



A unit of American Electric Power

Dear Kentucky Power Customer,

Your household has been randomly selected to participate in this important survey about energy use. Information from the survey will assist Kentucky Power in its efforts to develop effective energy efficiency programs and to promote energy efficiency among its customers.

Please take a few minutes to complete the enclosed survey and return it in the enclosed postage–paid envelope by **January 31st**. The information you provide is confidential. Your completed survey will go directly to Opinion Research Specialists, LLC, an independent research company, which will collect and analyze the results. If you have any questions about the survey, please call Kentucky Power at 1-800-572-1113.

As a gesture of gratitude for your time, we will send a \$10 thank you payment to the first 800 respondents who fully complete the survey. To receive your payment, please PRINT your name and address on the last page of the survey before returning it. If you have any questions about receiving your thank you payment, please send an email to KentuckyPowerSurvey@appliedenergygroup.com.

For your convenience, you also have the option of completing the survey online rather than by mail. To access the online survey, go to **www.KentuckyPowerSurvey.com** and enter the four-digit access code located below your address on the mailing envelope. Online surveys are also eligible to receive the \$10 thank you payment if they are among the first 800 completed responses that we receive.

Thank you,

Kentucky Power Energy Efficiency and Consumer Programs

Residential Customer Energy Survey

Q1. Who is billed by your gas or electric utility(s) for each of the following things that may be used in your home?

| | <i>Your household</i> | <i>Someone else (e.g. landlord, property manager)</i> | <i>Not Sure</i> | <i>Not used in your home</i> |
|---|--------------------------|---|--------------------------|------------------------------|
| Heating all or most of the space in your house / unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air conditioning or cooling all or most of the space in your house / unit (including any fans, dehumidifiers, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water heating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lights on the outside of your home or building | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pump for a swimming pool or hot tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q2. What is the **primary fuel type** used in your home for each of the purposes listed below? (Please select only one fuel type for each row.)

| PURPOSE | PRIMARY FUEL TYPE | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Electricity | Natural gas (piped gas) | Propane | Fuel Oil | Something else Please enter a fuel type below if selected | Not sure | Not applicable |
| Heating all or most of the space in your house / unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot water heating for your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Clothes dryer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming pool heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Q3. Is natural gas available in your neighborhood? Yes No

Q4. If you have any cooling in your home, please tell us which one of these cooling systems/equipment you use to cool **all or most** of your home? (PLEASE SELECT ONLY ONE)

- | | |
|---|---|
| <input type="checkbox"/> Central air conditioner(s) (How many of these? _____) | <input type="checkbox"/> Ceiling fans |
| <input type="checkbox"/> Air-source heat pump(s) (How many? _____) | <input type="checkbox"/> Room air conditioners mounted in or near a window or on a wall (How many? _____) |
| <input type="checkbox"/> Geothermal heat pump | <input type="checkbox"/> Something else (please specify: _____) |
| <input type="checkbox"/> Ductless mini-split heat pump | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Dehumidifier(s) (How many? _____) | <input type="checkbox"/> We do not cool our home |

Q5. Which one of these heating systems/equipment do you use to heat **all or most** of your home? (Please enter only one response)

- | | |
|--|---|
| <input type="checkbox"/> Electric central warm air furnace with ducts & vents to individual rooms | <input type="checkbox"/> Radiant floor heat |
| <input type="checkbox"/> Natural gas central warm air furnace with ducts & vents to individual rooms | <input type="checkbox"/> Fireplace(s) |
| <input type="checkbox"/> Natural gas central boiler with hot water/steam radiators or baseboards in individual rooms | <input type="checkbox"/> Wood burning stove(s) |
| <input type="checkbox"/> Electric heaters (baseboard, wall furnace, or portable electric coils radiant heating) | <input type="checkbox"/> Pellet stove |
| <input type="checkbox"/> Air-source heat pump | <input type="checkbox"/> Fuel oil |
| <input type="checkbox"/> Geothermal heat pump | <input type="checkbox"/> Something else (please specify: _____) |
| <input type="checkbox"/> Ductless mini-split heat pump | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> No heat in my home |

Q6. How old are your home's major systems and appliances? (Please select one response for each)

| | Primary Heating System | Primary Cooling System | Water Heater | Refrigerator |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2 years or less | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-5 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6-10 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-15 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 15 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not sure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [Do Not Have This] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q7. Does your home use a thermostat to control heating and/or cooling?

