 | Number of uninterrupted power supplies - K8 | Entertainment & Technology | K8 |
| CELL | 374 | Number of cell phones - K8 | Entertainment & Technology | K8 |
| QHHICFL | 375 | Total indoor CFL bulbs | Lighting | |
| QHHIINC | 376 | Total indoor incandescent light bulbs | Lighting | |
| QHHITB | 377 | Total of indoor CFL and incandescent light bulbs | Lighting | |
| SATCFL | 378 | Ratio of indoor CFL bulbs to total indoor CFL and incandescent | Lighting | |
| FMLRCFL | 379 | Number of family/living room CFLs - L1 | Lighting | L1 |
| KITCFL | 380 | Number of kitchen CFLs - L1 | Lighting | L1 |
| BTHCFL | 381 | Number of bathroom CFLs - L1 | Lighting | L1 |
| BDRCFL | 382 | Number of bedroom CFLs - L1 | Lighting | L1 |
| HLWCFL | 383 | Number of hallway/entry CFLs - L1 | Lighting | L1 |
| FMLRINCD | 384 | Number of family/living room incandescent bulbs - L1 | Lighting | L1 |
| KITINCD | 385 | Number of kitchen incandescent bulbs - L1 | Lighting | L1 |
| BTHINCD | 386 | Number of bathroom incandescent bulbs - L1 | Lighting | L1 |
| BDRINCD | 387 | Number of bedroom incandescent bulbs - L1 | Lighting | L1 |
| HLWINCD | 388 | Number of hallway/entry incandescent bulbs - L1 | Lighting | L1 |
| LMRNUSEN | 389 | Percent of lights on in home in morning - L2 | Lighting | L2 |
| LDAYUSEN | 390 | Percent of lights on in home in daytime - L2 | Lighting | L2 |
| LEVNUSEN | 391 | Percent of lights on in home in evening - L2 | Lighting | L2 |
| LNITEUSEN | 392 | Percent of lights on in home in night - L2 | Lighting | L2 |
| ICTLTIMR | 393 | Number of interior timers - L3 | Lighting | L3 |
| ICTLOCCS | 394 | Number of interior motion detectors - L3 | Lighting | L3 |
| ICTLDIM | 395 | Number of interior dimmers - L3 | Lighting | L3 |
| ICTLNITE | 396 | Number of nightlights - L3 | Lighting | L3 |
| EXINC | 397 | Number of exterior incandescent - L4 | Lighting | L4 |
| EXCFL | 398 | Number of exterior CFL - L4 | Lighting | L4 |
| EXLOWV | 399 | Number of exterior low volt landscape - L4 | Lighting | L4 |
| EXHID | 400 | Number of exterior metal halide - L4 | Lighting | L4 |
| ECTLTIMR | 401 | Number of exterior timers - L4 | Lighting | L4 |
| ECTLDISK | 402 | Number of exterior light sensors - L4 | Lighting | L4 |
| ECTLMOTN | 403 | Number of exterior motion detectors - L4 | Lighting | L4 |
| CFLTOINCD | 404 | Have removed a CFL and replaced it with an incandescent bulb | Lighting | L5 |
| CHRGRS | 405 | Number of charges left plugged all the time - M1 | Misc Appliances | M1 |
| FNPORT | 406 | Number of portable fans - M1 | Misc Appliances | M1 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|---|-----------------|-------------|
| FNCEIL | 407 | Number of ceiling fans - M1 | Misc Appliances | M1 |
| WNDATV | 408 | Number of wind turbine attic ventilators - M1 | Misc Appliances | M1 |
| FNATTIC | 409 | Number of electric attic fans - M1 | Misc Appliances | M1 |
| FNWHOLE | 410 | Number of whole house fans - M1 | Misc Appliances | M1 |
| AIRCLEAN | 411 | Number of household air cleaners - M1 | Misc Appliances | M1 |
| HUMDEH | 412 | Number of Humidifiers/Dehumidifiers - M1 | Misc Appliances | M1 |
| WINCLR | 413 | Number of wine or beverage coolers - M1 | Misc Appliances | M1 |
| WHPURIFY | 414 | Number of water purification systems - M1 | Misc Appliances | M1 |
| DHWRPMP | 415 | Number of Domestic Hot Water Recirculation Pumps - M1 | Misc Appliances | M1 |
| ELBLNKET | 416 | Number of electric blankets - M1 | Misc Appliances | M1 |
| AQUAR | 417 | Number of aquariums - M1 | Misc Appliances | M1 |
| TRSHCOMP | 418 | Number of trash compactors - M1 | Misc Appliances | M1 |
| SAUNA | 419 | Number of electric saunas - M1 | Misc Appliances | M1 |
| SCRRTYSYS | 420 | Number of security systems - M1 | Misc Appliances | M1 |
| POND | 421 | Number of pond pumps - M1 | Misc Appliances | M1 |
| GRGDROPN | 422 | Number of electric garage door openers - M1 | Misc Appliances | M1 |
| LAWNMOWR | 423 | Number of electric lawn mowers - M1 | Misc Appliances | M1 |
| WLWTRPMP | 424 | Use of electric well water pump - M2 | Misc Appliances | M2 |
| WTRSRCES | 425 | Access to city water - M3 | Misc Appliances | M3 |
| WLWTUSE | 426 | How do you use well water - M4 | Misc Appliances | M4 |
| SUMPPMP | 427 | Use sump pump - M5 | Misc Appliances | M5 |
| SHOPTLS | 428 | Use shop tools - M5 | Misc Appliances | M5 |
| WELD | 429 | Use electric welding equipment - M5 | Misc Appliances | M5 |
| AIRCOMP | 430 | Use electric air compressor - M5 | Misc Appliances | M5 |
| BATCHRGE | 431 | Use large battery charger - M5 | Misc Appliances | M5 |
| KILN | 432 | Pottery kiln - M5 | Misc Appliances | M5 |
| MEDICAL | 433 | Use medical equipment - M5 | Misc Appliances | M5 |
| ELVEH | 434 | Electric vehicle, golf cart, wheelchair - M6 | Misc Appliances | M6 |
| CHRGVEH | 435 | Charge electric vehicle at home - M7 | Misc Appliances | M7 |
| OLRGAPP | 436 | Other large electric or gas appliances - M8 | Misc Appliances | M8 |
| CHADD | 437 | Added central heating - M9 | Misc Appliances | M9 |
| CHFUEL | 438 | Fuel for added central heating - M9 | Misc Appliances | M9 |
| CCADD | 439 | Added central cooling - M9 | Misc Appliances | M9 |
| CCFUEL | 440 | Fuel for added central cooling - M9 | Misc Appliances | M9 |
| WWADD | 441 | Added window or wall cooling - M9 | Misc Appliances | M9 |
| WWFUEL | 442 | Fuel for added window or wall cooling - M9 | Misc Appliances | M9 |
| EVCLADD | 443 | Added Evaporative Cooler - M9 | Misc Appliances | M9 |
| EVCLFUEL | 444 | Fuel for added Evaporative Cooler - M9 | Misc Appliances | M9 |
| WHADD | 445 | Added water heater - M9 | Misc Appliances | M9 |
| WHFUEL | 446 | Fuel for added water heater - M9 | Misc Appliances | M9 |
| RFADD | 447 | Added Refrigerator - M9 | Misc Appliances | M9 |
| RFFUEL | 448 | Fuel for added Refrigerator - M9 | Misc Appliances | M9 |
| FRZADD | 449 | Added Stand-alone Freezer - M9 | Misc Appliances | M9 |
| FRZFUEL | 450 | Fuel for added Stand-alone Freezer - M9 | Misc Appliances | M9 |
| STADD | 451 | Added stove top - M9 | Misc Appliances | M9 |
| STFUEL | 452 | Fuel for added stove top - M9 | Misc Appliances | M9 |
| OVADD | 453 | Added oven - M9 | Misc Appliances | M9 |
| OVFUEL | 454 | Fuel for added oven - M9 | Misc Appliances | M9 |
| MWADD | 455 | Added microwave - M9 | Misc Appliances | M9 |
| MWFUEL | 456 | Fuel for added microwave - M9 | Misc Appliances | M9 |
| DWADD | 457 | Added dishwasher - M9 | Misc Appliances | M9 |
| DWFUEL | 458 | Fuel for added dishwasher - M9 | Misc Appliances | M9 |
| CWADD | 459 | Added clothes washer - M9 | Misc Appliances | M9 |
| CWFUEL | 460 | Fuel for added clothes washer - M9 | Misc Appliances | M9 |
| CDADD | 461 | Added clothes dryer - M9 | Misc Appliances | M9 |
| CDFUEL | 462 | Fuel for added clothes dryer - M9 | Misc Appliances | M9 |
| PHADD | 463 | Added pool heater - M9 | Misc Appliances | M9 |
| PHFUEL | 464 | Fuel for added pool heater - M9 | Misc Appliances | M9 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|--|-----------------|-------------|
| PPADD | 465 | Added pool pump - M9 | Misc Appliances | M9 |
| PPFUEL | 466 | Fuel for added pool pump - M9 | Misc Appliances | M9 |
| TBADD | 467 | Added hot tub - M9 | Misc Appliances | M9 |
| TBFUEL | 468 | Fuel for added hot tub - M9 | Misc Appliances | M9 |
| NOADD | 469 | Have not added major appliance - M9 | Misc Appliances | M9 |
| DCHAGE | 470 | Age of discarded central heater - M10 | Misc Appliances | M10 |
| DCHFL | 471 | Fuel of discarded central heater - M10 | Misc Appliances | M10 |
| DCCAGE | 472 | Age of discarded central cooling - M10 | Misc Appliances | M10 |
| DCCFL | 473 | Fuel of discarded central cooling - M10 | Misc Appliances | M10 |
| DWWAGE | 474 | Age of discarded wall cooling - M10 | Misc Appliances | M10 |
| DWWFL | 475 | Fuel of discarded wall cooling - M10 | Misc Appliances | M10 |
| DEVCLAGE | 476 | Age of discarded Evaporative Cooler - M10 | Misc Appliances | M10 |
| DEVCLFL | 477 | Fuel of discarded Evaporative Cooler - M10 | Misc Appliances | M10 |
| DWHAGE | 478 | Age of discarded water heater - M10 | Misc Appliances | M10 |
| DWHFL | 479 | Fuel of discarded water heater - M10 | Misc Appliances | M10 |
| DRFAGE | 480 | Age of discarded Refrigerator - M10 | Misc Appliances | M10 |
| DRFFL | 481 | Fuel of discarded Refrigerator - M10 | Misc Appliances | M10 |
| DFZAGE | 482 | Age of discarded Stand-alone Freezer - M10 | Misc Appliances | M10 |
| DFRZFL | 483 | Fuel of discarded Stand-alone Freezer - M10 | Misc Appliances | M10 |
| DSTAGE | 484 | Age of discarded stove top - M10 | Misc Appliances | M10 |
| DSTFL | 485 | Fuel of discarded stove top - M10 | Misc Appliances | M10 |
| DOVAGE | 486 | Age of discarded oven - M10 | Misc Appliances | M10 |
| DOVFL | 487 | Fuel of discarded oven - M10 | Misc Appliances | M10 |
| DMWAGE | 488 | Age of discarded microwave - M10 | Misc Appliances | M10 |
| DMWFL | 489 | Fuel of discarded microwave - M10 | Misc Appliances | M10 |
| DDWAGE | 490 | Age of discarded dishwasher - M10 | Misc Appliances | M10 |
| DDWFL | 491 | Fuel of discarded dishwasher - M10 | Misc Appliances | M10 |
| DCWAGE | 492 | Age of discarded clothes washer - M10 | Misc Appliances | M10 |
| DCWFL | 493 | Fuel of discarded clothes washer - M10 | Misc Appliances | M10 |
| DCDAGE | 494 | Age of discarded clothes dryer - M10 | Misc Appliances | M10 |
| DCDFL | 495 | Fuel of discarded clothes dryer - M10 | Misc Appliances | M10 |
| DPHAGE | 496 | Age of discarded pool heater - M10 | Misc Appliances | M10 |
| DPHFL | 497 | Fuel of discarded pool heater - M10 | Misc Appliances | M10 |
| DPPAGE | 498 | Age of discarded pool pump - M10 | Misc Appliances | M10 |
| DPPFL | 499 | Fuel of discarded pool pump - M10 | Misc Appliances | M10 |
| DTBAGE | 500 | Age of discarded hot tub - M10 | Misc Appliances | M10 |
| DTBFL | 501 | Fuel of discarded hot tub - M10 | Misc Appliances | M10 |
| NODISCRD | 502 | Have not discarded above appliances - M10 | Misc Appliances | M10 |
| avginc | 503 | Average countinuous income - individually metered | Household Info | |
| samEth | 504 | Heads of household are same ethnicity | Household Info | |
| mixedeth | 505 | Heads of household are different ethnicity | Household Info | |
| PTHME | 506 | Other homes in California occupied by family - N1 | Household Info | N1 |
| PTHMELOC | 507 | Location of other home - N2 | Household Info | N2 |
| PTHMEUTL | 508 | Utility of other home - N2 | Household Info | N2 |
| EDUC | 509 | Education of head of household - N3 | Household Info | N3 |
| ETHNIC | 510 | Primary language - N4 | Household Info | N4 |
| DISABLED | 511 | Occupant is disabled - N5 | Household Info | N5 |
| HOHETH | 512 | Head of household ethnicity | Household Info | |
| HOHIND1 | 513 | Head of household 1 is American Indian - N6 | Household Info | N6 |
| HOHIND2 | 514 | Head of household 2 is American Indian - N6 | Household Info | N6 |
| HOHASN1 | 515 | Head of household 1 is Asian/Pacific Islander - N6 | Household Info | N6 |
| HOHASN2 | 516 | Head of household 2 is Asian/Pacific Islander - N6 | Household Info | N6 |
| HOHBLK1 | 517 | Head of household 1 is African American - N6 | Household Info | N6 |
| HOHBLK2 | 518 | Head of household 2 is African American - N6 | Household Info | N6 |
| HOHLAT1 | 519 | Head of household 1 is Hispanic/Latino - N6 | Household Info | N6 |
| HOHLAT2 | 520 | Head of household 2 is Hispanic/Latino - N6 | Household Info | N6 |
| HOHWHT1 | 521 | Head of household 1 is Caucasian - N6 | Household Info | N6 |
| HOHWHT2 | 522 | Head of household 2 is Caucasian - N6 | Household Info | N6 |

| 09 VarName | Order | 09 Label | DataGroup | QuestionNum |
|------------|-------|----------------------------------|----------------|-------------|
| HOHOTH1 | 523 | Head of household 1 - Other - N6 | Household Info | N6 |
| HOHOTH2 | 524 | Head of household 2 - Other - N6 | Household Info | N6 |
| INCOME | 525 | Household total income - N7 | Household Info | N7 |
| occtype | 530 | Presence of Seniors/Children | Household Info | |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|--|------------------|-------------|
| eutil | 378 | Electric utility | Administrative | |
| ngutil | 46 | Gas utility | Administrative | |
| cecfast | 3 | Forecast climate zone (CEC) | Administrative | |
| ceuscz | 517 | Weather station (from CEUS) | Administrative | |
| elemncda | 476 | Cleaned annualized electric bills - individually metered | Administrative | |
| thmmncka | 469 | Cleaned annualized gas bills - individually metered | Administrative | |
| Annkwh | 449 | Raw electric bills - 12*mean - individually metered | Administrative | |
| anntherm | 451 | Raw gas bills - 12*mean - individually metered | Administrative | |
| cecpge | 447 | Utility specific climate zone - PG&E | Administrative | |
| UTILSDGE | 4 | Utility specific climate zone - SDGE | Administrative | |
| scg | 379 | Have SCG account data | Administrative | |
| res | 522 | Cleaned building type - individually metered | Home & Lifestyle | |
| numi | 456 | Average continuous number in household | Home & Lifestyle | |
| homeage | 455 | Average home age | Home & Lifestyle | |
| SQFT_A | 454 | Average square footage | Home & Lifestyle | |
| rescnt | 438 | Total number of residents | Home & Lifestyle | |
| DWLTYPE | 7 | Type of building - A1 | Home & Lifestyle | A1 |
| STORIES | 8 | Number of stories if single family - A1 | Home & Lifestyle | A1 |
| OWNRENT | 9 | Own or rent home - A2 | Home & Lifestyle | A2 |
| YRS_RES | 10 | Length of time at this address - A3 | Home & Lifestyle | A3 |
| SEASOCC | 11 | Seasonal occupancy - A4 | Home & Lifestyle | A4 |
| SEASJAN | 12 | Seasonal occupancy, occupied in Jan - A5 | Home & Lifestyle | A5 |
| SEASFEB | 13 | Seasonal occupancy, occupied in Feb - A5 | Home & Lifestyle | A5 |
| SEASMAR | 14 | Seasonal occupancy, occupied in Mar - A5 | Home & Lifestyle | A5 |
| SEASAPR | 15 | Seasonal occupancy, occupied in Apr - A5 | Home & Lifestyle | A5 |
| SEASMAY | 16 | Seasonal occupancy, occupied in May - A5 | Home & Lifestyle | A5 |
| SEASJUN | 17 | Seasonal occupancy, occupied in Jun - A5 | Home & Lifestyle | A5 |
| SEASJUL | 18 | Seasonal occupancy, occupied in Jul - A5 | Home & Lifestyle | A5 |
| SEASAUG | 19 | Seasonal occupancy, occupied in Aug - A5 | Home & Lifestyle | A5 |
| SEASSEP | 20 | Seasonal occupancy, occupied in Sep - A5 | Home & Lifestyle | A5 |
| SEASOCT | 21 | Seasonal occupancy, occupied in Oct - A5 | Home & Lifestyle | A5 |
| SEASNOV | 22 | Seasonal occupancy, occupied in Nov - A5 | Home & Lifestyle | A5 |
| SEASDEC | 23 | Seasonal occupancy, occupied in Dec - A5 | Home & Lifestyle | A5 |
| BUILTYR | 24 | Year home built - A6 | Home & Lifestyle | A6 |
| NUMROOM | 25 | Number of bedrooms - A7 | Home & Lifestyle | A7 |
| SQFT | 26 | Square feet of living space - A8 | Home & Lifestyle | A8 |
| EXTWLINS | 27 | Home has insulated exterior walls - A9 | Home & Lifestyle | A9 |
| ACEILINS | 28 | Home has insulated attic - A10 | Home & Lifestyle | A10 |
| CEILINGCH | 29 | Inches of attic insulation - A11 | Home & Lifestyle | A11 |
| WINDTYPE | 30 | Window pane type - A12 | Home & Lifestyle | A12 |
| WINFRAME | 31 | Window frame type - A13 | Home & Lifestyle | A13 |
| REMOD | 32 | Home has been remodeled - A14 | Home & Lifestyle | A14 |
| RMDROOM | 33 | Remodel with room additon - A15 | Home & Lifestyle | A15 |
| RMDKTBTH | 34 | Remodel bath or kitchen - A15 | Home & Lifestyle | A15 |
| RMDREBLT | 35 | Rebuilt most of the home - A15 | Home & Lifestyle | A15 |
| RMDOTHR | 36 | Remodel other - A15 | Home & Lifestyle | A15 |
| kids | 439 | Number of residents 0-18 | Home & Lifestyle | |
| adults | 440 | Number of residents 19-64 | Home & Lifestyle | |
| seniors | 441 | Number of residents 65+ | Home & Lifestyle | |
| NR0_5 | 37 | Number under 5 years of age in home - A16 | Home & Lifestyle | A16 |
| NR6_18 | 38 | Number 6-18 years of age in home - A16 | Home & Lifestyle | A16 |
| NR19_34 | 39 | Number 19-34 years of age in home - A16 | Home & Lifestyle | A16 |
| NR35_54 | 40 | Number 35-54 years of age in home - A16 | Home & Lifestyle | A16 |
| NR55_64 | 41 | Number 55-64 years of age in home - A16 | Home & Lifestyle | A16 |
| NR65_99 | 42 | Number 65-99 years of age in home - A16 | Home & Lifestyle | A16 |
| ONPKUSE | 43 | Peak time use of electrical appliances - A17 | Home & Lifestyle | A17 |
| NGSERV | 44 | Natural gas service available in area - A18 | Home & Lifestyle | A18 |
| NGLINE | 45 | Natural gas service available in home - A19 | Home & Lifestyle | A19 |
| NGUTIL | 46 | Natural gas utility - A20 | Home & Lifestyle | A20 |
| payheat2 | 458 | Cleaned pays for space heating | Space Heating | |
| phtfuel3 | 526 | Cleaned primary heating fuel | Space Heating | |
| phtfuel2 | 457 | Cleaned primary heating fuel - individually metered | Space Heating | |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|---|---------------|-------------|
| PAYHEAT | 47 | Pays for heating - B1 | Space Heating | B1 |
| PHTNGCNT | 48 | Primary central forced air gas furnace - B2 | Space Heating | B2 |
| PHTNGFWL | 49 | Primary floor or wall gas furnace - B2 | Space Heating | B2 |
| PHTNGRAD | 50 | Primary hot water gas radiator - B2 | Space Heating | B2 |
| PHTNGOTH | 51 | Primary other gas heater - B2 | Space Heating | B2 |
| PHTELBSB | 52 | Primary resistance electric heater - B2 | Space Heating | B2 |
| PHTELCRH | 53 | Primary central forced air electric furnace - B2 | Space Heating | B2 |
| PHTELCHP | 54 | Primary central electric heat pump - B2 | Space Heating | B2 |
| PHTELWHP | 55 | Primary through-the-wall electric heat pump - B2 | Space Heating | B2 |
| PHTELPOR | 56 | Primary portable electric heater - B2 | Space Heating | B2 |
| PHTELOTH | 57 | Primary other electric heater - B2 | Space Heating | B2 |
| PHTBGCNT | 58 | Primary central forced air bottled gas furnace - B2 | Space Heating | B2 |
| PHTBGFWL | 59 | Primary floor or wall bottled gas heater - B2 | Space Heating | B2 |
| PHTBGRAD | 60 | Primary hot water bottled gas radiator - B2 | Space Heating | B2 |
| PHTBGOTH | 61 | Primary bottled gas heater other - B2 | Space Heating | B2 |
| PHTWDWS | 62 | Primary woodstove/fireplace insert - B2 | Space Heating | B2 |
| PHTWDFFP | 63 | Primary wood fireplace - B2 | Space Heating | B2 |
| PHTSLRN | 64 | Primary solar heat, no backup - B2 | Space Heating | B2 |
| PHTSLRG | 65 | Primary solar heat, natural gas backup - B2 | Space Heating | B2 |
| PHTSLRP | 66 | Primary solar heat, propane backup - B2 | Space Heating | B2 |
| PHTSLRE | 67 | Primary solar heat, electric backup - B2 | Space Heating | B2 |
| PHTOTSYS | 68 | Primary 'other' heat - B2 | Space Heating | B2 |
| AHTNGCNT | 69 | Secondary central forced air gas furnace - B2 | Space Heating | B2 |
| AHTNGFWL | 70 | Secondary floor or wall gas furnace - B2 | Space Heating | B2 |
| AHTNGRAD | 71 | Secondary hot water gas radiator - B2 | Space Heating | B2 |
| AHTNGOTH | 72 | Secondary other gas heater - B2 | Space Heating | B2 |
| AHTELBSB | 73 | Secondary resistance electric heater - B2 | Space Heating | B2 |
| AHTELCRH | 74 | Secondary central forced air electric furnace - B2 | Space Heating | B2 |
| AHTELCHP | 75 | Secondary central electric heat pump - B2 | Space Heating | B2 |
| AHTELWHP | 76 | Secondary through-the-wall electric heat pump - B2 | Space Heating | B2 |
| AHTELPOR | 77 | Secondary portable electric heater - B2 | Space Heating | B2 |
| AHTELOTH | 78 | Secondary other electric heater - B2 | Space Heating | B2 |
| AHTBGCNT | 79 | Secondary central forced air bottled gas furnace - B2 | Space Heating | B2 |
| AHTBGFWL | 80 | Secondary floor or wall bottled gas heater - B2 | Space Heating | B2 |
| AHTBGRAD | 81 | Secondary hot water bottled gas radiator - B2 | Space Heating | B2 |
| AHTBGOTH | 82 | Secondary bottled gas heater other - B2 | Space Heating | B2 |
| AHTWDWS | 83 | Secondary woodstove/fireplace insert - B2 | Space Heating | B2 |
| AHTWDFFP | 84 | Secondary wood fireplace - B2 | Space Heating | B2 |
| AHTSLRN | 85 | Secondary solar heat, no backup - B2 | Space Heating | B2 |
| AHTSLRG | 86 | Secondary solar heat, natural gas backup - B2 | Space Heating | B2 |
| AHTSLRP | 87 | Secondary solar heat, propane backup - B2 | Space Heating | B2 |
| AHTSLRE | 88 | Secondary solar heat, electric backup - B2 | Space Heating | B2 |
| AHTOTSYS | 89 | Secondary 'other' heat - B2 | Space Heating | B2 |
| MAINPILT | 90 | Main heater has gas pilot light - B3 | Space Heating | B3 |
| SECPILT | 91 | Secondary heater has gas pilot light - B3 | Space Heating | B3 |
| HTSYSAGE | 92 | Age of main heating system - B4 | Space Heating | B4 |
| HTCTLTYP | 93 | Thermostat type for main heating system - B5 | Space Heating | B5 |
| HMRNSET | 94 | Heater thermostat setting in morning - B6 | Space Heating | B6 |
| HDAYSET | 95 | Heater thermostat setting in day - B6 | Space Heating | B6 |
| HEVNSET | 96 | Heater thermostat setting in evening - B6 | Space Heating | B6 |
| HNITESET | 97 | Heater thermostat setting in night - B6 | Space Heating | B6 |
| HTMAINTN | 98 | Maintenance preformed on heating system - B7 | Space Heating | B7 |
| NPORHTRS | 99 | Number of portable heaters - B8 | Space Heating | B8 |
| USEADDHT | 100 | Use of additional heating systems - B9 | Space Heating | B9 |
| phtcnt | 384 | Have a primary heater | Space Heating | |
| havesec | 411 | Have a secondary heater | Space Heating | |
| ahtcnt | 385 | Number of secondary heaters | Space Heating | |
| htng | 393 | Have a primary or secondary gas heater | Space Heating | |
| phtng | 394 | Have a primary gas heater | Space Heating | |
| ahtng | 395 | Have a secondary gas heater | Space Heating | |
| htelec | 396 | Have a primary or secondary electric heater | Space Heating | |
| phelec | 397 | Have a primary electric heater | Space Heating | |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|--|---------------|-------------|
| ahtelec | 398 | Have a secondary electric heater | Space Heating | |
| htbg | 399 | Have a primary or secondary bottled gas heater | Space Heating | |
| phtbg | 400 | Have a primary bottled gas heater | Space Heating | |
| ahtbg | 401 | Have a secondary bottled gas heater | Space Heating | |
| htwdfp2 | 402 | Have a primary or secondary wood heater | Space Heating | |
| phtwdfp2 | 403 | Have a primary wood heater | Space Heating | |
| ahtwdfp2 | 404 | Have a secondary wood heater | Space Heating | |
| htsolar | 405 | Have a primary or secondary solar heater | Space Heating | |
| phtsolar | 406 | Have a primary solar heater | Space Heating | |
| ahtsolar | 407 | Have a secondary solar heater | Space Heating | |
| htother | 408 | Have a primary or secondary 'other' heater | Space Heating | |
| phtother | 409 | Have a primary 'other' heater | Space Heating | |
| ahtother | 410 | Have a secondary 'other' heater | Space Heating | |
| htelwhp | 382 | Have a primary or secondary electric through-the-wall heat | Space Heating | |
| paycool2 | 460 | Pays for central air conditioning | Space Cooling | |
| cooling | 448 | Cleaned cooling type | Space Cooling | |
| cacct | 413 | Total number of central air conditioners | Space Cooling | |
| RACCNT | 415 | Total number of room air conditioners | Space Cooling | |
| PAYCOOL | 101 | Pays for central air conditioning - C1 | Space Cooling | C1 |
| CTLACAGE | 102 | Number of central air conditioners - C2 | Space Cooling | C2 |
| CTEVPAGE | 103 | Number of central evaporative coolers - C2 | Space Cooling | C2 |
| HPAGE | 104 | Number of heat pumps - C2 | Space Cooling | C2 |
| CLCNTAGE | 105 | Age of main central air conditioner - C3 | Space Cooling | C3 |
| CLCTLTYP | 106 | Thermostat type for main central air - C4 | Space Cooling | C4 |
| CMRNSET | 107 | AC thermostat setting in morning - C5 | Space Cooling | C5 |
| CDAYSET | 108 | AC thermostat setting in day - C5 | Space Cooling | C5 |
| CEVNSET | 109 | AC thermostat setting in evening - C5 | Space Cooling | C5 |
| CNITESET | 110 | AC thermostat setting in night - C5 | Space Cooling | C5 |
| CLMAINTN | 111 | Maintenance preformed on ac system - C6 | Space Cooling | C6 |
| NOROOMAC | 112 | No room air conditioner - C7 | Space Cooling | C7 |
| ACTYP1 | 113 | Type room air conditioner 1 - C7 | Space Cooling | C7 |
| ACTYP2 | 114 | Type room air conditioner 2 - C7 | Space Cooling | C7 |
| ACTYP3 | 115 | Type room air conditioner 3 - C7 | Space Cooling | C7 |
| ACAGE1 | 116 | Age of room air conditioner 1 - C7 | Space Cooling | C7 |
| ACAGE2 | 117 | Age of room air conditioner 2 - C7 | Space Cooling | C7 |
| ACAGE3 | 118 | Age of room air conditioner 3 - C7 | Space Cooling | C7 |
| CMRNUSE | 119 | Use of room air conditioner in morning - C8 | Space Cooling | C8 |
| CDAYUSE | 120 | Use of room air conditioner in day - C8 | Space Cooling | C8 |
| CEVNUSE | 121 | Use of room air conditioner in evening - C8 | Space Cooling | C8 |
| CNITEUSE | 122 | Use of room air conditioner at night - C8 | Space Cooling | C8 |
| CHOTUSE | 123 | Use of room air conditioner on a hot weekday - C8 | Space Cooling | C8 |
| paywh2 | 459 | Cleaned pays for water heating | Water Heating | |
| pwhfuel3 | 525 | Cleaned primary water heater fuel | Water Heating | |
| PWHFUEL2 | 467 | Cleaned primary water heater fuel - individually metered | Water Heating | |
| PAYWH | 124 | Pay for water heater - D1 | Water Heating | D1 |
| PWHNGTNK | 125 | Standard tank gas water heater - D2 | Water Heating | D2 |
| PWHNGWHT | 126 | Whole house tankless gas water heater - D2 | Water Heating | D2 |
| PWHELTNK | 127 | Standard tank electric water heater - D2 | Water Heating | D2 |
| PWHELHP | 128 | Heat pump electric water heater - D2 | Water Heating | D2 |
| PWHELWHT | 129 | Whole house tankless electric water heater - D2 | Water Heating | D2 |
| PWHELPNT | 130 | Point of use tankless electric water heater - D2 | Water Heating | D2 |
| PWHLPTNK | 131 | Standard tank propane water heater - D2 | Water Heating | D2 |
| PWHLPWHT | 132 | Whole house tankless propane water heater - D2 | Water Heating | D2 |
| PWHSLRN | 133 | Solar water heater, no backup - D2 | Water Heating | D2 |
| PWHSLRG | 134 | Solar water heater, natural gas backup - D2 | Water Heating | D2 |
| PWHSLRP | 135 | Solar water heater, propane backup - D2 | Water Heating | D2 |
| PWHSLRE | 136 | Solar water heater, electric backup - D2 | Water Heating | D2 |
| PWHOTSYS | 137 | Water heater, other fuel - D2 | Water Heating | D2 |
| AWHNGTNK | 138 | Additional standard tank gas water heater - D2 | Water Heating | D2 |
| AWHNGWHT | 139 | Additional whole house tankless gas water heater - D2 | Water Heating | D2 |
| AWHELTNK | 140 | Additional standard tank electric water heater - D2 | Water Heating | D2 |
| AWHELHP | 141 | Additional heat pump electric water heater - D2 | Water Heating | D2 |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|---|---------------|-------------|
| AWHELWHT | 142 | Additional whole house tankless electric water heater - D2 | Water Heating | D2 |
| AWHELPNT | 143 | Additional point of use tankless electric water heater - D2 | Water Heating | D2 |
| AWHLPNPK | 144 | Additional standard tank propane water heater - D2 | Water Heating | D2 |
| AWHLPWHT | 145 | Additional whole house tankless propane water heater - D2 | Water Heating | D2 |
| AWHSLRN | 146 | Additional solar water heater, no backup - D2 | Water Heating | D2 |
| AWHSLRG | 147 | Additional solar water heater, natural gas backup - D2 | Water Heating | D2 |
| AWHSLRP | 148 | Additional solar water heater, propane backup - D2 | Water Heating | D2 |
| AWHSLRE | 149 | Additional solar water heater, electric backup - D2 | Water Heating | D2 |
| AWHOTSYS | 150 | Additional water heater, other fuel - D2 | Water Heating | D2 |
| WHTEMP | 151 | Water heater temperature - D3 | Water Heating | D3 |
| PRWHAGE | 152 | Water heater age - D4 | Water Heating | D4 |
| TANKINS | 153 | Water heater insulation blanket - D5 | Water Heating | D5 |
| SHWRDAY | 154 | Number of showers - D6 | Water Heating | D6 |
| BATHSDAY | 155 | Number of baths - D6 | Water Heating | D6 |
| SHOWERHD | 156 | Low flow shower head - D7 | Water Heating | D7 |
| AERATORS | 157 | Faucet airators - D8 | Water Heating | D8 |
| whng | 430 | Have a gas water heater | Water Heating | |
| whelec | 431 | Have an electric water heater | Water Heating | |
| whbg | 432 | Have a bottled gas water heater | Water Heating | |
| whsl | 433 | Have a solar water heater | Water Heating | |
| whoth | 434 | Have an other water heater | Water Heating | |
| whngtnk | 416 | Have a primary or secondary standard tank gas water | Water Heating | |
| whngwht | 417 | Have a primary or secondary whole house tankless water | Water Heating | |
| wheltnk | 418 | Have a primary or secondary standard tank electric water | Water Heating | |
| whelhp | 419 | Have a primary or secondary heat pump electric water | Water Heating | |
| whelwht | 420 | Have a primary or secondary whole house tankless electric water heater | Water Heating | |
| whelpnt | 421 | Have a primary or secondary point of use tankless electric water heater | Water Heating | |
| whlptnk | 422 | Have a primary or secondary standard tank propane water heater | Water Heating | |
| whlpwht | 423 | Have a primary or secondary whole house tankless propane water heater | Water Heating | |
| whslnr | 424 | Have a primary or secondary solar water heater, no backup | Water Heating | |
| whsrlg | 425 | Have a primary or secondary solar water heater, gas backup | Water Heating | |
| whsrlp | 426 | Have a primary or secondary solar water heater, propane backup | Water Heating | |
| whsrlre | 427 | Have a primary or secondary solar water heater, electric backup | Water Heating | |
| whotsys | 428 | Have a primary or secondary water heater, other fuel | Water Heating | |
| gdry | 462 | Have gas dryer | Laundry | |
| edry | 461 | Have electric dryer | Laundry | |
| numwash | 436 | Total number of clothes washes per week | Laundry | |
| LNDRYEQP | 158 | Laundry equipment in home - E1 | Laundry | E1 |
| CWTYP | 159 | Type of clothes washer - E2 | Laundry | E2 |
| CWAGE | 160 | Clothes washer age - E3 | Laundry | E3 |
| CWHWLD | 161 | Number of hot water washes per week - E4 | Laundry | E4 |
| CWWWLD | 162 | Number of warm water washes per week - E4 | Laundry | E4 |
| CWCWLD | 163 | Number of cold water washes per week - E4 | Laundry | E4 |
| CDTYP | 164 | Type of clothes dryer - E5 | Laundry | E5 |
| DRYLDLS | 165 | Number of dryer loads per week - E6 | Laundry | E6 |
| CKRNTYP | 166 | Fuel for cooktop - F1 | Food Prep | F1 |
| CKRNA | 167 | Age of cooktop - F1 | Food Prep | F1 |
| CKOVVTYP | 168 | Fuel for oven - F1 | Food Prep | F1 |
| CKOVA | 169 | Age of oven - F1 | Food Prep | F1 |
| CKBBTYP | 170 | Fuel for barbecue - F1 | Food Prep | F1 |
| CKBBQA | 171 | Age of barbecue - F1 | Food Prep | F1 |
| BRNOVUSE | 172 | How often use range/oven for breakfast - F2 | Food Prep | F2 |
| LRNOVUSE | 173 | How often use range/oven for lunch - F2 | Food Prep | F2 |
| DRNOVUSE | 174 | How often use range/oven for dinner - F2 | Food Prep | F2 |
| ORNOVUSE | 175 | How often use range/oven for other - F2 | Food Prep | F2 |
| MWUSE | 176 | Have microwave oven - F3 | Food Prep | F3 |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|--|-------------------|-------------|
| DISHWASH | 177 | Have dishwasher - F4 | Food Prep | F4 |
| DWLOADS | 178 | Number of dishwasher loads per week - F5 | Food Prep | F5 |
| RFNUM | 179 | Number of refrigerators - G1 | Refrigerators | G1 |
| RF1STY | 180 | Door style of first refrigerator - G2 | Refrigerators | G2 |
| RF2STY | 181 | Door style of second refrigerator - G2 | Refrigerators | G2 |
| RF3STY | 182 | Door style of third refrigerator - G2 | Refrigerators | G2 |
| RFDSCSTY | 183 | Door style of discarded refrigerator - G2 | Refrigerators | G2 |
| RF1SZ | 184 | Size of first refrigerator - G2 | Refrigerators | G2 |
| RF2SZ | 185 | Size of second refrigerator - G2 | Refrigerators | G2 |
| RF3SZ | 186 | Size of third refrigerator - G2 | Refrigerators | G2 |
| RFDSCSZ | 187 | Size of discarded refrigerator - G2 | Refrigerators | G2 |
| RF1DEF | 188 | Defrost type of first refrigerator - G2 | Refrigerators | G2 |
| RF2DEF | 189 | Defrost type of second refrigerator - G2 | Refrigerators | G2 |
| RF3DEF | 190 | Defrost type of third refrigerator - G2 | Refrigerators | G2 |
| RFDSCDEF | 191 | Defrost type of discarded refrigerator - G2 | Refrigerators | G2 |
| RF1AGE | 192 | Age of first refrigerator - G2 | Refrigerators | G2 |
| RF2AGE | 193 | Age of second refrigerator - G2 | Refrigerators | G2 |
| RF3AGE | 194 | Age of third refrigerator - G2 | Refrigerators | G2 |
| RFDSCAGE | 195 | Age of discarded refrigerator - G2 | Refrigerators | G2 |
| RF1OTH | 196 | Door ice in first refrigerator - G2 | Refrigerators | G2 |
| RF2OTH | 197 | Door ice in second refrigerator - G2 | Refrigerators | G2 |
| RF3OTH | 198 | Door ice in third refrigerator - G2 | Refrigerators | G2 |
| RFDSCOTH | 199 | Door ice in discarded refrigerator - G2 | Refrigerators | G2 |
| rfdiscrd | 520 | Old refrigerator discarded in the last 12 months | Refrigerators | |
| FZNUM | 200 | Number of stand alone freezers - H1 | Freezers | H1 |
| FZ1STY | 201 | Style of first freezer - H2 | Freezers | H2 |
| FZ2STY | 202 | Style of second freezer - H2 | Freezers | H2 |
| FZDSCSTY | 203 | Style of discarded freezer - H2 | Freezers | H2 |
| FZ1SZ | 204 | Size of first freezer - H2 | Freezers | H2 |
| FZ2SZ | 205 | Size of second freezer - H2 | Freezers | H2 |
| FZDSCSZ | 206 | Size of discarded freezer - H2 | Freezers | H2 |
| FZ1AGE | 207 | Age of first freezer - H2 | Freezers | H2 |
| FZ2AGE | 208 | Age of second freezer - H2 | Freezers | H2 |
| FZDSCAGE | 209 | Age of discarded freezer - H2 | Freezers | H2 |
| fzdiscrd | 521 | Old freezer discarded in the last 12 months | Freezers | |
| SPTYP | 210 | Spa or hot tub - I1 | Spas and Hot Tubs | I1 |
| SPHTF | 211 | Spa fuel - I2 | Spas and Hot Tubs | I2 |
| SPSZ | 212 | Spa size - I3 | Spas and Hot Tubs | I3 |
| SPLOC | 213 | Spa location - I4 | Spas and Hot Tubs | I4 |
| SPCOV | 214 | Spa cover - I5 | Spas and Hot Tubs | I5 |
| SMFLTPMP | 215 | Frequency of spa filtration summer - I6 | Spas and Hot Tubs | I6 |
| WNFLTPMP | 216 | Frequency of spa filtration winter - I6 | Spas and Hot Tubs | I6 |
| SMHTSPA | 217 | Frequency of spa heat in summer - I7 | Spas and Hot Tubs | I7 |
| WNHTSPA | 218 | Frequency of spa heat in winter - I7 | Spas and Hot Tubs | I7 |
| PLTYP | 219 | Pool, pay for energy - J1 | Pools | J1 |
| PLSZ | 220 | Pool size - J2 | Pools | J2 |
| SMFLTHR | 221 | Hours per day filter pool summer - J3 | Pools | J3 |
| WNFLTHR | 222 | Hours per day filter pool winter - J3 | Pools | J3 |
| PLHTF | 223 | Fuel to heat pool - J4 | Pools | J4 |
| SMHTPL | 224 | Frequency heat pool summer - J5 | Pools | J5 |
| WNHtpl | 225 | Frequency heat pool winter - J5 | Pools | J5 |
| PLCOV | 226 | Pool cover - J6 | Pools | J6 |
| PLTIMR | 227 | Pool timer - J6 | Pools | J6 |
| PLSWEEP | 228 | Pool sweep - J6 | Pools | J6 |
| PLINDOOR | 229 | Pool is indoors - J6 | Pools | J6 |
| THEATER | 230 | Number of home theaters - K1 | Entertainment & | K1 |
| tvcnt | 437 | Number of TVs | Entertainment & | |
| BSTV | 231 | Number of big screen TV - K1 | Entertainment & | K1 |
| CLTV | 232 | Number of standard TV - K1 | Entertainment & | K1 |
| CABLE | 233 | Number of analog cable boxes - K1 | Entertainment & | K1 |
| DIGCABLE | 234 | Number of digital cable boxes - K1 | Entertainment & | K1 |
| DSS | 235 | Number of digital satellite - K1 | Entertainment & | K1 |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|---|-----------------|-------------|
| DVD | 236 | Number of DVD - K1 | Entertainment & | K1 |
| VCR | 237 | Number of VCR - K1 | Entertainment & | K1 |
| TIVO | 238 | Number of TiVo - K1 | Entertainment & | K1 |
| MUSIC | 239 | Number of stereos - K1 | Entertainment & | K1 |
| TVUSE | 240 | Hours of TV usage per day - K2 | Entertainment & | K2 |
| NPCS | 241 | Number of personal computers - K3 | Entertainment & | K3 |
| PCHRS | 242 | Hours of computer usage per day - K4 | Entertainment & | K4 |
| EMAIL | 243 | Frequency of email use - K5 | Entertainment & | K5 |
| BRWSNLN | 244 | Frequency of browse internet - K5 | Entertainment & | K5 |
| BUYONLN | 245 | Frequency of buy on internet - K5 | Entertainment & | K5 |
| BILLONLN | 246 | Frequency of pay bill on internet - K5 | Entertainment & | K5 |
| WORKHOME | 247 | Work from home - K6 | Entertainment & | K6 |
| WKHRSHM | 248 | Hours per week work from home - K7 | Entertainment & | K7 |
| ANSRMCHN | 249 | Number of answering machines - K8 | Entertainment & | K8 |
| MULTMCHN | 250 | Number of multifunction machines - K8 | Entertainment & | K8 |
| FAX | 251 | Number of FAX machines - K8 | Entertainment & | K8 |
| PRTLAS | 252 | Number of printers - K8 | Entertainment & | K8 |
| SCAN | 253 | Number of scanners - K8 | Entertainment & | K8 |
| COPIER | 254 | Number of copier - K8 | Entertainment & | K8 |
| PHINT | 255 | Number of phone internet access - K8 | Entertainment & | K8 |
| DSLINT | 256 | Number of DSL modem - K8 | Entertainment & | K8 |
| CBLINT | 257 | Number of cable modem - K8 | Entertainment & | K8 |
| SATCMINT | 258 | Number satelite communication for internet - K8 | Entertainment & | K8 |
| NETWK | 259 | Number of home networks - K8 | Entertainment & | K8 |
| CELL | 260 | Number of cell phones - K8 | Entertainment & | K8 |
| ICFL | 261 | Number of interior CFL - L1 | Lighting | L1 |
| ICTLTIMR | 262 | Number of interior timers - L1 | Lighting | L1 |
| ICTLOCCS | 263 | Number of interior motion detectors - L1 | Lighting | L1 |
| ICTLDIM | 264 | Number of interior dimmers - L1 | Lighting | L1 |
| EXINC | 265 | Number of exterior incandescent - L2 | Lighting | L2 |
| EXCFL | 266 | Number of exterior CFL - L2 | Lighting | L2 |
| EXLOWV | 267 | Number of exterior low volt landscape - L2 | Lighting | L2 |
| EXHID | 268 | Number of exterior metal halide - L2 | Lighting | L2 |
| ECTLTIMR | 269 | Number of exterior timers - L2 | Lighting | L2 |
| ECTLDSK | 270 | Number of exterior light sensors - L2 | Lighting | L2 |
| ECTLMOTN | 271 | Number of exterior motion detectors - L2 | Lighting | L2 |
| FNPORT | 272 | Number of portable fans - M1 | Misc Appliances | M1 |
| FNCEIL | 273 | Number of ceiling fans - M1 | Misc Appliances | M1 |
| WNDATV | 274 | Number of wind turbine attice ventilators - M1 | Misc Appliances | M1 |
| FNATTIC | 275 | Number of electric attic fans - M1 | Misc Appliances | M1 |
| FNWHOLE | 276 | Number of whole house fans - M1 | Misc Appliances | M1 |
| AIRCLEAN | 277 | Number of household air cleaners - M1 | Misc Appliances | M1 |
| HUM | 278 | Number of humidifiers - M1 | Misc Appliances | M1 |
| DEH | 279 | Number of dehumidifiers - M1 | Misc Appliances | M1 |
| WHPURIFY | 280 | Number of water purification systems - M1 | Misc Appliances | M1 |
| WBED | 281 | Number of heated waterbeds - M1 | Misc Appliances | M1 |
| ELBLNKET | 282 | Number of electric blankets - M1 | Misc Appliances | M1 |
| AQUAR | 283 | Number of aquariums - M1 | Misc Appliances | M1 |
| TRSHCOMP | 284 | Number of trash compactors - M1 | Misc Appliances | M1 |
| SAUNA | 285 | Number of electric saunas - M1 | Misc Appliances | M1 |
| SCRTYSYS | 286 | Number of security systems - M1 | Misc Appliances | M1 |
| POND | 287 | Number of pond pumps - M1 | Misc Appliances | M1 |
| GRGDROPN | 288 | Number of electric garage door openers - M1 | Misc Appliances | M1 |
| LAWNMRWR | 289 | Number of electric lawn mowers - M1 | Misc Appliances | M1 |
| WLWTRPMP | 290 | Use of electric well water pump - M2 | Misc Appliances | M2 |
| WTRSRCES | 291 | Access to city water - M3 | Misc Appliances | M3 |
| WLWTUSE | 292 | How do you use well water - M4 | Misc Appliances | M4 |
| SUMPPMP | 293 | Use sump pump - M5 | Misc Appliances | M5 |
| SHOPTLS | 294 | Use shop tools - M5 | Misc Appliances | M5 |
| WELD | 295 | Use electric welding equipment - M5 | Misc Appliances | M5 |
| AIRCOMP | 296 | Use electric air compressor - M5 | Misc Appliances | M5 |
| BATCHRGE | 297 | Use large battery charger - M5 | Misc Appliances | M5 |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|--|-----------------|-------------|
| KILN | 298 | Pottery kiln - M5 | Misc Appliances | M5 |
| MEDICAL | 299 | Use medical equipment - M5 | Misc Appliances | M5 |
| ELVEH | 300 | Electric vehicle, golf cart, wheelchair - M6 | Misc Appliances | M6 |
| CHRGVEH | 301 | Charge electric vehicle at home - M7 | Misc Appliances | M7 |
| OLRGAPP | 302 | Other large electric or gas appliances - M8 | Misc Appliances | M8 |
| CHADD | 303 | Added central heating - M9 | Misc Appliances | M9 |
| CHFUEL | 304 | Fuel for added central heating - M9 | Misc Appliances | M9 |
| CCADD | 305 | Added central cooling - M9 | Misc Appliances | M9 |
| CCFUEL | 306 | Fuel for added central cooling - M9 | Misc Appliances | M9 |
| WWADD | 307 | Added window or wall cooling - M9 | Misc Appliances | M9 |
| WWFUEL | 308 | Fuel for added window or wall cooling - M9 | Misc Appliances | M9 |
| WHADD | 309 | Added water heater - M9 | Misc Appliances | M9 |
| WHFUEL | 310 | Fuel for added water heater - M9 | Misc Appliances | M9 |
| STADD | 311 | Added stove top - M9 | Misc Appliances | M9 |
| STFUEL | 312 | Fuel for added stove top - M9 | Misc Appliances | M9 |
| OVADD | 313 | Added oven - M9 | Misc Appliances | M9 |
| OVFUEL | 314 | Fuel for added oven - M9 | Misc Appliances | M9 |
| MWADD | 315 | Added microwave - M9 | Misc Appliances | M9 |
| MWFUEL | 316 | Fuel for added microwave - M9 | Misc Appliances | M9 |
| DWADD | 317 | Added dishwasher - M9 | Misc Appliances | M9 |
| DWFUEL | 318 | Fuel for added dishwasher - M9 | Misc Appliances | M9 |
| CWADD | 319 | Added clothes washer - M9 | Misc Appliances | M9 |
| CWFUEL | 320 | Fuel for added clothes washer - M9 | Misc Appliances | M9 |
| CDADD | 321 | Added clothes dryer - M9 | Misc Appliances | M9 |
| CDFUEL | 322 | Fuel for added clothes dryer - M9 | Misc Appliances | M9 |
| PHADD | 323 | Added pool heater - M9 | Misc Appliances | M9 |
| PHFUEL | 324 | Fuel for added pool heater - M9 | Misc Appliances | M9 |
| PPADD | 325 | Added pool pump - M9 | Misc Appliances | M9 |
| PPFUEL | 326 | Fuel for added pool pump - M9 | Misc Appliances | M9 |
| TBADD | 327 | Added hot tub - M9 | Misc Appliances | M9 |
| TBFUEL | 328 | Fuel for added hot tub - M9 | Misc Appliances | M9 |
| NOADD | 329 | Have not added major appliance - M9 | Misc Appliances | M9 |
| DCHAGE | 330 | Age of discarded central heater - M10 | Misc Appliances | M10 |
| DCHFL | 331 | Fuel of discarded central heater - M10 | Misc Appliances | M10 |
| DCCAGE | 332 | Age of discarded central cooling - M10 | Misc Appliances | M10 |
| DCCFL | 333 | Fuel of discarded central cooling - M10 | Misc Appliances | M10 |
| DWWAGE | 334 | Age of discarded wall cooling - M10 | Misc Appliances | M10 |
| DWWFL | 335 | Fuel of discarded wall cooling - M10 | Misc Appliances | M10 |
| DWHAGE | 336 | Age of discarded water heater - M10 | Misc Appliances | M10 |
| DWHFL | 337 | Fuel of discarded water heater - M10 | Misc Appliances | M10 |
| DSTAGE | 338 | Age of discarded stove top - M10 | Misc Appliances | M10 |
| DSTFL | 339 | Fuel of discarded stove top - M10 | Misc Appliances | M10 |
| DOVAGE | 340 | Age of discarded oven - M10 | Misc Appliances | M10 |
| DOVFL | 341 | Fuel of discarded oven - M10 | Misc Appliances | M10 |
| DMWAGE | 342 | Age of discarded microwave - M10 | Misc Appliances | M10 |
| DMWFL | 343 | Fuel of discarded microwave - M10 | Misc Appliances | M10 |
| DDWAGE | 344 | Age of discarded dishwasher - M10 | Misc Appliances | M10 |
| DDWFL | 345 | Fuel of discarded dishwasher - M10 | Misc Appliances | M10 |
| DCWAGE | 346 | Age of discarded clothes washer - M10 | Misc Appliances | M10 |
| DCWFL | 347 | Fuel of discarded clothes washer - M10 | Misc Appliances | M10 |
| DCDAGE | 348 | Age of discarded clothes dryer - M10 | Misc Appliances | M10 |
| DCDFL | 349 | Fuel of discarded clothes dryer - M10 | Misc Appliances | M10 |
| DPHAGE | 350 | Age of discarded pool heater - M10 | Misc Appliances | M10 |
| DPHFL | 351 | Fuel of discarded pool heater - M10 | Misc Appliances | M10 |
| DPPAGE | 352 | Age of discarded pool pump - M10 | Misc Appliances | M10 |
| DPPFL | 353 | Fuel of discarded pool pump - M10 | Misc Appliances | M10 |
| DTBAGE | 354 | Age of discarded hot tub - M10 | Misc Appliances | M10 |
| DTBFL | 355 | Fuel of discarded hot tub - M10 | Misc Appliances | M10 |
| NODISCRD | 356 | Have not discarded above appliances - M10 | Misc Appliances | M10 |
| avginc | 453 | Average continuous income - individually metered | Household Info | |
| samEth | 442 | Heads of household are same ethnicity | Household Info | |
| mixedeth | 443 | Heads of household are different ethnicity | Household Info | |