Yes, a **programmable thermostat** (one that lets you program a schedule and set the temperature up or down at different times of the day and/or different days of the week)

Does your programmable thermostat actually operate in a programmed mode for most of the year?

- Not programmed, use like a traditional thermostat
- Occasionally run programmed settings
- Always run programmed settings
- Not sure / Don't know

Yes, a **standard/manual thermostat** (one that you have to manually adjust and that has only one setting for the internal temperature you want)

No thermostat

Q8. How many water heaters do you have in your home? None 1 2 More than 2

Q9. What is the approximate size of your primary water heater, in gallons?

- Under 30 gallons
- 30 gallons
- 40 gallons
- 50 gallons
- More than 50 gallons
- Not sure

Q10. What type of water heating system do you use in your home? *If you use more than one water heating system, answer for the system that is used most often.*







- Natural gas standard tank
- Natural gas tankless system
- Electric standard tank
- Heat pump water heater
- Electric whole house tankless system
- Electric point-of-use tankless system
- Bottled gas (propane, LPG) standard tank
- Bottled gas (propane, LPG) whole house tankless system
- Fuel oil standard tank
- Fuel oil whole house tankless system
- Solar water heating system (not Photovoltaic)
- Not sure
- Something else

Q11. Have you purchased **any** light bulbs of **any type** within the last 6 months? This includes any incandescent light bulbs, CFLs, LEDs, halogens, or other types of light bulbs or tubes.) Yes No

Q12. About how many of the following types of light bulbs/lamps are currently being used **inside** your home?

Enter a number for each type of bulb in your home on the row that corresponds to the part of home where that bulb is located. Your best estimate is fine, but please enter whole numbers rather than ranges of numbers.

Note: If the list of areas provided does not account for all the lighted areas in your home, please include the number of each type of light bulbs on the "Any other areas in your home" rows.

| AREA (below) | Conventional light bulbs / Incandescent lamps | Compact fluorescent lamps (CFLs) | Tubular fluorescent lamps | LED light bulbs | Halogen light bulbs | Low voltage lamps | Other types of light bulbs / lamps |
|---|---|---|---|---|---|---|------------------------------------|
| |  |  |  |  |  |  | Please specify: _____ _____ |
| Bedrooms | | | | | | | |
| Bathrooms | | | | | | | |
| Kitchen / dining areas | | | | | | | |
| Living area(s) (e.g., Living rooms, great rooms, family rooms) | | | | | | | |
| Hallways, foyers, entryways, closets, stairwells, pantries | | | | | | | |
| Utility rooms, garages | | | | | | | |
| Please list any 'other' areas not listed above - continue to put the # of bulbs in the column corresponding to that bulb | | | | | | | |
| "Other" areas: _____ | | | | | | | |

Q13. How many of the following appliances are regularly used in your home?

| Type of appliance | Number of each | Type of appliance | Number of each |
|--|----------------|------------------------------|----------------|
| Refrigerators (may have a freezer section) | _____ | Gas or propane clothes dryer | _____ |
| Stand-alone freezer | _____ | Electric range | _____ |
| Dishwasher | _____ | Gas or propane range | _____ |
| Ovens | _____ | Microwave oven | _____ |
| Electric cooktops | _____ | Sauna / Hot tub | _____ |
| Electric clothes dryer | _____ | | |

Q14. How many of the following TVs and other electronic devices are regularly used in your home?