| 03 VarName | VarNum | 03 Label | DataGroup | QuestionNum |
|------------|--------|--|----------------|-------------|
| PTHME | 357 | Other homes in California occupied by family - N1 | Household Info | N1 |
| PTHMELOC | 358 | Location of other home - N2 | Household Info | N2 |
| PTHMEUTL | 359 | Utility of other home - N2 | Household Info | N2 |
| EDUC | 360 | Education of head of household - N3 | Household Info | N3 |
| ETHNIC | 361 | Primary language - N4 | Household Info | N4 |
| DISABLED | 362 | Occupant is disabled - N5 | Household Info | N5 |
| HOHIND1 | 363 | Head of household 1 is American Indian - N6 | Household Info | N6 |
| HOHIND2 | 364 | Head of household 2 is American Indian - N6 | Household Info | N6 |
| HOHASN1 | 365 | Head of household 1 is Asian/Pacific Islander - N6 | Household Info | N6 |
| HOHASN2 | 366 | Head of household 2 is Asian/Pacific Islander - N6 | Household Info | N6 |
| HOHBLK1 | 367 | Head of household 1 is African American - N6 | Household Info | N6 |
| HOHBLK2 | 368 | Head of household 2 is African American - N6 | Household Info | N6 |
| HOHLAT1 | 369 | Head of household 1 is Hispanic/Latino - N6 | Household Info | N6 |
| HOHLAT2 | 370 | Head of household 2 is Hispanic/Latino - N6 | Household Info | N6 |
| HOHWHT1 | 371 | Head of household 1 is Caucasian - N6 | Household Info | N6 |
| HOHWHT2 | 372 | Head of household 2 is Caucasian - N6 | Household Info | N6 |
| HOHOTH1 | 373 | Head of household 1 - Other - N6 | Household Info | N6 |
| HOHOTH2 | 374 | Head of household 2 - Other - N6 | Household Info | N6 |
| INCOME | 375 | Household total income - N7 | Household Info | N7 |

APPENDIX D

RASS Materials Pre-test Results

2008 CA Statewide RASS Pretest Results Pretest held November 2008

Pretests were held on November 12th-14th in KEMA's San Diego, Anaheim and Oakland offices. Two sessions were held at each location to facilitate discussions of individual questions, with participants recruited from locations nearby the testing facilities. Lunch and a \$25 honorarium were provided to participants.

The envelope teasers, cover letter and the draft survey were tested within each session. Participants were provided with the survey and a brief description of the project objectives and the goals of the pretest. We asked participants to complete the survey and note any questions that they had in the margins. We then discussed the key new questions of the survey and addressed questions where people had concerns. The interviewer noted the questions that people indicated as having difficulty or wanting clarification on what we were asking.

Envelope teasers were then distributed, and participants were asked to choose their first and second favorites and the one they thought was the worst. The group discussed their reasons for liking or disliking the phrases. Participants were then asked to read the cover letters and to provide comments on organization and content.

Thirty customers participated in the pretest across the three locations. The thirty responses broke down as follows:

- 21 single-family residences; 9 multi-family residences
- 14 homes with children; 1 homes with seniors
- 17 with education levels lower than a college degree; 10 with a college degree; 1 with a post graduate degree
- 26 with English as a primary language at home, 4 with Spanish
- 13 Hispanic, 12 Caucasian, 4 African American, 1 Asian

Overall the survey was well received and customers were eager to provide feedback on all materials. The following table includes the issues that came up in the test as well as our recommended modifications to the materials. We have made the changes listed here and enclosed a revised survey draft with this correspondence.

Survey Results:

| Survey Section | Customer's Question or Other Pre Test Issue | Suggested Survey Modification or Data Cleaning Issue |
|-----------------------|--|--|
| Cover | Customers were comfortable with the landscape cover and portrait page format for the remainder of the survey | No change |
| General comments | Customers expressed concern about time it took to finish survey Customers expressed strong desire for an incentive to complete the survey. Mentioned coupons or a raffle for ideas. | Recommend the survey and materials be edited to be as short in length as possible Suggest the utilities consider funding some sort of incentive to increase response rates. |
| Home and Lifestyle | A9 – several customers were not sure what “outside” walls meant. A12 – Numerous customers had flagged this question as a problem; many did not know what type of roof they had, and would not be sure of the type even if they were answering while at home. Some thought they had different kinds of roofing on different areas of their home and did not know how to respond. Several marked multiple types. A13 – a couple of people did not know what “Pane” meant, but understood if described as layers of glass | Added “exterior” back into question What is the main value of this question, and is there some way to re-word to capture information easily? Added “material types” to question and (Choose one material type) to question. Added (number of layers of glass) after Pane Type |

| Survey Section | Customer's Question or Other Pre Test Issue | Suggested Survey Modification or Data Cleaning Issue |
|------------------------------|--|--|
| Home and Lifestyle | A22 – customers unsure if correct to omit daily trips, if a vehicle is used for trips other than commuting to work or school | Do we want to capture trips other than commuting to school or work? If so, can we re-word question to ask for daily trips? |
| | A22 - many unsure of what annual mileage was for vehicles other than the one that they drive, but could find out from other driver(s) if completing survey at home | No change |
| | A22- several people were not sure of what “electrical outlet” referred to. A couple of people thought it meant a circuit breaker box. Several people indicated “yes” if street parking, more than a couple left blank for carport or outside space parking arrangements. | Added (power) to question. |
| Water Heating | D5- quite a few customers did not know capacity – would like indication of what is “standard” size or large size | Can we collapse some of the categories? |
| Entertainment and Technology | K1 – several people were confused about type of TV, specifically CRT | Changed to “Standard television(s) (CRT)” |
| | K1 – confusion with Digital to analog description | Changed to “Converter box (digital to analog)” |
| | K4 – a couple people not sure whether turned on included stand-by mode | Added “including stand-by” to question |
| | K5 – “play games” not clear that it’s on computer | Added “on computer” |
| | K8- several people were confused whether they should mark the individual office components or if their marking of multifunction machine covered everything; not clear that the individual components were stand-alone | Changed to have (stand-alone) next to individual components |
| | K8 – several people confused by the home network being distinguished between wired and wireless | Changed to combine types into one line |

| Survey Section | Customer's Question or Other Pre Test Issue | Suggested Survey Modification or Data Cleaning Issue |
|-----------------------|---|---|
| Lighting | L1a – customers confused about counting tube and other fluorescents with CFLs | Changed to drop other fluorescents as per CEC suggestion; change format to combine bulb counts for both types of bulbs to be consistent with other sections for survey formatting |
| | L1b- customers not sure what an incandescent bulb was and requested a drawing | Changed to add outline of incandescent bulb |
| | L1 – many people did not include both ceiling fixtures and lamps in their counts. | Added “in the ceiling fixtures and lamps” to question |
| | L5 – customers not familiar with LEDs. Many marked holiday lighting, but didn’t know if they were LEDs or not. A couple of people didn’t know what task lighting was. | Changed to add question to ask if familiar with LEDs, then answer if use any in home. Added “LED” before different types. Added “/desk” in task lighting option. |
| Misc. Appliances | M5 – a couple of people were confused with “large battery charger” | Change to read “charger for large battery” |
| | M5 – several people were confused with the wording of the question | Reworded question |

Envelope Teaser Results:

| | | |
|-------------------|---|---|
| Favorites: | <i>Your answers can make a difference in future energy costs.</i> | First choice of majority, few disliked this one |
| | <i>Concerned about energy costs? Look inside.</i> | Many liked this one, but some thought it was worst. |
| Worst: | <i>Do your part to ensure reliable, affordable energy. Look inside.</i> | Overwhelmingly voted as worst one. |
| | | |
| | Customer Comments | Suggested Modification |
| | Have teaser in Spanish to encourage to open envelope | Add Spanish translation under English line. |
| | Want it to address <i>their</i> future energy costs, i.e. have “your” in the phrase. | <i>Your answers can make a difference in future energy costs in California.</i> Or <i>Your answers can make a difference in your future energy costs.</i> |
| | Several customers said “look inside” would lead them to believe it’s a marketing initiative and they would throw it away. | |
| | Everyone’s concerned about energy costs, seems a little insulting; prefer referenced to reducing energy costs | |
| | Would like a more positive – Help us find ways to reduce your future energy costs. Help us to find ways to save energy. | |

Cover Letter Results:

| Section | Customer Comments | Suggested Modification |
|----------------|---|---|
| | Reorder the paragraphs. Groups independently suggested rearranging paragraphs. | Paragraphs reordered. |
| | Customers said that if sponsors logos are listed on the side, don't need to list them in sentence form. Would prefer to label logos as being from sponsors. | Removed sentence with sponsors listed to shorten letter. Added label to indicate that logos were sponsors of the project. |
| | Too many pleases listed throughout the letter. | Deleted several pleases. |
| | Highlight that you need to use a pencil | Changed to bold |
| | Put instructions for Spanish version in bold | Changed to bold |
| | Past response rate means nothing to customers; give them a goal and reason to respond. Tell them how it will help if they provide info. | Removed sentence referring to past response rate and inserted new sentence. |
| | | |

Suggested Revision:

Dear California Energy Customer:

We need your help. Your household has been randomly selected to participate in the “Home Energy Survey.” This information will help identify opportunities for increased energy efficiency and assist in planning for future energy needs.

A few minutes of your time will go a long way. The sponsoring organizations have teamed up to conduct a common study, which will minimize costs and provide a central set of information to guide statewide energy planning.

Sponsored by:



Your answers will be held in the strictest confidence. The survey results will be reported in anonymous or summary form and will not reveal individual identities. The identification number on your survey simply allows us to track who has responded and avoid sending duplicate materials.

We can't do this without you. The more people that return their surveys, the better that we can plan for future energy needs in California. Please return your completed survey as soon as possible in the enclosed postage paid envelope. The study sponsors have hired KEMA, Inc., a professional energy research firm to help conduct this study. If you have any questions, please call us at 1-800-xxx-xxxx.

This survey will benefit you. In addition to supporting statewide planning activities, the information you collect can reveal potential energy improvements in your own household. We encourage you to visit the Flex Your Power website (flexyourpower.com) for energy-saving ideas and to contact your local utility about programs and incentives to help manage your energy use.

On behalf of all of the sponsors, thank you for participating in this survey. The results of this study will help us continue to serve your energy needs now and in the future.

Sincerely,

CA Energy Commission

Las respuestas de la comunidad hispana son muy importantes para Las Utilidades de Energía en California. Si usted gusta completar su formulario en Español, por favor llame al 1-800-xxx-xxxx.

Version that was pretested:

Dear California Energy Customer:



We need your help. Your household has been randomly selected to participate in the “Home Energy Survey.” Your response is essential to creating a representative picture of residential energy use in California. This information will help identify opportunities for increased energy efficiency and assist in planning for future energy needs.

This survey will benefit you. In addition to supporting statewide planning activities, the information you collect can reveal potential energy improvements in your own household. We encourage you to visit the Flex Your Power website (flexyourpower.com) for energy-saving ideas and to contact your local utility about programs and incentives to help manage your energy use.

A few minutes of your time will go a long way. The sponsoring organizations have teamed up to conduct a common study, which will minimize costs and provide a central set of information to guide statewide energy planning. This study is sponsored by the California Energy Commission, Pacific Gas and Electric, San Diego Gas and Electric, Southern California Edison, Southern California Gas Company, and Los Angeles Department of Water and Power.

Your input counts. Please fill out and return the enclosed survey. Please use a pencil to completely fill in your responses so we capture all of your information. Answer the questions as they pertain to your residence or unit only. Please do your best to answer all of the questions. If you do not know the answer to a question, please move on to the next one.

Your answers will be held in the strictest confidence. The survey results will be reported in anonymous or summary form and will not reveal individual identities. The identification number on your survey simply allows us to track who has responded and avoid sending duplicate materials.

We can't do this without you. We are aiming to beat past response rates and collect information from the most representative sample of California households. Please return your completed survey as soon as possible in the enclosed postage paid envelope. The study sponsors have hired KEMA, Inc., a professional energy research firm to help conduct this study. If you have any questions, please call us at 1-800-xxx-xxxx.

On behalf of all of the sponsors, thank you for participating in this survey. The results of this study will help us continue to serve your energy needs now and in the future.

Sincerely,

CA Energy Commission

Las respuestas de la comunidad hispana son muy importantes para Las Utilidades de Energia en California. Si usted gusta completar su formulario en Espanol, por favor llame al 1-800- xxx-xxxx.

APPENDIX E

RASS Direct Mail Materials

Dear California Energy Customer:

We need your help. Your household has been randomly selected to participate in the “Home Energy Survey.” This information will help identify opportunities for increased energy efficiency and assist in planning for future energy needs.

Sponsored by:



Pacific Gas and
Electric Company



SOUTHERN CALIFORNIA
EDISON®
An EDISON INTERNATIONAL® Company



SDGE
A Sempra Energy utility



Southern California
Gas Company
A Sempra Energy utility



LA
DWP
Los Angeles
Department of
Water & Power



STATE OF CALIFORNIA
ENERGY COMMISSION

Your input counts. Please fill out the survey in **pencil**. Answer the questions as they pertain to your residence or unit only. Do your best to answer all of the questions. If you do not know the answer to a question, just move on to the next one.

This survey is also available on the internet if you would prefer to answer it there. Go to: <http://websafe.kemainc.com/rassweb/survey>. In order to perform our energy analysis, we need to be sure you provide your response only for your home. You will need to refer to the survey booklet when you start the internet survey.

Your answers will be held in the strictest confidence. The survey results will be reported in anonymous or summary form and will not reveal individual identities. The identification number on your survey simply allows us to track who has responded and avoid sending duplicate materials.

We can't do this without you. The more people that return their surveys, the better that we can plan for future energy needs in California. Please return your completed survey as soon as possible in the enclosed postage paid envelope. The study sponsors have hired KEMA, Inc., a professional energy research firm to help conduct this study. If you have any questions, please call us at 1-866-372-3978.

This survey will benefit you. In addition to supporting statewide planning activities, the information you collect can reveal potential energy improvements in your own household. We encourage you to visit the Flex Your Power website (flexyourpower.com) for energy-saving ideas and to contact your local utility about programs and incentives to help manage your energy use.

On behalf of all of the sponsors, thank you for participating in this survey. The results of this study will help us continue to serve your energy needs now and in the future.

Sincerely,

A handwritten signature in black ink that reads 'Sylvia Bender'.

Sylvia Bender

Deputy Director, Electricity Supply Analysis Division, CA Energy Commission

Las respuestas de la comunidad hispana son muy importantes para Las Utilidades de Energía en California. Si usted gusta completar su formulario en Español, por favor llame al **1-866-372-3978**. Esta encuesta tambien esta disponible en Español por el **internet**, si usted prefiere llenarla de ese modo. Por favor visite la página <http://websafe.kemainc.com/rassweb/survey>. Para poder realizar nuestro análisis de energía, necesitamos que sus respuestas sean solo sobre su casa. Antes de empezar la encuesta por internet, necesitará información disponible en este libreto.

Multi-Family Cover Letter

Dear California Energy Customer:

We need your help. Your household has been randomly selected to participate in the "Home Energy Survey." This information will help identify opportunities for increased energy efficiency and assist in planning for future energy needs.

Sponsored by:



A few minutes of your time will go a long way. The sponsoring organizations have teamed up to conduct a common study, which will minimize costs and provide a central set of information to guide statewide energy planning.

Your input counts. Please fill out the survey in **pencil**. Do your best to answer all of the questions. If you do not know the answer to a question, just move on to the next one.



An EDISON INTERNATIONAL® Company



Our records show that you live in a multi-family dwelling. Please be sure to fill out the survey for your own residence or unit only.

This survey is also available on the internet if you would prefer to answer it there. Go to: <http://websafe.kemainc.com/rassweb/survey>. In order to perform our energy analysis, we need to be sure you provide your response only for your home. You will need to refer to the survey booklet when you start the internet survey.



Your answers will be held in the strictest confidence. The survey results will be reported in anonymous or summary form and will not reveal individual identities. The identification number on your survey simply allows us to track who has responded and avoid sending duplicate materials.

We can't do this without you. The more people that return their surveys, the better that we can plan for future energy needs in California. Please return your completed survey as soon as possible in the enclosed postage paid envelope. The study sponsors have hired KEMA, Inc., a professional energy research firm to help conduct this study. If you have any questions, please call us at 1-866-372-3978.



This survey will benefit you. In addition to supporting statewide planning activities, the information you collect can reveal potential energy improvements in your own household. We encourage you to visit the Flex Your Power website (flexyourpower.com) for energy-saving ideas and to contact your local utility about programs and incentives to help manage your energy use.

On behalf of all of the sponsors, thank you for participating in this survey. The results of this study will help us continue to serve your energy needs now and in the future.

Sincerely,

Sylvia Bender

Deputy Director, Electricity Supply Analysis Division, CA Energy Commission

Las respuestas de la comunidad hispana son muy importantes para las compañías proveedoras de energía en California. Si usted gusta completar su formulario en español, por favor llame al **1-866-372-3978**. Esta encuesta tambien esta disponible en Español por el **internet**, si usted prefiere llenarla de ese modo. Por favor visite la página <http://websafe.kemainc.com/rassweb/survey>. Para poder realizar nuestro análisis de energía, necesitamos que sus respuestas sean solo sobre su casa. Antes de empezar la encuesta por internet, necesitará información disponible en este libreto.

Dear California Energy Customer:

We need your help. Your household has been randomly selected to participate in the "Home Energy Survey." This information will help identify opportunities for increased energy efficiency and assist in planning for future energy needs.

Sponsored by:



A few minutes of your time will go a long way. The sponsoring organizations have teamed up to conduct a common study, which will minimize costs and provide a central set of information to guide statewide energy planning.

Your input counts. Please fill out the survey in **pencil**. Answer the questions as they pertain to your residence or unit only. Do your best to answer all of the questions. If you do not know the answer to a question, just move on to the next one.



In cases where your landlord or building manager provides services, we have requested that information from them and pre-filled out your survey with the appropriate response. You may skip the sections that have been completed.



This survey is also available on the internet if you would prefer to answer it there. Go to: <http://websafe.kemainc.com/rassweb/survey>. In order to perform our energy analysis, we need to be sure you provide your response only for your home. You will need to refer to the survey booklet when you start the internet survey.



Your answers will be held in the strictest confidence. The survey results will be reported in anonymous or summary form and will not reveal individual identities. The identification number on your survey simply allows us to track who has responded and avoid sending duplicate materials.



We can't do this without you. The more people that return their surveys, the better that we can plan for future energy needs in California. Please return your completed survey as soon as possible in the enclosed postage paid envelope. The study sponsors have hired KEMA, Inc., a professional energy research firm to help conduct this study. If you have any questions, please call us at 1-866-372-3978.



On behalf of all of the sponsors, thank you for participating in this survey. The results of this study will help us continue to serve your energy needs now and in the future. Thank you for taking the time to complete the survey.

Sincerely,

Sylvia Bender
Deputy Director
Electricity Supply Analysis Division
California Energy Commission

Las respuestas de la comunidad hispana son muy importantes para Las Utilidades de Energía en California. Si usted gusta completar su formulario en Español, por favor llame al 1-866-372-3978. Esta encuesta tambien esta disponible en Español por el **internet**, si usted prefiere llenarla de ese modo. Por favor visite la página <http://websafe.kemainc.com/rassweb/survey>. Para poder realizar nuestro análisis de energía, necesitamos que sus respuestas sean solo sobre su casa. Antes de empezar la encuesta por internet, necesitará información disponible en este libreto.

2nd Mailing Cover Letter

Dear California Energy Customer:

Please help us.

Sponsored by:



We recently sent you a "Home Energy Survey". I am pleased that many households have returned their survey, but I would still like to hear from you. If you have recently mailed your survey back to us, please accept this letter as an additional "thank you".

We can't do this without you. The more people that return their surveys, the better that we can plan for future energy needs in California.

It is possible that you may not know the answers to all of the questions. Of course, you do not need to answer a question if you are unsure of the correct answer.

Please complete as much of the survey as you can and return it to us in the enclosed postage paid envelope.



An EDISON INTERNATIONAL® Company



This survey is also available on the internet if you would prefer to answer it there. Go to: <http://websafe.kemainc.com/rassweb/survey>. In order to perform our energy analysis, we need to be sure you provide your response only for your home. You will need to refer to the survey booklet when you start the internet survey.



Your answers will be held in the strictest confidence, and will be reported only in anonymous or summary form. We will not disclose the information that will identify you personally in any way.

The sponsors have hired KEMA, Inc., a professional energy research firm to help conduct this study. If you have any questions, please call us at 1-866-372-3978.



Your cooperation in this study is greatly appreciated!

Sincerely,

Sylvia Bender
Deputy Director
Electricity Supply Analysis Division
California Energy Commission



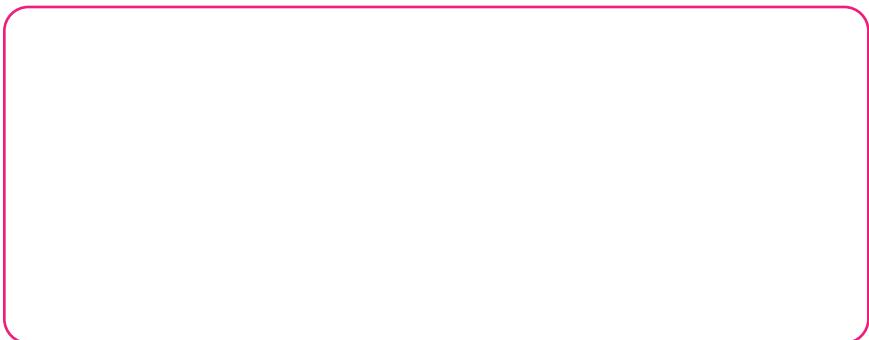
Las respuestas de la comunidad hispana son muy importantes para Las Utilidades de Energía en California. Si usted gusta completar su formulario en Español, por favor llame al **1-866-372-3978**. Esta encuesta tambien esta disponible en Español por el **internet**, si usted prefiere llenarla de ese modo. Por favor visite la página <http://websafe.kemainc.com/rassweb/survey>. Para poder realizar nuestro análisis de energía, necesitamos que sus respuestas sean solo sobre su casa. Antes de empezar la encuesta por internet, necesitará información disponible en este libreto.



California Home Energy
Survey Processing Center
PO Box 71050
Oakland Ca 94612-9819

PRSR STD
U.S. POSTAGE
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K/P CORP.
94578

Your answers can make a difference in future energy costs in California.
Sus respuestas pueden hacer la diferencia en el futuro del costo de energía en California.

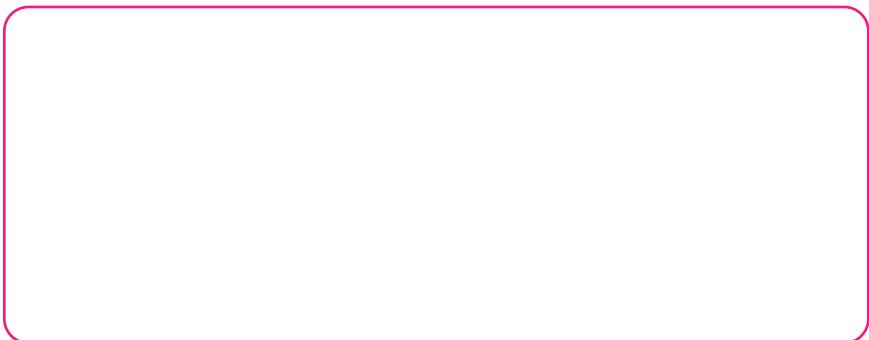




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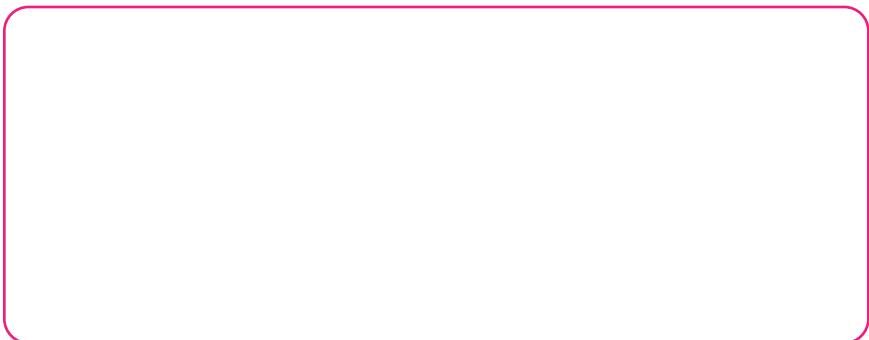




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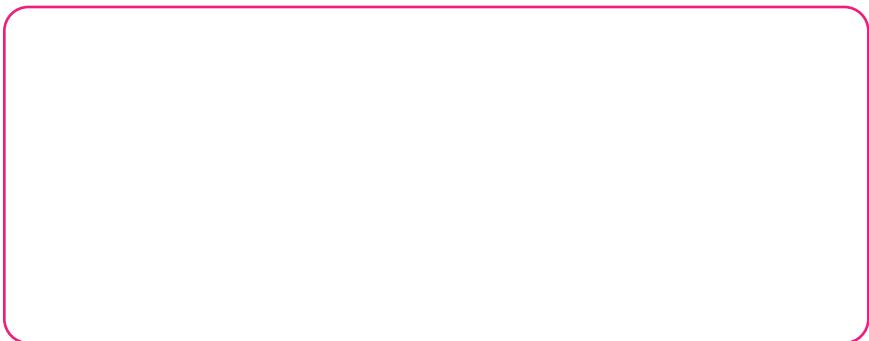




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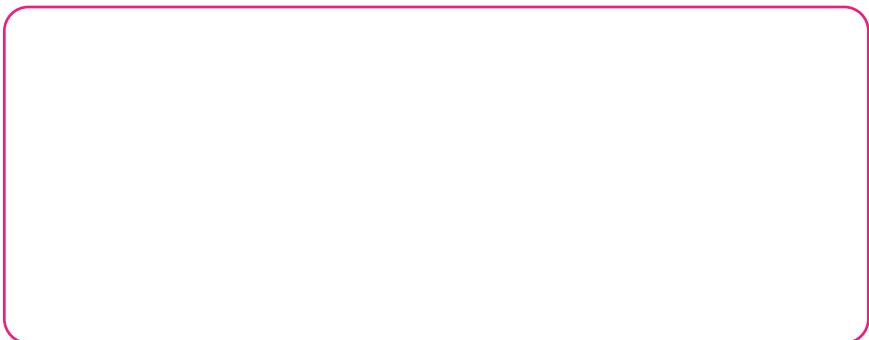




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Help us find ways to reduce your future energy costs in California.
Ayúdenos a encontrar maneras de reducir sus futuros costos de energía en California.

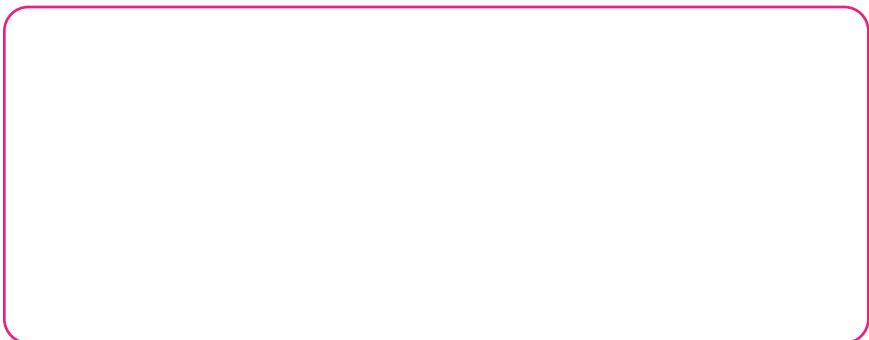




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Ayúdenos a encontrar maneras de reducir sus futuros costos de energía en California.

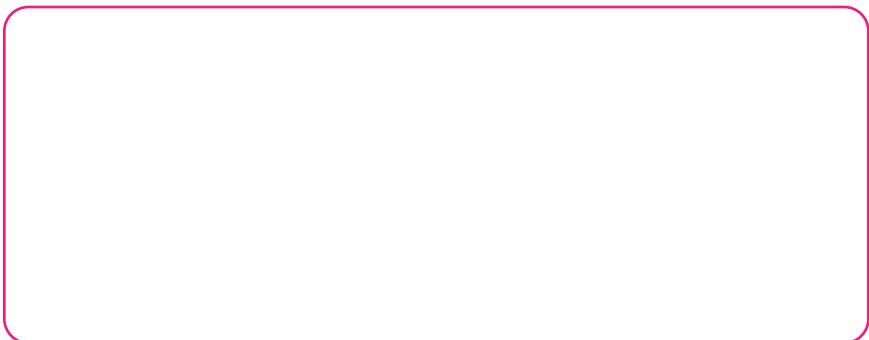




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Ayúdenos a encontrar maneras de reducir sus futuros costos de energía en California.



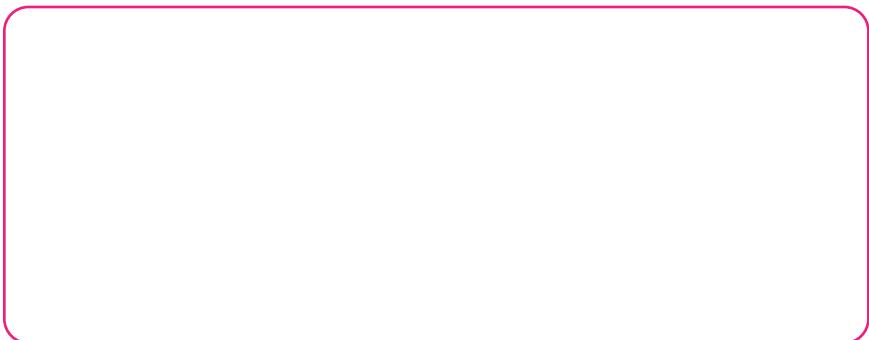


**Pacific Gas and
Electric Company™**

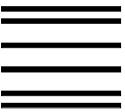
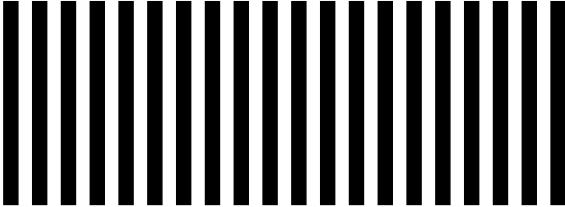
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Help us find ways to reduce your future energy costs in California.
Ayúdenos a encontrar maneras de reducir sus futuros costos de energía en California.



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IF MAILED
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UNITED STATES



BUSINESS REPLY MAIL
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SURVEY PROCESSING CENTER
PO BOX 71050
OAKLAND CA 94612-9819

APPENDIX F

Online English version of RASS survey

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Frms

HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

Pacific Gas and Electric Company Southern California Edison SDGE Los Angeles Department of Water & Power

You have reached the home of the California Home Energy Survey. The online survey asks the same questions as the paper survey that your household received in the mail. You can choose to complete either the online or the paper version.

Usted ha llegado a la casa de la encuesta de "California Home Energy Survey". La encuesta por medio del internet hace las mismas preguntas como la versión de papel que usted recibió por correo. Usted puede escoger entre hacerla por *internet* o la versión de *papel*.

Would you like to read and answer the survey in:

Le gustaría leer y contestar la encuesta en:

English
 Spanish

Done Internet 100%

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Frms

HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

Login

Great -- we have verified that your household received a survey and you can begin the survey on the next page. Your answers will be held in the strictest confidence. The survey results will be reported in anonymous or summary form and will not reveal individual identities.

The survey will take approximately 30 minutes to complete. Your information will not be saved until the end of the survey. You will have to work through the survey from start to finish in one session. If you do not complete it, you may come back to the survey, but you will have to start over from the beginning and enter all of your information again.

The survey is best viewed by making the survey window as large as possible on your computer screen. If a page looks blank, please use your scroll bar to go to the top of the page.

The top of every page will have the blue stripe with "Home Energy Survey" at the top, and a button to go to the "Next page" at the bottom. Please make sure that you start each page at the top and answer the questions before hitting the "Next page" button.

Do your best to answer all of the questions. If you do not know the answer to one of the questions, please move on to the next one. If you would like help in completing the survey, you can send email to RASSsupport@kema.com or call our toll free survey line at 1-866-372-3978 from 8:30 a.m. to 5 p.m. Monday through Friday. You may leave a message at all other times and we will call you back with a response.

[Next page >>](#)

Done Internet 100%

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http://websafe.kemainc.com/ProjectCenter/Default.aspx?tabid=2074

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Frams

HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

Your Home & Life Style

1. A1 - What type of building exists at the service address on the front cover of this survey?

Single-family detached house (1 story)
 Single-family detached house (2 story)
 Single-family detached house (3 or more stories)
 Townhouse, duplex, or row house (*Shares exterior walls with neighboring unit, but not roof or floor*)
 Apartment or condominium (2 – 4 units)
 Apartment or condominium (5 or more units)
 Mobile home
 Other (*Describe Below*)

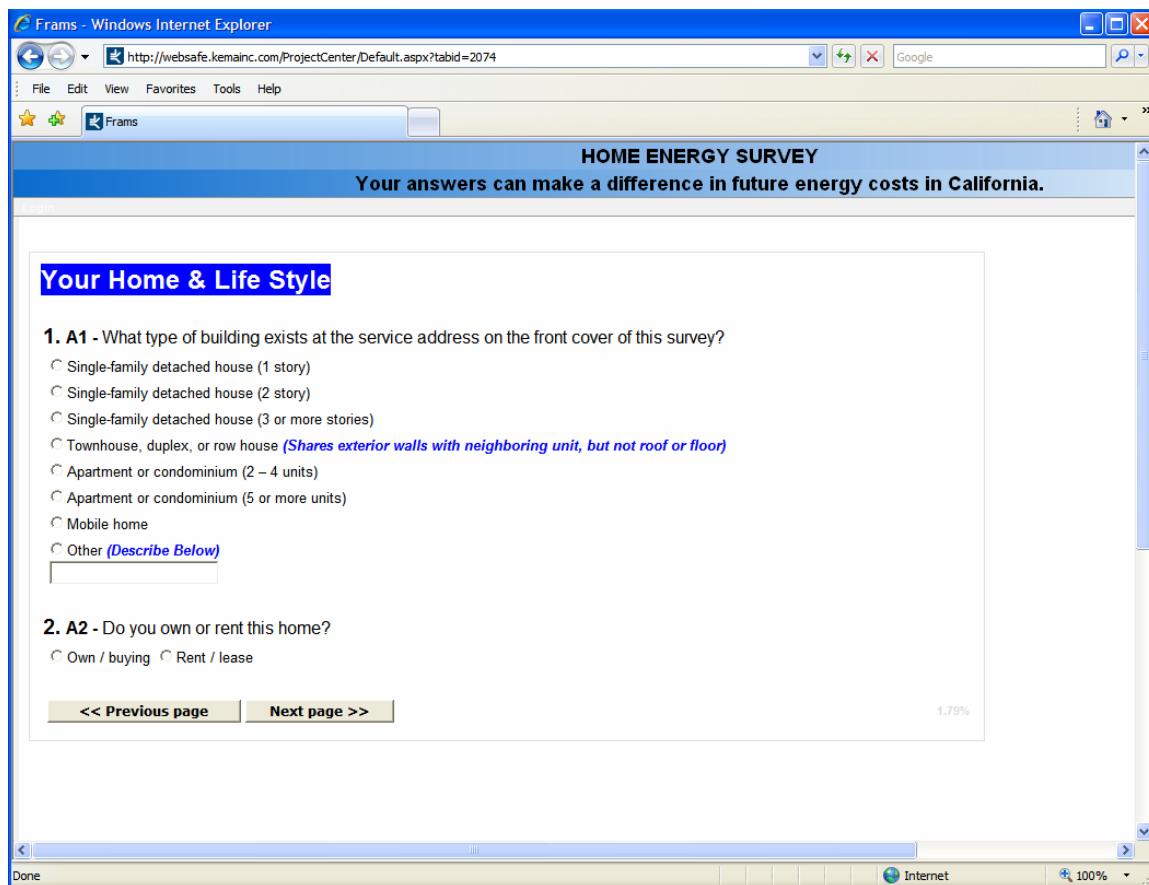
2. A2 - Do you own or rent this home?