| Entertainment devices | Number of each | Computers | Number of each |
|---|----------------|---------------------------|----------------|
| Traditional tube-type televisions | _____ | Desktops | _____ |
| Plasma televisions | _____ | Laptops | _____ |
| LCD televisions | _____ | Tablets | _____ |
| LED televisions | _____ | Monitors | _____ |
| Rear projection televisions | _____ | Printers/Copiers/Scanners | _____ |
| VCR / DVD / Blu-Ray players | _____ | Stand-alone fax machines | _____ |
| Video game consoles | _____ | | |
| Cable set-top boxes (With DVR) | _____ | | |
| Cable set-top boxes (No DVR) | _____ | | |
| Digital Video Recorders (TIVO or other) | _____ | | |
| Stereos / Home Theater Systems (including Soundbars) | _____ | | |

Q15. How many of the following things are also used in your home?

| Type of device or equipment | Number of each | Type of device or equipment | Number of each |
|---|----------------|-----------------------------|----------------|
| Equipment or medical devices that are plugged into an electrical outlet | _____ | Plug-in Electric Vehicle | _____ |
| Heated aquariums | _____ | Hot tub/sauna | _____ |
| Air Purifier/Cleaner | _____ | Backup Generator | _____ |
| Solar photovoltaic system | _____ | Well/water pump | _____ |
| | | Pool heater/pool pump | _____ |

Q16. Which of the following items used in your household can be described as “high energy efficiency,” or “highly energy efficient” appliances or devices? (*High energy efficiency models are often labeled as “ENERGY STAR®” appliances or devices.*)

| Appliance or Device | Yes (<i>IS highly efficient</i>) | No (<i>Is Not highly efficient</i>) | Not Sure | Do Not Own |
|--------------------------------------|---------------------------------------|--|--------------------------|--------------------------|
| Water heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnace or boiler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Central air conditioner or heat pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room air conditioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clothes washer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clothes dryer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stand-alone freezer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Computer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q17. In addition to the items we've reviewed so far, which, if any, of these other energy efficiency related actions have you or any other members of your household taken in your home at all, and specifically, in the **last 5 years**? *Select all that apply.*

| | Actions taken in last 5 years |
|--|-------------------------------|
| Added weather stripping, caulking, or insulation of windows or doors | <input type="checkbox"/> |
| Installed enhanced insulation of ducts, ceilings, walls, attics, or foundation | <input type="checkbox"/> |
| Installed new, more energy-efficient windows | <input type="checkbox"/> |
| Installed enhanced water pipe insulation | <input type="checkbox"/> |
| Added / improved caulking to doors or windows | <input type="checkbox"/> |
| Installed low-flow shower heads | <input type="checkbox"/> |
| Installed faucet aerators | <input type="checkbox"/> |
| Had a heating system tuned up to operate more efficiently | <input type="checkbox"/> |
| Had a cooling system tuned up to operate more efficiently | <input type="checkbox"/> |
| Installed one or more "Smart" power strips that automatically turn off devices (such as computers, printers, phone chargers) after a period of time when they are not used | <input type="checkbox"/> |
| Implemented any other energy efficiency measures (please specify): _____ | <input type="checkbox"/> |
| Implemented any other energy efficiency measures (please specify): _____ | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

Q18. Which of the following actions are you consistently doing in your home today? Select all that apply. *By consistently, we mean that you do this every time, or on a regular basis.*

- Performing annual maintenance on your HVAC (heating, ventilation, or air conditioning) equipment
- Using a water heater insulation blanket / jacket
- Turning down heating and/or cooling equipment when away from home and/or at night
- None of the above
- Other (please specify): _____

Q19. How likely are you to replace each of the following pieces of equipment in your home in the next year or two?

| Type of equipment | Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Primary heating system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary cooling system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary water heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q20. Of all the windows in your home, what percentage are single pane windows, and what percentage are double pane windows or better? *Your best estimate is fine, but please enter whole numbers that will add up to 100%.*

| Window Type | Percent |
|--|---------------|
| Single pane windows (windows with just 1 layer of glass) | _____ % |
| Double pane windows or better (windows with 2 or more layers of glass) | + _____ % |
| Not sure <input type="checkbox"/> | = _____ 100 % |

In order to help us classify your responses, the last few questions are about your household's characteristics.

Q21. Do you own or rent your home? Own Rent

Q22. **Including yourself**, how many individuals normally live in your home? *(Please do not include anyone who is just visiting, or not currently living with you due to their enrollment in college and/or military service.)* _____

Q23. Are there any individuals in your home that regularly stay at home on all or most **weekdays**? Yes No

Q24. Which of the following best describes your home?