Own / buying Rent / lease

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★ Frams

HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

A3 - How long have you lived at this address?

1 yr or less 6 years 11 years 16-20 years
 2 years 7 years 12 years 21-30 years
 3 years 8 years 13 years More than 30 years
 4 years 9 years 14 years
 5 years 10 years 15 years

A4 - Which of the following best describes this residence?

This is my permanent year-round residence
 This is my partial-year or seasonal residence
 This is my vacation home and is generally used only by my family.
 This is a vacation rental home

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HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

A5 - If this is a partial-year or vacation home, please indicate the months this home is typically occupied. **(Mark all months that apply.)**

Jan Mar May Jul Sept Nov
 Feb Apr Jun Aug Oct Dec

A6 - Approximately what year was this residence built?

Before 1940 1960-1969 1978-1982 1998-2000
 1940-1949 1970-1974 1983-1992 2001-2004
 1950-1959 1975-1977 1993-1997 2005-2008

A7 - How many bedrooms are in your home?

No bedrooms (studio apartment) 3 bedrooms 6 bedrooms 9 bedrooms
 1 bedroom 4 bedrooms 7 bedrooms 10 bedrooms
 2 bedrooms 5 bedrooms 8 bedrooms More than 10 bedrooms

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Internet 100%

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Frames

HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

A8 - How many square feet of **living space** are there in your residence, including bathrooms, foyers and hallways?
(Exclude garages, basements and unheated porches.)

Less than 250 1001-1250 2501-3000
 250-500 1251-1500 3001-4000
 501-750 1501-2000 4001-5000
 751-1000 2001-2500 More than 5000

A9 - Are your home's **exterior (outside) walls** insulated?

Yes, all walls
 Yes, some walls
 No

A10 - Is your home's **attic/ceiling** insulated?

Yes
 No

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7.14%

Internet 100% F11

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Frames

HOME ENERGY SURVEY

Your answers can make a difference in future energy costs in California.

Login

A12 - Choose the statements that best describe your windows.

PANE TYPE (number of layers of glass)

All or most are single pane All or most are double pane Mixture of single and double pane

A11 - Estimate the number of inches of **attic/ceiling** insulation.

0 – 3 inches (*R-value less than R-10*)
 4 – 6 inches (*R-11 to R-19*)
 7 – 10 inches (*R-20 to R-30*)
 More than 10 inches (*R-31 or higher*)

FRAME TYPE

All or most have vinyl frames All or most have wood frames All or most have metal frames

A13 - Has your home been remodeled in the past 12 months?

No
 Yes

<< Previous page | Next page >>

8.93%

Done

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★ Frams

HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

A14 - What type of remodel did you do? (Choose all that apply.)

Room addition, added square footage to home
 Kitchen or bath re-model
 Re-built most of the home
 Other

A15 - For each of the following age groups, how many people, including yourself, usually live in this home?

| | None | 1 | 2 | 3 | 4 | 5 | 6 | Over 7 |
|-------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 5 and under | <input type="radio"/> |
| 6-18 | <input checked="" type="radio"/> |
| 19-34 | <input type="radio"/> |
| 35-54 | <input checked="" type="radio"/> |
| 55-64 | <input type="radio"/> |
| 65 and over | <input type="radio"/> |

A16 - Generally speaking, how often does a member of this household use major electrical appliances or equipment (e.g., clothes washer, electric range, dishwasher, air conditioner, etc.) on weekdays from 12 noon to 6 pm?

Frequently (*3 – 5 weekdays per week*)
 Occasionally (*1 – 2 weekdays per week*)
 Rarely or Never (*Less than 1 weekday per week*)

A17 - Is natural gas service from underground pipes from the gas utility available in your neighborhood?

Yes
 No

[<< Previous page](#) [Next page >>](#) 10.71%

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<http://websafe.kemainc.com/ProjectCenter/Default.aspx?tabid=2074>

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★ Frams

HOME ENERGY SURVEY

Your answers can make a difference in future energy costs in California.

A18 - Do you have a natural gas line or hook-up to any part of your home?

Yes
 No

A19 - What utility do you pay for **natural gas** service to your home?

| | |
|---|---|
| <input type="radio"/> Pacific Gas & Electric (PG&E) | <input type="radio"/> City of Coalinga |
| <input type="radio"/> San Diego Gas & Electric | <input type="radio"/> City of Long Beach Gas Department |
| <input type="radio"/> Southern California Gas Company ("The Gas Company") | <input type="radio"/> Not sure |
| <input type="radio"/> Southwest Gas Corporation | |

A20 - How many vehicles are at this residence?

None 1 2 3 4 5 or More

12.5%

[<< Previous page](#) [Next page >>](#)

Done

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<http://websafe.kemainc.com/ProjectCenter/Default.aspx?tabid=2074>

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★ Frams

HOME ENERGY SURVEY

Your answers can make a difference in future energy costs in California.

A21 - For each of the three **most frequently used** vehicles:

For **each** vehicle that is driven **on regular trips** on weekdays, how many miles are driven one-way?

| | Vehicle No1 | Vehicle No2 | Vehicle No3 |
|--------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 0 to 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 to 20 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21 to 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 30 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

How many **total** miles are driven in a year for each vehicle?

| | Vehicle No1 | Vehicle No2 | Vehicle No3 |
|------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 0 to 7,999 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8,000 to 11,999 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12,000 to 15,999 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16,000 or More | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Where is **each** vehicle usually parked?

| | Vehicle No1 | Vehicle No2 | Vehicle No3 |
|---------|-------------------------------------|-------------------------------------|-------------------------------------|
| Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carport | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

100%

Frams - Windows Internet Explorer
<http://websafe.kemainc.com/ProjectCenter/Default.aspx?tabid=2074>

File Edit View Favorites Tools Help

Frams

| | | | |
|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 0,000 to 11,999 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12,000 to 15,999 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16,000 or More | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Where is **each** vehicle usually parked?

| | | | |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Vehicle No1 | Vehicle No2 | Vehicle No3 | |
| Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carport | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outside Space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On Street | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Is there an electrical (**power**) outlet within reach of this parking space without crossing a public walkway?

| | | | |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Vehicle No1 | Vehicle No2 | Vehicle No3 | |
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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HOME ENERGY SURVEY

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Space Heating

B1 - Do you pay to heat your home?

Yes
 No, it is part of my rent/condo fee
 No, do not have a heating system

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B2 - What type of heating system do you use to heat this home? (If you use more than one heating system, select the system that you use the most as "Main Heating" and select all other systems as "Additional Heating.")

| | Main Heating (Mark only ONE BOX below) | Additional Heating (Mark ALL BOXES that apply) |
|---|--|--|
| NATURAL GAS / Central forced-air furnace (<i>fan circulates hot air through air ducts</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| NATURAL GAS / Floor or wall heater/furnace | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| NATURAL GAS / Hot water radiator | <input type="checkbox"/> | <input type="checkbox"/> |
| NATURAL GAS / Fireplace (Gas) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NATURAL GAS / Other system type | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Resistance (baseboard/ceiling/floor/wall) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ELECTRIC / Central forced air furnace (<i>fan circulates hot air through air ducts</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Central heat pump (<i>heats and cools</i>) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ELECTRIC / Through-the-wall heat pump (<i>looks like a window/wall air conditioner, but also provides heat</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Portable heaters | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ELECTRIC / Other system type | <input type="checkbox"/> | <input type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Central forced air furnace (<i>fan circulates hot air through air ducts</i>) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Floor or wall heater/furnace | <input type="checkbox"/> | <input type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Hot water radiator | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Other system type | <input type="checkbox"/> | <input type="checkbox"/> |
| WOOD / Woodstove/ pellet stove /fireplace insert | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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ELECTRIC / Central forced air furnace (*fan circulates hot air through air ducts*)

| | | |
|---|--------------------------|-------------------------------------|
| ELECTRIC / Central heat pump (<i>heats and cools</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ELECTRIC / Through-the-wall heat pump (<i>looks like a window/wall air conditioner, but also provides heat</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Portable heaters | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ELECTRIC / Other system type | <input type="checkbox"/> | <input type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Central forced air furnace (<i>fan circulates hot air through air ducts</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Floor or wall heater/furnace | <input type="checkbox"/> | <input type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Hot water radiator | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| BOTTLED GAS (propane, LP) / Other system type | <input type="checkbox"/> | <input type="checkbox"/> |
| WOOD / Woodstove/ pellet stove /fireplace insert | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| WOOD / Fireplace (Wood-burning) | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / Solar – no backup | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SOLAR / Solar – natural gas backup | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / Solar – propane backup | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SOLAR / Solar – electric backup | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER FUEL | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If Other, please describe

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B3 - If your heating system(s) uses natural gas for fuel, indicate whether it has a pilot light(s).

Main gas heating

Yes, pilot light on all year Yes, pilot light on in winter only No pilot light

Secondary gas heating

Yes, pilot light(s) on all year Yes, pilot light(s) on in winter only No pilot light(s)

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B4 - How old is your main heating system?

Less than one year 4 – 8 years 14 – 30 years
 1 – 3 years 9 – 13 years Over 30 years

B5 - What type of thermostat does your main heating system(s) use?

Programmable thermostat (*Digital units usually have a digital readout and buttons. Mechanical units usually have a clock or rotary timer and tabs, pins or levers.*)
 Standard thermostat (*Allows you to set the temperature and turn the heater on or off. You cannot set on/off times.*)
 No thermostat (*Simple on/off control or steam valve*)

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B6 - If your main heating system is controlled by a thermostat, what is the average thermostat temperature usually set for each time period during the heating season? (*Choose one answer for each time period. Provide the average setting if it varies.*)

| | | | | | | | |
|--|-----|-----------|----------|----------|----------|----------|----------|
| | Off | Below 55F | 55 – 60F | 61 – 65F | 66 – 70F | 71 – 75F | Over 75F |
|--|-----|-----------|----------|----------|----------|----------|----------|

Morning (6am-9am)
Day (9am-5pm)
Evening (5pm-9pm)
Night (9pm-6am)

B7 - Has maintenance been performed on your main heating system in the past 12 months?

Yes
 No

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B8 - How many electric portable heaters do you use?

I don't use portable heaters 2 portable heaters
 1 portable heater 3 or more portable heaters

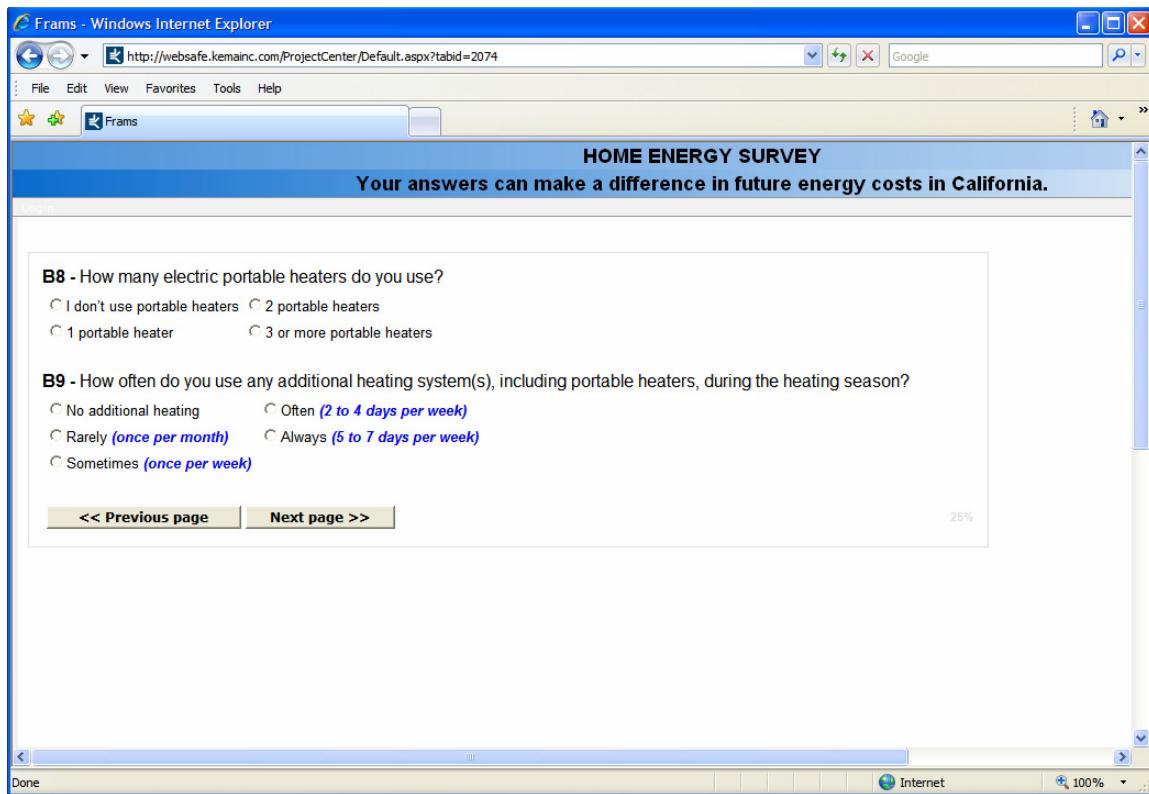
B9 - How often do you use any additional heating system(s), including portable heaters, during the heating season?

No additional heating Often (*2 to 4 days per week*)
 Rarely (*once per month*) Always (*5 to 7 days per week*)
 Sometimes (*once per week*)

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Space Cooling

CENTRAL AIR CONDITIONING/COOLING

C1 - Do you pay for central air conditioning/cooling for your home?

Yes
 No, it is part of my rent/condo fee
 No, do not have central air conditioning

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C2 - What type and how many central air conditioning/cooling system(s) do you have in your home?

Number of Central Cooling Systems

| | | | |
|--|---|---|-----------|
| | 1 | 2 | 3 or more |
|--|---|---|-----------|

Central air conditioning

Central evaporative (*swamp*) cooler

Heat pump (*heats and cools*)

Main System Controlled Using a Zoned Thermostat

Central air conditioning

Central evaporative (*swamp*) cooler

Heat pump (*heats and cools*)

C3 - How old is your main central air conditioning/cooling unit?

Less than one year 1 – 3 years 4 – 8 years 9 – 13 years 14 – 30 years Over 30 years

C4 - What type of thermostat does your main cooling system(s) use?

Programmable communicating thermostat (*Utility has ability to communicate with unit*)

Programmable thermostat (*Digital units usually have a digital readout and buttons. Mechanical units usually have a clock or rotary timer and tabs, pins or levers.*)

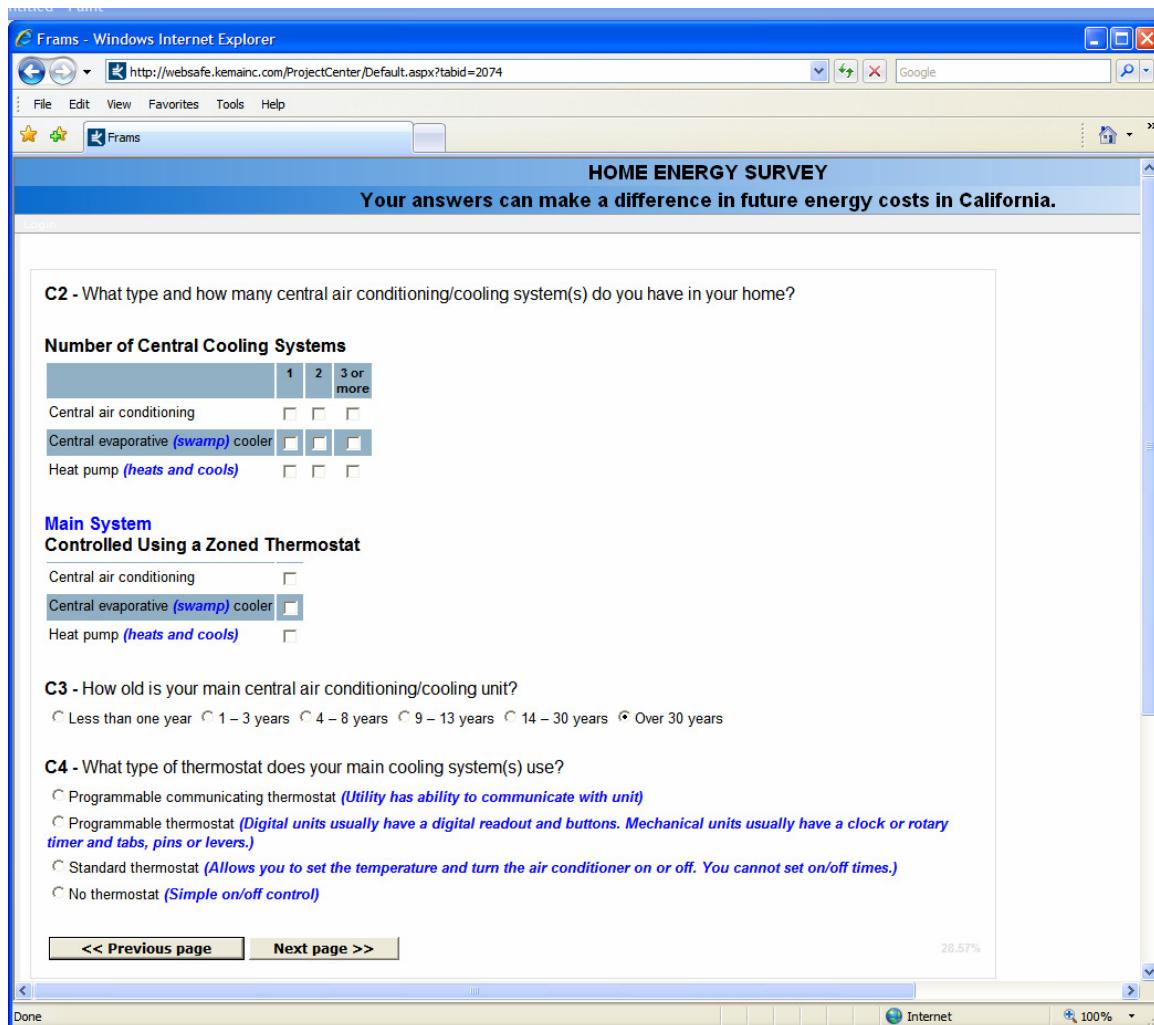
Standard thermostat (*Allows you to set the temperature and turn the air conditioner on or off. You cannot set on/off times.*)

No thermostat (*Simple on/off control*)

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C5 - What is the typical thermostat temperature setting of your main central cooling system for each time period during the cooling season? *(Choose one answer for each time period.)*

| | | | | | |
|-------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Off | Below 70F | 70 – 73F | 74 – 76F | 77 – 80F | Over 80F |
| Morning (6am–9am) | <input type="radio"/> |
| Day (9am-6pm) | <input checked="" type="radio"/> |
| Evening (5pm-9pm) | <input type="radio"/> |
| Night (9pm-6am) | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

C6 - Has maintenance been performed on your central air conditioning system in the past 12 months?

Yes
 No

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ROOM AIR CONDITIONING/COOLING (Window / Wall Units)

C7 - Please tell us the characteristics of each room air conditioning/cooling unit below.

No room air conditioning/cooling units

Type of Room AC/Cooling Unit

| | Unit 1 | Unit 2 | Unit 3 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Window/wall air conditioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Window/wall heat pump | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Window/wall evaporative (<i>swamp</i>) cooler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

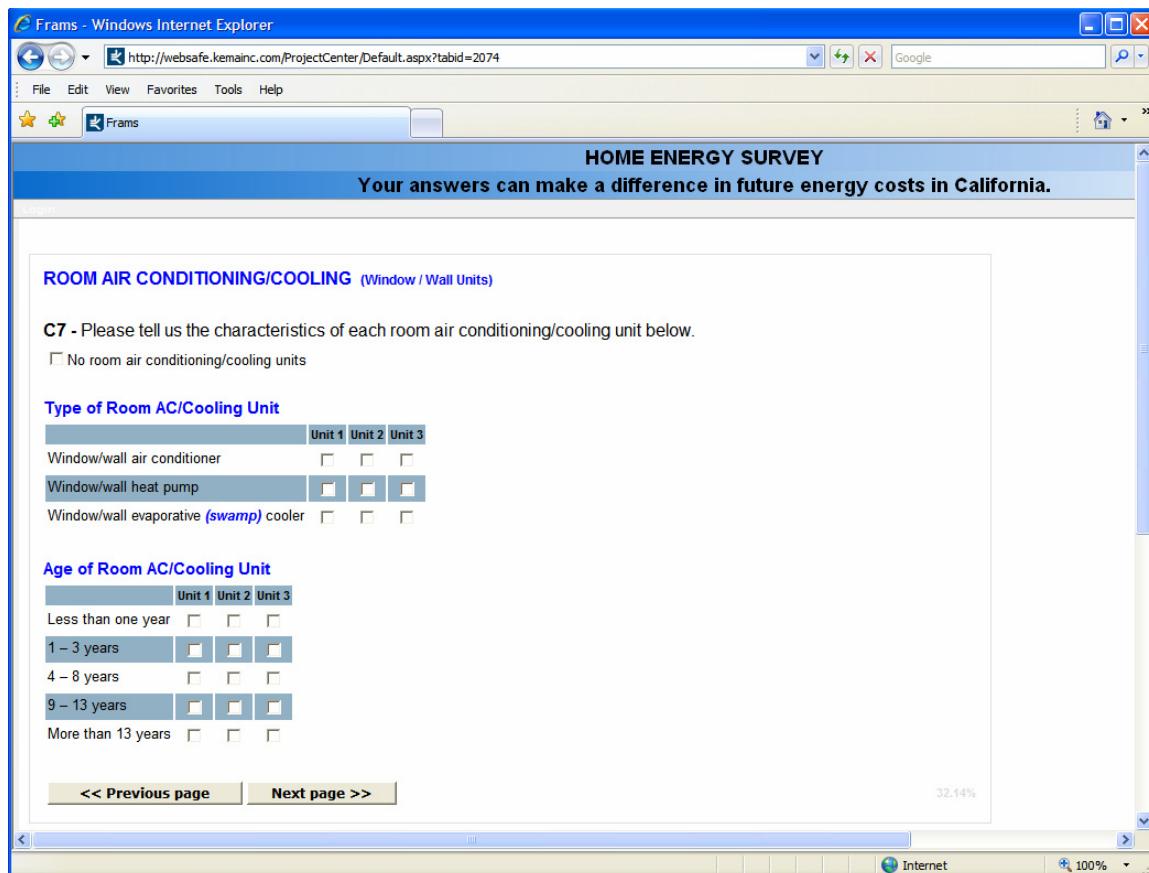
Age of Room AC/Cooling Unit

| | Unit 1 | Unit 2 | Unit 3 |
|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Less than one year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 – 3 years | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 – 8 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 – 13 years | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| More than 13 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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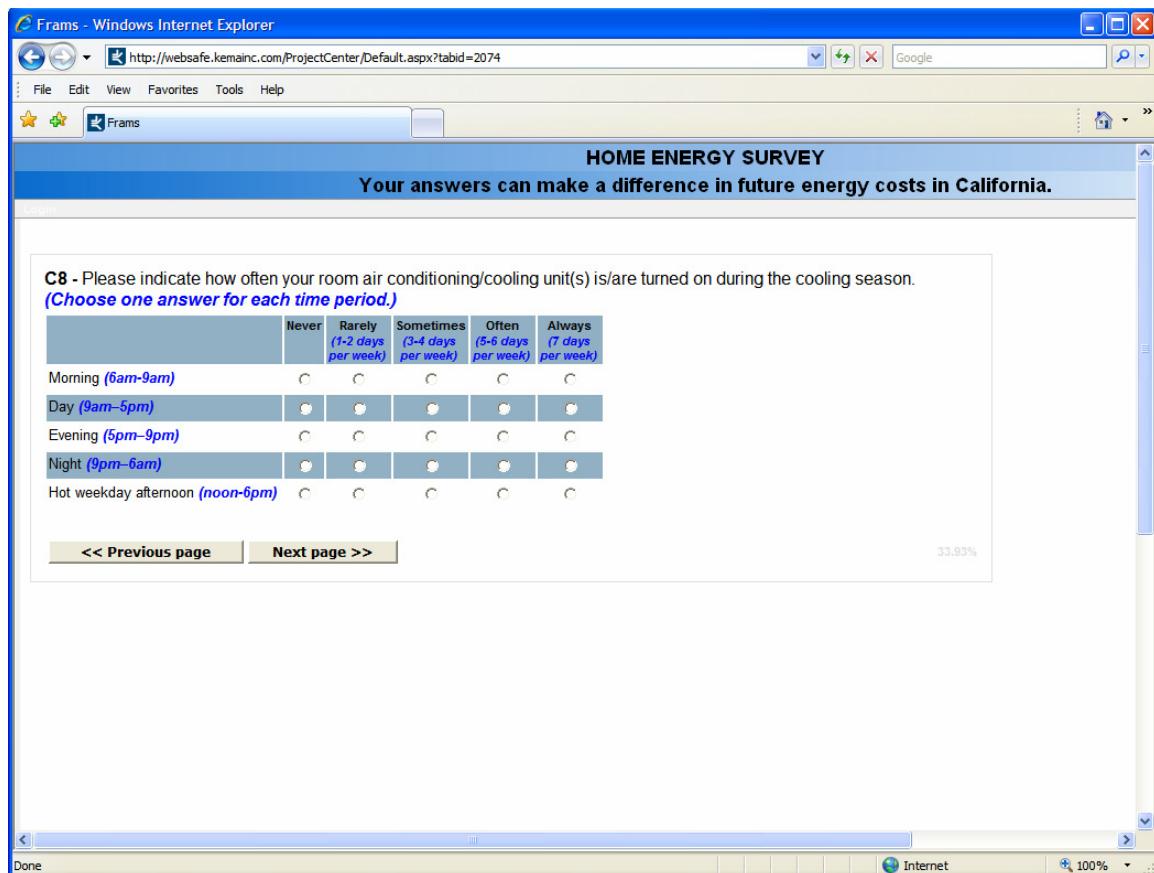
C8 - Please indicate how often your room air conditioning/cooling unit(s) is/are turned on during the cooling season.
(Choose one answer for each time period.)

| | Never | Rarely (1-2 days per week) | Sometimes (3-4 days per week) | Often (5-6 days per week) | Always (7 days per week) |
|----------------------------------|----------------------------------|-------------------------------|----------------------------------|------------------------------|----------------------------------|
| Morning (6am-9am) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Day (9am-5pm) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Evening (5pm-9pm) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Night (9pm-6am) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Hot weekday afternoon (noon-6pm) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Water Heating

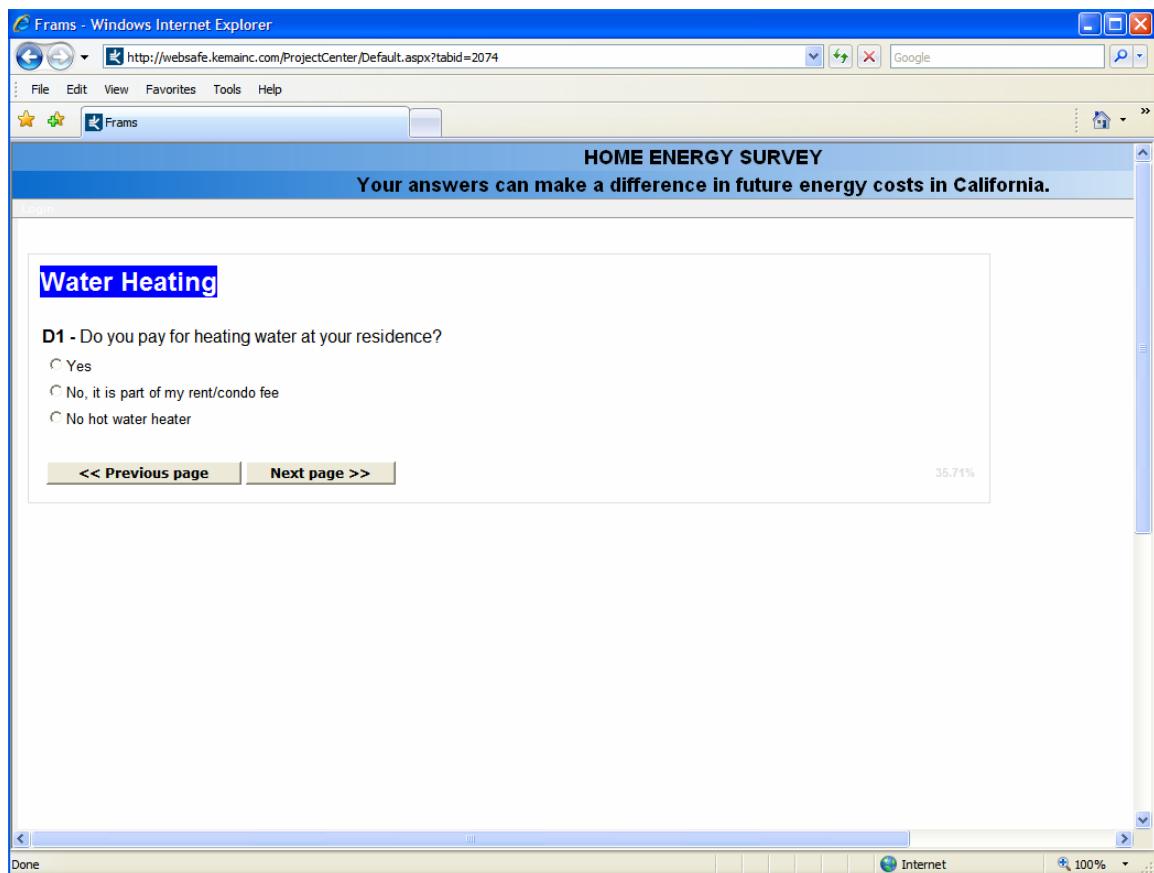
D1 - Do you pay for heating water at your residence?

Yes
 No, it is part of my rent/condo fee
 No hot water heater

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D2 - What type of water heating systems do you use in your home?

| | Main Water Heater (Mark only ONE BOX below) | Additional Water Heater(s) (Mark ALL BOXES that apply) |
|---|---|--|
| NATURAL GAS / Standard tank | <input type="checkbox"/> | <input type="checkbox"/> |
| NATURAL GAS / Whole house tankless system | <input type="checkbox"/> | <input type="checkbox"/> |
| NATURAL GAS / High-efficiency condensing (with plastic vent pipe) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Standard tank | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Heat pump | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Whole house tankless system | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRIC / Point-of-use tankless system | <input type="checkbox"/> | <input type="checkbox"/> |
| PROPANE / Standard tank | <input type="checkbox"/> | <input type="checkbox"/> |
| PROPANE / Whole house tankless system | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / With no backup system | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / With natural gas backup | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / With propane backup | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / With electric backup | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER FUEL | <input type="checkbox"/> | <input type="checkbox"/> |

If Other, please describe

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D3 - What is the typical hot water heater temperature setting? (*Medium is the standard factory setting.*)

Low (*below 130°F*) Medium (*130°F – 150°F*) High (*over 150°F*)

D4 - How old is your primary water heating system?

Less than one year 9 – 13 years
 1 – 3 years 14 – 30 years
 4 – 8 years Over 30 years

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D5 - How many total showers and baths are taken in your home on a **typical day?**

| | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 or more |
|--|---|---|---|---|---|---|---|---|---|---|------------|

Showers / day

Baths / day

D6 - Do you have low-flow showerheads installed in the shower(s)? (*Low-flow showerheads use 2.5 gallons per minute or less and have been standard since 1993.*)

Yes, all showers Yes, some showers No

D7 - Do the faucets in your home have water-saving aerators? (*Aerators are add-on devices that reduce the water usage by mixing air into the water stream.*)

Yes, all faucets Yes, some faucets No

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Laundry

E1 - Do you have the use of laundry equipment in your home?

Yes
 No, laundry facilities are located in a common area of the building.
 I do not use laundry facilities in my building

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E2 - What type of clothes washer do you have? (*Do not include machines in common areas.*)

Top loading washer
 Front loading washer

E3 - How old is your clothes washer?

Less than one year 9 – 15 years
 1 – 5 years 16 – 30 years
 6 – 8 years Over 30 years

E4 - For each wash temperature below, how many loads of clothes do you wash in your home during a **typical week**?

Hot water 0 1 2 3 4 5 6 7 8 9 10 or more
Warm water 0 1 2 3 4 5 6 7 8 9 10 or more
Cold water 0 1 2 3 4 5 6 7 8 9 10 or more

E5 - What type of clothes dryer do you have? (*Do not include machines in common areas.*)

I do not have a clothes dryer Electric dryer
 Natural gas dryer Bottled gas dryer (*Propane, Butane, LP*)

E6 - How many loads of clothes do you dry in your clothes dryer during a **typical week**?

None 2 4 6 8 10 or more
 1 3 5 7 9

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Food Preparation

F1 - Which of the following appliances are used in your home? (Choose all that apply.)

Type of Fuel

| | Nat. Gas | Elec-tric | Bottled Gas | Other |
|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Cooktop, stovetop or range | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oven(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outdoor barbecue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave Oven | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Age in Years

| | 0-5 yrs | 6-10 yrs | 11-15 yrs | Over 15 yrs |
|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Cooktop, stovetop or range | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oven(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outdoor barbecue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave Oven | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

F2 - During a typical week, how often do you use the following cooking appliances?

| | Never | Rarely (less than once per week) | Occasionally (1-2 times per week) | Sometimes (3-4 times per week) | Often (5-7 times per week) |
|----------------------------|----------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| Cooktop, stovetop or range | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oven(s) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Microwave Oven | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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F3 - Do you have a **dishwasher**?

Yes
 No

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F4 - How many dishwasher loads are run in a **typical week**?

None 2 4 6 8
 1 3 5 7 9 or more

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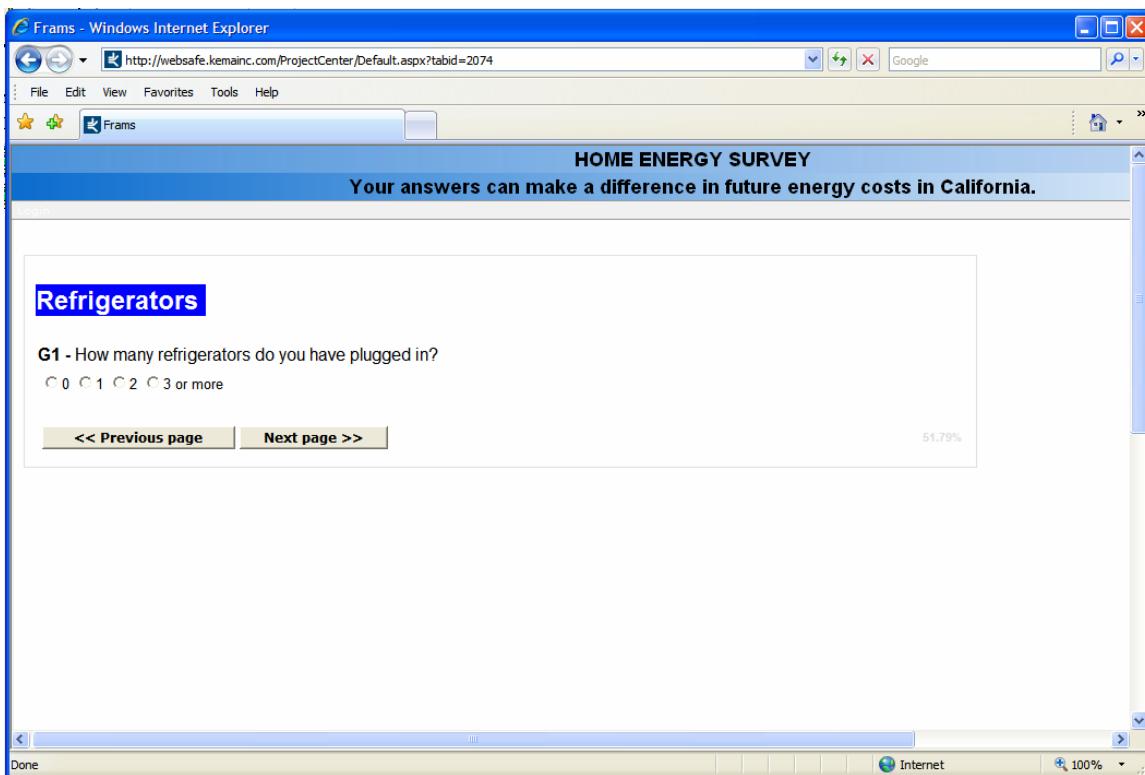
Refrigerators

G1 - How many refrigerators do you have plugged in?

0 1 2 3 or more

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G2 - Please tell us the characteristics of each refrigerator in the table below.

Door Style

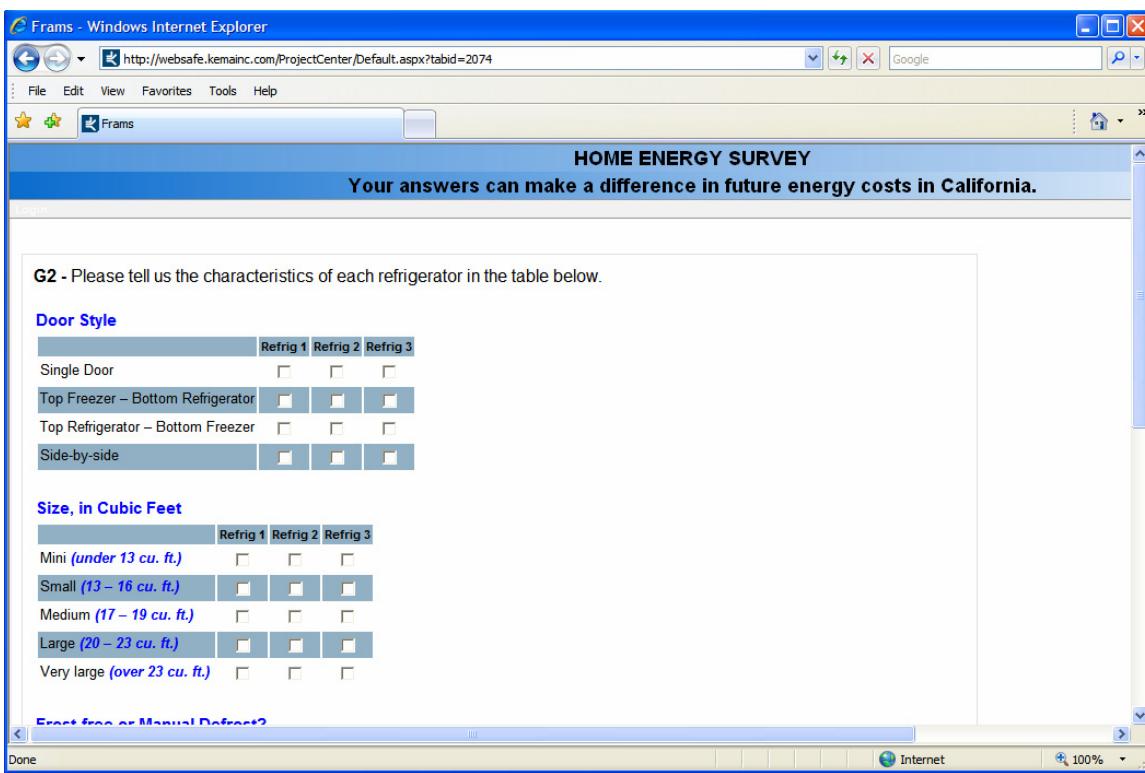
| | Refrig 1 | Refrig 2 | Refrig 3 |
|-----------------------------------|-------------------------------------|--------------------------|--------------------------|
| Single Door | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top Freezer – Bottom Refrigerator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top Refrigerator – Bottom Freezer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Side-by-side | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Size, in Cubic Feet

| | Refrig 1 | Refrig 2 | Refrig 3 |
|---------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Mini (<i>under 13 cu. ft.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Small (<i>13 – 16 cu. ft.</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium (<i>17 – 19 cu. ft.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large (<i>20 – 23 cu. ft.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very large (<i>over 23 cu. ft.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[Exact from or Manual Defrost?](#)

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Very large (over 23 cu. ft.)

Frost-free or Manual Defrost?

| | Refrig 1 | Refrig 2 | Refrig 3 |
|------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Automatic (frost-free) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Age of your Refrigerator

| | Refrig 1 | Refrig 2 | Refrig 3 |
|---------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Less than two years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 – 7 years | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 – 10 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 - 20 years | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| More than 20 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Features

| | Refrig 1 | Refrig 2 | Refrig 3 |
|--|--------------------------|--------------------------|--------------------------|
| Through-the-door ice and water dispenser | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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HOME ENERGY SURVEY

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Freezers

H1 - How many **stand-alone** freezers do you have plugged in? (*Do not include freezers that are part of your refrigerator.*)

0 1 2 or more

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H2 - Please tell us the characteristics for each stand-alone freezer in the table below.

Style

| | Freezer 1 | Freezer 2 |
|------------------------|-------------------------------------|-------------------------------------|
| Upright, frost-free | <input type="checkbox"/> | <input type="checkbox"/> |
| Upright manual defrost | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chest frost-free | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest manual defrost | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Size, in Cubic Feet

| | Freezer 1 | Freezer 2 |
|-----------------------------------|-------------------------------------|-------------------------------------|
| Small (<i>under 13 cu. ft.</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium (<i>13 – 16 cu. ft.</i>) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Large (<i>over 16 cu. ft.</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

Age of your Freezer

| | Freezer 1 | Freezer 2 |
|---------------------|-------------------------------------|-------------------------------------|
| Less than two years | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 – 7 years | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 – 10 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 – 20 years | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| More than 20 years | <input type="checkbox"/> | <input type="checkbox"/> |

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Spas and Hot Tubs

I1 - Do you have the use of a spa or hot tub at your home? (*Do not include whirlpool tubs in your bathroom.*)

Yes, and I pay for its energy use
 Yes, but it is in a common area and I do not pay for its energy use
 No spa or hot tub

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I2 - What fuel do you use to heat the spa or hot tub?

Electricity Solar and electricity Bottled gas (*propane, butane, LP*)
 Natural gas Solar and natural gas Other

I3 - How large is the spa or hot tub?

Small (*3 people or fewer*) Medium (*4 – 6 people*) Large (*7 or more people*)

I4 - Where is the spa located?

Outside, in the ground Outside, above ground Indoor spa

I5 - Do you have an insulated cover on your spa or hot tub?

Yes No

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I6a - How often do you run the filter pump on your spa or hot tub in Summer? (*May - Oct*)

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|-----------------------|--------------------------|-------------------------------------|-------------------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Only when we use it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 – 3 hours every day | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 – 6 hours every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I6b - How often do you run the filter pump on your spa or hot tub in Winter? (*Nov - April*)

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|-----------------------|--------------------------|-------------------------------------|-------------------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Only when we use it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 – 3 hours every day | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 – 6 hours every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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HOME ENERGY SURVEY
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I7a - Please indicate how often you heat your spa or hot tub in the Summer? (*May to Oct.*)

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|---------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 – 2 times per month | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 – 8 times per month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 or more times per month | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Maintain set temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I7b - Please indicate how often you heat your spa or hot tub in the Winter? (*Nov. to April*)

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|---------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 – 2 times per month | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 – 8 times per month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 or more times per month | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Maintain set temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Pools

J1 - Do you have the use of a swimming pool at your home?

Yes, and I pay for its energy use
 Yes, but it is in a common area and I do not pay for its energy use
 No pool

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J2 - How large is your pool? (An average-size pool is about 5 ft. deep by 40 ft. long by 20 ft. wide and holds 30,000 gallons of water.)

Less than 20,000 gallons 20,000 – 40,000 gallons More than 40,000 gallons

J3a - How many hours per day do you operate your swimming pool filter in Summer (May - Oct.)

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|------|-------------------------------------|-------------------------------------|-------------------------------------|
| None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3-4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-7 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8-12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J3b - How many hours per day do you operate your swimming pool filter in Winter (Nov. - April)

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|------|-------------------------------------|-------------------------------------|-------------------------------------|
| None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3-4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-7 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8-12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Frms

8-12

J3b - How many **hours per day** do you operate your swimming pool filter in Winter (*Nov. - April*)

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|------|-------------------------------------|--------------------------|--------------------------|
| None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J4 - Which fuel do you use to heat your pool?

Pool is not heated Solar heater (*using solar collectors*)
 Natural gas only Bottled gas only (*propane, butane, LP*)
 Electricity only Other
 Electric heat pump only

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J5a - Please indicate how often you **heat** your pool in the **Summer (May - Oct.)**

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 – 4 times per week | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Keep pool heated continuously | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J5b - Please indicate how often you **heat** your pool in the **Winter (Nov - April)**

| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 – 4 times per week | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Keep pool heated continuously | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J6 - Which of the following attributes does your pool have? **(Choose all that apply.)**

Cover Pool timer Pool sweep Pool vacuum Pool is indoors

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HOME ENERGY SURVEY
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Entertainment and Technology

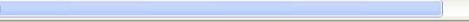
K1 - How many televisions and accessories do you **use** in this home?

| | None | 1 | 2 | 3 or more |
|--|----------------------------------|----------------------------------|-----------------------|-----------------------|
| Standard television(s) (CRT) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LCD television(s), smaller than 36 inches | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LCD television(s), 36 inches or larger | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Plasma television(s) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Converter box for standard TV (digital to analog) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cable or satellite box without DVR | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cable or satellite box with DVR | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stand-alone digital video recorders (<i>e.g., DVR, TiVo, ReplayTV</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DVD Player and/or VCR | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gaming systems (<i>Xbox, Wii, Playstation, etc</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Separate sound or stereo system connected to TV | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stand-alone stereo, Ipod or MP3 docking station | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K2 - How many **combined total hours** are your televisions on each day? (*Add up time for all TVs. Example: 13 hours a day for one + 16 for another equals 29 total hours.*)

| | 1 hour or less | 1 – 8 hours | 9 – 16 hours | 17 – 24 hours | 25 – 30 hours | More than 30 hours |
|----------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| TVs smaller than 36 inches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| TVs 36 inches or larger | <input checked="" type="radio"/> | <input type="radio"/> |

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K3 - How many personal computer(s) (PC, Macintosh, etc.) do you use in this home?

| | | | |
|------|---|---|-----------|
| None | 1 | 2 | 3 or more |
|------|---|---|-----------|

Desktop(s)

Laptop(s)

**K4 - If you have one or more computer(s) in this home, how many combined total hours are they turned on each day?
*(Add up time for all computer, including stand-by.)***

| | | | | | |
|----------------|-------------|--------------|---------------|---------------|--------------------|
| 1 hour or less | 1 – 8 hours | 9 – 16 hours | 17 – 24 hours | 25 – 30 hours | More than 30 hours |
|----------------|-------------|--------------|---------------|---------------|--------------------|

Desktop(s)

Laptop(s)

K5 - How often does anyone in your home perform any of the following activities on the computer(s) in your home

| | Never | Rarely (less than once per week) | Occasionally (several times per week) | Frequently (several times a day) |
|-------------------------------------|----------------------------------|----------------------------------|---------------------------------------|----------------------------------|
| Send or receive e-mail | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Browse the Internet for information | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Make purchases using the Internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pay bills on-line | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Play games on computer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K6 - Do you (or someone else in your home) operate a business and/or work from your home?

No
 Yes

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K7 - How many hours a week is someone working out of your home?

0 – 10 hours per week
 11 – 30 hours per week
 More than 30 hours per week

K8 - How many of the following products do you **use** in this home?

| | None | One | Two | Three or more |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|
| Answering machine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Multifunction machine (<i>printer, fax, scanner, copier</i>) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| FAX machine (<i>Stand-alone</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inkjet Printer for computer (<i>Stand-alone</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Laser Printer for computer(<i>Stand-alone</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Scanner (<i>Stand-alone</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Copier (<i>Stand-alone</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dial-up internet access | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High-speed modem for Internet (<i>DSL/cable/satellite</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home network (<i>wired or wireless</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Uninterrupted Power Supply (<i>UPS, power backup</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cell phone (<i>used by occupants of this home</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Lighting

L1 - How many **total** light bulbs **of each type** are used in the **ceiling fixtures and lamps** in each of the following areas of your home? **(Choose one answer for each area.)**

Compact Fluorescent Light Bulbs (CFLs)

| | None | 1-2 | 3-5 | 6-8 | 9-10 | 11 or more |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family/Living Room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kitchen/ Dining | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bathroom(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bedroom(s) <i>(including closets)</i> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hallway(s)/Entry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Incandescent Light Bulbs

| | None | 1-2 | 3-5 | 6-8 | 9-10 | 11 or more |
|---------------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family/Living Room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kitchen/ Dining | <input checked="" type="radio"/> | <input type="radio"/> |
| Bathroom(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bedroom(s) <i>(including closets)</i> | <input checked="" type="radio"/> | <input type="radio"/> |
| Hallway(s)/Entry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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L2 - How many lights inside your home are turned on during the following times of day? (Choose one answer for each time period.)

| | None | Few lights (about 25%) | Some lights (about 50%) | Many lights (about 75%) | All lights (100%) |
|-------------------|----------------------------------|---------------------------|----------------------------|----------------------------|-----------------------|
| Morning (6am-9am) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Day (9am-5pm) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Evening (5pm-9pm) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Night (9pm-6am) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

L3 - How many of the following lighting products do you use **inside your home?**

Interior Lighting Products

| | None | 1-2 | 3-5 | 6-10 | 11 or more |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Fixtures on Timers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on Motion Detectors or Occupancy Sensors | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on a Dimming Switch | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nightlights | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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L4 - How many of the following lighting products do you use **outside your home? (Include items in your garage. Only include exterior lights that are paid for on your electricity bill.)**

Exterior Fixtures

| | None | 1-2 | 3-5 | 6 or more |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|
| Exterior incandescent fixtures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exterior compact fluorescent fixtures | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Low voltage landscape light system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HID (<i>sodium vapor, metal halide</i>) fixture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Exterior Lighting Controls

| | None | 1-2 | 3-5 | 6 or more |
|----------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| Fixtures on Timers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on Dusk-to-Dawn Sensors | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on Motion Detectors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

L5 - Have you removed a compact fluorescent light bulb (CFL) and replaced it with an incandescent light bulb?

No
 Yes

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HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

Miscellaneous Appliances

M1 - How many of each of the following **appliances** or **equipment** do you use in your home? (*Choose all that apply.*)

| | None | 1 | 2 | 3 or more |
|---|----------------------------------|----------------------------------|-----------------------|-----------------------|
| Chargers left plugged in all the time (phone/PDA/tools) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Portable fan | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ceiling fan | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wind turbine attic ventilator (non-electric) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electric attic fan | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Whole-house fan | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electronic household air cleaner | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Humidifier or Dehumidifier | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wine or beverage cooler | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Water purification system | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Domestic hot water recirculation pump | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electric blanket | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aquarium | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trash compactor | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sauna – electric | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electronic security system | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pond or water garden pump | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| | | | | |
|--|----------------------------------|----------------------------------|-----------------------|-----------------------|
| Wind turbine attic ventilator (non-electric) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electric attic fan | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Whole-house fan | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electronic household air cleaner | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Humidifier or Dehumidifier | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wine or beverage cooler | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Water purification system | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Domestic hot water recirculation pump | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electric blanket | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aquarium | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trash compactor | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sauna – electric | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electronic security system | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pond or water garden pump | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electric garage door opener | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lawn mower – electric | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

M2 - Do you use an electric well water pump to provide water for your home?

No
 Yes

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82.14%

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M3 - Does your home also have access to city/county water sources?

Yes
 No

M4 - How do you use your well water?

Only for gardening and landscaping
 Only for household use
 Both household and gardening/landscape use

M5- Select fuel type for any of the equipment that is **used three or more hours per week.**

| | Electric | Natural Gas | Bottled Gas |
|--------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Sump pump | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Shop tools | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Electric welding equipment | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Electric air compressor | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Charger for large battery | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Kiln for ceramics and pottery | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Medical equipment (e.g., respirator) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

M6 - Do you have an electric vehicle, electric wheelchair, or golf cart at your home?

No
 Yes, but it is a hybrid vehicle and does not need to be charged at home.
 Yes, electric wheelchair/cart
 Yes, electric car/vehicle

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83.93%
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M7 - Do you charge your electric wheelchair, cart, or vehicle at home?

Yes
 No

M8 - Do you use any other equipment or large appliance that consumes a significant amount of electricity or natural gas in your home?

No
 Yes (Please describe equipment and fuel.)

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85.71%

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M9 - Please indicate if you have **added** any of the following appliances in the past 12 months. If the new item replaced an existing unit, please be sure to answer question **M10** as well. (*Choose all that apply*)

| | Added a New Unit | Elec | Natural Gas | Other |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Central heating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Central cooling | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wall or window air conditioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaporative (<i>swamp</i>) cooler | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stand-alone freezer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stove top | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Oven | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave oven | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clothes washer | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clothes dryer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool heater | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pool pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot tub/spa heater | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Have not **added** any of the above appliances

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87.5%
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M10 - Please indicate if you have **discarded** any of the following appliances in the past 12 months. Include both items that were replaced and those that were discarded without being replaced. (*Choose all that apply*)

| Age of Discarded Unit | Fuel Type of Discarded Unit | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | 1-10 years | 11-20 years | Over 20 years | Elec | Natural Gas | Other |
| Central heating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Central cooling | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wall or window air conditioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaporative (<i>swamp</i>) cooler | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stand-alone freezer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stove top | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Oven | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave oven | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clothes washer | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clothes dryer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool heater | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pool pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot tub/spa heater | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Have not discarded any of the above appliances

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Home Energy Survey

Your answers can make a difference in future energy costs in California.

Household Information

Please provide answers to the following questions. **Your responses will be confidential** and no data will be used on an individual basis. The information is used to allow us to compare energy usage between various groups.

N1 - In addition to the home described in this survey, do you own any other home in that is occupied on a part-time basis by your family or as a vacation rental? (*Please do not answer yes for any full-time rental property or time-share units.*)

Yes
 No

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91.07%

Internet 100% Done

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Home Energy Survey

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N2 - Please provide the following information for your seasonal or vacation home that you own in California. (*Please do not provide information for the home described in this survey, any full-time rental property or any time-share units.*)

Location

In the mountains Near the ocean
 In the desert Other
 Near a lake or river

Electricity is provided to this vacation home by:

PG&E LADWP
 SCE Other
 SDG&E

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92.86%

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HOME ENERGY SURVEY
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N3 - What was the highest level of education completed by any head of household in the home?

Elementary (*grades 1 – 8*) Some college/trade/ vocational school
 Some high school (*grades 9 – 12*) College graduate
 High school graduate Postgraduate degree

N4 - What is the primary language spoken in this home?

English Spanish
 Asian (*describe*) Other (*describe*)

N5 - Are any of the occupants of your home permanently disabled?

No Yes, 1 permanently disabled Yes, 2 or more permanently disabled

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HOME ENERGY SURVEY
 Your answers can make a difference in future energy costs in California.

N6 - Which of the following ethnic groups are represented by your head(s) of household? (*Choose all that apply.*)

| | Head of Household # 1 | Head of Household # 2 |
|--------------------------------|--------------------------|--------------------------|
| American Indian, Alaska Native | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian or Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> |
| Black, African American | <input type="checkbox"/> | <input type="checkbox"/> |
| Hispanic / Latino | <input type="checkbox"/> | <input type="checkbox"/> |
| White, Caucasian | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

N7 - Please check the range that best describes your household's total annual income.

Less than \$10,000 \$10,000 – \$19,999 \$20,000 – \$24,999
 \$25,000 – \$29,999 \$30,000 – \$34,999 \$35,000 – \$39,999
 \$40,000 – \$49,999 \$50,000 – \$59,999 \$60,000 – \$74,999
 \$75,000 – \$99,999 \$100,000 – \$149,999 \$150,000 or more

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HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

We may need to contact you to verify some of the information you have provided in the survey, and request a phone number by which to do so. Providing a phone number is **optional**, and your survey can be considered complete even without a phone number. If you provide your number, please also indicate the times that would be most convenient for you to be contacted. Your phone number will not be given out to anyone and will be used only for this research project. You will only be called if we need to follow-up on some of the information in the survey.

Area Code

Phone Number (xxx-xxxx)

Best Time to Call

Weekday mornings
 Weekday afternoons
 Weekday early evening
 Weekday evening
 Weekend

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Login

Thank you very much for participating!

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APPENDIX G

Online Spanish version of RASS survey

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HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

Pacific Gas and Electric Company Southern California Gas Company SOUTHERN CALIFORNIA EDISON An EDISON INTERNATIONAL® Company SDGE A Sempra Energy company Los Angeles Department of Water & Power State of California Energy Commission

You have reached the home of the California Home Energy Survey. The online survey asks the same questions as the paper survey that your household received in the mail. You can choose to complete either the online or the paper version.

Usted ha llegado a la casa de la encuesta de "California Home Energy Survey". La encuesta por medio del internet hace las mismas preguntas como la versión de papel que usted recibió por correo. Usted puede escoger entre hacerla por internet o la versión de papel.

Would you like to read and answer the survey in:

Le gustaría leer y contestar la encuesta en:

English
 Spanish

Done

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HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

HOME ENERGY SURVEY
Sus respuestas pueden hacer la diferencia en el futuro del costo de energía en California.

Home Spanish

nSurvey

Muy bien - ¡Ya! hemos verificado que su casa recibió una encuesta y usted puede empezar a contestar la encuesta en la próxima página. Sus respuestas serán con confianza más estricta. Los resultados de la encuesta serán reportados en anónimo o forma de resumen y no revelarán identidades individuales.

La encuesta tomará aproximadamente 30 minutos de completar. Su información no será archivada hasta el final de la encuesta. Usted tendrá que hacer la encuesta de una sesión. Si usted no la completa, usted puede regresar a la encuesta, pero usted tendrá que comenzar desde el principio y entrar toda su información de nuevo.

La encuesta se puede ver mejor, si hace que la ventana de la encuesta sea lo más grande posible en su pantalla. Si una página se ve en blanco, por favor utilice su bar desplazamiento para ir a la parte de arriba de la página.

La parte de arriba de cada página tendrá la raya azul con "Home Energy Survey" y en la parte de abajo tendrá un botón para ir a la "Next Page". Aségurese por favor de comienza cada página en la parte de arriba y contesta las preguntas antes de oprimir el botón "Next Page".

Haga lo mejor que pueda para contestar todas las preguntas. Si usted no sabe la respuesta a una de las preguntas, pase a la próxima pregunta. Si usted le gustaría a completar la encuesta, usted puede enviar un correo electrónico a RASSsupport@kema.com o llamar gratis a nuestra línea de la encuesta al 1-866-372-3978 de 8:30 d la tarde, de Lunes a Viernes. Usted puede dejar algún recado en todos los otros tiempos y nosotros le llamaremos con una respuesta.

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HOME ENERGY SURVEY
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Login
Home Spanish

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Su casa

A1 - ¿Qué tipo de edificio existe en la dirección impresa al frente de esta encuesta?

Casa individual (1 piso)
 Casa individual (2 pisos)
 Casa individual (3 o más pisos)
 Townhouse, duplex o casa en hilera (*Comparte paredes exteriores con una casa vecina, pero no el techo o el piso*)
 Departamento o condominio (2-4 unidades)
 Departamento o condominio (5 o más unidades)
 Casa rodante
 Otro (*Describa*)

A2 - ¿Es propietario de esta vivienda o la renta?

Propietario / comprandola Renta / alquila

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Home Spanish

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A3 - ¿Cuánto tiempo ha vivido Ud. en esta dirección?

1 año o menos 6 años 11 años 16-20 años
 2 años 7 años 12 años 21-30 años
 3 años 8 años 13 años más de 30 años
 4 años 9 años 14 años
 5 años 10 años 15 años

A4 - ¿Cuál es la mejor descripción de esta residencia?

Esta es mi residencia permanente
 Esta es mi residencia por parte del año o en temporada
 Esta es mi casa de vacaciones y generalmente la usa solo mi familia
 Esta es una casa vacaciones que se renta

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A5 - Si esta es una casa parte del año o de vacaciones, por favor marque los meses en que normalmente está ocupada. ([Marque los meses](#))

Enero Marzo Mayo Julio Sept Nov
 Febrero Abril Junio Agosto Oct Dic

A6 - Aproximadamente, en qué año fué construida esta vivienda?

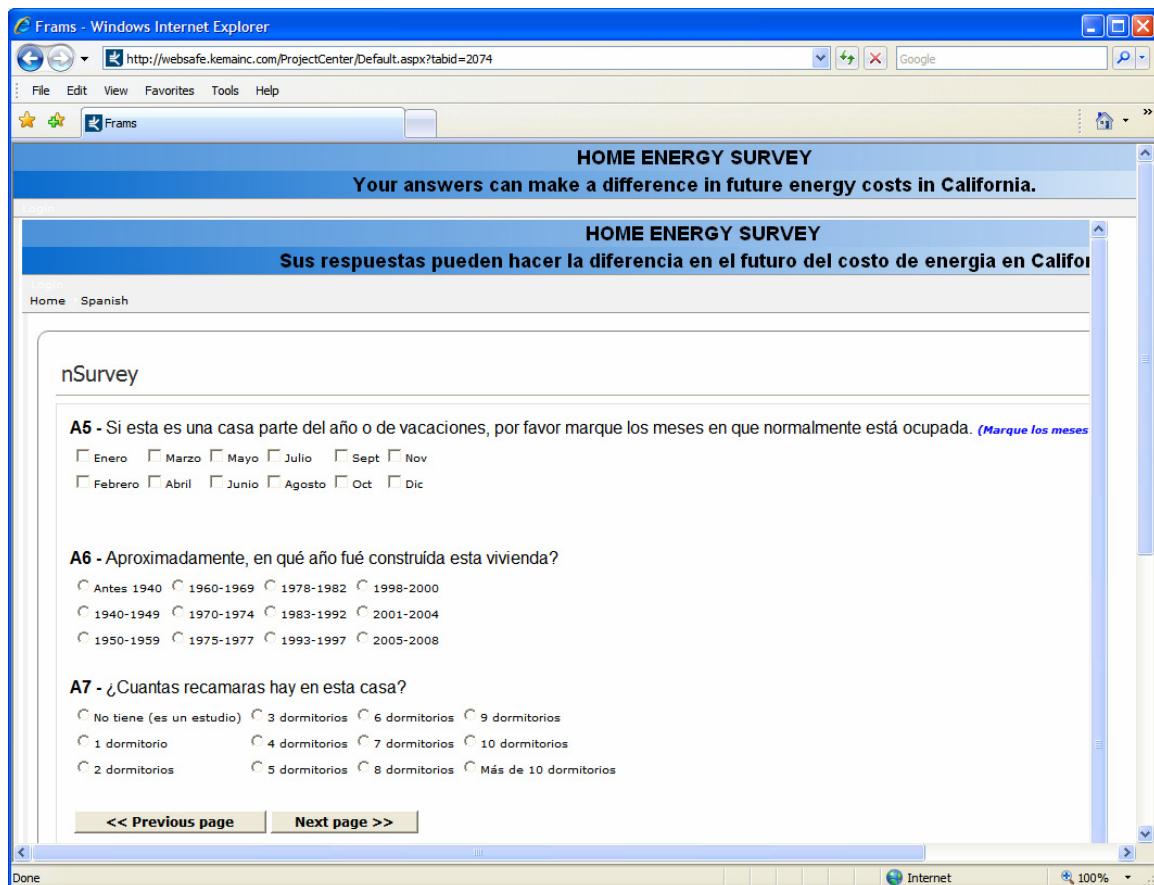
Antes 1940 1960-1969 1978-1982 1998-2000
 1940-1949 1970-1974 1983-1992 2001-2004
 1950-1959 1975-1977 1993-1997 2005-2008

A7 - ¿Cuántas recámaras hay en esta casa?

No tiene (es un estudio) 3 dormitorios 6 dormitorios 9 dormitorios
 1 dormitorio 4 dormitorios 7 dormitorios 10 dormitorios
 2 dormitorios 5 dormitorios 8 dormitorios Más de 10 dormitorios

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Frmas

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HOME ENERGY SURVEY
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Home Spanish

nSurvey

A8 - ¿Cuántos pies cuadrados o espacio de uso tiene su vivienda, incluidos los cuartos, vestíbulo y pasillos? (*Excluidos los garajes, s porches sin calefacción.*)

Menos de 250 1001-1250 2501-3000
 250-500 1251-1500 3001-4000
 501-750 1501-2000 4001-5000
 751-1000 2001-2500 Más de 5000

A9 - ¿Tienen aislamiento las **paredes exteriores** de su casa?

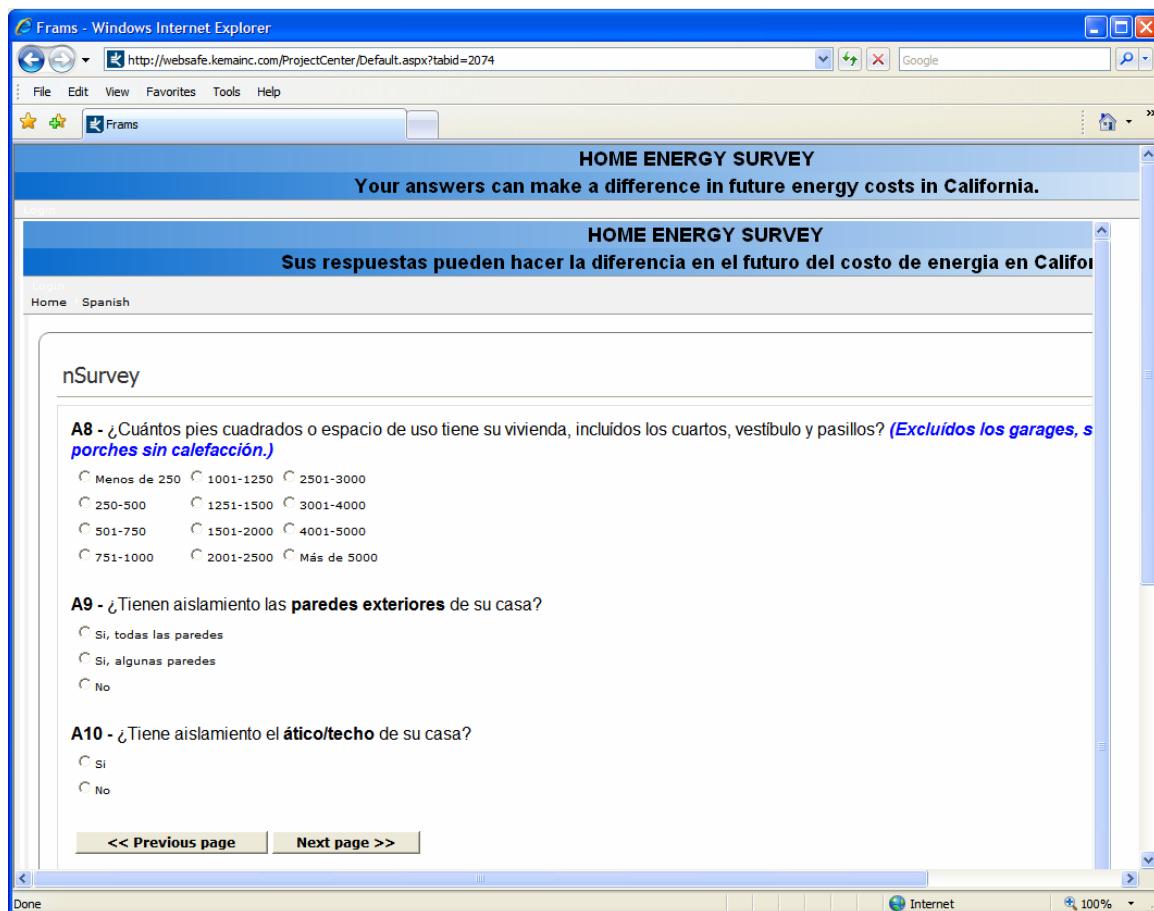
Sí, todas las paredes
 Sí, algunas paredes
 No

A10 - ¿Tiene aislamiento el **átilo/techo** de su casa?

Sí
 No

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A11 - Si es si, estime las pulgadas de aislamiento del ático/techo.

0-3 pulgadas (*Valor R menos de R-10*)
 4-6 pulgadas (*R-11 a R-19*)
 7-10 pulgadas (*R-20 a R-30*)
 Más de 10 pulgadas (*R-31 o mayor*)

A12 - Elija las respuestas que mejor describan sus ventanas.

VIDRIO (numero de capas de vidrio)

Todas o la mayoría tienen un solo vidrio Todas o la mayoría tienen vidrio doble Mi casa tiene una mezcla de ventanas con vidrio sencillo y vidrio doble

TIPO DE MARCO

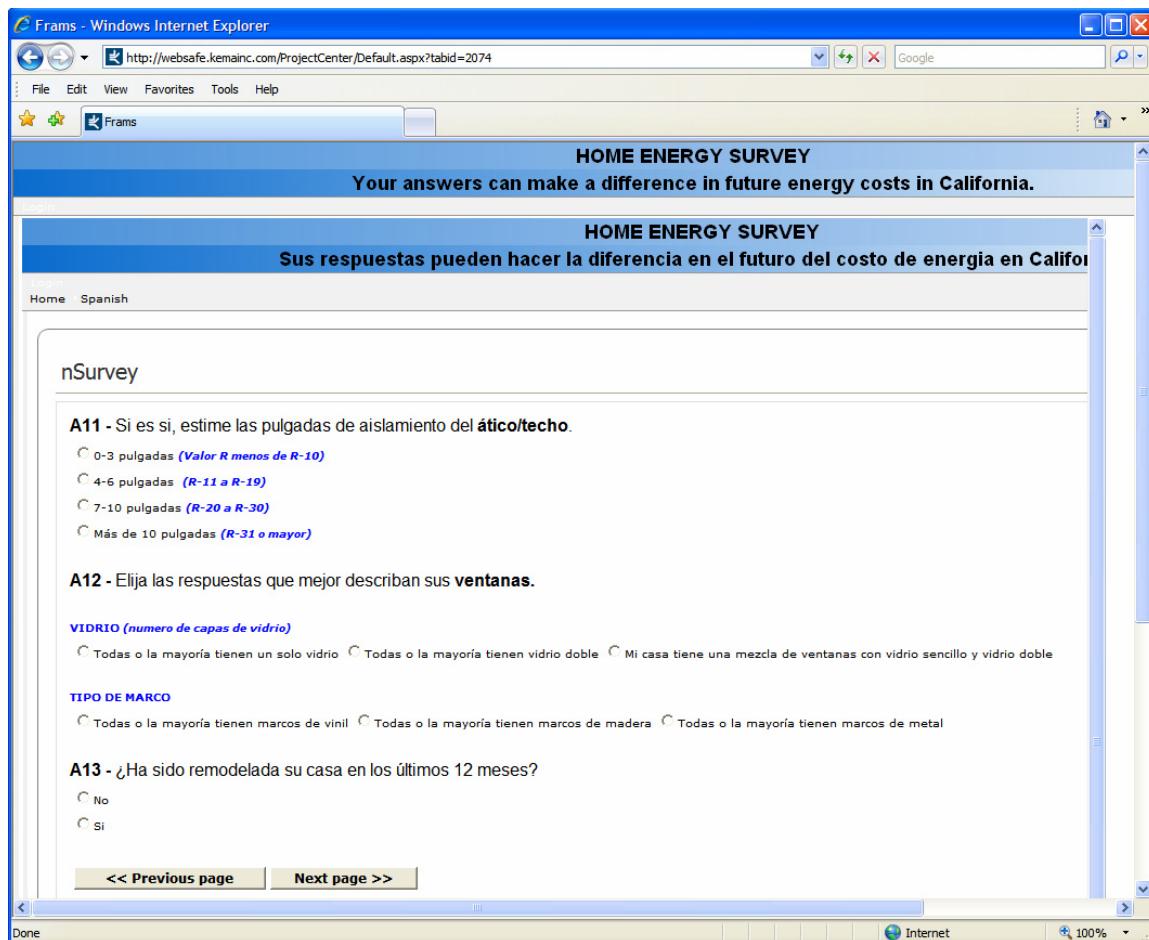
Todas o la mayoría tienen marcos de vinil Todas o la mayoría tienen marcos de madera Todas o la mayoría tienen marcos de metal

A13 - ¿Ha sido remodelada su casa en los últimos 12 meses?

No
 Si

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A14 - ¿Qué clase de remodelación hizo? (Elija todas las apropiadas.)

Añadió un cuarto, o aumentó pies cuadrados a la casa
 Remodelación de baño o cocina
 Reconstruimos casi toda la casa
 Otra

A15 - Por cada uno de los siguientes grupos de edades, cuántas personas, incluido/a Usted, viven en la casa?

Número de personas que usualmente viven en esta casa

| | Nadie | 1 | 2 | 3 | 4 | 5 | 6 | Más de 7 |
|--------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 5 y menores | <input type="radio"/> |
| 6-18 | <input checked="" type="radio"/> |
| 19-34 | <input type="radio"/> |
| 35-54 | <input checked="" type="radio"/> |
| 55-64 | <input type="radio"/> |
| 65 y mayores | <input checked="" type="radio"/> |

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Otra

A15 - Por cada uno de los siguientes grupos de edades, cuántas personas, incluido/a Usted, viven en la casa?

Número de personas que usualmente viven en esta casa

| | Nadie | 1 | 2 | 3 | 4 | 5 | 6 | Más de 7 |
|--------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5 y menores | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 6-18 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 19-34 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 35-54 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 55-64 | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 65 y mayores | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

A16 - En general, con qué frecuencia un miembro de esta casa usa aparatos o equipos eléctricos (por ejemplo lavarropas, estufa eléctrica, platos, aire acondicionado, etc) los días de semana de **12 del mediodía a 6 de la tarde?**

Frecuentemente (**3-5 días a la semana**)
 Ocasionalmente (**1-2 días a la semana**)
 Nunca o casi nunca (**Menos de 1 día a la semana**)

A17 - ¿Hay en su vecindario servicio de gas natural a través de tubería?

Si
 No

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A18 - ¿Tiene una línea de gas natural o conexión en alguna parte de su casa?

Si
 No

A19 - ¿A qué compañía paga Usted por el servicio de **gas natural en su casa?**

| | |
|---|---|
| <input type="radio"/> Pacific Gas & Electric (PG&E) | <input type="radio"/> City of Coalinga |
| <input type="radio"/> San Diego Gas & Electric | <input type="radio"/> City of Long Beach Gas Department |
| <input type="radio"/> Southern California Gas Company ("The Gas Company") | <input type="radio"/> No estoy seguro |
| <input type="radio"/> Southwest Gas Corporation | |

A20 - ¿Cuántos vehículos hay en esta residencia?

Ninguno 1 2 3 4 5 o más

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A21 - Por favor responda acerca de los tres vehículos que se usan más:

Cada vehículo que se maneja entre semana en viajes regulares, ¿Cuántas millas se maneja en una sola ida? (Sin contar el regreso.)

| | Vehículo No1 | Vehículo No2 | Vehículo No3 |
|-----------|--------------------------|-------------------------------------|-------------------------------------|
| 0 a 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 a 20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 a 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Más de 30 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

¿Cuántas millas se maneja cada vehículo en un año?

| | Vehículo No1 | Vehículo No2 | Vehículo No3 |
|----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 0 a 7,999 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8,000 a 11,999 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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Más de 30

¿Cuántas millas se maneja cada vehículo en un año?

| | Vehículo No1 | Vehículo No2 | Vehículo No3 |
|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 0 a 7,999 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8,000 a 11,999 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12,000 a 15,999 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16,000 o Más | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¿Usualmente donde estaciona cada vehículo?

| | Vehículo No1 | Vehículo No2 | Vehículo No3 |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Garaje | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estacionamiento exterior cubierto | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Estacionamiento exterior no cubierto | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| En la calle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

El lugar donde se estaciona este carro esta cerca de un enchufe eléctrico sin necesidad de atravesar el paso del público

| | Vehículo No1 | Vehículo No2 | Vehículo No3 |
|----|-------------------------------------|-------------------------------------|-------------------------------------|
| Si | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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Calefacción

B1 - ¿Paga Usted por la calefacción de su casa?

Si
 No, es parte de la renta/cuota de condominio
 No, no tiene sistema de calefacción

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B2 - ¿Qué tipo de sistema de calefacción utiliza para calentar su casa? (*Si Ud. utiliza más de un sistema de calefacción marque el s más utiliza como "Principal" y marque todos los otros sistemas como "Adicional."*)

| | Calefacción Principal (Marque solo UNA respuesta) | Calefacción (Marque TODAS las apropiadas) |
|---|--|--|
| GAS NATURAL / Calefacción central de aire forzado (<i>un ventilador circula el aire caliente a través de los conductos</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| GAS NATURAL / Calefacción de pared/piso | <input type="checkbox"/> | <input type="checkbox"/> |
| GAS NATURAL / Radiador de agua caliente | <input type="checkbox"/> | <input type="checkbox"/> |
| GAS NATURAL / Chimenea (de gas) | <input type="checkbox"/> | <input type="checkbox"/> |
| GAS NATURAL / Otro tipo de sistema | <input type="checkbox"/> | <input type="checkbox"/> |
| ELÉCTRICA / Resistencia (zócalo/techo/piso/pared) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELÉCTRICA / Calefacción central de aire forzado (<i>un ventilador circula el aire caliente a través de los conductos</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELÉCTRICA / Bomba de calor central (<i>calesta y enfria</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELÉCTRICA / Bomba de calor en la pared (<i>Parece un aire acondic. de ventana/pared pero también dà calor</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELÉCTRICA / Calefactor portátil | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | |
|--|--------------------------|-------------------------------------|
| ELÉCTRICA / Bomba de calor en la pared (<i>Parece un aire acondic. de ventana/pared pero también dá calor</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ELÉCTRICA / Calefactor portátil | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ELÉCTRICA / Otro tipo de sistema | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| GAS ENVASADO (propano, LP) / Calefacción central de aire forzado (<i>un ventilador circula el aire caliente a través de los conductos</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| GAS ENVASADO (propano, LP) / Calefacción de pared/piso | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| GAS ENVASADO (propano, LP) / Radiador de agua caliente | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| GAS ENVASADO (propano, LP) / Otro tipo de sistema | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MADERA / Estufa de leña/estufa de pellets/chimenea inserta | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MADERA / Chimenea (de madera) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SOLAR / Solar sin respaldo | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SOLAR / Solar con respaldo de gas natural | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SOLAR / Solar con respaldo de propano | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SOLAR / Solar con respaldo eléctrico | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OTRO combustible | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

OTRO combustible, por favor describa

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B3 - Si su(s) sistema(s) de calefacción usa(n) gas natural como energía indique si tiene(n) piloto(s) de encendido.

Calefacción primaria a gas

Si, tiene piloto prendido todo el año Si, tiene piloto solo prendido en invierno No tiene piloto

Calefacción secundaria a gas

Si, tiene piloto(s) prendido(s) todo el año Si, tiene piloto(s) solo prendido(s) en invierno No tiene pilotos(s)

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B4 - ¿Cuántos años tiene su sistema de calefacción?

Menos de 1 año 4-8 años 14-30 años
 1-3 años 9-13 años Más de 30 años

B5 - ¿Qué clase de termostato tiene su sistema principal de calefacción?

Termostato programable (*Los digitales usualmente tienen un reloj digital y botones. Los mecánicos usualmente tienen un reloj rotativo y lenguetas, clavijas, o palancas.*)
 Termostato estandar (*Le permite ajustar la temperatura y encender o apagar la calefacción. No se pueden ajustar los tiempos para encendido y apagado.*)
 No tiene termostato (*Válvula/control simple de apagado/encendido*)

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B6 - Si su sistema de calefacción principal está controlado por un termostato, cuál es la temperatura promedio a la que está ajustado durante el invierno? (Elige una respuesta por cada período de tiempo. Seleccione la temperatura típica en que está puesto si ésta)

| | Apagado | Debajo 55F | 55-60F | 61-65F | 66-70F | 71-75F | Sobre 75F |
|------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Mañana (6am-9am) | <input type="radio"/> |
| Día (9am-5pm) | <input checked="" type="radio"/> |
| Tarde (5pm-9pm) | <input type="radio"/> |
| Noche (9pm-6am) | <input checked="" type="radio"/> |

B7 - ¿Se le ha hecho un servicio de mantenimiento a su sistema de calefacción principal en los pasados 12 meses?

Sí
 No

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B8 - ¿Cuántos calentadores eléctricos portátiles utiliza?

No uso calentadores portátiles 2 calentadores portátiles
 1 calentador portátil 3 o más calentadores portátiles

B9 - ¿Con qué frecuencia utiliza otro(s) sistema(s) de calefacción adicional(es) incluyendo calentadores portátiles, durante el invierno?

No uso sistema adicional Con frecuencia (**2 a 4 días a la semana**)
 Raramente (**una vez al mes**) Siempre (**5 a 7 días a la semana**)
 A veces (**una vez a la semana**)

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Aire acondicionado

AIRE ACONDICIONADO CENTRAL

C1 - ¿Paga Ud. por el aire acondicionado central/enfriamiento de su casa?

Sí
 No, es parte de la renta/cuota de condominio
 No, no tengo aire acondicionado central

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C2 - Qué clase y cuántos sistemas centrales de aire acondicionado tiene Ud. en su casa?

Número de sistemas centrales

| | | | |
|--|--------------------------|-------------------------------------|-------------------------------|
| | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 o más |
| Aire acondicionado central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enfriamiento por evaporación (<i>swamp cooler</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bomba de calor (<i>calienta y enfria</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sistema principal controlado con un termostato con zonas

| | |
|--|-------------------------------------|
| Aire acondicionado central | <input type="checkbox"/> |
| Enfriamiento por evaporación (<i>swamp cooler</i>) | <input checked="" type="checkbox"/> |

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Sistema principal controlado con un termostato con zonas

| | |
|--|-------------------------------------|
| Aire acondicionado central | <input type="checkbox"/> |
| Enfriamiento por evaporación (<i>swamp cooler</i>) | <input checked="" type="checkbox"/> |
| Bomba de calor (<i>calienta y enfria</i>) | <input type="checkbox"/> |

C3 - ¿Cuántos años tiene su unidad de aire acondicionado central principal?

Menos de un año 1-3 años 4-8 años 9-13 años 14-30 años Más de 30 años

C4 - ¿Qué clase de termostato tiene su sistema de aire acondicionado?

Termostato programable con comunicación (*El termostato tiene capacidad de comunicarse con la compañía de electricidad*)
 Termostato programable (*Los digitales usualmente tienen un reloj digital y botones. Los mecánicos usualmente tienen un reloj rotativo y lenguetas, clavijas, o palancas*)
 Termostato estandar (*Le permite ajustar la temperatura y encender y apagar el aire acondicionado. No se pueden ajustar los tiempos de encendido o apagado*)
 No tiene termostato (*Control simple de encendido/apagado*)

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C5 - ¿Cuál es la temperatura promedio a la que está ajustado el termostato durante el verano? (Elige una respuesta para cada período)

| | Apagado | Menos de 70F | 70-73F | 74-76F | 77-80F | Más de 80F |
|------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Mañana (6am-9am) | <input type="radio"/> |
| Día (9am-5pm) | <input checked="" type="radio"/> |
| Tarde (5pm-9pm) | <input type="radio"/> |
| Noche (9pm-6am) | <input type="radio"/> |

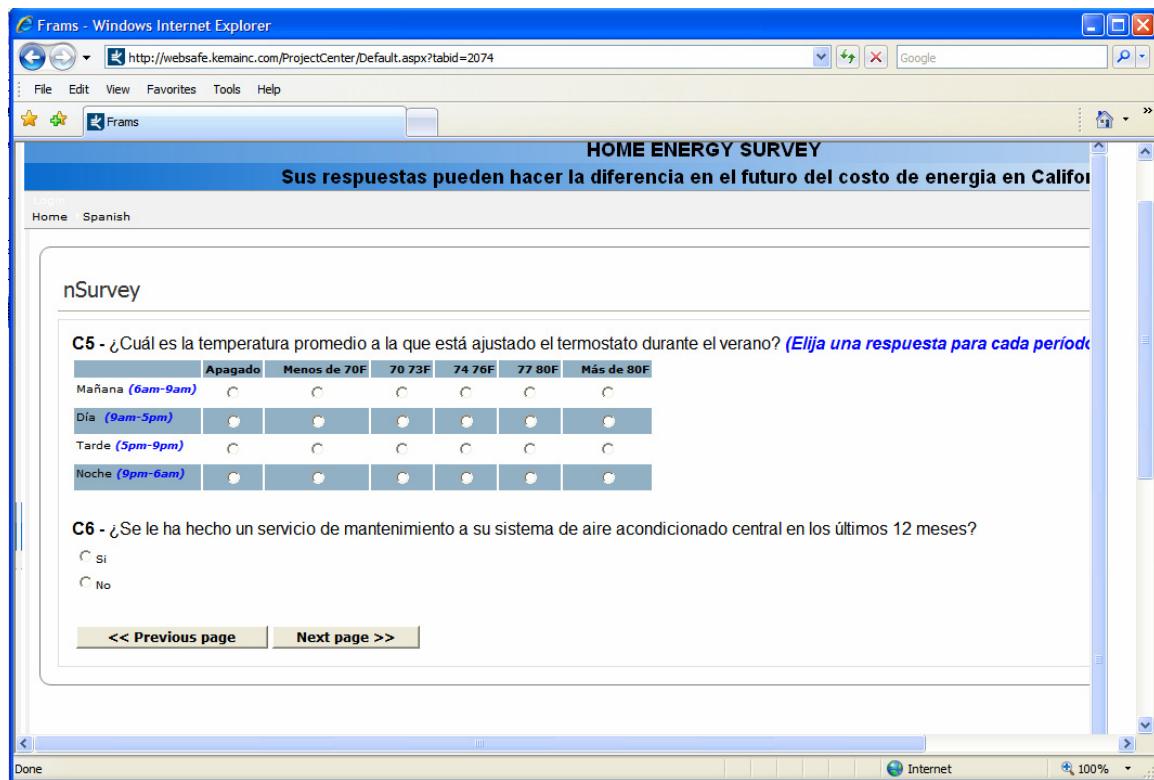
C6 - ¿Se le ha hecho un servicio de mantenimiento a su sistema de aire acondicionado central en los últimos 12 meses?

Si
 No

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AIRE ACONDICIONADO DE VENTANA O PARED

C7 - Indique abajo las características del aire acondicionado/enfriamiento en cada habitación.

No hay habitaciones con unidades de aire acondicionado/enfriamiento

Tipo de aire acondicionado/unidad de enfriamiento en la habitación

| | Unidad 1 | Unidad 2 | Unidad 3 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Aire acondicionado de ventana/pared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bomba a calor de ventana/pared | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Evaporador de ventana/pared (<i>swamp cooler</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Edad de la unidad en la habitación

| | Unidad 1 | Unidad 2 | Unidad 3 |
|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Menos de un año | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-3 años | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-8 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9-13 años | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Más de 13 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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C8 - Indique con qué frecuencia las unidades de aire acondicionado/enfriamiento están encendidas en el verano. (*Seleccione una respuesta para cada periodo.*)

| | Nunca | Rara vez (1-2 días por semana) | A veces (3-4 días por semana) | Con freq. (5-6 días por semana) | Siempre (7 días por semana) |
|---------------------------|----------------------------------|-----------------------------------|----------------------------------|------------------------------------|--------------------------------|
| Mañana (6am-9am) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Día (9am-5pm) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tarde (5pm-9pm) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Noche (9pm-6am) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tarde de calor (noon-6pm) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Calentamiento de agua

D1 - ¿Paga Ud. por calentar el agua en su casa?

Si
 No, es parte de la renta/cuota de condominio
 No hay calentador de agua

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D2 - ¿Qué sistema usa Ud. para calentar el agua en su casa?

| | Calentador de agua principal (Marque solo UNA caja en esta columna) | Calentador(es) de agua adicional((Marque TODAS las cajas apropiadas) |
|---|--|--|
| GAS NATURAL GAS / Tanque estandar | <input type="checkbox"/> | <input type="checkbox"/> |
| GAS NATURAL GAS / Sistema sin tanque en toda la casa | <input type="checkbox"/> | <input type="checkbox"/> |
| GAS NATURAL GAS / Sistema de condensación de alta eficiencia (con tubo de ventilacion de plastico) | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICO / Tanque estandar | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICO / Bomba de calor | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICO / Sistema sin tanque en toda la casa | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICO / Sistema sin tanque de encendido instantaneo | <input type="checkbox"/> | <input type="checkbox"/> |
| PROPANO / Tanque estandar | <input type="checkbox"/> | <input type="checkbox"/> |
| PROPANO / Sistema sin tanque en toda la casa | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / Sin sistema de respaldo | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / Con respaldo de gas natural | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / Con respaldo de propano | <input type="checkbox"/> | <input type="checkbox"/> |
| SOLAR / Con respaldo eléctrico | <input type="checkbox"/> | <input type="checkbox"/> |
| OTRO COMBUSTIBLE | <input type="checkbox"/> | <input type="checkbox"/> |

Otro combustible, por favor describa

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D3 - ¿Cuál es la temperatura promedio a la que pone el calentador de agua? (*Mediano es el ajuste standard de fábrica.*)

Bajo (menos de 130°F) Mediano (130°F-150°F) Alto (sobre 150°F)

D4 - ¿Cuántos años tiene su sistema principal para calentar el agua?

Menos de 1 año 9-13 años
 1-3 años 14-30 años
 4-8 años Más de 30 años

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D5 - En un **día típico** cuántas duchas y baños se toman en su casa?

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 o más |
|---|---|---|---|---|---|---|---|---|---|----------|

Duchas / día

Baños / día

D6 - ¿Tiene regadera(s) de bajo flujo instalada(s) en su(s) ducha(s)? (*Las regaderas de bajo flujo usan 2.5 galones por minuto o menos, el estándar desde 1993.*)

Sí, todas las duchas Sí, algunas duchas No

D7 - ¿Los grifos de su casa tienen aereadores para ahorrar agua? (*Aereadores son agregados para reducir el uso de agua mezclada con el flujo de agua.*)

Sí, todos los grifos Sí, algunos grifos No

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Lavado y secado de ropa

E1 - ¿Tiene lavadora o secadora de ropa en su casa?

Si
 No, el cuarto de lavado está en el área común del edificio
 Yo no uso el cuarto de lavado en mi edificio

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E2 - ¿Qué tipo de lavarropas tiene? (No incluya los lavarropas que funcionan con monedas o están en áreas comunes.)

Lavarropas con apertura arriba
 Lavarropas con apertura al frente

E3 - ¿Cuántos años tiene su lavarropas?

Menos de 1 año 9-15 años
 1-5 años 16-30 años
 6-8 años Más de 30 años

E4 - ¿Cuántas veces usa la lavadora de ropa en una semana promedio? Por favor indique de acuerdo a la temperatura del agua de lavado.

Número de cargas de ropa por semana

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 o más |
|---|---|---|---|---|---|---|---|---|---|----------|

En caliente

En tibio

En frío

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E4 - ¿Cuántas veces usa la lavadora de ropa en una **semana promedio**? Por favor indique de acuerdo a la temperatura del agua de lavado.

Número de cargas de ropa por semana

| | | | | | | | | | | | |
|-------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 o más |
| En caliente | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| En tibio | <input checked="" type="radio"/> | <input type="radio"/> |
| En frío | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

E5 - ¿Qué tipo de secadora de ropa tiene? (*No incluya las secadoras que funcionan con monedas o están en áreas comunes.*)

No tengo una secadora Secadora eléctrica
 Secadora de gas natural Secadora de gas envasado (*Propano, Butano, LP*)

E6 - ¿Cuántas cargas de ropa se secan en su secadora durante una **semana promedio**?

Ninguna 2 4 6 8 10 o más
 1 3 5 7 9

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Preparación de comida

F1 - ¿Cuál de los siguientes aparatos para cocinar se utilizan en su casa? (*Marque todos los que tenga.*)

Tipo de combustible

| | Gas Nat. | Elec-trico | Gas Envasado | Otro |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Estufa, completa o solo hornillas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Asador exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno de microondas | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Edad del aparato (años)

| | 0-5 años | 6-10 años | 11-15 años | Más de 15 años |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Estufa, completa o solo hornillas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Asador exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno de microondas | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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Frmas

| | Nat. | Artico | Envaseado | Otro |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Estufa, completa o solo hornillas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Asador exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno de microondas | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Edad del aparato (años)

| | 0-5 años | 6-10 años | 11-15 años | Más de 15 años |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Estufa, completa o solo hornillas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Asador exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno de microondas | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

F2 - Durante una semana promedio, cuantas veces utiliza los siguientes aparatos de cocina?

| | Nunca | Raramente (menos de una en la semana) | En ocasión (1-2 veces en la semana) | A veces (3-4 veces en la semana) | Frecuente (5-7 veces en la semana) |
|-----------------------------------|----------------------------------|---------------------------------------|-------------------------------------|----------------------------------|------------------------------------|
| Estufa, completa o solo hornillas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Horno(s) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Horno de microondas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Otro | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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Procurement P

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F3 - ¿Tiene lavavajillas?

Si
 No

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F4 - ¿Cuántas veces utiliza el lavavajillas en una semana promedio?

Ninguna 2 4 6 8
 1 3 5 7 9 o más

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Refrigeradores

G1 - ¿Cuántos refrigeradores tiene conectados?

0 1 2 3 o más

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G2 - Por favor indique las características de cada refrigerador.

Estilo de la puerta

| | Refrig 1 | Refrig 2 | Refrig 3 |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Una puerta | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Congelador arriba - Refrig. Abajo | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Refrigerador arriba - Cong. Abajo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uno al lado del otro | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Tamaño, en pies cúbicos

| | Refrig 1 | Refrig 2 | Refrig 3 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Mini (<i>menos de 13 pies cu.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pequeño (<i>13-16 pies cu.</i>) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mediano (<i>17-19 pies cu.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grande (<i>20-23 pies cu.</i>) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Muy grande (<i>mas de 23 pies cu.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Grande (20-23 pies cu.)

| | Refrig 1 | Refrig 2 | Refrig 3 |
|--|--------------------------|--------------------------|--------------------------|
| Muy grande (<i>mas de 23 pies cu.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sin descongelador o descongelador manual?

| | Refrig 1 | Refrig 2 | Refrig 3 |
|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Automático (sin descongelador) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Edad de su refrigerador

| | Refrig 1 | Refrig 2 | Refrig 3 |
|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Menos de 2 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-7 años | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8-10 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-20 años | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Más de 20 años | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Otras características

| | Refrig 1 | Refrig 2 | Refrig 3 |
|--|--------------------------|--------------------------|--------------------------|
| Dispensador de hielo y agua en la puerta | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Congeladores individuales

H1 - ¿Cuántos congeladores individuales tiene funcionando? (*No incluya los congeladores que son parte del refrigerador.*)

0 1 2 o más

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H2 - Por favor indique las características de cada congelador.

Estilo

| | Congelador 1 | Congelador 2 |
|-----------------------------|-------------------------------------|-------------------------------------|
| Vertical, sin descongelador | <input type="checkbox"/> | <input type="checkbox"/> |
| Vertical, descong. Manual | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| De baúl, sin descongelador | <input type="checkbox"/> | <input type="checkbox"/> |
| De baúl, descong. Manual | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Tamaño en pies cúbicos

| | Congelador 1 | Congelador 2 |
|---|-------------------------------------|-------------------------------------|
| Pequeño (<i>menos de 13 pies cu.</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| Mediano (<i>13-16 pies cu.</i>) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Grande (<i>más de 16 pies cu.</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

Edad de su congelador

| | Congelador 1 | Congelador 2 |
|-----------------|-------------------------------------|-------------------------------------|
| Menos de 2 años | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-7 años | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8-10 años | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-20 años | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Más de 20 años | <input type="checkbox"/> | <input type="checkbox"/> |

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Spas y jacuzzis

I1 - Tiene un spa o jacuzzi en su casa ? (*No incluya las tinas con hidromasaje.*)

Si, y pago por la energía que consume

Si, pero está en un área común y no pago por su consumo de energía

No tengo spa o jacuzzi

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The screenshot shows a Windows Internet Explorer window with a double-frame layout. The outer frame is in English and the inner frame is in Spanish. Both frames have the same header: "HOME ENERGY SURVEY" and "Your answers can make a difference in future energy costs in California." Below this, the Spanish frame has its own header: "HOME ENERGY SURVEY" and "Sus respuestas pueden hacer la diferencia en el futuro del costo de energía en California." The main content area contains a question in Spanish: "I1 - Tiene un spa o jacuzzi en su casa ? (*No incluya las tinas con hidromasaje.*)" followed by three radio button options. At the bottom of the page are navigation buttons: "<< Previous page" and "Next page >>". The status bar at the bottom of the browser window shows "Done" and "Internet 100%".

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I2 - Qué energía usa para calentar el spa o jacuzzi?

Electricidad Solar y eléctrica Gas envasado (*propano, LP*)
 Gas natural Solar y gas natural Otro

I3 - De qué tamaño es su spa o jacuzzi?

Pequeño (*3 personas o menos*) Mediano (*4-6 personas*) Grande (*7 o más personas*)

I4 - Dónde está el spa o jacuzzi?

Afuera, a nivel del piso Afuera, elevado Spa adentro

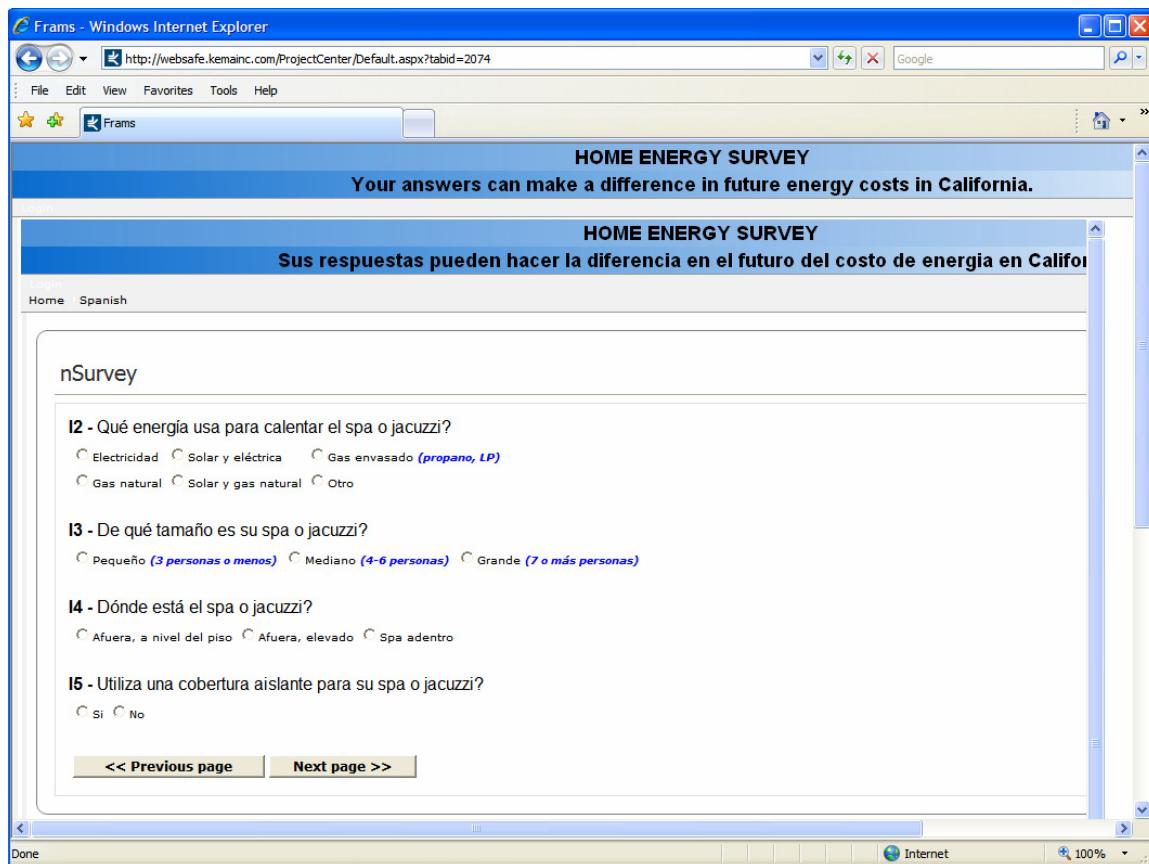
I5 - Utiliza una cobertura aislante para su spa o jacuzzi?

Sí No

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nSurvey

I6a - Con qué frecuencia funciona la bomba de filtro en su spa o jacuzzi Verano? (Mayo - Oct)

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raramente | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Solo cuando lo usamos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-3 horas todos los días | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-6 horas todos los días | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I6b - Con qué frecuencia funciona la bomba de filtro en su spa o jacuzzi Invierno? (Nov - Abril)

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raramente | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Solo cuando lo usamos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-3 horas todos los días | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-6 horas todos los días | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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I7a - Por favor indique con qué frecuencia calienta el spa o jacuzzi en Verano? (Mayo - Oct.)

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|-------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0-2 veces por mes | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3-8 veces por mes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 o más veces por mes | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mantiene la temperatura | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I7b - Por favor indique con qué frecuencia calienta el spa o jacuzzi en invierno? (Nov. - Abril)

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|-------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0-2 veces por mes | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3-8 veces por mes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 o más veces por mes | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mantiene la temperatura | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Albercas/Piscinas

J1 - Tiene Ud. una alberca o piscina en su casa?

Si, y pago por su consumo de energía
 Si, pero está en un área común y yo no pago su consumo de energía
 No tengo piscina

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J2 - De qué tamaño es su piscina? (Una piscina de tamaño regular tiene 5 pies de profundidad por 40 pies de largo por 20 pies de ancho y contiene 30.000 galones)

Menos de 20.000 galones 20.000-40.000 galones Más de 40.000 galones

J3a - Cuántas horas por día funciona el filtro de su piscina en Verano (Mayo - Oct.)

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|---------|-------------------------------------|-------------------------------------|--------------------------|
| Ninguna | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8-12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J3b - Cuántas horas por día funciona el filtro de su piscina en Invierno (Nov. - Abril)

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|---------|----------------------------|----------------------------|--------------------------|
| Ninguna | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Frmas

J3b - Cuántas horas por día funciona el **filtro de su piscina** en Invierno (*Nov. - Abril*)

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|---------|-------------------------------------|-------------------------------------|-------------------------------------|
| Ninguna | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3-4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8-12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J4 - Qué energía utiliza para calentar su piscina?

No se calienta Calentador solar (*panel recolector de calor*)
 Solo gas natural Solo gas envasado (*propano, butano, LP*)
 Solo electricidad Otro
 Solo bomba eléctrica

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J5a - Por favor, indique con qué frecuencia usted **calienta** su piscina en **Verano (Mayo - Oct.)**

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|------------------------------|----------------------------|----------------------------|--------------------------|
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Una vez al mes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Una vez a la semana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-4 veces por semana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mantengo la piscina caliente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J5b - Por favor, indique con qué frecuencia usted **calienta** su piscina en **Invierno (Nov - Abril)**

| | En la mañana (6am-10am) | Al medio dia (10am-6pm) | En la noche (6pm-6am) |
|------------------------------|----------------------------|----------------------------|--------------------------|
| Nunca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Una vez al mes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Una vez a la semana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-4 veces por semana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mantengo la piscina caliente | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J6 - Cuáles de las siguientes características tiene su piscina? (*Seleccione todas las apropiadas.*)

Cobertura Reloj Automático Barredora Aspiradora Piscina en el interior de la casa

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Entretenimiento y Tecnología

K1 - Cuántos televisores y accesorios **utiliza en su casa?**

| | Ninguno | 1 | 2 | 3 o más |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|
| Televisión estándar (CRT) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| TV LCD, (menos de 36 pulgadas) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| TV LCD (mas de 36 pulgadas) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Televisión plasma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Caja convertidora para la TV (<i>de digital a analógico</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Caja de cable digital o satélite sin DVR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Caja de cable o satélite con DVR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cajas grabadoras de video digitales personales (<i>como DVR, TiVo</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DVD y/o VCR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sistemas de juegos (<i>ej. Xbox, Wii, Playstation etc</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sistema de sonido o estéreo conectado al televisor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Estéreo individual, Estación para conectar el Ipod o MP3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K2 - Cuántas **horas en total están todos sus televisores encendidos por día? (*Sume las horas por todos los televisores. Por ejemplo, 1: dia de 1 televisor + 16 de otro televisor da un total de 29 horas.*)**

| | 1 hora o menos | 1-8 horas | 9-16 horas | 17-24 horas | 25-30 horas | Mas de 30 horas |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| TVs menos de 36 pulgadas | <input type="radio"/> |
| TVs 36 pulgadas o mas | <input type="radio"/> |

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K3 - Cuántas computadoras personales (PC, Macintosh, etc.) utiliza en su casa?

| | | | | |
|---------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| Ninguno | 1 | 2 | 3 o mas | |
| De escritorio | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Portátiles | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K4 - Si tiene una o más computadoras personales en su casa, cuántas horas por día están prendidas? (Sume las horas de todas las computadoras incluyendo las que están en stand-by.)

| | | | | | | |
|--------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| | 1 hora o menos | 1-8 horas | 9-16 horas | 17-24 horas | 25-30 horas | Mas de 30 horas |
| De escritorio (desktops) | <input type="radio"/> |
| Portátiles (laptops) | <input checked="" type="radio"/> |

K5 - Con qué frecuencia alguien en su casa hace una de estas actividades en la computadora

| | | | | |
|-----------------------------------|--------------------------------------|--|--|------------------------------------|
| | Nunca (menos de 1 vez por semana) | Raramente (varias veces por semana) | Ocasionalmente (varias veces por mes) | Frecuente (varias veces al día) |
| Envía o recibe correo electrónico | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Busca información en Internet | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hace compras en Internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Paga cuentas en Internet | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Juegos de computadora | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

K6 - Tiene Usted (o alguien en su casa) un negocio o trabajo desde la casa?

No
 Si

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K7 - Cuántas horas por semana trabaja alguien desde su casa?

0-10 horas por semana
 11-30 horas por semana
 Más de 30 horas por semana

K8 - Cuántos de los siguientes productos **utiliza** en su casa?

| | Ninguno | Uno | Dos | Tres o más |
|--|----------------------------------|----------------------------------|-----------------------|-----------------------|
| Maquina contestadora | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Máquina multifuncional (<i>impresora, fax, scanner, fotocopiadora</i>) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| FAX (<i>Independiente</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impresora inkjet de computadora (<i>Independiente</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impresora láser de computadora (<i>Independiente</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Scanner (<i>Independiente</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fotocopiadora (<i>Independiente</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Acceso al Internet vía línea telefónica | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Modem DSL para Internet (<i>DSL/cable/satelite</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Red (<i>alambre/inalámbrico</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Batería para computadora (<i>Uninterrupted Power Supply - UPS</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tel. celular (<i>usado por ocupantes de esta casa</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Luz

L1 - Cuantos focos de cualquier estilo hay instalados en el techo y en las lamparas de cada area de su casa? (**Seleccione una respuesta**)

Focos fluorescentes compactos (CFLs)

| | Ninguno | 1-2 | 3-5 | 6-8 | 9-10 | 11 o mas |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Sala | <input type="radio"/> |
| Cocina/ Comedor | <input checked="" type="radio"/> |
| Baño(s) | <input type="radio"/> |
| Dormitorio(s) <i>(incluyendo el armario)</i> | <input checked="" type="radio"/> |
| Pasillo(s) o entrada | <input type="radio"/> |

Focos incandescentes

| | Ninguno | 1-2 | 3-5 | 6-8 | 9-10 | 11 o mas |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Sala | <input type="radio"/> |
| Cocina/Comedor | <input checked="" type="radio"/> |
| Baño(s) | <input type="radio"/> |
| Dormitorio(s) <i>(incluyendo el armario)</i> | <input checked="" type="radio"/> |
| Pasillo(s) o entrada | <input type="radio"/> |

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L2 - Dentro de su casa cuantas luces son prendidas durante los siguientes tiempos? (Escoja una respuesta para cada período.)

| | Ninguna | Pocas luces (aprox 25%) | Algunas luces (aprox 50%) | Muchas luces (aprox 75%) | Todas las luces (100%) |
|------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| En la mañana (6am-9am) | <input type="radio"/> |
| En el dia (9am-5pm) | <input checked="" type="radio"/> |
| En la tarde (5pm-9pm) | <input type="radio"/> |
| En la noche (9pm-6am) | <input checked="" type="radio"/> |

L3 - Cuántos de los siguientes productos de iluminación utiliza en el interior de su casa?

Productos de interior

| | Ninguno | 1-2 | 3-5 | 6-10 | 11 o más |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Lamparas con apagadores automáticos ("timers") | <input type="radio"/> |
| Lamparas con detectores o sensores de movimiento | <input checked="" type="radio"/> |
| Lamparas con control de nivel de luz | <input type="radio"/> |
| Luz suave para la noche | <input checked="" type="radio"/> |

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L4 - Cuantos de los siguientes productos de iluminación utiliza **en el exterior** de su casa? **(Incluya luces en su garage. Solo incluya exteriores por las que usted paga la electricidad.)**

Iluminación de exteriores

| | Ninguno | 1-2 | 3-5 | 6 o más |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|
| Lámparas incandescentes de exteriores | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Focos compactos fluorescentes de exterior | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sistema de luz de jardines de bajo voltaje | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Focos HID (<i>sodium vapor, metal halide</i>) fixture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Controles exteriores de iluminación

| | Ninguno | 1-2 | 3-5 | 6 o más |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|
| Focos con encendido/apagado automático | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Focos con sensores de atardecer/amanecer | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Focos con detectores de movimiento | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

L5 - Alguna vez ha usted quitado un foco fluorescente compacto (CFL) para reemplazarlo con un foco incandescente?

No
 Si

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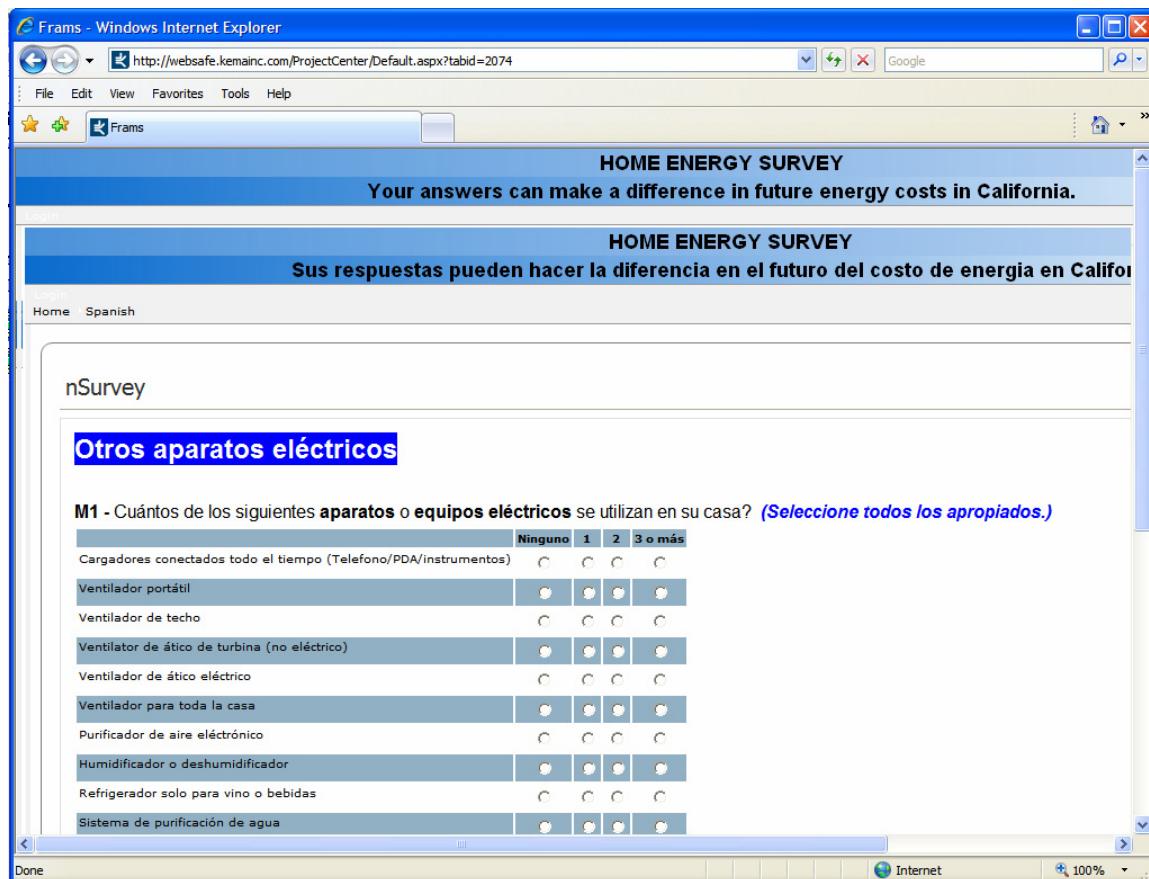
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Otros aparatos eléctricos

M1 - Cuántos de los siguientes **aparatos o equipos eléctricos** se utilizan en su casa? *(Seleccione todos los apropiados.)*

| | Ninguno | 1 | 2 | 3 o más |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Cargadores conectados todo el tiempo (Teléfono/PDA/instrumentos) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ventilador portátil | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Ventilador de techo | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Ventilador de ático de turbina (no eléctrico) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Ventilador de ático eléctrico | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Ventilador para toda la casa | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Purificador de aire electrónico | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Humidificador o deshumidificador | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Refrigerador solo para vino o bebidas | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Sistema de purificación de agua | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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| | | | | |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Ventilador de ático eléctrico | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ventilador para toda la casa | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Purificador de aire electrónico | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Humidificador o deshumidificador | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Refrigerador solo para vino o bebidas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Sistema de purificación de agua | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sistema para recircular el agua caliente | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Cobija (frazada) eléctrica | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aquario | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Compactador de basura | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sauna eléctrica | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sistema de seguridad electrónico | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bomba para jardín acuático o estanque | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Abridor eléctrico de garage | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cortadora de césped eléctrica | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

M2 - Utiliza una bomba eléctrica de pozo para sacar agua para su casa?

No
 Si

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M3 - Tiene también su casa acceso al agua de la ciudad o condado?

Si
 No

M4 - Como utiliza el agua de pozo?

Solo para el jardín
 Solo para uso en la casa
 Para la casa y para el jardín

M5- Seleccione el tipo de combustible para equipo que es usado tres o más horas por semana.

| | Eléctrico | Gas Natural | Gas Envasado |
|---|----------------------------------|----------------------------------|----------------------------------|
| Bombeador de deshechos | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Herramientas de trabajo | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Equipo eléctrico de soldaduras | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Compresor eléctrico de aire | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Cargador para baterías grandes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Horno para cerámica | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Equipo médico (por ejemplo, respirador) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

M6 - Tiene un vehículo eléctrico, silla de ruedas eléctrica o carro de golf en su casa?

No
 Si, pero es un vehículo híbrido y no necesita cargarse en la casa
 Si, una silla de ruedas
 Si, un vehículo eléctrico

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M7 - Carga usted su silla de ruedas eléctrica, el carrito o el vehículo en casa?

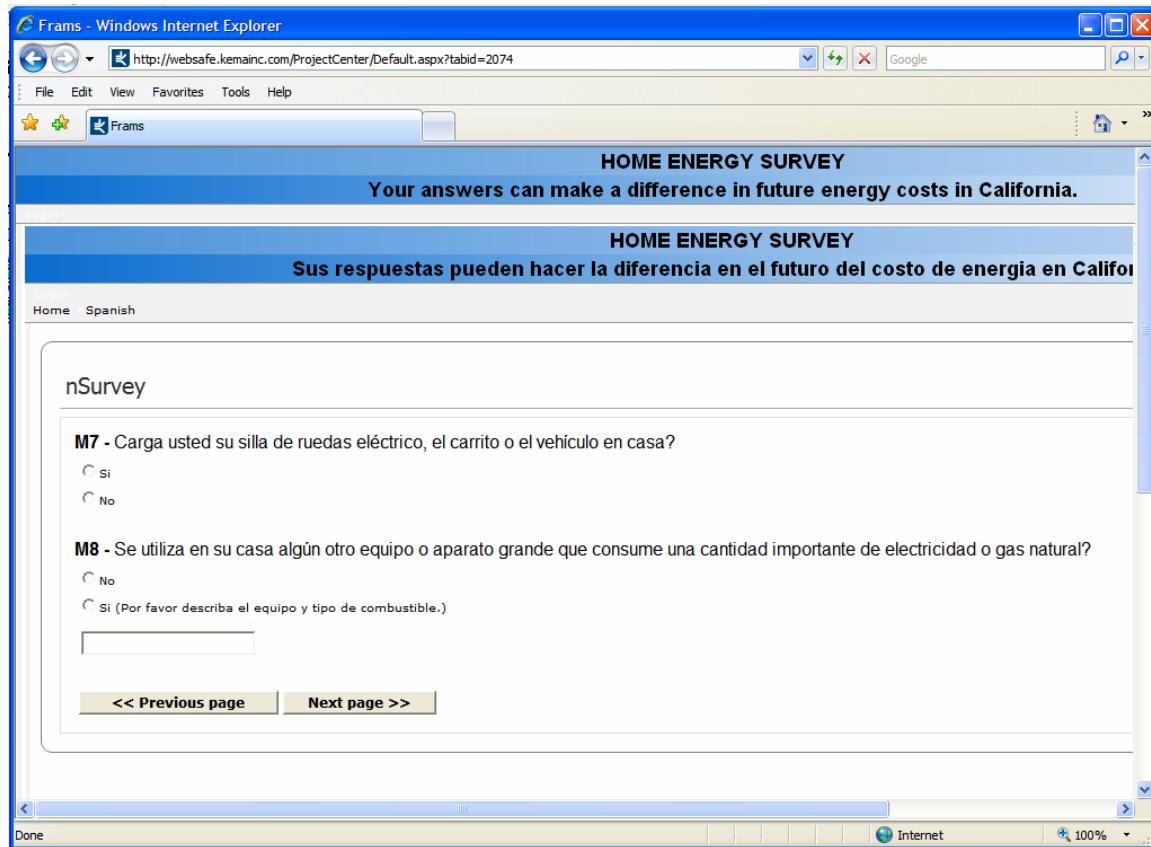
Si
 No

M8 - Se utiliza en su casa algún otro equipo o aparato grande que consume una cantidad importante de electricidad o gas natural?

No
 Si (Por favor describa el equipo y tipo de combustible.)

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M9 - Por favor indique si Ud. ha **añadido** alguno de los siguientes aparatos en los últimos 12 meses. Si el nuevo aparato reemplazó una existente, por favor responda a la pregunta M10 también. (**Seleccione todas las apropiadas**)

| | Nueva Unidad añadida | Elec | Gas Natural | Otro |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Calefacción central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air acondicionado central | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Aire acond. de pared/ventana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaporador (<i>swamp cooler</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Calentador de agua | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerador | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Congelador solo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estufa u hornillas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Horno | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Horno de microondas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lavadora de platos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lavadora de ropa | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Secadora de ropa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calentador de piscina | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bomba de piscine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calentador de spa/jacuzzi | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

No he **añadido** ninguno de los aparatos listados arriba

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M10 - Por favor indique si Ud. ha **descartado** alguno de los siguientes aparatos en los pasados 12 meses. Incluya los que fueron reemplazados tambien aquellos que fueron descartados sin ser reemplazados. (**Seleccione todos los apropiados**)

| Edad de la unidad descartada | Tipo de energía | | | de la unidad descartada | | |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | 1-10 años | 11-20 años | Más de 20 años | Elec | Gas Natural | Otro |
| Calefacción central | <input type="checkbox"/> |
| Air acondicionado central | <input checked="" type="checkbox"/> |
| Aire acond. de pared/ventana | <input type="checkbox"/> |
| Evaporador (<i>swamp cooler</i>) | <input checked="" type="checkbox"/> |
| Calentador de agua | <input type="checkbox"/> |
| Refrigerador | <input checked="" type="checkbox"/> |
| Congelador solo | <input type="checkbox"/> |
| Estufa u hornillas | <input checked="" type="checkbox"/> |
| Horno | <input type="checkbox"/> |
| Horno de microondas | <input checked="" type="checkbox"/> |
| Lavadora de platos | <input type="checkbox"/> |
| Lavadora de ropa | <input checked="" type="checkbox"/> |
| Secadora de ropa | <input type="checkbox"/> |
| Calentador de piscina | <input checked="" type="checkbox"/> |
| Bomba de piscine | <input type="checkbox"/> |
| Calentador de spa/jacuzzi | <input checked="" type="checkbox"/> |

No he **descartado** ninguno de los aparatos de más arriba.

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Frags

HOME ENERGY SURVEY
Your answers can make a difference in future energy costs in California.

HOME ENERGY SURVEY
Sus respuestas pueden hacer la diferencia en el futuro del costo de energía en California.

Spanish

nSurvey

Información de la casa

Por favor provea las respuestas a las siguientes preguntas. Sus respuestas son totalmente confidenciales y los datos no se usarán en forma individual. La información se usa para permitirnos comparar el uso de la energía entre diferentes grupos.

N1 - Además de la casa descripta en este cuestionario, tiene Ud. alguna otra propiedad en California que su familia ocupa parte del tiempo o que renta en las vacaciones?

Si
 No

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Sus respuestas pueden hacer la diferencia en el futuro del costo de energía en California.

Home Spanish

nSurvey

N2 - Por favor, provea la siguiente información de la casa que ocupa parte del tiempo o de vacaciones que Ud. tiene en California. (*Por favor no provea información de la casa que ocupa parte del tiempo o de vacaciones que Ud. tiene en California, propiedades de renta continua, o de una propiedad compartida.*)

Lugar

En las montañas Cerca del océano
 En el desierto Otro
 Cerca de un lago o río

La electricidad de esta casa de vacaciones la provee:

PG&E LADWP
 SCE Otro
 SDG&E

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Home Spanish

nSurvey

N3 - Cuál es el nivel más alto de educación que ha completado cualquier miembro de la familia en su casa?

| | |
|---|--|
| <input type="radio"/> Primaria (<i>grados 1-8</i>) | <input type="radio"/> Algo de universidad/un oficio/escuela vocacional |
| <input type="radio"/> Algo de secundaria (<i>grados 9-12</i>) | <input type="radio"/> Graduado/a de universidad |
| <input type="radio"/> Graduado/a de secundaria | <input type="radio"/> Posgrado |

N4 - Cuál es el lenguaje principal en la casa?

| | |
|---|--|
| <input type="radio"/> Inglés | <input type="radio"/> Español |
| <input type="radio"/> Idioma asiático (<i>describa</i>) | <input type="radio"/> Otro (<i>describa</i>) |

N5 - Está alguno de los ocupantes de su casa incapacitado en forma permanente?

| | | |
|--------------------------|--|--|
| <input type="radio"/> No | <input type="radio"/> Si, 1 descapacitado permanente | <input type="radio"/> Si, 2 o más descapacitados permanentes |
|--------------------------|--|--|

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Done

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HOME ENERGY SURVEY
Sus respuestas pueden hacer la diferencia en el futuro del costo de energía en California.

Home Spanish

nSurvey

N6 - Cuál de los siguientes grupos étnicos está representado por los(s) jefes(jefas) del hogar? (*Seleccione todos los apropiados.*)

| | Jefe(jefa) del hogar # 1 | Jefe(jefa) del hogar # 2 |
|----------------------------------|--------------------------|--------------------------|
| Indio Amer., Nativo de Alaska | <input type="checkbox"/> | <input type="checkbox"/> |
| Asiático o de Islas del Pacífico | <input type="checkbox"/> | <input type="checkbox"/> |
| Negro, Afro-americano | <input type="checkbox"/> | <input type="checkbox"/> |
| Hispano / Latino | <input type="checkbox"/> | <input type="checkbox"/> |
| Blanco / Caucaásico | <input type="checkbox"/> | <input type="checkbox"/> |
| Otro | <input type="checkbox"/> | <input type="checkbox"/> |

N7 - Por favor, indique el rango del ingreso total anual de su hogar.

| | | |
|---|---|---|
| <input type="radio"/> Menos de \$10,000 | <input type="radio"/> \$10,000-\$19,999 | <input type="radio"/> \$20,000-\$24,999 |
| <input type="radio"/> \$25,000-\$29,999 | <input type="radio"/> \$30,000-\$34,999 | <input type="radio"/> \$35,000-\$39,999 |
| <input type="radio"/> \$40,000-\$49,999 | <input type="radio"/> \$50,000-\$59,999 | <input type="radio"/> \$60,000-\$74,999 |
| <input type="radio"/> \$75,000-\$99,999 | <input type="radio"/> \$100,000-\$149,999 | <input type="radio"/> \$150,000 o más |

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Spanish

Survey

En caso de que sea necesario contactarle para verificar parte de la información que usted ha proporcionado en la encuesta, le solicitamos un número de teléfono para poderlo hacer. Proporcionar un número de teléfono es totalmente **opcional**, y su encuesta está completa aún sin un número de teléfono. Si usted proporciona su número, por favor también indique los tiempos que serían más convenientes contactarle. Su número de teléfono no será proporcionado a nadie y será utilizado sólo para este proyecto de investigación. Le llamaremos si necesitamos hacerle preguntas sobre la información que dio en la encuesta.

Código de Área

Número de teléfono (xxx-xxxx)

Mejores horas para llamar

Mañana-entre semanas

Tarde-entre semanas

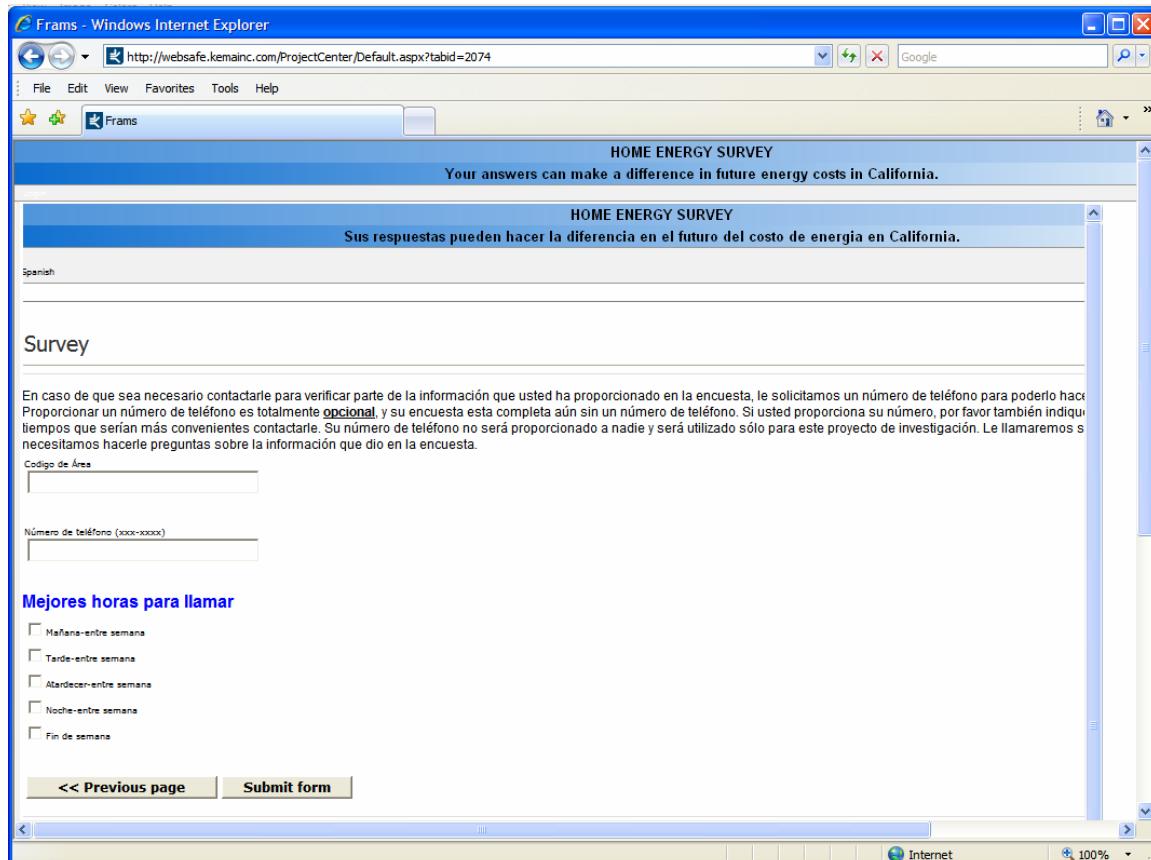
Atardecer-entre semanas

Noche-entre semanas

Fin de semana

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APPENDIX H

Data Collection Protocols

Home Energy Survey

Description of project:

We are conducting a state-wide Home Energy Survey in CA, collecting information on the home characteristics, appliances in household, usage of appliances and demographics for household. *When you call people, please refer to the survey as the Home Energy Survey – RASS is just our code name for it!*

We cannot use:

- *Dorms*
- *Hotels*
- *Residential motels*

Instructions for Conducting Phone Calls to Multi Family sites:

1. Doug will assign an excel file for you to work from. It is a list of facility managers or property management companies for multi-family residential complexes. We need to call them to ask for names and mailing address information for residents of the multi-family buildings.
2. Each row is a separate record in our list. But, there may be more than one row per phone number. I have numbered the unique phone numbers in the list and grouped them under the same “call order” in the green column. You should start with the smallest number in the call order and go through the numbers in the sequence of the call order.
 - The “call order” column – if two (or more) lines have the same call order number, the phone numbers are the same. You only need to call the number once, and ask them about one service address (if there are more than one). Some people will have different service addresses (properties), while others may have multiple rows with the same service address listed.
3. the script for the phone calls is Z:\Phone Calls - Multi Family over 20 units\MF over 20 units CA Statewide Home Energy Survey Script.doc Please use one sheet for each call that you complete. You will need to look at the excel list to get information for the call – utility, utility ID number, phone number and address of the property (service address). Complete the script sheet as indicated.
 - *Please make sure when you talk to someone that you give them the “service address” – this is the address where the mobile home park is supposed to be located. We are only interested in finding out how to mail surveys to the people who live at the service address. The “mailing address” is where the utility sends the bill to the person you are talking to, and may not be the same as the service address*
 - If there are multiple rows for the same phone number, you only need to ask them about one service address – your choice!
 - This script contains survey questions that you will need to mark the bubble. It won’t be scanned, so just make sure you make a legible mark, and that will be fine.

4. On the excel worksheet, enter the date and time of each call that you make in the yellow columns to the right, as indicated. The counts of the number of calls and number of completed interviews will automatically update as you enter this information.
5. To indicate a successful site enter the “date completed survey” and your initials in “Completed by (initials)” column. Do not enter a date in the “date completed survey” column if unsuccessful.
6. save your file!

Notes:

If you leave voicemail, please ask them to return the call at **888.855.2703**.

If they have any questions about the survey that you do not feel comfortable answering, tell them to call our toll free number – **1-866-372-3978**. Adriana’s group answers these calls.

CA Statewide RASS
Master Metered Accounts – Phone Instructions

Master Metered Buildings with 5-20 Units
FOUR surveys sent to each building

Please note that the study is a statewide effort sponsored by:

The California Energy Commission
Pacific Gas and Electric
San Diego Gas and Electric
Southern California Edison
Southern California Gas Company; and
Los Angeles Department of Water and Power

Responses will be confidential and no data will be used on an individual basis. The information is used to allow us to compare energy usage between various groups.

Hi, my name is _____. I am working with <LOCAL UTILITY NAME>and the California Energy Commission to perform a study of energy use in California. Your building is included on our list of sites to survey.

I have your address as: _____ <service address>. Is this correct? YES NO <note change or if totally different, end call>.

We need to send surveys to **FOUR** residents of your building. Do you have addresses for **four** occupants in your building that you think would be willing to participate in this important research study?

Please provide me with their names and addresses:

| Name | Street Address | City | State | Zip |
|------|----------------|------|-------|-----|
| 1. | | | CA | |
| 2. | | | CA | |
| 3. | | | CA | |
| 4. | | | CA | |

If you do not have names and addresses of specific residences, can you provide me with information about the unit numbering scheme for your building so that we may randomly send surveys to four of your occupants? <Note address information below and then create addresses for mailing labels in table above. Address generic surveys to: CA Energy User.>

Could you please answer the following questions about your building? Most of these sections are only applicable if you are providing central service for your occupants.

GENERAL BUILDING INFO.

| | | | |
|--|------------------------------|-----------------------------|--|
| How many units are there in the building? | | | |
| Does each unit have a separate electric meter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

A6 Approximately what year was this *building* built?

- | | | | |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Before 1940 | <input type="checkbox"/> 1960-1969 | <input type="checkbox"/> 1978-1982 | <input type="checkbox"/> 1998-2000 |
| <input type="checkbox"/> 1940-1949 | <input type="checkbox"/> 1970-1974 | <input type="checkbox"/> 1983-1992 | <input type="checkbox"/> 2001-2004 |
| <input type="checkbox"/> 1950-1959 | <input type="checkbox"/> 1975-1977 | <input type="checkbox"/> 1993-1997 | <input type="checkbox"/> 2005-2008 |

A9 Are your *building's exterior (outside) walls* insulated?

- Yes, all walls Yes, some walls No

A10 Is your *building's attic/ceiling* insulated?

- Yes → **A11** If yes, estimate the number of inches of *attic/ceiling* insulation.
- No 0 – 3 inches (*R-value less than R-10*)
 4 – 6 inches (*R-11 to R-19*)
 7 – 10 inches (*R-20 to R-30*)
 More than 10 inches (*R-31 or higher*)

A12 Choose the statements that best describe your **windows**.

PANE TYPE (number of layers of glass)

- | | | |
|--|--|--|
| <input type="checkbox"/> All or most are single pane | <input type="checkbox"/> All or most are double pane | <input type="checkbox"/> Mixture of single and double pane |
|--|--|--|

FRAME TYPE

- | | | |
|--|---|--|
| <input type="checkbox"/> All or most have vinyl frames | <input type="checkbox"/> All or most have wood frames | <input type="checkbox"/> All or most have metal frames |
|--|---|--|

A17 Is natural gas service from underground pipes from the gas utility available in your neighborhood?

- Yes No ([Go to HEATING.](#))

A18 Do you have a natural gas line or hook-up to any part of your *building*?

- Yes No

A19 <<Ask in So. Cal only>>

What utility do you pay for **natural gas** service to your *building*?

- | | |
|---|--|
| <input type="checkbox"/> Pacific Gas & Electric (PG&E) | <input type="checkbox"/> Southwest Gas Corporation |
| <input type="checkbox"/> San Diego Gas & Electric | <input type="checkbox"/> City of Coalinga |
| <input type="checkbox"/> Southern California Gas Company ("The Gas Company") | <input type="checkbox"/> City of Long Beach Gas Department |
| | <input type="checkbox"/> Not sure |

HEATING

| | | |
|--|------------------------------|---|
| Is heating provided to the building occupants from a central heating system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Cooling) |
|--|------------------------------|---|

B2 What type of heating system do you use to *centrally* heat this *building*?

Main Heating

(Mark only ONE BOX below)

NATURAL GAS (from gas utility)

Central forced-air furnace (*fan circulates hot air through air ducts*)

Floor or wall heater/furnace

Hot water radiator

Fireplace (Gas)

Other system type

ELECTRIC

Resistance (baseboard/ceiling/floor/wall)

Central forced air furnace (*fan circulates hot air through air ducts*)

Central heat pump (*heats and cools*)

Through-the-wall heat pump (*looks like a window/wall air conditioner, but also provides heat*)

Portable heaters

Other system type

BOTTLED GAS (propane, LP)

Central forced air furnace (*fan circulates hot air through air ducts*)

Floor or wall heater/furnace

Hot water radiator

Other system type

WOOD

Woodstove/pellet stove/fireplace insert

Fireplace (Wood-burning)

SOLAR

Solar – no backup

Solar – natural gas backup

Solar – propane backup

Solar – electric backup

OTHER FUEL

(Describe): _____

B3 If your central heating system(s) uses natural gas for fuel, indicate whether it has a pilot light(s).

Main gas heating Yes, pilot light on all year Yes, pilot light on in winter only No pilot light

B4 How old is your main heating system?

Less than one year

4 – 8 years

14 – 30 years

1 – 3 years

9 – 13 years

Over 30 years

B5 What type of thermostat does your main heating system(s) use?

Programmable thermostat (*Digital units usually have a digital readout and buttons.*

Mechanical units usually have a clock or rotary timer and tabs, pins or levers.)

Standard thermostat (*Allows you to set the temperature and turn the heater on or off.*

You cannot set on/off times.)

No thermostat (*Simple on/off control or steam valve)*

B7 Has maintenance been performed on your main heating system in the past 12 months?

Yes

No

COOLING

| | | |
|---|------------------------------|---|
| Is central air conditioning provided to the building occupants from a central cooling system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Water Heating) |
|---|------------------------------|---|

C2 What type of *central* air conditioning/cooling system(s) do you have in your building?

| | Number of Central Cooling Systems | Main System Controlled Using a Zoned Thermostat |
|---|-----------------------------------|---|
| | 1 2 3 or more | |
| Central air conditioning | <input type="checkbox"/> | <input type="checkbox"/> |
| Central evaporative (<i>swamp</i>) cooler | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat pump (<i>heats and cools</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

C3 How old is your main central air conditioning/cooling unit?

- Less than one year 4 – 8 years 14 – 30 years
 1 – 3 years 9 – 13 years Over 30 years

C4 What type of thermostat does your main cooling system(s) use?

- Programmable **communicating** thermostat (*Utility has ability to communicate with unit*)
 Programmable thermostat (*Digital units usually have a digital readout and buttons. Mechanical units usually have a clock or rotary timer and tabs, pins or levers.*)
 Standard thermostat (*Allows you to set the temperature and turn the air conditioner on or off. You cannot set on/off times.*)
 No thermostat (*Simple on/off control*) ([Go to C6.](#))

C6 Has maintenance been performed on your central air conditioning system in the past 12 months?

- Yes No

WATER HEATING

| | | |
|--|------------------------------|---|
| Is water heating provided to the building occupants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Laundry) |
|--|------------------------------|---|

D2 What type of *central* water heating systems do you have in this building?

Main Water Heater
(Mark only ONE BOX in this column)

NATURAL GAS

- Standard tank
Whole house tankless system
High-efficiency condensing (with plastic vent pipe)

ELECTRIC

- Standard tank
Heat pump
Whole house tankless system
Point-of use tankless system

PROPANE

- Standard tank
Whole house tankless system

SOLAR

- With no backup system
With natural gas backup
With propane backup
With electric backup

OTHER FUEL

Describe: _____

D3 What is the typical hot water heater temperature setting? (*Medium is the standard factory setting.*)
 Low (below 130°F) Medium (130°F – 150°F) High (over 150°F)

D4 How old is your primary water heating system?
 Less than one year 4 – 8 years 14 – 30 years
 1 – 3 years 9 – 13 years Over 30 years

LAUNDRY

Does the building have a central laundry facility? Yes No ([Go to Refrigerators](#))

E2 What type of clothes washer do you provide to building occupants?

Top loading washer Front loading washer

E3 What is the average age of your clothes washer(s)?

Less than one year 6 – 8 years 16 – 30 years
 1 – 5 years 9 – 15 years Over 30 years

E5 What type of clothes dryer(s) do you have?

I do not have a clothes dryer Electric dryer
 Natural gas dryer Bottled gas (*Propane, Butane, LP*)

REFRIGERATORS

Does the building provide refrigerators in each of the units? *Please provide average refrigerator information. If refrigerators differ significantly by unit, the occupant can complete this section.* Yes No ([Go to Spas](#))

G2 Please tell us the characteristics of your average building supplied refrigerator in the table below.

| | Refrig 1 |
|--|--------------------------|
| Door Style | |
| Single-door | <input type="checkbox"/> |
| Top Freezer – Bottom Refrigerator | <input type="checkbox"/> |
| Top Refrigerator – Bottom Freezer | <input type="checkbox"/> |
| Side-by-side | <input type="checkbox"/> |
| Size, in Cubic Feet | |
| Mini (<i>under 13 cu. ft.</i>) | <input type="checkbox"/> |
| Small (<i>13 – 16 cu. ft.</i>) | <input type="checkbox"/> |
| Medium (<i>17 – 19 cu. ft.</i>) | <input type="checkbox"/> |
| Large (<i>20 – 23 cu. ft.</i>) | <input type="checkbox"/> |
| Very large (<i>over 23 cu. ft.</i>) | <input type="checkbox"/> |
| Frost-free or Manual Defrost? | |
| Automatic (frost-free) | <input type="checkbox"/> |
| Manual | <input type="checkbox"/> |
| Age of your Refrigerator | |
| Less than two years | <input type="checkbox"/> |
| 2 – 7 years | <input type="checkbox"/> |
| 8 – 10 years | <input type="checkbox"/> |
| 11 – 20 years | <input type="checkbox"/> |
| More than 20 years | <input type="checkbox"/> |
| Other Features | |
| Through-the-door ice and water dispenser | <input type="checkbox"/> |

SPAS

| | | |
|--|------------------------------|---|
| Does the building have a central spa or hot tub? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Pools) |
|--|------------------------------|---|

I2 What fuel do you use to heat the spa or hot tub?

- Electricity Solar and electricity Bottled gas (*propane, butane, LP*)
 Natural gas Solar and natural gas Other

I3 How large is the spa or hot tub?

- Small (*3 people or fewer*) Medium (*4 – 6 people*) Large (*7 or more people*)

I4 Where is the spa located?

- Outside, in the ground Outside, above ground Indoor spa

I5 Do you have an insulated cover on your spa or hot tub?

- Yes No

I6 How often do you run the filter pump on your spa or hot tub?

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Only when we use it | <input type="checkbox"/> |
| 1 – 3 hours every day | <input type="checkbox"/> |
| 4 – 6 hours every day | <input type="checkbox"/> |

I7 Please indicate how often you **heat** your spa or hot tub in the winter and summer.

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| Never | <input type="checkbox"/> |
| 0 – 2 times per month | <input type="checkbox"/> |
| 3 – 8 times per month | <input type="checkbox"/> |
| 9 or more times per month | <input type="checkbox"/> |
| Maintain set temperature | <input type="checkbox"/> |

POOLS

| | | |
|--|------------------------------|--|
| Does the building have a central pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Lighting) |
|--|------------------------------|--|

J2 How large is your pool? (*An average-size pool is about 5 ft. deep by 40 ft. long by 20 ft. wide and holds 30,000 gallons of water.*)

- Less than 20,000 gallons 20,000 – 40,000 gallons More than 40,000 gallons

J3 How many **hours per day** do you operate your **swimming pool filter**?

| Hours | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| None | <input type="checkbox"/> |

| | | | | | | |
|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 – 2 | <input type="radio"/> |
| 3 – 4 | <input type="radio"/> |
| 5 – 7 | | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 8 – 12 | | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |

J4 Which fuel do you use to heat your pool?

- | | |
|---|---|
| <input type="radio"/> Pool is not heated | <input type="radio"/> Solar heater (<i>using solar collectors</i>) |
| <input type="radio"/> Natural gas only | <input type="radio"/> Bottled gas only (<i>propane, butane, LP</i>) |
| <input type="radio"/> Electricity only | <input type="radio"/> Other |
| <input type="radio"/> Electric heat pump only | |

J5 Please indicate how often you **heat** your pool in the summer and winter.

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| Never | <input type="radio"/> |
| Once a month | <input type="radio"/> |
| Once a week | <input type="radio"/> |
| 2 – 4 times per week | <input type="radio"/> |
| Keep pool heated continuously | <input type="radio"/> |

J6 Which of the following attributes does your pool have? (*Choose all that apply.*)

- Cover Pool timer Pool sweep Pool vacuum Pool is indoors

EXTERIOR LIGHTING

L4 How many of the following lighting products do you use **outside** your home?

(Include items in your garage. Only include exterior lights that are paid for on your electricity bill.)

Exterior Fixtures

| | None | 1 – 2 | 3 – 5 | 6 or More |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Exterior incandescent fixtures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exterior compact fluorescent fixtures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Low voltage landscape light system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HID (<i>sodium vapor, metal halide</i>) fixture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Exterior Lighting Controls

| | None | 1 – 2 | 3 – 5 | 6 or More |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Fixtures on Timers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on Dusk-to-Dawn Sensors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on Motion Detectors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

May I please get your name:

Name: _____ **Thanks you very much for your time.**

FROM SPREADSHEET:

Utility: _____ Control Number: _____

Phone Number: _____ Date Completed: _____

CA Statewide RASS
Master Metered Accounts – Phone Instructions

Master Metered Buildings with More than 20 Units
EIGHT surveys sent to each building

Please note that the study is a statewide effort sponsored by:

The California Energy Commission
Pacific Gas and Electric
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Southern California Edison
Southern California Gas Company; and
Los Angeles Department of Water and Power

Responses will be confidential and no data will be used on an individual basis. The information is used to allow us to compare energy usage between various groups.

Hi, my name is _____. I am working with <LOCAL UTILITY NAME>and the California Energy Commission to perform a study of energy use in California. Your building is included on our list of sites to survey.

I have your address as: _____ <service address>. Is this correct? YES NO <note change or if totally different, end call>.

We need to send surveys to **eight** residents of your building. Do you have addresses for **eight** occupants in your building that you think would be willing to participate in this important research study?

Please provide me with their names and addresses:

| Name | Street Address | City | State | Zip |
|------|----------------|------|-------|-----|
| 1. | | | CA | |
| 2. | | | CA | |
| 3. | | | CA | |
| 4. | | | CA | |
| 5. | | | CA | |
| 6. | | | CA | |
| 7. | | | CA | |
| 8. | | | CA | |

If you do not have names and addresses of specific residences, can you provide me with information about the unit numbering scheme for your building so that we may randomly send surveys to eight of your occupants? <Note address information below and then create addresses for mailing labels in table above. Address generic surveys to: CA Energy User.>

Could you please answer the following questions about your building? Most of these sections are only applicable if you are providing central service for your occupants.

GENERAL BUILDING INFO.

| | | | |
|--|------------------------------|-----------------------------|--|
| How many units are there in the building? | | | |
| Does each unit have a separate electric meter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

A6 Approximately what year was this *building* built?

- | | | | |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Before 1940 | <input type="checkbox"/> 1960-1969 | <input type="checkbox"/> 1978-1982 | <input type="checkbox"/> 1998-2000 |
| <input type="checkbox"/> 1940-1949 | <input type="checkbox"/> 1970-1974 | <input type="checkbox"/> 1983-1992 | <input type="checkbox"/> 2001-2004 |
| <input type="checkbox"/> 1950-1959 | <input type="checkbox"/> 1975-1977 | <input type="checkbox"/> 1993-1997 | <input type="checkbox"/> 2005-2008 |

A9 Are your *building's exterior (outside) walls* insulated?

- Yes, all walls Yes, some walls No

A10 Is your *building's attic/ceiling* insulated?

- Yes → **A11** If yes, estimate the number of inches of *attic/ceiling* insulation.
- No
- 0 – 3 inches (*R-value less than R-10*)
 - 4 – 6 inches (*R-11 to R-19*)
 - 7 – 10 inches (*R-20 to R-30*)
 - More than 10 inches (*R-31 or higher*)

A12 Choose the statements that best describe your **windows**.

PANE TYPE (number of layers of glass)

- | | | |
|--|--|--|
| <input type="checkbox"/> All or most are single pane | <input type="checkbox"/> All or most are double pane | <input type="checkbox"/> Mixture of single and double pane |
|--|--|--|

FRAME TYPE

- | | | |
|--|---|--|
| <input type="checkbox"/> All or most have vinyl frames | <input type="checkbox"/> All or most have wood frames | <input type="checkbox"/> All or most have metal frames |
|--|---|--|

A17 Is natural gas service from underground pipes from the gas utility available in your neighborhood?

- Yes No ([Go to HEATING.](#))

A18 Do you have a natural gas line or hook-up to any part of your *building*?

- Yes No

A19 <<Ask in So. Cal only>>

What utility do you pay for **natural gas** service to your *building*?

- | | |
|---|--|
| <input type="checkbox"/> Pacific Gas & Electric (PG&E) | <input type="checkbox"/> Southwest Gas Corporation |
| <input type="checkbox"/> San Diego Gas & Electric | <input type="checkbox"/> City of Coalinga |
| <input type="checkbox"/> Southern California Gas Company ("The Gas Company") | <input type="checkbox"/> City of Long Beach Gas Department |
| | <input type="checkbox"/> Not sure |

HEATING

| | | |
|--|------------------------------|---|
| Is heating provided to the building occupants from a central heating system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Cooling) |
|--|------------------------------|---|

B2 What type of heating system do you use to *centrally* heat this *building*?

Main Heating

(Mark only ONE BOX below)

NATURAL GAS (from gas utility)

Central forced-air furnace (*fan circulates hot air through air ducts*)

Floor or wall heater/furnace

Hot water radiator

Fireplace (Gas)

Other system type

ELECTRIC

Resistance (baseboard/ceiling/floor/wall)

Central forced air furnace (*fan circulates hot air through air ducts*)

Central heat pump (*heats and cools*)

Through-the-wall heat pump (*looks like a window/wall air conditioner, but also provides heat*)

Portable heaters

Other system type

BOTTLED GAS (propane, LP)

Central forced air furnace (*fan circulates hot air through air ducts*)

Floor or wall heater/furnace

Hot water radiator

Other system type

WOOD

Woodstove/pellet stove/fireplace insert

Fireplace (Wood-burning)

SOLAR

Solar – no backup

Solar – natural gas backup

Solar – propane backup

Solar – electric backup

OTHER FUEL

(Describe): _____

B3 If your central heating system(s) uses natural gas for fuel, indicate whether it has a pilot light(s).

Main gas heating Yes, pilot light on all year Yes, pilot light on in winter only No pilot light

B4 How old is your main heating system?

Less than one year

4 – 8 years

14 – 30 years

1 – 3 years

9 – 13 years

Over 30 years

B5 What type of thermostat does your main heating system(s) use?

Programmable thermostat (*Digital units usually have a digital readout and buttons.*

Mechanical units usually have a clock or rotary timer and tabs, pins or levers.)

Standard thermostat (*Allows you to set the temperature and turn the heater on or off.*

You cannot set on/off times.)

No thermostat (*Simple on/off control or steam valve)*

B7 Has maintenance been performed on your main heating system in the past 12 months?

Yes

No

COOLING

| | | |
|---|------------------------------|---|
| Is central air conditioning provided to the building occupants from a central cooling system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Water Heating) |
|---|------------------------------|---|

C2 What type of *central* air conditioning/cooling system(s) do you have in your building?

| | Number of Central Cooling Systems | Main System Controlled Using a Zoned Thermostat |
|---|-----------------------------------|---|
| | 1 2 3 or more | |
| Central air conditioning | <input type="checkbox"/> | <input type="checkbox"/> |
| Central evaporative (<i>swamp</i>) cooler | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat pump (<i>heats and cools</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

C3 How old is your main central air conditioning/cooling unit?

- Less than one year 4 – 8 years 14 – 30 years
 1 – 3 years 9 – 13 years Over 30 years

C4 What type of thermostat does your main cooling system(s) use?

- Programmable **communicating** thermostat (*Utility has ability to communicate with unit*)
 Programmable thermostat (*Digital units usually have a digital readout and buttons. Mechanical units usually have a clock or rotary timer and tabs, pins or levers.*)
 Standard thermostat (*Allows you to set the temperature and turn the air conditioner on or off. You cannot set on/off times.*)
 No thermostat (*Simple on/off control*) ([Go to C6.](#))

C6 Has maintenance been performed on your central air conditioning system in the past 12 months?

- Yes No

WATER HEATING

| | | |
|--|------------------------------|---|
| Is water heating provided to the building occupants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Laundry) |
|--|------------------------------|---|

D2 What type of *central* water heating systems do you have in this building?

Main Water Heater
(Mark only ONE BOX in this column)

NATURAL GAS

- Standard tank
Whole house tankless system
High-efficiency condensing (with plastic vent pipe)

ELECTRIC

- Standard tank
Heat pump
Whole house tankless system
Point-of use tankless system

PROPANE

- Standard tank
Whole house tankless system

SOLAR

- With no backup system
With natural gas backup
With propane backup
With electric backup

OTHER FUEL

Describe: _____

D3 What is the typical hot water heater temperature setting? (*Medium is the standard factory setting.*)
 Low (below 130°F) Medium (130°F – 150°F) High (over 150°F)

D4 How old is your primary water heating system?
 Less than one year 4 – 8 years 14 – 30 years
 1 – 3 years 9 – 13 years Over 30 years

LAUNDRY

Does the building have a central laundry facility? Yes No ([Go to Refrigerators](#))

E2 What type of clothes washer do you provide to building occupants?

Top loading washer Front loading washer

E3 What is the average age of your clothes washer(s)?

Less than one year 6 – 8 years 16 – 30 years
 1 – 5 years 9 – 15 years Over 30 years

E5 What type of clothes dryer(s) do you have?

I do not have a clothes dryer Electric dryer
 Natural gas dryer Bottled gas (*Propane, Butane, LP*)

REFRIGERATORS

Does the building provide refrigerators in each of the units? *Please provide average refrigerator information. If refrigerators differ significantly by unit, the occupant can complete this section.* Yes No ([Go to Spas](#))

G2 Please tell us the characteristics of your average building supplied refrigerator in the table below.

| | Refrig 1 |
|--|--------------------------|
| Door Style | |
| Single-door | <input type="checkbox"/> |
| Top Freezer – Bottom Refrigerator | <input type="checkbox"/> |
| Top Refrigerator – Bottom Freezer | <input type="checkbox"/> |
| Side-by-side | <input type="checkbox"/> |
| Size, in Cubic Feet | |
| Mini (<i>under 13 cu. ft.</i>) | <input type="checkbox"/> |
| Small (<i>13 – 16 cu. ft.</i>) | <input type="checkbox"/> |
| Medium (<i>17 – 19 cu. ft.</i>) | <input type="checkbox"/> |
| Large (<i>20 – 23 cu. ft.</i>) | <input type="checkbox"/> |
| Very large (<i>over 23 cu. ft.</i>) | <input type="checkbox"/> |
| Frost-free or Manual Defrost? | |
| Automatic (frost-free) | <input type="checkbox"/> |
| Manual | <input type="checkbox"/> |
| Age of your Refrigerator | |
| Less than two years | <input type="checkbox"/> |
| 2 – 7 years | <input type="checkbox"/> |
| 8 – 10 years | <input type="checkbox"/> |
| 11 – 20 years | <input type="checkbox"/> |
| More than 20 years | <input type="checkbox"/> |
| Other Features | |
| Through-the-door ice and water dispenser | <input type="checkbox"/> |

SPAS

| | | |
|--|------------------------------|---|
| Does the building have a central spa or hot tub? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Pools) |
|--|------------------------------|---|

I2 What fuel do you use to heat the spa or hot tub?

- Electricity Solar and electricity Bottled gas (*propane, butane, LP*)
 Natural gas Solar and natural gas Other

I3 How large is the spa or hot tub?

- Small (*3 people or fewer*) Medium (*4 – 6 people*) Large (*7 or more people*)

I4 Where is the spa located?

- Outside, in the ground Outside, above ground Indoor spa

I5 Do you have an insulated cover on your spa or hot tub?

- Yes No

I6 How often do you run the filter pump on your spa or hot tub?

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Only when we use it | <input type="checkbox"/> |
| 1 – 3 hours every day | <input type="checkbox"/> |
| 4 – 6 hours every day | <input type="checkbox"/> |

I7 Please indicate how often you **heat** your spa or hot tub in the winter and summer.

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| Never | <input type="checkbox"/> |
| 0 – 2 times per month | <input type="checkbox"/> |
| 3 – 8 times per month | <input type="checkbox"/> |
| 9 or more times per month | <input type="checkbox"/> |
| Maintain set temperature | <input type="checkbox"/> |

POOLS

| | | |
|--|------------------------------|--|
| Does the building have a central pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Lighting) |
|--|------------------------------|--|

J2 How large is your pool? (*An average-size pool is about 5 ft. deep by 40 ft. long by 20 ft. wide and holds 30,000 gallons of water.*)

- Less than 20,000 gallons 20,000 – 40,000 gallons More than 40,000 gallons

J3 How many **hours per day** do you operate your **swimming pool filter**?

| Hours | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| None | <input type="checkbox"/> |

| | | | | | | |
|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 – 2 | <input type="radio"/> |
| 3 – 4 | <input type="radio"/> |
| 5 – 7 | | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 8 – 12 | | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |

J4 Which fuel do you use to heat your pool?

- | | |
|---|---|
| <input type="radio"/> Pool is not heated | <input type="radio"/> Solar heater (<i>using solar collectors</i>) |
| <input type="radio"/> Natural gas only | <input type="radio"/> Bottled gas only (<i>propane, butane, LP</i>) |
| <input type="radio"/> Electricity only | <input type="radio"/> Other |
| <input type="radio"/> Electric heat pump only | |

J5 Please indicate how often you **heat** your pool in the summer and winter.

| | Summer (May – Oct.) | | | Winter (Nov. – April) | | |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) | Morning (6am-10am) | Mid-Day (10am-6pm) | Night (6pm-6am) |
| Never | <input type="radio"/> |
| Once a month | <input type="radio"/> |
| Once a week | <input type="radio"/> |
| 2 – 4 times per week | <input type="radio"/> |
| Keep pool heated continuously | <input type="radio"/> |

J6 Which of the following attributes does your pool have? (*Choose all that apply.*)

- Cover Pool timer Pool sweep Pool vacuum Pool is indoors

EXTERIOR LIGHTING

L4 How many of the following lighting products do you use **outside** your home?

(Include items in your garage. Only include exterior lights that are paid for on your electricity bill.)

Exterior Fixtures

| | None | 1 – 2 | 3 – 5 | 6 or More |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Exterior incandescent fixtures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exterior compact fluorescent fixtures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Low voltage landscape light system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HID (<i>sodium vapor, metal halide</i>) fixture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Exterior Lighting Controls

| | None | 1 – 2 | 3 – 5 | 6 or More |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Fixtures on Timers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on Dusk-to-Dawn Sensors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixtures on Motion Detectors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

May I please get your name:

Name: _____ **Thanks you very much for your time.**

FROM SPREADSHEET:

Utility: _____ Control Number: _____

Phone Number: _____ Date Completed: _____

Instructions for Mobile Home Parks MM Phone Calls

Description of project:

We are conducting a state-wide Home Energy Survey in CA, collecting information on the home characteristics, appliances in household, usage of appliances and demographics for household. *When you call people, please refer to the survey as the Home Energy Survey – RASS is just our code name for it!*

Instructions for Conducting Phone Calls to Mobile Home Parks:

1. Doug will assign an excel file for you to work from. It is a list of facility managers or property management companies for mobile home parks. We need to call them to ask for names and mailing address information for residents of the mobile home parks.
2. Each row is a separate record in our list. But, there may be more than one row per phone number. I have numbered the unique phone numbers in the list and grouped them under the same “call order” in the green column. You should start with the smallest number in the call order and go through the numbers in the sequence of the call order.
 - The “call order” column – if two (or more) lines have the same call order number, the phone numbers are the same. You only need to call the number once, and ask them about one service address (if there are more than one). Some people will have different service addresses (properties), while others may have multiple rows with the same service address listed.
3. the script for the phone calls is Z:\Phone Calls - Mobile Home Parks\Mobile Homes Script CA Statewide Home Energy Survey.doc. Please use one sheet for each call that you complete. You will need to look at the excel list to get information for the call – utility, utility ID number, phone number and address of the property (service address). Complete the script sheet as indicated.
 - *Please make sure when you talk to someone that you give them the “service address” – this is the address where the mobile home park is supposed to be located. We are only interested in finding out how to mail surveys to the people who live at the service address. The “mailing address” is where the utility sends the bill to the person you are talking to, and may not be the same as the service address*
 - If there are multiple rows for the same phone number, you only need to ask them about one service address – your choice!
4. On the excel worksheet, enter the date and time of each call that you make in the yellow columns to the right, as indicated. The counts of the number of calls and number of completed interviews will automatically update as you enter this information.
5. To indicate a successful site enter the “date completed survey” and your initials in “Completed by (initials)” column. Do not enter a date in the “date completed survey” column if unsuccessful.

6. save your file!

Notes:

If you leave voicemail, please ask them to return the call at **888.855.2703**.

If they have any questions about the survey that you do not feel comfortable answering, tell them to call our toll free number – **1-866-372-3978**. Adriana's group answers these calls.

CA Statewide RASS
Master Metered Accounts – Phone Instructions
Mobile Home Parks
TEN surveys sent to each park

Hi, my name is _____. I am working with <LOCAL UTILITY NAME> and the California Energy Commission to perform a study of energy use in California. Your mobile home park is included on our list of sites to survey.

I have the address as: _____ <SERVICE ADDRESS>.

Is this correct? YES NO <note change or if totally different, end call>.

We need to send surveys to **ten** residents of your mobile home park. Do you have addresses for **ten** occupants in your park that you think would be willing to participate in this important research study? Please provide me with their names and addresses:

| Name | Street Address | City | State | Zip |
|------|----------------|------|-------|-----|
| 1. | | | CA | |
| 2. | | | CA | |
| 3. | | | CA | |
| 4. | | | CA | |
| 5. | | | CA | |
| 6. | | | CA | |
| 7. | | | CA | |
| 8. | | | CA | |
| 9. | | | CA | |
| 10. | | | CA | |

If you do not have names and addresses of specific residences, can you provide me with information about the street name and numbering scheme for your park so that we may randomly send surveys to ten of your occupants? <Note address information below and then create addresses for mailing labels in table above. Address generic surveys to: CA Energy User.>

Could you please answer the following questions about your mobile home park?

| | | |
|---|------------------------------|-----------------------------|
| How many mobile home units are in this park? | | |
| Does each mobile home have a separate electric meter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does each mobile home unit have a separate gas meter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the park have a central laundry facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the park have a central pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the park have a central spa or hot tub? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

May I please get your name:

Name: _____

Thanks you very much for your time.

| | |
|--------------------------|--------------------------|
| FROM SPREADSHEET: | |
| Utility: _____ | Utility ID Number: _____ |
| Phone Number: _____ | Date Completed: _____ |

RASS Survey Production Procedures

1. Open envelopes using letter opener/extractor.
2. Extract surveys and separate surveys by utility using the survey codes listed below:

| Utility | Identification Codes | | | | | |
|-------------|----------------------|---|---|---|---|---|
| PG&E | 1 | A | J | N | P | U |
| SDG&E | 3 | C | D | G | H | M |
| SDG&E Extra | 4 | | | | | |
| SCE | 5 | E | K | Q | S | Y |
| LADWP | 6 | F | L | R | Z | |

3. Bundle sorted surveys and label each bundle with the appropriate Tracking Sheet.
 - Be sure to initial and date the **Tracking Sheets** for "First Sort".
4. Barcode received surveys into WordPad using desktop shortcut icon named:
(Daily files are saved in G:\Projects\CEC RASS\Survey Implementation\Production-2009\Surveys Received Login)
 - While bar-coding, visually verify surveys have been separated appropriately.
 - Remember to **SAVE SAVE SAVE** as you go and when you close the file. Save the files with the name rassyyymmddxx.txt (xx= your initials) (Example: Adriana scanned barcodes on 5/18/09 and saved the file as **rass090518aa.txt**)
5. Bundle barcoded surveys according to utility.
 - Be sure to initial the **Tracking Sheets** for "Barcode".
6. Place barcoded bundle (with Tracking Sheet) on appropriate bin or box.
7. Perf and pen surveys:
Definitions:
 - **Pen:** All the bubbles on the survey. The operator has to go over the answers only with a Power mark sharpie. Please ask RECAP staff for these markers.
 - **Perf** is when tear through the perforations of the survey. Once this is done we can scan the booklet.
 - DO PEN all the surveys. It will take about 2 hours to pen and perf 50 surveys. Please make sure the penning is done carefully and accurately.
 - **DO NOT PUT UNFINISHED BUNDLES BACK ON THE SHELF.** Once you begin to perf/pen a bundle of surveys, **it's yours** until the bitter end. If you don't finish your survey bundle, leave it on your desk and finish it later/tomorrow. Due to confidential agreement, we can not leave any information of the survey address expose. You may use a blank sheet of paper to cover the name and address of the customer. Or just flip the bundle of the surveys face down. This will only show the last page of the survey. If you have any questions please ask Adriana or Claire.
 - Use white out if you encounter bad **erase marks** or if an **incorrect bubble** was marked. If you are not sure please ask Adriana.

RASS Survey Production Procedures

➤ Check areas mentioned below for handwritten information.

- ◆ In many cases, customers will write something in the “Describe” area that is covered by one of the other existing bubble choices. In these cases, either the customer did not see the option, or did not go back to insert the answer in the appropriate place. Our role is to insure that the proper bubble is answered, if available, since the hand-written information is not scanned/recoded:

 - Page 1 – **A1 Your Home and Lifestyle –**
 - ◆ Other house type description may match another house type bubble.
 - Page 4 – **B2 Space Heating –**
 - ◆ Other heating system may match another type. If fuel is indicated, but not type, respond with the “Other System Type” in the appropriate fuel category.
 - Page 7 – **D2 Water Heating –**
 - ◆ Other water heating system may match another type. If fuel is indicated, but not type, respond with the “Standard Tank” in the appropriate fuel category.
 - Page 16 – **M8 Miscellaneous Appliances –**
 - ◆ Write-in answers may include items that are listed in questions K1 – K8 or questions M1 – M7. Complete the appropriate bubble if the customer missed the correct location. Be sure to remove the “Yes” response if the response belongs elsewhere.
 - Page 17 – **N4 Household Information / Language –**
 - ◆ If write-in for other can be categorized by one of the other responses, correct.
 - Page 18 – **Phone Household Information / Phone Number –**
 - ◆ Be sure that the customer has filled out the bubble chart with their phone number so that it gets bubbled into the data file.
- **Be sure to initial the Tracking Sheets for “Perf/Pen” when complete each bundle.**

8. Scan survey batches using the following naming conventions, (**example: UA90622A_ARA**) – OpScan5 = A and OpScan10 = B (**this is the bigger machine against the wall**)

- a. PG&E Regular **UAymmdd#_initials + scanner code**
- b. SDG&E **WCymmdd#_initials+ scanner code**
- c. SDG&E Extra **XDymmdd#_initials+ scanner code**
- d. SCE **YEymmdd#_initials + scanner code**
- e. LADWP **ZFymmdd#_initials + scanner code**

(Example: 1st PG&E regular batch scanned on 4/11/2009 should be named – UA90411a_ara)

- Collect the Tracking Sheets. **DO NOT THROW AWAY TRACKING SHEETS.**
- Scanned batches of 500.

RASS Survey Production Procedures

- When scanning is completed for a batch, gather all the collected Tracking Sheets and staple them together.
 - Be sure to enter the scan-batch name and initial the **Tracking Sheet** for “Scanned” (**top sheet only**).
9. Edit scanned batches. Edit refers to bar-coding the tracking number that the scanner does not pick up.
- You can either edit as you scan (if the scanner cooperates) **OR** you can edit the batch after scanning has been completed.
 - Be sure to initial the **Tracking Sheet** for “Edited” (**top sheet only**).
 - Write down files scanned each day. Please e-mail Adriana R Arrayga, when you are done for the day with scanning and editing. The excel sheet should be posted on RECAP’s bulletin board in the printing room. (G:\Projects\CEC RASS\Survey Implementation\Production-2009\RASS_scanlog09.xls)
 - Once editing is completed. Take the cover page of each survey. Paperclip these pages and bundle them with all the cover sheets. These will be file in a separate box.
10. Box the scanned and edited surveys as normal.
11. Box the cover sheets with cover pages in a separate box.

APPENDIX I

Non-Response Priority Mail Materials

Priority mail envelope

| | | |
|--|---|--|
|  PRIORITY MAIL UNITED STATES POSTAL SERVICE | Flat Rate Mailing Envelope <i>For Domestic and International Use</i> Visit us at usps.com |  |
| <p>Any amount of mailable material may be enclosed, as long as the envelope is not modified, and the contents are entirely confined within the envelope with the adhesive provided as the means of closure.</p> <p>INTERNATIONAL RESTRICTIONS APPLY:</p> <p>4-POUND WEIGHT LIMIT ON INTERNATIONAL APPLIES</p> <p>Customs forms are required. Consult the <i>International Mail Manual</i> (IMM) at pe.usps.gov or ask a retail associate for details.</p> | | <p>From/Expéditeur:</p> <p>CALIFORNIA HOME ENERGY SURVEY PROCESSING CENTER PO BOX 71050 OAKLAND CA 94612-9819</p> <p>PRIORITY MAIL US POSTAGE PAID SAN LEANDRO CA PERMIT#169</p> |
| | | <p>To/Destinataire:</p> <p>Country of Destination/Pays de destination:</p> |
|  USPS packaging products have been awarded Cradle-to-Cradle Certification™ for their ecologically-intelligent design. For more information go to msoic.com/usps . Cradle-to-Cradle Certified™ is a certification mark of MSCI. |  Recycled Paper | |
| Please recycle. | | |

Card with \$5 bill attached and promise of \$10 gift card

Dear California Energy Customer,

By completing the enclosed survey, you are helping your energy company to better serve your needs and to better plan for California's energy future. We are sending you \$5 to thank you for taking the time to complete the survey. As a further thank you, we will also send you a \$10 gift card after we receive your completed survey.

To receive your gift card, just fill out the survey and return it using the enclosed postage-paid envelope. It's that easy! The information printed on the cover of the survey lets us know where to mail the gift card.

Please mark your choice for the \$10 gift card below and return this card with your survey. If you don't indicate a preference, we will send an Amazon.com gift card.

Amazon.com Starbucks

Thank you for participating! If you have questions, please call us at 1-866-372-3978.

Las respuestas de la comunidad hispana son muy importantes para Las Utilidades de Energia en California. Si usted gusta completar su formulario en Espanol, por favor llame al 1-866-372-3978.

APPENDIX J

Non-response Field Materials

Pre-visit postcard

Front:



Back:

Dear California Energy Customer:

We recently mailed your household a 2009 California Home Energy Survey. The results from this survey will help your energy company to better serve your household's needs and to better plan for California's energy future. If you have already returned your survey, thank you for participating.

If your household has yet to return the survey, the study sponsors have hired KEMA, Inc., to assist you with any questions you have when completing your survey. KEMA may be contacting you to arrange a visit. If you have any questions regarding the 2009 California Home Energy Survey, please call us at 1-866-372-3978.

Sincerely,

Sylvia Bender
Deputy Director, Electricity Supply Analysis Division, CA Energy Commission

Field researcher badge

2009 California Home Energy Survey Researcher

**Photo
appears
here**

Jane Doe



Evaluating residential energy efficiency
programs conducted by PG&E, SCE, SCG,
LADWP and SDG&E on behalf of the
California Energy Commission

The individual pictured on the reverse is under contract to the California Energy Commission to administrate the 2009 California Home Energy Survey in the LADWP, SCE, SDG&E, and PG&E service territories.

Please direct any questions or concerns regarding your experience with this contractor to:

Claire Palmgren
2009 CA Home Energy Survey Manager
KEMA, Inc
(510) 891-0446

*Please reference contractor name:
Jane Doe*

IF FOUND, PLEASE RETURN TO:

KEMA Inc.
155 Grand Avenue
Suite 500
Oakland, CA 94612

Utility specific letters of introduction in English and Spanish

Sponsored by:



Dear Pacific Gas and Electric Customer,



Your household has been selected to participate in the 2009 California Home Energy Survey. The information gathered in this survey will be used to better serve California's energy needs in the future. PG&E and the other study sponsors have hired KEMA, Inc. to help conduct this study.



Please allow the KEMA representative to assist you in completing the Home Energy Survey. Your answers will be held in strict confidence with results reported in anonymous or summary form.



If you have questions about the survey, please call 1-866-372-3078. If want to verify KEMA's role on the 2009 California Home Energy Survey, please call the PG&E Home Energy Survey contact, Rafael Friedmann, at 1-415-972-5799.

Thank you for participating in this survey.

Sincerely,

A handwritten signature in black ink, appearing to read "Sylvia Bender".



Sylvia Bender
Deputy Director, Electricity Supply Analysis Division, CA Energy Commission

Sponsored by:



Estimado cliente de servicios públicos de California:

Su hogar ha sido seleccionado para participar en el California Home Energy Survey (Encuesta Energética de Hogares de California). La información obtenida en esta encuesta será utilizada para mejorar el servicio de energía en California. Los patrocinadores han empleado a KEMA, Inc. para llevar a cabo esta investigación.



Sea tan amable de permitir que el representante de KEMA le ayude a llenar el Home Energy Survey (Encuesta Energética de Hogares de California). Sus respuestas serán confidenciales y se reportaran de forma completamente anónima.



Si tiene preguntas sobre la encuesta, favor de llamar al 1-866-372-3978. Si quiere verificar la función de KEMA en el California Home Energy Survey (Encuesta Energética de Hogares de California), favor de llamar al número de su proveedor local de energía que aparece abajo.

Muchísimas gracias por participar en esta encuesta.

Sinceramente,

A handwritten signature in black ink that appears to read "Sylvia Bender".

Sylvia Bender

Subdirectora de Electricity Supply Analysis Division (División de Análisis de Abasto de Energía Eléctrica), CA Energy Commision (Comisión Energética de California)



Para PG&E:
Rafael Friedmann
1-415-972-5799

Para SCE:
Servicio al Cliente
1-800-736-4777

Para SDG&E:
Eric Drab
1-858-654-3735

Para LADWP:
Servicio al Cliente
1-800-432-7397



Postcard to leave behind

Front:



Back:

Dear California Energy Customer:

Sorry we missed you! Researcher _____ was here at ___:___.

We have not received a completed 2009 California Home Energy Survey from your household. We are in your area and available to assist you with the survey until _____. You will receive a \$10 gift card upon completion of the survey. Please call _____ to set up an appointment before this date.

If you have any questions regarding the survey or would like to set up an appointment after this date, please call 1-866-372-3978.

Hace poco le mandamos por correo la 2009 California Home Energy Survey, una encuesta que busca ayudar a su compañía eléctrica o de gas a servirle mejor así como planear mejor el sistema energético. **Las respuestas de la comunidad hispana son muy importantes. Si usted prefiere completar su formulario en Español, por favor llame al 1-866-372-3978.**

Letter of Appreciation with Gift Card Enclosed

Sponsored by:



Dear California Energy Customer:

Thank you for completing your Home Energy Survey. As a token of our appreciation, we have enclosed a \$10 gift card.

The information that you provided will help to identify opportunities for increased energy efficiency and assist in planning for future energy needs in California.

We encourage you to visit the Flex Your Power website (www.fypower.org) for energy-saving ideas and to contact your local utility about programs and incentives to help manage your energy use.

Please enjoy the gift card and thank you again.

Sincerely,

A handwritten signature in black ink.

Sylvia Bender
Deputy Director, Electricity Supply Analysis Division, CA
Energy Commission

Estimado cliente de energía de California,

Gracias por completar su encuesta sobre su uso de energía en su hogar. Como muestra de nuestro aprecio, hemos incluido una tarjeta de regalo de \$10.

Le sugerimos visitar la página internet de "Flex Your Power" (www.fypower.org) para más ideas sobre como ahorrar energía y ponerse en contacto con su compañía eléctrica y/o de gas para enterarse de programas e incentivos que lo ayudarán a administrar más eficientemente su uso de energía.

Goce por favor de la tarjeta de regalo y gracias otra vez.

Sinceramente,

A handwritten signature in black ink.

Sylvia Bender,
Vicedirectora, La División de Análisis del Suministro de
Electricidad, Comisión de la energía de CA

APPENDIX K

Non-response Field Protocols

Telephone Script

Hello, my name is _____ and I'm calling from a research firm called KEMA on behalf of <INSERT LOCAL IOU> and the California Energy Commission. We're conducting a survey on household energy use which your household has been randomly selected to participate in. You have probably already received this survey in the mail. Does that sound familiar?

IF NO: The first was in a white envelope and the second what in a priority mailer with a five dollar bill. We also tried to send a postcard in regards to the study. Now does it sound familiar?

Great! First, let me tell you we are not selling you anything, we are part of a research project and you will not be contacted by anyone else interested in selling you anything.

This research is really important for the state and we currently have a field researcher in your area who will be stopping by to assist you with filling out the survey. His/Her name is _____. Do you recall the Home Energy Survey?

If you still have a copy, you can fill it out tonight and then tomorrow when _____ comes you can give him/her your completed survey and he/she will give you a \$10 gift card for filling out. If you no longer have a survey, you can fill it out when they get there and you'll still get the \$10 gift card.

Is there a convenient time or day for you to have _____ stop by?

Great! Let me verify your contact information:

Name: _____

Phone Number: _____

Address: _____

City: _____

Zip: _____

Thank you very much for your time today. Again my name is _____ and my number is _____ in case you need to change your appointment. Do you have any other questions for me?

Thanks again for your time and we looking forward to meeting you shortly. Have a good day/night.

LEAVE A MESSAGE:

Hello, my name is _____ and I'm calling on behalf of <INSERT LOCAL IOU> and the California Energy Commission. We're conducting a survey on household energy use which your household has been randomly selected to participate in. You have probably already received this survey in the mail. <RESEARCHER NAME> will be in your area on <DATE> and will stopping by to assist you with the survey. Upon completion of the survey you will receive a \$10 gift card. You are welcome to fill out the survey beforehand if you still have a copy and you will still be eligible for the gift card. If you have any questions you can reach us 1-866-372-3978. Thank you and have a good day/night.

2. *Field Script*

“Hi, is <CONTACT NAME> here?

IF NO: Do you live here with <CONTACT NAME>?

Note: both the address and the account have to be the same. If it is someone who just moved into the address, they do not qualify for the survey.

My name is _____ and I'm here on behalf of <LOCAL UTILITY> and the California Energy Commission. Your household was randomly chosen to participate and we have been trying to send you this survey. We haven't gotten one back from you yet, and I'm here to assist you with filling it out. I can give you a \$10 gift card today for filling it out. It is really important for energy planning that we get this information.

If they seem hesitant: I'm happy to wait out here if you'd prefer. Otherwise I am happy to assist you with the questions as well. It is a little faster that way.

If they don't have time now: Arrange a time with them to pick it up. Leave them your number- they can call you when they are done.

If they want to mail it in: It is really important that we get this information and it is best if I pick it up. That way, I can give you your giftcard right away was well.

APPENDIX L

2009 Raw Survey Variables in Database

| NAME | VARNUM | LABEL |
|--------------|--------|--------------|
| dataset | 1 | |
| NCS_HEADER1 | 2 | |
| BATCHNO | 3 | |
| NCS_HEADER2 | 4 | |
| BATCH_NAME | 5 | |
| RECODE_ID | 6 | |
| SFCODE | 7 | |
| Group | 8 | Group |
| SDGE_Over | 9 | |
| ncs1 | 10 | |
| key | 11 | |
| Barc_checked | 12 | Barc checked |
| dataset_old | 13 | dataset |
| Date | 14 | Date |
| Cust_check | 15 | Cust check |
| count | 16 | |
| DWLTYPE | 17 | |
| STORIES | 18 | |
| OWNRENT | 19 | |
| YRS_RES | 20 | |
| SEASOCC | 21 | |
| SEASJAN | 22 | |
| SEASFEB | 23 | |
| SEASMAR | 24 | |
| SEASAPR | 25 | |
| SEASMAY | 26 | |
| SEASJUN | 27 | |
| SEASJUL | 28 | |
| SEASAUG | 29 | |
| SEASSEP | 30 | |
| SEASOCT | 31 | |
| SEASNOV | 32 | |
| SEASDEC | 33 | |
| BUILTYR | 34 | |
| NUMROOM | 35 | |
| SQFT | 36 | |
| EXTWLINS | 37 | |
| ACEILINS | 38 | |
| CEILINCH | 39 | |
| WINDTYPE | 40 | |
| WINFRAME | 41 | |
| REMOD | 42 | |
| RMDROOM | 43 | |
| RMDKTBTH | 44 | |
| RMDREBLT | 45 | |
| RMDOTHER | 46 | |
| NR0_5 | 47 | |
| NR6_18 | 48 | |
| NR19_34 | 49 | |
| NR35_54 | 50 | |
| NR55_64 | 51 | |

| | | |
|----------|-----|--|
| NR65_99 | 52 | |
| ONPKUSE | 53 | |
| NGSERV | 54 | |
| NGLINE | 55 | |
| NGUTIL | 56 | |
| NUMVEH | 57 | |
| VEH1OWM | 58 | |
| VEH2OWM | 59 | |
| VEH3OWM | 60 | |
| VEH1TMD | 61 | |
| VEH2TMD | 62 | |
| VEH3TMD | 63 | |
| VEH1GRG | 64 | |
| VEH2GRG | 65 | |
| VEH3GRG | 66 | |
| VEH1CPT | 67 | |
| VEH2CPT | 68 | |
| VEH3CPT | 69 | |
| VEH1OSP | 70 | |
| VEH2OSP | 71 | |
| VEH3OSP | 72 | |
| VEH1OST | 73 | |
| VEH2OST | 74 | |
| VEH3OST | 75 | |
| VEH1POW | 76 | |
| VEH2POW | 77 | |
| VEH3POW | 78 | |
| PAYHEAT | 79 | |
| PHTNGCNT | 80 | |
| PHTNGWL | 81 | |
| PHTNGRAD | 82 | |
| PHTNGFP | 83 | |
| PHTNGOTH | 84 | |
| PHTELBSB | 85 | |
| PHTELCRH | 86 | |
| PHTELCHP | 87 | |
| PHTELWHP | 88 | |
| PHTELPOR | 89 | |
| PHTELOTH | 90 | |
| PHTBGCNT | 91 | |
| PHTBGFWL | 92 | |
| PHTBGRAD | 93 | |
| PHTBGOTH | 94 | |
| PHTWDWS | 95 | |
| PHTWDFP | 96 | |
| PHTSLRN | 97 | |
| PHTSLRG | 98 | |
| PHTSLRP | 99 | |
| PHTSLRE | 100 | |
| PHTOTSYS | 101 | |
| AHTNGCNT | 102 | |
| AHTNGFWL | 103 | |

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|----------|-----|--|
| AHTNGRAD | 104 | |
| AHTNGFP | 105 | |
| AHTNGOTH | 106 | |
| AHTELBSB | 107 | |
| AHTELCRH | 108 | |
| AHTELCHP | 109 | |
| AHTELWHP | 110 | |
| AHTELPOR | 111 | |
| AHTELOTH | 112 | |
| AHTBGCNT | 113 | |
| AHTBGFWL | 114 | |
| AHTBGRAD | 115 | |
| AHTBGOTH | 116 | |
| AHTWDWS | 117 | |
| AHTWDFP | 118 | |
| AHTSLRN | 119 | |
| AHTSLRG | 120 | |
| AHTSLRP | 121 | |
| AHTSLRE | 122 | |
| AHTOTSYS | 123 | |
| MAINPILT | 124 | |
| SECPILT | 125 | |
| HTSYSAGE | 126 | |
| HTCTLTYP | 127 | |
| HMRNSET | 128 | |
| HDAYSET | 129 | |
| HEVNSET | 130 | |
| HNITESET | 131 | |
| HTMAINTN | 132 | |
| NPORHTRS | 133 | |
| USEADDHT | 134 | |
| PAYCOOL | 135 | |
| CTLACAGE | 136 | |
| CTLACZON | 137 | |
| CTEVPAGE | 138 | |
| CTEVZON | 139 | |
| HPAGE | 140 | |
| HPZON | 141 | |
| CLCNTAGE | 142 | |
| CLCTLTYP | 143 | |
| CMRNSET | 144 | |
| CDAYSET | 145 | |
| CEVNSET | 146 | |
| CNITESET | 147 | |
| CLMAINTN | 148 | |
| NOROOMAC | 149 | |
| ACTYP1 | 150 | |
| ACTYP2 | 151 | |
| ACTYP3 | 152 | |
| ACAGE1 | 153 | |
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| ACAGE3 | 155 | |

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| CMRNUSE | 156 |
| CDAYUSE | 157 |
| CEVNUSE | 158 |
| CNITEUSE | 159 |
| CHOTUSE | 160 |
| PAYWH | 161 |
| PWHNGTNK | 162 |
| PWHNGWHT | 163 |
| PWHNGHEC | 164 |
| PWHELTK | 165 |
| PWHELHP | 166 |
| PWHELWHT | 167 |
| PWHELPNT | 168 |
| PWHLPTNK | 169 |
| PWHLPWHT | 170 |
| PWHSLRN | 171 |
| PWHSLRG | 172 |
| PWHSLRP | 173 |
| PWHSLRE | 174 |
| PWHTOTSYS | 175 |
| AWHNGTNK | 176 |
| AWHNGWHT | 177 |
| AWHNGHEC | 178 |
| AWHELTK | 179 |
| AWHELHP | 180 |
| AWHELWHT | 181 |
| AWHELPNT | 182 |
| AWHLPTNK | 183 |
| AWHLAWHT | 184 |
| AWHSLRN | 185 |
| AWHSLRG | 186 |
| AWHSLRP | 187 |
| AWHSLRE | 188 |
| AWHTOTSYS | 189 |
| WHTEMP | 190 |
| PRWHAGE | 191 |
| SHWRDAY | 192 |
| BATHSDAY | 193 |
| SHOWERHD | 194 |
| AERATORS | 195 |
| LNDRYEQP | 196 |
| CWTYP | 197 |
| CWAGE | 198 |
| CWHWL | 199 |
| CWWWL | 200 |
| CWCWL | 201 |
| CDTYP | 202 |
| DRYLD | 203 |
| CKRNTYP | 204 |
| CKRNA | 205 |
| CKOV | 206 |
| CKOVA | 207 |

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|------------|-----|--|
| CKBBTYP | 208 | |
| CKBBQA | 209 | |
| CKMW | 210 | |
| CKMWA | 211 | |
| WRNUSE | 212 | |
| WOVUSE | 213 | |
| WMWUSE | 214 | |
| WOTHUSE | 215 | |
| DISHWASH | 216 | |
| DWLOADS | 217 | |
| RFNUM | 218 | |
| RF1STY | 219 | |
| RF2STY | 220 | |
| RF3STY | 221 | |
| RF1SZ | 222 | |
| RF2SZ | 223 | |
| RF3SZ | 224 | |
| RF1DEF | 225 | |
| RF2DEF | 226 | |
| RF3DEF | 227 | |
| RF1AGE | 228 | |
| RF2AGE | 229 | |
| RF3AGE | 230 | |
| RF1OTH | 231 | |
| RF2OTH | 232 | |
| RF3OTH | 233 | |
| FZNUM | 234 | |
| FZ1STY | 235 | |
| FZ2STY | 236 | |
| FZ1SZ | 237 | |
| FZ2SZ | 238 | |
| FZ1AGE | 239 | |
| FZ2AGE | 240 | |
| SPTYP | 241 | |
| SPHTF | 242 | |
| SPSZ | 243 | |
| SPLOC | 244 | |
| SPCOV | 245 | |
| SMRNFLTPMP | 246 | |
| SMDFLTPMP | 247 | |
| SNITFLTPMP | 248 | |
| WMRNFLTPMP | 249 | |
| WMDFLTPMP | 250 | |
| WNITFLTPMP | 251 | |
| SMRNHTSPA | 252 | |
| SMDHTSPA | 253 | |
| SNITHTSPA | 254 | |
| WMDHTSPA | 255 | |
| WNITHTSPA | 256 | |
| PLTYP | 257 | |
| PLSZ | 258 | |
| SMRNFLTHR | 259 | |

| | | |
|------------|-----|--|
| SMDFLTHR | 260 | |
| SNITFLTHR | 261 | |
| WMRNFLLTHR | 262 | |
| WMDFLTHR | 263 | |
| WNITFLTHR | 264 | |
| PLHTF | 265 | |
| SMRNHTPL | 266 | |
| SMDHTPL | 267 | |
| SNITHTPL | 268 | |
| WMRNHTPL | 269 | |
| WMDHTPL | 270 | |
| WNITHTPL | 271 | |
| PLCOV | 272 | |
| PLTIMR | 273 | |
| PLSWEEP | 274 | |
| PLVAC | 275 | |
| PLINDOOR | 276 | |
| STDTV | 277 | |
| SMLLCDTV | 278 | |
| LRGLCDTV | 279 | |
| PLSMVT | 280 | |
| DTA | 281 | |
| BOXNODVR | 282 | |
| BOXWDVR | 283 | |
| SADVR | 284 | |
| DVDVCR | 285 | |
| GAMSYS | 286 | |
| AUDTOTV | 287 | |
| SAMUSIC | 288 | |
| SMLTVUSE | 289 | |
| LRGTVUSE | 290 | |
| NDSKPCS | 291 | |
| NLAPPSCS | 292 | |
| DSKPCHRS | 293 | |
| LAPPCHRS | 294 | |
| EMAIL | 295 | |
| BRWSONLN | 296 | |
| BUYONLN | 297 | |
| BILLONLN | 298 | |
| GAMPC | 299 | |
| WORKHOME | 300 | |
| WKHRSHM | 301 | |
| ANSRMCHN | 302 | |
| MULTMCHN | 303 | |
| FAX | 304 | |
| PRNTJET | 305 | |
| PRNTLSR | 306 | |
| SCAN | 307 | |
| COPIER | 308 | |
| PHINT | 309 | |
| HSMODINT | 310 | |
| HMNET | 311 | |

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| UNPWRSUP | 312 | |
| CELL | 313 | |
| FMLRCFL | 314 | |
| KITCFL | 315 | |
| BTHCFL | 316 | |
| BDRCFL | 317 | |
| HLWCFL | 318 | |
| FMLRINCD | 319 | |
| KITINCD | 320 | |
| BTHINCD | 321 | |
| BDRINCD | 322 | |
| HLWINCD | 323 | |
| LMRNUSEN | 324 | |
| LDAYUSEN | 325 | |
| LEVNUSEN | 326 | |
| LNITEUSEN | 327 | |
| ICTLTIMR | 328 | |
| ICTLOCCS | 329 | |
| ICTLDIM | 330 | |
| ICTLNITE | 331 | |
| EXINC | 332 | |
| EXCFL | 333 | |
| EXLOWV | 334 | |
| EXHID | 335 | |
| ECTLRIMR | 336 | |
| ECTLDSK | 337 | |
| ECTLMOTN | 338 | |
| CFLTOINCD | 339 | |
| CHRGRS | 340 | |
| FNPORT | 341 | |
| FNCEIL | 342 | |
| WNDATV | 343 | |
| FNATTIC | 344 | |
| FNWHOLE | 345 | |
| AIRCLEAN | 346 | |
| HUMDEH | 347 | |
| WINCLR | 348 | |
| WHPURIFY | 349 | |
| DHWRPMP | 350 | |
| ELBLNKET | 351 | |
| AQUAR | 352 | |
| TRSHCOMP | 353 | |
| SAUNA | 354 | |
| SCRTYSYS | 355 | |
| POND | 356 | |
| GRGDROPN | 357 | |
| LAWNMOWR | 358 | |
| WLWTRPMP | 359 | |
| WTRSRCES | 360 | |
| WLWTUSE | 361 | |
| SUMPPMP | 362 | |
| SHOPTLS | 363 | |

| | | |
|----------|-----|--|
| WELD | 364 | |
| AIRCOMP | 365 | |
| BATCHRGE | 366 | |
| KILN | 367 | |
| MEDICAL | 368 | |
| ELVEH | 369 | |
| CHRGVEH | 370 | |
| OLRGAPP | 371 | |
| CHADD | 372 | |
| CHFUEL | 373 | |
| CCADD | 374 | |
| CCFUEL | 375 | |
| WWADD | 376 | |
| WWFUEL | 377 | |
| EVCLADD | 378 | |
| EVCLFUEL | 379 | |
| WHADD | 380 | |
| WHFUEL | 381 | |
| RFADD | 382 | |
| RFFUEL | 383 | |
| FRZADD | 384 | |
| FRZFUEL | 385 | |
| STADD | 386 | |
| STFUEL | 387 | |
| OVADD | 388 | |
| OVFUEL | 389 | |
| MWADD | 390 | |
| MWFUEL | 391 | |
| DWADD | 392 | |
| DWFUEL | 393 | |
| CWADD | 394 | |
| CWFUEL | 395 | |
| CDADD | 396 | |
| CDFUEL | 397 | |
| PHADD | 398 | |
| PHFUEL | 399 | |
| PPADD | 400 | |
| PPFUEL | 401 | |
| TBADD | 402 | |
| TBFUEL | 403 | |
| NOADD | 404 | |
| DCHAGE | 405 | |
| DCHFL | 406 | |
| DCCAGE | 407 | |
| DCCFL | 408 | |
| DWWAGE | 409 | |
| DWWFL | 410 | |
| DEVCLAGE | 411 | |
| DEVCLFL | 412 | |
| DWHAGE | 413 | |
| DWHFL | 414 | |
| DRFAGE | 415 | |

| | | |
|-----------|-----|---------------------|
| DRFFL | 416 | |
| DFZAGE | 417 | |
| DFRZFL | 418 | |
| DSTAGE | 419 | |
| DSTFL | 420 | |
| DOVAGE | 421 | |
| DOVFL | 422 | |
| DMWAGE | 423 | |
| DMWFLL | 424 | |
| DDWAGE | 425 | |
| DDWFLL | 426 | |
| DCWAGE | 427 | |
| DCWFLL | 428 | |
| DCDAGE | 429 | |
| DCDFL | 430 | |
| DPHAGE | 431 | |
| DPHFL | 432 | |
| DPPAGE | 433 | |
| DPPFL | 434 | |
| DTBAGE | 435 | |
| DTBFL | 436 | |
| NODISCRD | 437 | |
| PHTME | 438 | |
| PHTMELOC | 439 | |
| PHTMEUTL | 440 | |
| EDUC | 441 | |
| ETHNIC | 442 | |
| DISABLED | 443 | |
| HOHIND1 | 444 | |
| HOHIND2 | 445 | |
| HOHASN1 | 446 | |
| HOHASN2 | 447 | |
| HOHBLK1 | 448 | |
| HOHBLK2 | 449 | |
| HOHLAT1 | 450 | |
| HOHLAT2 | 451 | |
| HOHWHT1 | 452 | |
| HOHWHT2 | 453 | |
| HOHOTH1 | 454 | |
| HOHOTH2 | 455 | |
| INCOME | 456 | |
| TIMECALL | 457 | |
| ckMWA_new | 458 | |
| smflcnt | 459 | |
| wnflcnt | 460 | |
| smhtcnt | 461 | |
| wnhtcnt | 462 | |
| wmrnhtspa | 463 | |
| IDENT | 464 | identification code |

| NAME | VARNUM | LABEL |
|-------------|--------|-------|
| dataset | 1 | |
| NCS_HEADER1 | 2 | |
| BATCHNO | 3 | |
| NCS_HEADER2 | 4 | |
| BATCH_NAME | 5 | |
| RECODE_ID | 6 | |
| Group | 7 | Group |
| ncs1 | 8 | |
| sfcodes | 9 | |
| MM | 10 | |
| key | 11 | |
| count | 12 | |
| DWLTYPE | 13 | |
| STORIES | 14 | |
| OWNRENT | 15 | |
| YRS_RES | 16 | |
| SEASOCC | 17 | |
| SEASJAN | 18 | |
| SEASFEB | 19 | |
| SEASMAR | 20 | |
| SEASAPR | 21 | |
| SEASMAY | 22 | |
| SEASJUN | 23 | |
| SEASJUL | 24 | |
| SEASAUG | 25 | |
| SEASSEP | 26 | |
| SEASOCT | 27 | |
| SEASNOV | 28 | |
| SEASDEC | 29 | |
| BUILTYR | 30 | |
| NUMROOM | 31 | |
| SQFT | 32 | |
| EXTWLINS | 33 | |
| ACEILINS | 34 | |
| CEILINCH | 35 | |
| WINDTYPE | 36 | |
| WINFRAME | 37 | |
| REMOD | 38 | |
| RMDROOM | 39 | |
| RMDKTBTH | 40 | |
| RMDREBLT | 41 | |
| RMDOTHER | 42 | |
| NR0_5 | 43 | |
| NR6_18 | 44 | |
| NR19_34 | 45 | |
| NR35_54 | 46 | |
| NR55_64 | 47 | |
| NR65_99 | 48 | |
| ONPKUSE | 49 | |
| NGSERV | 50 | |
| NGLINE | 51 | |

| | |
|-----------|-----|
| NGUTIL | 52 |
| NUMVEH | 53 |
| VEH1OWM | 54 |
| VEH2OWM | 55 |
| VEH3OWM | 56 |
| VEH1TMD | 57 |
| VEH2TMD | 58 |
| VEH3TMD | 59 |
| VEH1GRG | 60 |
| VEH2GRG | 61 |
| VEH3GRG | 62 |
| VEH1CPT | 63 |
| VEH2CPT | 64 |
| VEH3CPT | 65 |
| VEH1OSP | 66 |
| VEH2OSP | 67 |
| VEH3OSP | 68 |
| VEH1OST | 69 |
| VEH2OST | 70 |
| VEH3OST | 71 |
| VEH1POW | 72 |
| VEH2POW | 73 |
| VEH3POW | 74 |
| PAYHEAT | 75 |
| PHTNGCNT | 76 |
| PHTNGWL | 77 |
| PHTNGRAD | 78 |
| PHTNGFP | 79 |
| PHTNGOTH | 80 |
| PHTELBSB | 81 |
| PHTELCRH | 82 |
| PHTELCHP | 83 |
| PHTELWHP | 84 |
| PHTELPOR | 85 |
| PHTELOTH | 86 |
| PHTBGCNT | 87 |
| PHTBGFWL | 88 |
| PHTBGRAD | 89 |
| PHTBGOOTH | 90 |
| PHTWDWS | 91 |
| PHTWDWP | 92 |
| PHTSLRN | 93 |
| PHTSLRG | 94 |
| PHTSLRP | 95 |
| PHTSLRE | 96 |
| PHTOTSYS | 97 |
| AHTNGCNT | 98 |
| AHTNGFWL | 99 |
| AHTNGRAD | 100 |
| AHTNGFP | 101 |
| AHTNGOTH | 102 |
| AHTELBSB | 103 |

| | |
|----------|-----|
| AHTELCRH | 104 |
| AHTELCHP | 105 |
| AHTELWHP | 106 |
| AHTELPOR | 107 |
| AHTELOTH | 108 |
| AHTBGCNT | 109 |
| AHTBGFWL | 110 |
| AHTBGRAD | 111 |
| AHTBGOTH | 112 |
| AHTWDWS | 113 |
| AHTWDFP | 114 |
| AHTSLRN | 115 |
| AHTSLRG | 116 |
| AHTSLRP | 117 |
| AHTSLRE | 118 |
| AHTOTSYS | 119 |
| MAINPILT | 120 |
| SECPILT | 121 |
| HTSYSAGE | 122 |
| HTCTLTYP | 123 |
| HMRNSET | 124 |
| HDAYSET | 125 |
| HEVNSET | 126 |
| HNITESET | 127 |
| HTMAINTN | 128 |
| NPORHTRS | 129 |
| USEADDHT | 130 |
| PAYCOOL | 131 |
| CTLACAGE | 132 |
| CTLACZON | 133 |
| CTEVPAGE | 134 |
| CTEVZON | 135 |
| HPAGE | 136 |
| HPZON | 137 |
| CLCNTAGE | 138 |
| CLCTLTYP | 139 |
| CMRNSET | 140 |
| CDAYSET | 141 |
| CEVNSET | 142 |
| CNITESET | 143 |
| CLMAINTN | 144 |
| NOROOMAC | 145 |
| ACTYP1 | 146 |
| ACTYP2 | 147 |
| ACTYP3 | 148 |
| ACAGE1 | 149 |
| ACAGE2 | 150 |
| ACAGE3 | 151 |
| CMRNUSE | 152 |
| CDAYUSE | 153 |
| CEVNUSE | 154 |
| CNITEUSE | 155 |

| | |
|----------|-----|
| CHOTUSE | 156 |
| PAYWH | 157 |
| PWHNGTNK | 158 |
| PWHNGWHT | 159 |
| PWHNGHEC | 160 |
| PWHELTNK | 161 |
| PWHELHP | 162 |
| PWHELWHT | 163 |
| PWHELPNT | 164 |
| PWHLPTNK | 165 |
| PWHLPWHT | 166 |
| PWHSLRN | 167 |
| PWHSLRG | 168 |
| PWHSLRP | 169 |
| PWHSLRE | 170 |
| PWHOTSYS | 171 |
| AWHNGTNK | 172 |
| AWHNGWHT | 173 |
| AWHNGHEC | 174 |
| AWHELTNK | 175 |
| AWHELHP | 176 |
| AWHELWHT | 177 |
| AWHELPNT | 178 |
| AWHLPTNK | 179 |
| AWHLAWHT | 180 |
| AWHSLRN | 181 |
| AWHSLRG | 182 |
| AWHSLRP | 183 |
| AWHSLRE | 184 |
| AWHOTSYS | 185 |
| WHTEMP | 186 |
| PRWHAGE | 187 |
| SHWRDAY | 188 |
| BATHSDAY | 189 |
| SHOWERHD | 190 |
| AERATORS | 191 |
| LNDRYEQP | 192 |
| CWTYP | 193 |
| CWAGE | 194 |
| CWHWLD | 195 |
| CWWWLD | 196 |
| CWCWLD | 197 |
| CDTYP | 198 |
| DRYLDSS | 199 |
| CKRNTYP | 200 |
| CKRNA | 201 |
| CKOVTYP | 202 |
| CKOVA | 203 |
| CKBBTYP | 204 |
| CKBBQA | 205 |
| CKMW | 206 |
| CKMWA | 207 |

| | |
|------------|-----|
| WRNUSE | 208 |
| WOVUSE | 209 |
| WMWUSE | 210 |
| WOTHUSE | 211 |
| DISHWASH | 212 |
| DWLOADS | 213 |
| RFNUM | 214 |
| RF1STY | 215 |
| RF2STY | 216 |
| RF3STY | 217 |
| RF1SZ | 218 |
| RF2SZ | 219 |
| RF3SZ | 220 |
| RF1DEF | 221 |
| RF2DEF | 222 |
| RF3DEF | 223 |
| RF1AGE | 224 |
| RF2AGE | 225 |
| RF3AGE | 226 |
| RF1OTH | 227 |
| RF2OTH | 228 |
| RF3OTH | 229 |
| FZNUM | 230 |
| FZ1STY | 231 |
| FZ2STY | 232 |
| FZ1SZ | 233 |
| FZ2SZ | 234 |
| FZ1AGE | 235 |
| FZ2AGE | 236 |
| SPTYP | 237 |
| SPHTF | 238 |
| SPSZ | 239 |
| SPLOC | 240 |
| SPCOV | 241 |
| SMRNFLTPMP | 242 |
| SMDFLTPMP | 243 |
| SNITFLTPMP | 244 |
| WMRNFLTPMP | 245 |
| WMDFLTPMP | 246 |
| WNITFLTPMP | 247 |
| SMRNHTSPA | 248 |
| SMDHTSPA | 249 |
| SNITHTSPA | 250 |
| WMDHTSPA | 251 |
| WNITHTSPA | 252 |
| PLTYP | 253 |
| PLSZ | 254 |
| SMRNFLTHR | 255 |
| SMDFLTHR | 256 |
| SNITFLTHR | 257 |
| WMRNFLTHR | 258 |
| WMDFLTHR | 259 |

| | |
|-----------|-----|
| WNITFLTHR | 260 |
| PLHTF | 261 |
| SMRNHTPL | 262 |
| SMDHTPL | 263 |
| SNITHTPL | 264 |
| WMRNHTPL | 265 |
| WMDHTPL | 266 |
| WNITHTPL | 267 |
| PLCOV | 268 |
| PLTIMR | 269 |
| PLSWEEP | 270 |
| PLVAC | 271 |
| PLINDOOR | 272 |
| STDTV | 273 |
| SMLLCDTV | 274 |
| LRGLCDTV | 275 |
| PLSMVT | 276 |
| DTA | 277 |
| BOXNODVR | 278 |
| BOXWDVR | 279 |
| SADVR | 280 |
| DVDVCR | 281 |
| GAMSYS | 282 |
| AUDTOTV | 283 |
| SAMUSIC | 284 |
| SMLTVUSE | 285 |
| LRGTVUSE | 286 |
| NDSKPCS | 287 |
| NLAPPSCS | 288 |
| DSKPCHRS | 289 |
| LAPPCHRS | 290 |
| EMAIL | 291 |
| BRWSNLN | 292 |
| BUYONLN | 293 |
| BILLONLN | 294 |
| GAMPC | 295 |
| WORKHOME | 296 |
| WKHRSHM | 297 |
| ANSRMCHN | 298 |
| MULTMCHN | 299 |
| FAX | 300 |
| PRNTJET | 301 |
| PRNTLSR | 302 |
| SCAN | 303 |
| COPIER | 304 |
| PHINT | 305 |
| HSMODINT | 306 |
| HMNET | 307 |
| UNPWRSUP | 308 |
| CELL | 309 |
| FMLRCFL | 310 |
| KITCFL | 311 |

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|-----------|-----|
| BTHCFL | 312 |
| BDRCFL | 313 |
| HLWCFL | 314 |
| FMLRINCD | 315 |
| KITINCD | 316 |
| BTHINCD | 317 |
| BDRINCD | 318 |
| HLWINCD | 319 |
| LMRNUSEN | 320 |
| LDAYUSEN | 321 |
| LEVNUSEN | 322 |
| LNITEUSEN | 323 |
| ICTLTIMR | 324 |
| ICTLLOCSS | 325 |
| ICTLDIM | 326 |
| ICTLNITE | 327 |
| EXINC | 328 |
| EXCFL | 329 |
| EXLOWV | 330 |
| EXHID | 331 |
| ECTLRIMR | 332 |
| ECTLDSK | 333 |
| ECTLMOTN | 334 |
| CFLTOINCD | 335 |
| CHRGRS | 336 |
| FNPORT | 337 |
| FNCEIL | 338 |
| WNDATV | 339 |
| FNATTIC | 340 |
| FNWHOLE | 341 |
| AIRCLEAN | 342 |
| HUMDEH | 343 |
| WINCLR | 344 |
| WHPURIFY | 345 |
| DHWRPMP | 346 |
| ELBLNKET | 347 |
| AQUAR | 348 |
| TRSHCOMP | 349 |
| SAUNA | 350 |
| SCRTYSYS | 351 |
| POND | 352 |
| GRGDROPN | 353 |
| LAWN MOWR | 354 |
| WLWTRPMP | 355 |
| WTRSRCES | 356 |
| WLWTUSE | 357 |
| SUMPPMP | 358 |
| SHOPTLS | 359 |
| WELD | 360 |
| AIRCOMP | 361 |
| BATCHRGE | 362 |
| KILN | 363 |

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|----------|-----|
| MEDICAL | 364 |
| ELVEH | 365 |
| CHRGVEH | 366 |
| OLRGAPP | 367 |
| CHADD | 368 |
| CHFUEL | 369 |
| CCADD | 370 |
| CCFUEL | 371 |
| WWADD | 372 |
| WWFUEL | 373 |
| EVCLADD | 374 |
| EVCLFUEL | 375 |
| WHADD | 376 |
| WHFUEL | 377 |
| RFADD | 378 |
| RFFUEL | 379 |
| FRZADD | 380 |
| FRZFUEL | 381 |
| STADD | 382 |
| STFUEL | 383 |
| OVADD | 384 |
| OVFUEL | 385 |
| MWADD | 386 |
| MWFUEL | 387 |
| DWADD | 388 |
| DWFUEL | 389 |
| CWADD | 390 |
| CWFUEL | 391 |
| CDADD | 392 |
| CDFUEL | 393 |
| PHADD | 394 |
| PHFUEL | 395 |
| PPADD | 396 |
| PPFUEL | 397 |
| TBADD | 398 |
| TBFUEL | 399 |
| NOADD | 400 |
| DCHAGE | 401 |
| DCHFL | 402 |
| DCCAGE | 403 |
| DCCFL | 404 |
| DWWAGE | 405 |
| DWWFL | 406 |
| DEVCLAGE | 407 |
| DEVCLFL | 408 |
| DWHAGE | 409 |
| DWHFL | 410 |
| DRFAGE | 411 |
| DRFFL | 412 |
| DFZAGE | 413 |
| DFRZFL | 414 |
| DSTAGE | 415 |

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|-----------|-----|---------------------|
| DSTFL | 416 | |
| DOVAGE | 417 | |
| DOVFL | 418 | |
| DMWAGE | 419 | |
| DMWFL | 420 | |
| DDWAGE | 421 | |
| DDWFL | 422 | |
| DCWAGE | 423 | |
| DCWFL | 424 | |
| DCDAGE | 425 | |
| DCDFL | 426 | |
| DPHAGE | 427 | |
| DPHFL | 428 | |
| DPPAGE | 429 | |
| DPPFL | 430 | |
| DTBAGE | 431 | |
| DTBFL | 432 | |
| NODISCRD | 433 | |
| PHTME | 434 | |
| PHTMELOC | 435 | |
| PHTMEUTL | 436 | |
| EDUC | 437 | |
| ETHNIC | 438 | |
| DISABLED | 439 | |
| HOHIND1 | 440 | |
| HOHIND2 | 441 | |
| HOHASN1 | 442 | |
| HOHASN2 | 443 | |
| HOHBLK1 | 444 | |
| HOHBLK2 | 445 | |
| HOHLAT1 | 446 | |
| HOHLAT2 | 447 | |
| HOHWHT1 | 448 | |
| HOHWHT2 | 449 | |
| HOHOTH1 | 450 | |
| HOHOTH2 | 451 | |
| INCOME | 452 | |
| TIMECALL | 453 | |
| ckMWa_new | 454 | |
| smflcnt | 455 | |
| wnflcnt | 456 | |
| smhtcnt | 457 | |
| wnhtcnt | 458 | |
| wmrnhtspa | 459 | |
| IDENT | 460 | identification code |

APPENDIX M

2009 Cleaned Survey Variables in Database

| NAME | VARNUM | LABEL |
|----------|--------|---|
| avginc | 1 | Average continuous income - individually metered |
| SQFT_A | 2 | Average square footage |
| homeage | 3 | Average home age |
| numi | 4 | Average continuous number in household |
| DWLTYPE | 5 | Type of building - A1 |
| STORIES | 6 | Number of stories if single family - A1 |
| OWNRENT | 7 | Own or rent home - A2 |
| YRS_RES | 8 | Length of time at this address - A3 |
| SEASOCC | 9 | Seasonal occupancy - A4 |
| SEASJAN | 10 | Seasonal occupancy, occupied in Jan - A5 |
| SEASFEB | 11 | Seasonal occupancy, occupied in Feb - A5 |
| SEASMAR | 12 | Seasonal occupancy, occupied in Mar - A5 |
| SEASAPR | 13 | Seasonal occupancy, occupied in Apr - A5 |
| SEASMAY | 14 | Seasonal occupancy, occupied in May - A5 |
| SEASJUN | 15 | Seasonal occupancy, occupied in Jun - A5 |
| SEASJUL | 16 | Seasonal occupancy, occupied in Jul - A5 |
| SEASAUG | 17 | Seasonal occupancy, occupied in Aug - A5 |
| SEASSEP | 18 | Seasonal occupancy, occupied in Sep - A5 |
| SEASOCT | 19 | Seasonal occupancy, occupied in Oct - A5 |
| SEASNOV | 20 | Seasonal occupancy, occupied in Nov - A5 |
| SEASDEC | 21 | Seasonal occupancy, occupied in Dec - A5 |
| BUILTYR | 22 | Year home built - A6 |
| NUMROOM | 23 | Number of bedrooms - A7 |
| SQFT | 24 | Square feet of living space - A8 |
| EXTWLINS | 25 | Home has insulated exterior walls - A9 |
| ACEILINS | 26 | Home has insulated attic - A10 |
| CEILINCH | 27 | Inches of attic insulation - A11 |
| WINDTYPE | 28 | Window pane type - A12 |
| WINFRAME | 29 | Window frame type - A12 |
| REMOD | 30 | Home has been remodeled - A13 |
| RMDROOM | 31 | Remodel with room addition - A14 |
| RMDKTBTH | 32 | Remodel bath or kitchen - A14 |
| RMDREBLT | 33 | Rebuilt most of the home - A14 |
| RMDOTHR | 34 | Remodel other - A14 |
| NR0_5 | 35 | Number under 5 years of age in home - A15 |
| NR6_18 | 36 | Number 6-18 years of age in home - A15 |
| NR19_34 | 37 | Number 19-34 years of age in home - A15 |
| NR35_54 | 38 | Number 35-54 years of age in home - A15 |
| NR55_64 | 39 | Number 55-64 years of age in home - A15 |
| NR65_99 | 40 | Number 65-99 years of age in home - A15 |
| ONPKUSE | 41 | Peak time use of electrical appliances - A17 |
| NGSERV | 42 | Natural gas service available in area - A17 |
| NGLINE | 43 | Natural gas service available in home - A18 |
| NGUTIL | 44 | Natural gas utility - A19 |
| NUMVEH | 45 | Number of Vehicles at the Residence - A20 |
| VEH1OWM | 46 | Number of one-way miles on regular weekday trips for the first vehicle - A21 |
| VEH2OWM | 47 | Number of one-way miles on regular weekday trips for the second vehicle - A21 |
| VEH3OWM | 48 | Number of one-way miles on regular weekday trips for the third vehicle - A21 |

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|-----------|-----|---|
| VEH1TMD | 49 | Total miles driven in a year with the first vehicle - A21 |
| VEH2TMD | 50 | Total miles driven in a year with the second vehicle - A21 |
| VEH3TMD | 51 | Total miles driven in a year with the third vehicle - A21 |
| VEH1GRG | 52 | First vehicle is parked in garage - A21 |
| VEH2GRG | 53 | Second vehicle is parked in garage - A21 |
| VEH3GRG | 54 | Third vehicle is parked in garage - A21 |
| VEH1CPT | 55 | First vehicle is parked in carport - A21 |
| VEH2CPT | 56 | Second vehicle is parked in carport - A21 |
| VEH3CPT | 57 | Third vehicle is parked in carport - A21 |
| VEH1OSP | 58 | First vehicle is parked in outside space - A21 |
| VEH2OSP | 59 | Second vehicle is parked in outside space - A21 |
| VEH3OSP | 60 | Third vehicle is parked in outside space - A21 |
| VEH1OST | 61 | First vehicle is parked on street - A21 |
| VEH2OST | 62 | Second vehicle is parked on street - A21 |
| VEH3OST | 63 | Third vehicle is parked on street - A21 |
| VEH1POW | 64 | Power outlet within reach of the first vehicle parking space - A21 |
| VEH2POW | 65 | Power outlet within reach of the second vehicle's parking space - A21 |
| VEH3POW | 66 | Power outlet within reach of the third vehicle's parking space - A21 |
| PAYHEAT | 67 | Pays for heating - B1 |
| PHTNGCNT | 68 | Primary central forced air gas furnace - B2 |
| PHTNGRAD | 69 | Primary hot water gas radiator - B2 |
| PHTNGFP | 70 | Primary Gas Fireplace - B2 |
| PHTNGOTH | 71 | Primary other gas heater - B2 |
| PHTELBSB | 72 | Primary resistance electric heater - B2 |
| PHTELCRH | 73 | Primary central forced air electric furnace - B2 |
| PHTELCHP | 74 | Primary central electric heat pump - B2 |
| PHTELWHP | 75 | Primary through-the-wall electric heat pump - B2 |
| PHTELPOR | 76 | Primary portable electric heater - B2 |
| PHTELOTH | 77 | Primary other electric heater - B2 |
| PHTBGCNT | 78 | Primary central forced air bottled gas furnace - B2 |
| PHTBGFWL | 79 | Primary floor or wall bottled gas heater - B2 |
| PHTBGRAD | 80 | Primary hot water bottled gas radiator - B2 |
| PHTBGOOTH | 81 | Primary bottled gas heater other - B2 |
| PHTWDWS | 82 | Primary woodstove/fireplace insert - B2 |
| PHTWDFP | 83 | Primary wood fireplace - B2 |
| PHTSLRN | 84 | Primary solar heat, no backup - B2 |
| PHTSLRG | 85 | Primary solar heat, natural gas backup - B2 |
| PHTSLRP | 86 | Primary solar heat, propane backup - B2 |
| PHTSLRE | 87 | Primary solar heat, electric backup - B2 |
| PHTOTSYS | 88 | Primary 'other' heat - B2 |
| AHTNGCNT | 89 | Secondary central forced air gas furnace - B2 |
| AHTNGFWL | 90 | Secondary floor or wall gas furnace - B2 |
| AHTNGRAD | 91 | Secondary hot water gas radiator - B2 |
| AHTNGFP | 92 | Secondary gas fireplace - B2 |
| AHTNGOTH | 93 | Secondary other gas heater - B2 |
| AHTELBSB | 94 | Secondary resistance electric heater - B2 |
| AHTELCRH | 95 | Secondary central forced air electric furnace - B2 |
| AHTELCHP | 96 | Secondary central electric heat pump - B2 |
| AHTELWHP | 97 | Secondary through-the-wall electric heat pump - B2 |
| AHTELPOR | 98 | Secondary portable electric heater - B2 |
| AHTELOTH | 99 | Secondary other electric heater - B2 |
| AHTBGCNT | 100 | Secondary central forced air bottled gas furnace - B2 |

| | | |
|----------|-----|---|
| AHTBGFWL | 101 | Secondary floor or wall bottled gas heater - B2 |
| AHTBGRAD | 102 | Secondary hot water bottled gas radiator - B2 |
| AHTBGOTH | 103 | Secondary bottled gas heater other - B2 |
| AHTWDWS | 104 | Secondary woodstove/fireplace insert - B2 |
| AHTWDFP | 105 | Secondary wood fireplace - B2 |
| AHTSLRN | 106 | Secondary solar heat, no backup - B2 |
| AHTSLRG | 107 | Secondary solar heat, natural gas backup - B2 |
| AHTSLRP | 108 | Secondary solar heat, propane backup - B2 |
| AHTSLRE | 109 | Secondary solar heat, electric backup - B2 |
| AHTOTSYS | 110 | Secondary 'other' heat - B2 |
| MAINPILT | 111 | Main heater has gas pilot light - B3 |
| SECPILT | 112 | Secondary heater has gas pilot light - B3 |
| HTSYSAGE | 113 | Age of main heating system - B4 |
| HTCTLTYP | 114 | Thermostat type for main heating system - B5 |
| HMRNSET | 115 | Heater thermostat setting in morning - B6 |
| HDAYSET | 116 | Heater thermostat setting in day - B6 |
| HEVNSET | 117 | Heater thermostat setting in evening - B6 |
| HNITESET | 118 | Heater thermostat setting in night - B6 |
| HTMAINTN | 119 | Maintenance preformed on heating system - B7 |
| NPORHTRS | 120 | Number of portable heaters - B8 |
| USEADDHT | 121 | Use of additional heating systems - B9 |
| PAYCOOL | 122 | Pays for central air conditioning - C1 |
| CTLACAGE | 123 | Number of central air conditioners - C2 |
| CTLACZON | 124 | Primary Central Evaporative Cooling System is controlled by a Zoned Thermostat - C2 |
| CTEVPAGE | 125 | Number of central evaporative coolers - C2 |
| CTEVZON | 126 | Primary Central Air Conditioning System is controlled by a Zoned Thermostat - C2 |
| HPAGE | 127 | Number of heat pumps - C2 |
| HPZON | 128 | Primary Heat Pump System is controlled by a Zoned Thermostat - C2 |
| CLCNTAGE | 129 | Age of main central air conditioner - C3 |
| CLCTLTYP | 130 | Thermostat type for main central air - C4 |
| CMRNSET | 131 | AC thermostat setting in morning - C5 |
| CDAYSET | 132 | AC thermostat setting in day - C5 |
| CEVNSET | 133 | AC thermostat setting in evening - C5 |
| CNITESET | 134 | AC thermostat setting in night - C5 |
| CLMAINTN | 135 | Maintenance preformed on ac system - C6 |
| NOROOMAC | 136 | No room air conditioner - C7 |
| ACTYP1 | 137 | Type room air conditioner 1 - C7 |
| ACTYP2 | 138 | Type room air conditioner 2 - C7 |
| ACTYP3 | 139 | Type room air conditioner 3 - C7 |
| ACAGE1 | 140 | Age of room air conditioner 1 - C7 |
| ACAGE2 | 141 | Age of room air conditioner 2 - C7 |
| ACAGE3 | 142 | Age of room air conditioner 3 - C7 |
| CMRNUSE | 143 | Use of room air conditioner in morning - C8 |
| CDAYUSE | 144 | Use of room air conditioner in day - C8 |
| CEVNUSE | 145 | Use of room air conditioner in evening - C8 |
| CNITEUSE | 146 | Use of room air conditioner at night - C8 |
| CHOTUSE | 147 | Use of room air conditioner on a hot weekday - C8 |
| PAYWH | 148 | Pay for water heater - D1 |
| PWHNGTNK | 149 | Standard tank gas water heater - D2 |
| PWHNGWHT | 150 | Whole house tankless gas water heater - D2 |

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|----------|-----|---|
| PWHNGHEC | 151 | High Efficiency Condensing gas water heater - D2 |
| PWHELTNK | 152 | Standard tank electric water heater - D2 |
| PWHELHP | 153 | Heat pump electric water heater - D2 |
| PWHELWHT | 154 | Whole house tankless electric water heater - D2 |
| PWHELPNT | 155 | Point of use tankless electric water heater - D2 |
| PWHLPTNK | 156 | Standard tank propane water heater - D2 |
| PWHPWHT | 157 | Whole house tankless propane water heater - D2 |
| PWHSLRN | 158 | Solar water heater, no backup - D2 |
| PWHSLRG | 159 | Solar water heater, natural gas backup - D2 |
| PWHSLRP | 160 | Solar water heater, propane backup - D2 |
| PWHSLRE | 161 | Solar water heater, electric backup - D2 |
| PWHOTSYS | 162 | Water heater, other fuel - D2 |
| AWHNGTNK | 163 | Additional standard tank gas water heater - D2 |
| AWHNGWHT | 164 | Additional whole house tankless gas water heater - D2 |
| AWHNGHEC | 165 | Additional High Efficiency Condensing gas water heater - D2 |
| AWHELTNK | 166 | Additional standard tank electric water heater - D2 |
| AWHELHP | 167 | Additional heat pump electric water heater - D2 |
| AWHELWHT | 168 | Additional whole house tankless electric water heater - D2 |
| AWHELPNT | 169 | Additional point of use tankless electric water heater - D2 |
| AWHLPTNK | 170 | Additional standard tank propane water heater - D2 |
| AWHSLRN | 171 | Additional solar water heater, no backup - D2 |
| AWHSLRG | 172 | Additional solar water heater, natural gas backup - D2 |
| AWHSLRP | 173 | Additional solar water heater, propane backup - D2 |
| AWHSLRE | 174 | Additional solar water heater, electric backup - D2 |
| AWHOTSYS | 175 | Additional water heater, other fuel - D2 |
| WHTEMP | 176 | Water heater temperature - D3 |
| PRWHAGE | 177 | Water heater age - D4 |
| SHWRDAY | 178 | Number of showers - D6 |
| BATHSDAY | 179 | Number of baths - D5 |
| SHOWERHD | 180 | Low flow shower head - D6 |
| AERATORS | 181 | Faucet aerators - D7 |
| LNDRYEQP | 182 | Laundry equipment in home - E1 |
| CWTYP | 183 | Type of clothes washer - E2 |
| CWAGE | 184 | Clothes washer age - E3 |
| CWHWLD | 185 | Number of hot water washes per week - E4 |
| CWWWLD | 186 | Number of warm water washes per week - E4 |
| CWCWLD | 187 | Number of cold water washes per week - E4 |
| CDTYP | 188 | Type of clothes dryer - E5 |
| DRYLDS | 189 | Number of dryer loads per week - E6 |
| CKRNTYP | 190 | Fuel for cooktop - F1 |
| CKRNA | 191 | Age of cooktop - F1 |
| CKOVVTP | 192 | Fuel for oven - F1 |
| CKOVA | 193 | Age of oven - F1 |
| CKBBTYP | 194 | Fuel for barbecue - F1 |
| CKBBQA | 195 | Age of barbecue - F1 |
| CKMW | 196 | Fuel for microwave - F1 |
| CKMWA | 197 | Age of microwave - F1 |
| WRNUSE | 198 | Weekly Use of cooktop, stovetop or range - F2 |
| WOVUSE | 199 | Weekly Use of oven - F2 |
| WMWUSE | 200 | Weekly Use of microwave - F2 |
| WOTHUSE | 201 | Weekly Use of other cooking appliance - F2 |
| DISHWASH | 202 | Have dishwasher - F3 |

| | | |
|------------|-----|---|
| DWLOADS | 203 | Number of dishwasher loads per week - F4 |
| RFNUM | 204 | Number of refrigerators - G1 |
| RF1STY | 205 | Door style of first refrigerator - G2 |
| RF2STY | 206 | Door style of second refrigerator - G2 |
| RF3STY | 207 | Door style of third refrigerator - G2 |
| RF1SZ | 208 | Size of first refrigerator - G2 |
| RF2SZ | 209 | Size of second refrigerator - G2 |
| RF3SZ | 210 | Size of third refrigerator - G2 |
| RF1DEF | 211 | Defrost type of first refrigerator - G2 |
| RF2DEF | 212 | Defrost type of second refrigerator - G2 |
| RF3DEF | 213 | Defrost type of third refrigerator - G2 |
| RF1AGE | 214 | Age of first refrigerator - G2 |
| RF2AGE | 215 | Age of second refrigerator - G2 |
| RF3AGE | 216 | Age of third refrigerator - G2 |
| RF1OTH | 217 | Door ice in first refrigerator - G2 |
| RF2OTH | 218 | Door ice in second refrigerator - G2 |
| RF3OTH | 219 | Door ice in third refrigerator - G2 |
| FZNUM | 220 | Number of stand alone freezers - H1 |
| FZ1STY | 221 | Style of first freezer - H2 |
| FZ2STY | 222 | Style of second freezer - H2 |
| FZ1SZ | 223 | Size of first freezer - H2 |
| FZ2SZ | 224 | Size of second freezer - H2 |
| FZ1AGE | 225 | Age of first freezer - H2 |
| FZ2AGE | 226 | Age of second freezer - H2 |
| SPTYP | 227 | Spa or hot tub - I1 |
| SPHTF | 228 | Spa fuel - I2 |
| SPSZ | 229 | Spa size - I3 |
| SPLOC | 230 | Spa location - I4 |
| SPCOV | 231 | Spa cover - I5 |
| SMRNFLTPMP | 232 | Frequency of spa filtration summer morning - I6 |
| SMDFLTPMP | 233 | Frequency of spa filtration summer mid-day - I6 |
| SNITFLTPMP | 234 | Frequency of spa filtration summer night - I6 |
| WMRNFLTPMP | 235 | Frequency of spa filtration winter morning - I6 |
| WMDFLTPMP | 236 | Frequency of spa filtration winter mid-day - I6 |
| WNITFLTPMP | 237 | Frequency of spa filtration winter night - I6 |
| SMRNHTSPA | 238 | Frequency of spa heat in summer morning - I7 |
| SMDHTSPA | 239 | Frequency of spa heat in summer mid-day - I7 |
| SNITHTSPA | 240 | Frequency of spa heat in summer night - I7 |
| WMDHTSPA | 241 | Frequency of spa heat in winter mid-day - I7 |
| WNITHTSPA | 242 | Frequency of spa heat in winter night - I7 |
| PLTYP | 243 | Pool, pay for energy - J1 |
| PLSZ | 244 | Pool size - J2 |
| SMRNFLTHR | 245 | Hours per day filter pool summer morning - J3 |
| SMDFLTHR | 246 | Hours per day filter pool summer mid-day - J3 |
| SNITFLTHR | 247 | Hours per day filter pool summer night - J3 |
| WMRNFLTHR | 248 | Hours per day filter pool winter morning - J3 |
| WMDFLTHR | 249 | Hours per day filter pool winter mid-day - J3 |
| WNITFLTHR | 250 | Hours per day filter pool winter night - J3 |
| PLHTF | 251 | Fuel to heat pool - J4 |
| SMRNHTPL | 252 | Frequency heat pool summer morning - J5 |
| SMDHTPL | 253 | Frequency heat pool summer mid-day - J5 |
| SNITHTPL | 254 | Frequency heat pool summer night - J5 |

| | | |
|----------|-----|--|
| WMRNHTPL | 255 | Frequency heat pool winter morning - J5 |
| WMDHTPL | 256 | Frequency heat pool winter mid-day - J5 |
| WNITHTPL | 257 | Frequency heat pool winter night - J5 |
| PLCOV | 258 | Pool cover - J6 |
| PLTIMR | 259 | Pool timer - J6 |
| PLSWEEP | 260 | Pool sweep - J6 |
| PLVAC | 261 | Pool vacuum - J6 |
| PLINDOOR | 262 | Pool is indoors - J6 |
| STDTV | 263 | Number of standard TVs - K1 |
| SMLLCDTV | 264 | Number of small LCD TVs less than 36 inches - K1 |
| LRGLCDTV | 265 | Number of large LCD TVs more than 36 inches - K1 |
| PLSMTV | 266 | Number of plasma TVs - K1 |
| DTA | 267 | Number of digital converter boxes for standard TVs - K1 |
| BOXNODVR | 268 | Number of cable or satellite boxes without DVR - K1 |
| BOXWDVR | 269 | Number of cable or satellite boxes with DVR - K1 |
| SADVR | 270 | Number of stand alone digital video recorders - K1 |
| DVDVCR | 271 | Number of DVD players and/or VCRs - K1 |
| GAMSYS | 272 | Number of gaming systems - K1 |
| AUDTOTV | 273 | Number of separate sound or stereo systems connected to TV - K1 |
| SAMUSIC | 274 | Number of stand alone stereo, I-pod or MP3 docking stations - K1 |
| SMLTVUSE | 275 | Hours per day Use of small TVs - K2 |
| LRGTVUSE | 276 | Hours per day Use of small TVs - K2 |
| NDSKPCS | 277 | Number of desktop PCs K3 |
| NLAPPACS | 278 | Number of laptop PCs - K3 |
| DSKPCHRS | 279 | Hours per day Use of desktop PC's - K4 |
| LAPPCHRS | 280 | Hours per day Use of laptop PC's - K4 |
| EMAIL | 281 | Frequency of email use - K5 |
| BRWSONLN | 282 | Frequency of browse internet - K5 |
| BUYONLN | 283 | Frequency of buy on internet - K5 |
| BILLONLN | 284 | Frequency of pay bill on internet - K5 |
| GAMPC | 285 | Frequency of gaming on computer - K5 |
| WORKHOME | 286 | Work from home - K6 |
| WKHRSHM | 287 | Hours per week work from home - K7 |
| ANSRMCHN | 288 | Number of answering machines - K8 |
| MULTMCHN | 289 | Number of multifunction machines - K8 |
| FAX | 290 | Number of FAX machines - K8 |
| PRNTJET | 291 | Number of inkjet printers - K8 |
| PRNTLSR | 292 | Number of laser printers - K8 |
| SCAN | 293 | Number of scanners - K8 |
| COPIER | 294 | Number of copier - K8 |
| PHINT | 295 | Number of phone internet access - K8 |
| HSMODINT | 296 | Number of high-speed modems - K8 |
| HMNET | 297 | Number of home networks - K8 |
| UNPWRSUP | 298 | Number of uninterrupted power supplies - K8 |
| CELL | 299 | Number of cell phones - K8 |
| FMLRCFL | 300 | Number of family/living room CFLs - L1 |
| KITCFL | 301 | Number of kitchen/dining room CFLs - L1 |
| BTHCFL | 302 | Number of bathroom CFLs - L1 |
| BDRCFL | 303 | Number of bedroom CFLs - L1 |
| HLWCFL | 304 | Number of hallway(s)/entry room CFLs - L1 |
| FMLRINCD | 305 | Number of family/living room incandescent bulbs - L1 |
| KITINCD | 306 | Number of kitchen/dining room incandescent bulbs - L1 |

| | | |
|-----------|-----|---|
| BTHINCD | 307 | Number of bathroom incandescent bulbs - L1 |
| BDRINCD | 308 | Number of bedroom incandescent bulbs - L1 |
| HLWINCD | 309 | Number of hallway(s)/entry room incandescent bulbs - L1 |
| LMRNUSEN | 310 | Percent of lights on in home in morning - L2 |
| LDAYUSEN | 311 | Percent of lights on in home in daytime - L2 |
| LEVNUSEN | 312 | Percent of lights on in home in evening - L2 |
| LNITEUSEN | 313 | Percent of lights on in home in night - L2 |
| ICTLTIMR | 314 | Number of interior timers - L3 |
| ICTLOCCS | 315 | Number of interior motion detectors - L3 |
| ICTLDIM | 316 | Number of interior dimmers - L3 |
| ICTLNITE | 317 | Number of nightlights - L3 |
| EXINC | 318 | Number of exterior incandescent - L4 |
| EXCFL | 319 | Number of exterior CFL - L4 |
| EXLOWV | 320 | Number of exterior low volt landscape - L4 |
| EXHID | 321 | Number of exterior metal halide - L4 |
| ECTLDSK | 322 | Number of exterior light sensors - L4 |
| ECTLMOTN | 323 | Number of exterior motion detectors - L4 |
| CFLTOINCD | 324 | Have removed a CFL and replaced it with an incandescent bulb - L5 |
| CHRGRS | 325 | Number of charges left plugged all the time - M1 |
| FNPORT | 326 | Number of portable fans - M1 |
| FNCEIL | 327 | Number of ceiling fans - M1 |
| WNDATV | 328 | Number of wind turbine attic ventilators - M1 |
| FNATTIC | 329 | Number of electric attic fans - M1 |
| FNWHOLE | 330 | Number of whole house fans - M1 |
| AIRCLEAN | 331 | Number of household air cleaners - M1 |
| HUMDEH | 332 | Number of Humidifiers/Dehumidifiers - M1 |
| WINCLR | 333 | Number of wine or beverage coolers - M1 |
| WHPURIFY | 334 | Number of water purification systems - M1 |
| DHWRPMP | 335 | Number of Domestic Hot Water Recirculation Pumps - M1 |
| ELBLNKET | 336 | Number of electric blankets - M1 |
| AQUAR | 337 | Number of aquariums - M1 |
| TRSHCOMP | 338 | Number of trash compactors - M1 |
| SAUNA | 339 | Number of electric saunas - M1 |
| SCRTYSYS | 340 | Number of security systems - M1 |
| POND | 341 | Number of pond pumps - M1 |
| GRGDROPN | 342 | Number of electric garage door openers - M1 |
| LAWNMOWR | 343 | Number of electric lawn mowers - M1 |
| WLWTRPMP | 344 | Use of electric well water pump - M2 |
| WTRSRCES | 345 | Access to city water - M3 |
| WLWTUSE | 346 | How do you use well water - M4 |
| SUMPPMP | 347 | Use sump pump - M5 |
| SHOPTLS | 348 | Use shop tools - M5 |
| WELD | 349 | Use electric welding equipment - M5 |
| AIRCOMP | 350 | Use electric air compressor - M5 |
| BATCHRGE | 351 | Use large battery charger - M5 |
| KILN | 352 | Pottery kiln - M5 |
| MEDICAL | 353 | Use medical equipment - M5 |
| ELVEH | 354 | Electric vehicle, golf cart, wheelchair - M6 |
| CHRGVEH | 355 | Charge electric vehicle at home - M7 |
| OLRGAPP | 356 | Other large electric or gas appliances - M8 |
| CHADD | 357 | Added central heating - M9 |
| CHFUEL | 358 | Fuel for added central heating - M9 |

| | | |
|----------|-----|---|
| CCADD | 359 | Added central cooling - M9 |
| CCFUEL | 360 | Fuel for added central cooling - M9 |
| WWADD | 361 | Added window or wall cooling - M9 |
| WWFUEL | 362 | Fuel for added window or wall cooling - M9 |
| EVCLADD | 363 | Added Evaporative Cooler - M9 |
| EVCLFUEL | 364 | Fuel for added Evaporative Cooler - M9 |
| WHADD | 365 | Added water heater - M9 |
| WHFUEL | 366 | Fuel for added water heater - M9 |
| RFADD | 367 | Added Refrigerator - M9 |
| RFFUEL | 368 | Fuel for added Refrigerator - M9 |
| FRZADD | 369 | Added Stand-alone Freezer - M9 |
| FRZFUEL | 370 | Fuel for added Stand-alone Freezer - M9 |
| STADD | 371 | Added stove top - M9 |
| STFUEL | 372 | Fuel for added stove top - M9 |
| OVADD | 373 | Added oven - M9 |
| OVFUEL | 374 | Fuel for added oven - M9 |
| MWADD | 375 | Added microwave - M9 |
| MWFUEL | 376 | Fuel for added microwave - M9 |
| DWADD | 377 | Added dishwasher - M9 |
| DWFUEL | 378 | Fuel for added dishwasher - M9 |
| CWADD | 379 | Added clothes washer - M9 |
| CWFUEL | 380 | Fuel for added clothes washer - M9 |
| CDADD | 381 | Added clothes dryer - M9 |
| CDFUEL | 382 | Fuel for added clothes dryer - M9 |
| PHADD | 383 | Added pool heater - M9 |
| PHFUEL | 384 | Fuel for added pool heater - M9 |
| PPADD | 385 | Added pool pump - M9 |
| PPFUEL | 386 | Fuel for added pool pump - M9 |
| TBADD | 387 | Added hot tub - M9 |
| TBFUEL | 388 | Fuel for added hot tub - M9 |
| NOADD | 389 | Have not added major appliance - M9 |
| DCHAGE | 390 | Age of discarded central heater - M10 |
| DCHFL | 391 | Fuel of discarded central heater - M10 |
| DCCAGE | 392 | Age of discarded central cooling - M10 |
| DCCFL | 393 | Fuel of discarded central cooling - M10 |
| DWWAGE | 394 | Age of discarded wall cooling - M10 |
| DWWFL | 395 | Fuel of discarded wall cooling - M10 |
| DEVCLAGE | 396 | Age of discarded Evaporative Cooler - M10 |
| DEVCLFL | 397 | Fuel of discarded Evaporative Cooler - M10 |
| DWHAGE | 398 | Age of discarded water heater - M10 |
| DWHFL | 399 | Fuel of discarded water heater - M10 |
| DRFAGE | 400 | Age of discarded Refrigerator - M10 |
| DRFFL | 401 | Fuel of discarded Refrigerator - M10 |
| DFZAGE | 402 | Age of discarded Stand-alone Freezer - M10 |
| DFRZFL | 403 | Fuel of discarded Stand-alone Freezer - M10 |
| DSTAGE | 404 | Age of discarded stove top - M10 |
| DSTFL | 405 | Fuel of discarded stove top - M10 |
| DOVAGE | 406 | Age of discarded oven - M10 |
| DOVFL | 407 | Fuel of discarded oven - M10 |
| DMWAGE | 408 | Age of discarded microwave - M10 |
| DMWFL | 409 | Fuel of discarded microwave - M10 |
| DDWAGE | 410 | Age of discarded dishwasher - M10 |

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|-----------|-----|---|
| DDWFL | 411 | Fuel of discarded dishwasher - M10 |
| DCWAGE | 412 | Age of discarded clothes washer - M10 |
| DCWFL | 413 | Fuel of discarded clothes washer - M10 |
| DCDAGE | 414 | Age of discarded clothes dryer - M10 |
| DCDFL | 415 | Fuel of discarded clothes dryer - M10 |
| DPHAGE | 416 | Age of discarded pool heater - M10 |
| DPHFL | 417 | Fuel of discarded pool heater - M10 |
| DPPAGE | 418 | Age of discarded pool pump - M10 |
| DPPFL | 419 | Fuel of discarded pool pump - M10 |
| DTBAGE | 420 | Age of discarded hot tub - M10 |
| DTBFL | 421 | Fuel of discarded hot tub - M10 |
| NODISCRD | 422 | Have not discarded above appliances - M10 |
| EDUC | 423 | Education of head of household - N3 |
| ETHNIC | 424 | Primary language - N4 |
| DISABLED | 425 | Occupant is disabled - N5 |
| HOHIND1 | 426 | Head of household 1 is American Indian - N6 |
| HOHIND2 | 427 | Head of household 2 is American Indian - N6 |
| HOHASN1 | 428 | Head of household 1 is Asian/Pacific Islander - N6 |
| HOHASN2 | 429 | Head of household 2 is Asian/Pacific Islander - N6 |
| HOHBLK1 | 430 | Head of household 1 is African American - N6 |
| HOHBLK2 | 431 | Head of household 2 is African American - N6 |
| HOHLAT1 | 432 | Head of household 1 is Hispanic/Latino - N6 |
| HOHLAT2 | 433 | Head of household 2 is Hispanic/Latino - N6 |
| HOHWHT1 | 434 | Head of household 1 is Caucasian - N6 |
| HOHWHT2 | 435 | Head of household 2 is Caucasian - N6 |
| HOHOTH1 | 436 | Head of household 1 - Other - N6 |
| HOHOTH2 | 437 | Head of household 2 - Other - N6 |
| INCOME | 438 | Household total income - N7 |
| wmrnhtspa | 439 | Frequency of spa heat in winter morning - I7 |
| CZT24 | 440 | Title 24 Climate Zones |
| res | 441 | Cleaned building type |
| EUTIL | 442 | electric utility |
| htelwhp | 443 | Have a primary or secondary electric through-the-wall heat pump |
| phtcnt | 444 | Have a primary heater |
| ahtcnt | 445 | Number of secondary heaters |
| htng | 446 | Have a primary or secondary gas heater |
| phtng | 447 | Have a primary gas heater |
| ahtng | 448 | Have a secondary gas heater |
| htelec | 449 | Have a primary or secondary electric heater |
| phtelec | 450 | Have a primary electric heater |
| ahtelec | 451 | Have a secondary electric heater |
| htbg | 452 | Have a primary or secondary bottled gas heater |
| phtbg | 453 | Have a primary bottled gas heater |
| ahtbg | 454 | Have a secondary bottled gas heater |
| htwdfp2 | 455 | Have a primary or secondary wood heater |
| phtwdfp2 | 456 | Have a primary wood heater |
| ahtwdfp2 | 457 | Have a secondary wood heater |
| htsolar | 458 | Have a primary or secondary solar heater |
| phtsolar | 459 | Have a primary solar heater |
| ahtsolar | 460 | Have a secondary solar heater |
| htother | 461 | Have a primary or secondary 'other' heater |
| phtother | 462 | Have a primary 'other' heater |

| | | |
|------------|-----|---|
| ahtother | 463 | Have a secondary 'other' heater |
| havesec | 464 | Have a secondary heater |
| cacctnt | 465 | Total number of central air conditioners |
| RACCNT | 466 | Total number of room air conditioners |
| whngtnk | 467 | Have a primary or secondary standard tank gas water heater |
| whngwht | 468 | Have a primary or secondary whole house tankless water heater |
| wheltnk | 469 | Have a primary or secondary standard tank electric water heater |
| whelhp | 470 | Have a primary or secondary heat pump electric water heater |
| whelwht | 471 | Have a primary or secondary whole house tankless electric water heater |
| whelptn | 472 | Have a primary or secondary point of use tankless electric water heater |
| whlptnk | 473 | Have a primary or secondary standard tank propane water heater |
| whlpwht | 474 | Have a primary or secondary whole house tankless propane water heater |
| whsln | 475 | Have a primary or secondary solar water heater, no backup |
| whsrg | 476 | Have a primary or secondary solar water heater, gas backup |
| whslrp | 477 | Have a primary or secondary solar water heater, propane backup |
| whsre | 478 | Have a primary or secondary solar water heater, electric backup |
| whotsys | 479 | Have a primary or secondary water heater, other fuel |
| whng | 480 | Have a gas water heater |
| whelec | 481 | Have an electric water heater |
| whbg | 482 | Have a bottled gas water heater |
| whsl | 483 | Have a solar water heater |
| woth | 484 | Have an other water heater |
| numwash | 485 | Total number of clothes washes per week |
| payheat2 | 486 | Cleaned pays for space heating |
| payCOOL2 | 487 | Pays for central air conditioning |
| rescnt | 488 | Total number of residents |
| kids | 489 | Number of residents 0-18 |
| adults | 490 | Number of residents 19-64 |
| seniors | 491 | Number of residents 65+ |
| samEth | 492 | Heads of household are same ethnicity |
| mixedeth | 493 | Heads of household are different ethnicity |
| phtfuel2 | 494 | Cleaned primary heating fuel - individually metered |
| paywh2 | 495 | Cleaned pays for water heating |
| pwhfuel2 | 496 | Cleaned primary water heater fuel - individually metered |
| edry | 497 | Have electric dryer |
| gdry | 498 | Have gas dryer |
| elecm | 499 | Master Metered Electric Account |
| PHTNGFWL | 500 | Primary floor or wall gas furnace - B2 |
| AWHLPWHT | 501 | Additional whole house tankless propane water heater - D2 |
| ECTLTIMR | 502 | Number of exterior timers - L4 |
| PTHME | 503 | Other homes in California occupied by family - N1 |
| PTHMELOC | 504 | Location of other home - N2 |
| PTHMEUTL | 505 | Utility of other home - N2 |
| Cooling | 506 | Cleaned cooling type |
| NAC_KWH | 507 | Normalized Annual Consumption - kWh - Individually Metered |
| NAC_Therms | 508 | Normalized Annual Consumption - Therms - Individually Metered |
| STRATA | 509 | sample selection strata |
| IDENT | 510 | identification code |
| HOHETH | 511 | Head of household ethnicity |
| FZDISCRD | 512 | Old freezer discarded in the last 12 months |
| RFDISCRD | 513 | Old refrigerator discarded in the last 12 months |
| phtfuel3 | 514 | Cleaned primary heating fuel |

| | | |
|----------------|-----|---------------------------------------|
| pwhfuel3 | 515 | Cleaned primary water heater fuel |
| tvcnt | 516 | Number of TVs |
| scg | 517 | Have SCG account data |
| GasMM | 518 | gas master meter account |
| occtype | 519 | Presence of Seniors/Children |
| WINFPTYP | 520 | Window frame & pane |
| wt | 521 | Sample Weight |
| cecfast | 522 | Forecast climate zone (CEC) |
| Non_Response | 523 | Non-response Follow-up |
| UTILSDGE | 524 | Utility specific climate zone - SDGE |
| servzip | 525 | Service Zip Code |
| new_cac_uec | 526 | Central Air Conditioning Electric UEC |
| new_eht_uec | 527 | Conv. Heat Electric UEC |
| new_auxht_uec | 528 | Aux. Heat Electric UEC |
| new_wht_uec | 529 | Water Heat Electric UEC |
| new_whts_uec | 530 | Solar Water Heat Electric UEC |
| new_rac_uec | 531 | Room AC Electric UEC |
| new_swp_uec | 532 | Evap Cooler Electric UEC |
| new_olt_uec | 533 | Outdoor Lighting Electric UEC |
| new_ctv_uec | 534 | TV Electric UEC |
| new_off_uec | 535 | Home Office Electric UEC |
| new_pcs_uec | 536 | PC Electric UEC |
| new_pmp_uec | 537 | Pool Pump Electric UEC |
| new_wpm_uec | 538 | Well Pump Electric UEC |
| new_ref1_uec | 539 | First Refrigerator Electric UEC |
| new_ref2_uec | 540 | Second Refrigerator Electric UEC |
| new_fz_uec | 541 | Freezer Electric UEC |
| new_ehp_uec | 542 | Heat Pump Electric UEC |
| new_vent1_uec | 543 | Furnace Fan Electric UEC |
| new_vent2_uec | 544 | Attic Ceiling Fan Electric UEC |
| new_msc_uec | 545 | Miscellaneous Electric UEC |
| new_rng_uec | 546 | Range/Oven Electric UEC |
| new_mwv_uec | 547 | Microwave Electric UEC |
| new_dwh_uec | 548 | Dish Washer Electric UEC |
| new_cws_uec | 549 | Clothes Washer Electric UEC |
| new_edy_uec | 550 | Dryer Electric UEC |
| new_spa_uec | 551 | Spa Electric UEC |
| new_sph_uec | 552 | Spa Electric Heat Electric UEC |
| prov | 553 | Gas Service Provider |
| new_ght_uec | 554 | Primary Heat Gas UEC |
| new_gauxht_uec | 555 | Auxiliary Heat Gas UEC |
| new_gwh_uec | 556 | Conv. Gas Water Heat UEC |
| new_gswh_uec | 557 | Solar Water Heat w/Gas Backup UEC |
| new_grng_uec | 558 | Range/Oven Gas UEC |
| new_gdry_uec | 559 | Dryer Gas UEC |
| new_gpht_uec | 560 | Pool Heat Gas UEC |
| new_gspa_uec | 561 | Spa Heat Gas UEC |
| new_gmiss_uec | 562 | Miscellaneous Gas UEC |
| new_all_uec | 563 | All Household Electric UEC |
| new_gall_uec | 564 | All Household Gas UEC |

APPENDIX N

2009 Billing Data and DDN Variables in Database

| NAME | VARNUM | LABEL |
|-------|--------|------------------------------|
| IDENT | 1 | Unique Customer ID Number |
| t24cz | 2 | T24 Zone |
| r1 | 3 | Read Date for Bill Period 1 |
| d1 | 4 | # Days in Bill Period 1 |
| u1 | 5 | Usage for Bill Period 1 |
| r2 | 6 | Read Date for Bill Period 2 |
| d2 | 7 | # Days in Bill Period 2 |
| u2 | 8 | Usage for Bill Period 2 |
| r3 | 9 | Read Date for Bill Period 3 |
| d3 | 10 | # Days in Bill Period 3 |
| u3 | 11 | Usage for Bill Period 3 |
| r4 | 12 | Read Date for Bill Period 4 |
| d4 | 13 | # Days in Bill Period 4 |
| u4 | 14 | Usage for Bill Period 4 |
| r5 | 15 | Read Date for Bill Period 5 |
| d5 | 16 | # Days in Bill Period 5 |
| u5 | 17 | Usage for Bill Period 5 |
| r6 | 18 | Read Date for Bill Period 6 |
| d6 | 19 | # Days in Bill Period 6 |
| u6 | 20 | Usage for Bill Period 6 |
| r7 | 21 | Read Date for Bill Period 7 |
| d7 | 22 | # Days in Bill Period 7 |
| u7 | 23 | Usage for Bill Period 7 |
| r8 | 24 | Read Date for Bill Period 8 |
| d8 | 25 | # Days in Bill Period 8 |
| u8 | 26 | Usage for Bill Period 8 |
| r9 | 27 | Read Date for Bill Period 9 |
| d9 | 28 | # Days in Bill Period 9 |
| u9 | 29 | Usage for Bill Period 9 |
| r10 | 30 | Read Date for Bill Period 10 |
| d10 | 31 | # Days in Bill Period 10 |
| u10 | 32 | Usage for Bill Period 10 |
| r11 | 33 | Read Date for Bill Period 11 |
| d11 | 34 | # Days in Bill Period 11 |
| u11 | 35 | Usage for Bill Period 11 |
| r12 | 36 | Read Date for Bill Period 12 |
| d12 | 37 | # Days in Bill Period 12 |
| u12 | 38 | Usage for Bill Period 12 |
| r13 | 39 | Read Date for Bill Period 13 |
| d13 | 40 | # Days in Bill Period 13 |
| u13 | 41 | Usage for Bill Period 13 |
| r14 | 42 | Read Date for Bill Period 14 |
| d14 | 43 | # Days in Bill Period 14 |
| u14 | 44 | Usage for Bill Period 14 |
| r15 | 45 | Read Date for Bill Period 15 |
| d15 | 46 | # Days in Bill Period 15 |
| u15 | 47 | Usage for Bill Period 15 |
| r16 | 48 | Read Date for Bill Period 16 |
| d16 | 49 | # Days in Bill Period 16 |
| u16 | 50 | Usage for Bill Period 16 |
| r17 | 51 | Read Date for Bill Period 17 |

| | | |
|------------|-----|---|
| d17 | 52 | # Days in Bill Period 17 |
| u17 | 53 | Usage for Bill Period 17 |
| r18 | 54 | Read Date for Bill Period 18 |
| d18 | 55 | # Days in Bill Period 18 |
| u18 | 56 | Usage for Bill Period 18 |
| r19 | 57 | Read Date for Bill Period 19 |
| d19 | 58 | # Days in Bill Period 19 |
| u19 | 59 | Usage for Bill Period 19 |
| r20 | 60 | Read Date for Bill Period 20 |
| d20 | 61 | # Days in Bill Period 20 |
| u20 | 62 | Usage for Bill Period 20 |
| r21 | 63 | Read Date for Bill Period 21 |
| d21 | 64 | # Days in Bill Period 21 |
| u21 | 65 | Usage for Bill Period 21 |
| serv_pt_id | 66 | Service Point ID (SDGE) |
| yr1use | 67 | Actual Annualized kWh Used (12 months) |
| annuse | 68 | Actual Annualized kWh Used (all bills) |
| heatref | 69 | Reference Temp for Heating Degree-Days |
| coolref | 70 | Reference Temp for Cooling Degree-Days |
| hddnorm | 71 | Heating Degree-Days in Normalized Year |
| cddnorm | 72 | Cooling Degree-Days in Normalized Year |
| predannuse | 73 | Degree-Day Normalized Annual kWh Used |
| flag_nm | 74 | Net-Metered Customers (Meter Includes Generation and Consumption) |
| flag_pf | 75 | DDN Prediction More Than 50% Different from Actual |
| hdd1 | 76 | Heating Degree-Days Using Reference Temp Month 1 |
| hdd2 | 77 | Heating Degree-Days Using Reference Temp Month 2 |
| hdd3 | 78 | Heating Degree-Days Using Reference Temp Month 3 |
| hdd4 | 79 | Heating Degree-Days Using Reference Temp Month 4 |
| hdd5 | 80 | Heating Degree-Days Using Reference Temp Month 5 |
| hdd6 | 81 | Heating Degree-Days Using Reference Temp Month 6 |
| hdd7 | 82 | Heating Degree-Days Using Reference Temp Month 7 |
| hdd8 | 83 | Heating Degree-Days Using Reference Temp Month 8 |
| hdd9 | 84 | Heating Degree-Days Using Reference Temp Month 9 |
| hdd10 | 85 | Heating Degree-Days Using Reference Temp Month 10 |
| hdd11 | 86 | Heating Degree-Days Using Reference Temp Month 11 |
| hdd12 | 87 | Heating Degree-Days Using Reference Temp Month 12 |
| hdd13 | 88 | Heating Degree-Days Using Reference Temp Month 13 |
| hdd14 | 89 | Heating Degree-Days Using Reference Temp Month 14 |
| hdd15 | 90 | Heating Degree-Days Using Reference Temp Month 15 |
| hdd16 | 91 | Heating Degree-Days Using Reference Temp Month 16 |
| hdd17 | 92 | Heating Degree-Days Using Reference Temp Month 17 |
| hdd18 | 93 | Heating Degree-Days Using Reference Temp Month 18 |
| hdd19 | 94 | Heating Degree-Days Using Reference Temp Month 19 |
| hdd20 | 95 | Heating Degree-Days Using Reference Temp Month 20 |
| hdd21 | 96 | Heating Degree-Days Using Reference Temp Month 21 |
| cdd1 | 97 | Cooling Degree-Days Using Reference Temp Month 1 |
| cdd2 | 98 | Cooling Degree-Days Using Reference Temp Month 2 |
| cdd3 | 99 | Cooling Degree-Days Using Reference Temp Month 3 |
| cdd4 | 100 | Cooling Degree-Days Using Reference Temp Month 4 |
| cdd5 | 101 | Cooling Degree-Days Using Reference Temp Month 5 |
| cdd6 | 102 | Cooling Degree-Days Using Reference Temp Month 6 |
| cdd7 | 103 | Cooling Degree-Days Using Reference Temp Month 7 |

| | | |
|----------|-----|--|
| cdd8 | 104 | Cooling Degree-Days Using Reference Temp Month 8 |
| cdd9 | 105 | Cooling Degree-Days Using Reference Temp Month 9 |
| cdd10 | 106 | Cooling Degree-Days Using Reference Temp Month 10 |
| cdd11 | 107 | Cooling Degree-Days Using Reference Temp Month 11 |
| cdd12 | 108 | Cooling Degree-Days Using Reference Temp Month 12 |
| cdd13 | 109 | Cooling Degree-Days Using Reference Temp Month 13 |
| cdd14 | 110 | Cooling Degree-Days Using Reference Temp Month 14 |
| cdd15 | 111 | Cooling Degree-Days Using Reference Temp Month 15 |
| cdd16 | 112 | Cooling Degree-Days Using Reference Temp Month 16 |
| cdd17 | 113 | Cooling Degree-Days Using Reference Temp Month 17 |
| cdd18 | 114 | Cooling Degree-Days Using Reference Temp Month 18 |
| cdd19 | 115 | Cooling Degree-Days Using Reference Temp Month 19 |
| cdd20 | 116 | Cooling Degree-Days Using Reference Temp Month 20 |
| cdd21 | 117 | Cooling Degree-Days Using Reference Temp Month 21 |
| AcAn_kWh | 118 | Pre-normalized 12-month Average Usage – kHz – individually metered |

| NAME | VARNUM | LABEL |
|-------|--------|------------------------------|
| IDENT | 1 | Unique Customer ID Number |
| r1 | 2 | Read Date for Bill Period 1 |
| d1 | 3 | # Days in Bill Period 1 |
| u1 | 4 | Usage for Bill Period 1 |
| r2 | 5 | Read Date for Bill Period 2 |
| d2 | 6 | # Days in Bill Period 2 |
| u2 | 7 | Usage for Bill Period 2 |
| r3 | 8 | Read Date for Bill Period 3 |
| d3 | 9 | # Days in Bill Period 3 |
| u3 | 10 | Usage for Bill Period 3 |
| r4 | 11 | Read Date for Bill Period 4 |
| d4 | 12 | # Days in Bill Period 4 |
| u4 | 13 | Usage for Bill Period 4 |
| r5 | 14 | Read Date for Bill Period 5 |
| d5 | 15 | # Days in Bill Period 5 |
| u5 | 16 | Usage for Bill Period 5 |
| r6 | 17 | Read Date for Bill Period 6 |
| d6 | 18 | # Days in Bill Period 6 |
| u6 | 19 | Usage for Bill Period 6 |
| r7 | 20 | Read Date for Bill Period 7 |
| d7 | 21 | # Days in Bill Period 7 |
| u7 | 22 | Usage for Bill Period 7 |
| r8 | 23 | Read Date for Bill Period 8 |
| d8 | 24 | # Days in Bill Period 8 |
| u8 | 25 | Usage for Bill Period 8 |
| r9 | 26 | Read Date for Bill Period 9 |
| d9 | 27 | # Days in Bill Period 9 |
| u9 | 28 | Usage for Bill Period 9 |
| r10 | 29 | Read Date for Bill Period 10 |
| d10 | 30 | # Days in Bill Period 10 |
| u10 | 31 | Usage for Bill Period 10 |
| r11 | 32 | Read Date for Bill Period 11 |
| d11 | 33 | # Days in Bill Period 11 |
| u11 | 34 | Usage for Bill Period 11 |
| r12 | 35 | Read Date for Bill Period 12 |
| d12 | 36 | # Days in Bill Period 12 |
| u12 | 37 | Usage for Bill Period 12 |
| r13 | 38 | Read Date for Bill Period 13 |
| d13 | 39 | # Days in Bill Period 13 |
| u13 | 40 | Usage for Bill Period 13 |
| r14 | 41 | Read Date for Bill Period 14 |
| d14 | 42 | # Days in Bill Period 14 |
| u14 | 43 | Usage for Bill Period 14 |
| r15 | 44 | Read Date for Bill Period 15 |
| d15 | 45 | # Days in Bill Period 15 |
| u15 | 46 | Usage for Bill Period 15 |
| r16 | 47 | Read Date for Bill Period 16 |
| d16 | 48 | # Days in Bill Period 16 |
| u16 | 49 | Usage for Bill Period 16 |
| r17 | 50 | Read Date for Bill Period 17 |
| d17 | 51 | # Days in Bill Period 17 |

| | | |
|------------|-----|---|
| u17 | 52 | Usage for Bill Period 17 |
| r18 | 53 | Read Date for Bill Period 18 |
| d18 | 54 | # Days in Bill Period 18 |
| u18 | 55 | Usage for Bill Period 18 |
| r19 | 56 | Read Date for Bill Period 19 |
| d19 | 57 | # Days in Bill Period 19 |
| u19 | 58 | Usage for Bill Period 19 |
| r20 | 59 | Read Date for Bill Period 20 |
| d20 | 60 | # Days in Bill Period 20 |
| u20 | 61 | Usage for Bill Period 20 |
| T24CZ | 62 | T24 Zone |
| SERV_PT_ID | 63 | Service Point ID (SDGE) |
| scg_id | 64 | SCG Unique Customer ID |
| flag_scg | 65 | SCG Gas Customer |
| flag_ma | 66 | Gas Account Matches Multiple Electric or Multiple Surveys |
| flag_mm | 67 | Utility Flagged As Master-Metered Gas |
| heatref | 68 | Reference Temp for Heating Degree-Days |
| coolref | 69 | Reference Temp for Cooling Degree-Days |
| annuse | 70 | Actual Annualized therms Used (all bills) |
| yr1use | 71 | Actual Annualized therms Used (12 months) |
| hddnorm | 72 | Heating Degree-Days in Normalized Year |
| cddnorm | 73 | Cooling Degree-Days in Normalized Year |
| predannuse | 74 | Degree-Day Normalized Annual therms Used |
| flag_pf | 75 | DDN Prediction More Than 50% Different from Actual |
| hdd1 | 76 | Heating Degree-Days Using Reference Temp Month 1 |
| hdd2 | 77 | Heating Degree-Days Using Reference Temp Month 2 |
| hdd3 | 78 | Heating Degree-Days Using Reference Temp Month 3 |
| hdd4 | 79 | Heating Degree-Days Using Reference Temp Month 4 |
| hdd5 | 80 | Heating Degree-Days Using Reference Temp Month 5 |
| hdd6 | 81 | Heating Degree-Days Using Reference Temp Month 6 |
| hdd7 | 82 | Heating Degree-Days Using Reference Temp Month 7 |
| hdd8 | 83 | Heating Degree-Days Using Reference Temp Month 8 |
| hdd9 | 84 | Heating Degree-Days Using Reference Temp Month 9 |
| hdd10 | 85 | Heating Degree-Days Using Reference Temp Month 10 |
| hdd11 | 86 | Heating Degree-Days Using Reference Temp Month 11 |
| hdd12 | 87 | Heating Degree-Days Using Reference Temp Month 12 |
| hdd13 | 88 | Heating Degree-Days Using Reference Temp Month 13 |
| hdd14 | 89 | Heating Degree-Days Using Reference Temp Month 14 |
| hdd15 | 90 | Heating Degree-Days Using Reference Temp Month 15 |
| hdd16 | 91 | Heating Degree-Days Using Reference Temp Month 16 |
| hdd17 | 92 | Heating Degree-Days Using Reference Temp Month 17 |
| hdd18 | 93 | Heating Degree-Days Using Reference Temp Month 18 |
| hdd19 | 94 | Heating Degree-Days Using Reference Temp Month 19 |
| hdd20 | 95 | Heating Degree-Days Using Reference Temp Month 20 |
| cdd1 | 96 | Cooling Degree-Days Using Reference Temp Month 1 |
| cdd2 | 97 | Cooling Degree-Days Using Reference Temp Month 2 |
| cdd3 | 98 | Cooling Degree-Days Using Reference Temp Month 3 |
| cdd4 | 99 | Cooling Degree-Days Using Reference Temp Month 4 |
| cdd5 | 100 | Cooling Degree-Days Using Reference Temp Month 5 |
| cdd6 | 101 | Cooling Degree-Days Using Reference Temp Month 6 |
| cdd7 | 102 | Cooling Degree-Days Using Reference Temp Month 7 |
| cdd8 | 103 | Cooling Degree-Days Using Reference Temp Month 8 |

| | | |
|-------------|-----|---|
| cdd9 | 104 | Cooling Degree-Days Using Reference Temp Month 9 |
| cdd10 | 105 | Cooling Degree-Days Using Reference Temp Month 10 |
| cdd11 | 106 | Cooling Degree-Days Using Reference Temp Month 11 |
| cdd12 | 107 | Cooling Degree-Days Using Reference Temp Month 12 |
| cdd13 | 108 | Cooling Degree-Days Using Reference Temp Month 13 |
| cdd14 | 109 | Cooling Degree-Days Using Reference Temp Month 14 |
| cdd15 | 110 | Cooling Degree-Days Using Reference Temp Month 15 |
| cdd16 | 111 | Cooling Degree-Days Using Reference Temp Month 16 |
| cdd17 | 112 | Cooling Degree-Days Using Reference Temp Month 17 |
| cdd18 | 113 | Cooling Degree-Days Using Reference Temp Month 18 |
| cdd19 | 114 | Cooling Degree-Days Using Reference Temp Month 19 |
| cdd20 | 115 | Cooling Degree-Days Using Reference Temp Month 20 |
| AcAn_therms | 116 | Pre-normalized 12-month Average Usage – therms – individually metered |

APPENDIX O

Description of SAS Files and Code

| Description of the SAS Codes | |
|--|---|
| Overview | This appendix provides a description of the SAS code used to clean, plug, calendarize, and fill the Home Energy Survey data and the Billing data provided by the five utilities. |
| Home Energy Survey Cleaning Code | <p>This subsection lists the code used to clean the Home Energy Survey for individual and master-meter customers. The code is listed sequentially.</p> <ul style="list-style-type: none"> ■ Read in survey data IM and Read in survey data IM - This program reads in the scanned survey files. ■ MIN_MAX and MIN_MAX_MM. These programs read in the expanded data sets created by RDSAMPLE and RDSAMPLE_MM and uses an algorithm to choose the most likely response, if more than one response was provided for the question. ■ TOOMANYRESPONSES and TOOMANYRESPONSES_MM. These programs read in the expanded data sets created by RDSAMPLE and RDSAMPLE_MM. The programs count the number of questions for which the individual provided multiple responses. ■ CLEANSAMPLE and CLEANSAMPLE_MM. These programs are the primary cleaning codes for the Home Energy Survey. ■ MISSING_DWELTYPE and MISSING_DWELTYPE_MM. These programs read in data from CLEANSAMPLE and CLEANSAMPLE_MM, carefully examining the survey response to the variable DWLTYPE. The survey response was compared to the strata variables used to design the home energy survey. Inconsistent surveys were retained for further analysis. ■ CONVERT_MISSING_DWELTYPE and CONVERT_MISSING_DWELTYPE_MM. These programs read in observations with problem DWLTYPE coding identified in MISSING_DWELTYPE and MISSING_DWELTYPE_MM, respectively. Using information on the street address (for the individual-metered customers) and the algorithm discussed in the Cleaning and Processing Section, the code reassigns dwelling types and creates a new variable, RESIDENCE. The program also deletes observations found to be invalid because of too many missing responses, multiple responses, or logical inconsistencies. The code then merges into the cleaned dataset information from the strata variables, normalized weather, CEC forecast and CEUS weather zone information, energy consumption variables used in the CDA models, and household and end-use UECs calculated using the CDA model. The code also assigns format codes. |
| 2009 Billing analysis DDN Modeling Code | <ul style="list-style-type: none"> ■ CreateCleanElectricData.sas, CreateCleanGasData.sas, CreateCleanDataMMelectric.sas These programs take the data from different utilities, sort them into the same format and append all of the IM electric, corresponding gas, and MM electric, respectively. F ■ CheckElectricForZeroes.sas and CheckGasForZeroes.sas These sort the file, create the overall annualized usage and the first-12-month annualized usage, and roughly calendarize the billing data into each month in the study period. This allows us to spot when consecutive months have no kwh or therms billed, which is an indicator of nonresidence. Information used for CDA analysis. ■ DDNormalizationModelElectric.sas and DDNormalizationModelGas.sas These run the Degree-Day Normalization process and choose the best models. ■ MakeNormalizedElectricData.sas and MakeNormalizedGasData.sas These take the DDN models and the weather normal series and create the normalized annual consumptions. |

| 2009 Weather Code | |
|--|---|
| ■ | Import-daily-noaa This program reads in daily NOAA weather data. |
| ■ | FinalWeatherData.sas collects the correct stations, extracts the data for the right time periods, makes the normal series and the actuals for lookups. |
| Conditional Demand Preparations | |
| | The process of preparing for the CDA includes identifying cases for fuel switching, construction of the saturation variables, filling missing data, estimating the CDA models and calculating UEC. Programs were also developed to create datasets with household level end-use UECs. The following subsection list the program used during this process. |
| ■ | MakeVars and MakeVars_MM The program makes the saturation variables used during the CDA analysis. |
| ■ | Create_indicators The program makes the indicator variables used during the CDA analysis. |
| ■ | Step 1 Plug_income, Step 2 Plug_SQFT, Step 3 Plug_Numi, and Step 4 Plug_Builtage. These programs estimate conditional means models to plug missing values for income, square footage, number of residents in the household, and the home's age. |
| ■ | Survey_fill_mean. This program fills missing values for CDA variables with mean values by RESTYPE |
| ■ | Xproduct. These programs create the variables used during the CDA program. The seasonal programs have eliminated the occupancy variables and created a seasonal variable. |
| ■ | ENG_Estimates_Gas and ENG_Estimates_Electric. These programs calcualte the engineering esimtates for electric and gas appliances used in the SAE model. |
| ■ | SAE_Gas and SAE_Electric. These programs esimate the electric and gas SAE models. |
| ■ | CDA Electric Calibration and CDA Gas Calibration. This program applies the SAE prameters to calculate UEC esitmates, and calibrates the UEC's. |