- | | | |
|---|---|--|
| <input type="checkbox"/> Single-family house detached from any other houses | <input type="checkbox"/> Multi-family house or building with 2-4 apartments/units | <input type="checkbox"/> Mobile/manufactured home |
| <input type="checkbox"/> Single-family house attached to one or more houses | <input type="checkbox"/> Multi-family house or building with 5 or more apartments/units | <input type="checkbox"/> Other (please specify): _____ |

Q25. What is the approximate square footage of your home? Please include only heated living space in your response. *If you are not certain, please give your best estimate.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than 500 sq. ft. | <input type="checkbox"/> 1,500 – 1,999 | <input type="checkbox"/> 3,000 – 3,499 |
| <input type="checkbox"/> 500 – 999 | <input type="checkbox"/> 2,000 – 2,499 | <input type="checkbox"/> 3,500 – 3,999 |
| <input type="checkbox"/> 1,000 – 1,499 | <input type="checkbox"/> 2,500 – 2,999 | <input type="checkbox"/> 4,000 sq. ft. or more |

Q26. How many bedrooms are in your home?

- | | | |
|--|----------------------------|------------------------------------|
| <input type="checkbox"/> 0 (Studio / Efficiency apartment / Single Room Occupancy) | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |
| | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 or more |

Q27. How many bathrooms are in your home? *(Please consider a bathroom that does not include either a bathtub or shower as a half-bathroom.)*

Full bathrooms _____ Half bathrooms _____

Q28. How many stories or levels are there in your home / building?

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 story / level | <input type="checkbox"/> 3 stories / levels | <input type="checkbox"/> More than 4 stories / levels |
| <input type="checkbox"/> 2 stories / levels | <input type="checkbox"/> 4 stories / levels | |

Q29. About when was your home built?

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Before 1940 | <input type="checkbox"/> 1970-1979 | <input type="checkbox"/> 2010-Present |
| <input type="checkbox"/> 1940 - 1949 | <input type="checkbox"/> 1980-1989 | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> 1950-1959 | <input type="checkbox"/> 1990-1999 | |
| <input type="checkbox"/> 1960-1969 | <input type="checkbox"/> 2000-2009 | |

Q30. What is your gender? Male Female

Q31. What is the highest level of education completed by the head of household?

- | | |
|---|--|
| <input type="checkbox"/> Less than a high school degree | <input type="checkbox"/> Associates degree or some college |
| <input type="checkbox"/> High school degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Technical/trade school program | <input type="checkbox"/> Graduate / professional degree, e.g., J.D., MBA, MD, etc. |

Q32. Which of the following categories includes the income that your household reported as your total annual income for tax purposes for 2013? Please include the income you reported for all of the people living in your home in this figure.

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000 – \$39,999 | <input type="checkbox"/> \$100,000 – \$124,999 |
| <input type="checkbox"/> \$10,000 – \$14,999 | <input type="checkbox"/> \$40,000 – \$49,999 | <input type="checkbox"/> \$125,000 – \$149,999 |
| <input type="checkbox"/> \$15,000 – \$19,999 | <input type="checkbox"/> \$50,000 – \$59,999 | <input type="checkbox"/> \$150,000 or more |
| <input type="checkbox"/> \$20,000 – \$24,999 | <input type="checkbox"/> \$60,000 – \$74,999 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> \$25,000 --\$29,999 | <input type="checkbox"/> \$75,000 – \$99,999 | |

Those are all the questions we have for you today. Thank you for your participation – it is greatly appreciated!

YOUR SURVEY RESPONSES WILL BE PROCESSED SEPARATELY FROM YOUR THANK YOU PAYMENT.

To receive your thank you payment:

Please check your survey responses to be sure that they are **complete and clear**. Then just provide your mailing information here, so that we can send you the \$10 check:

Full name _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Please be sure to review the mailing information you provided and verify that it is complete and correct.

Now, insert your completed survey in the return envelope that was provided and drop it in the mail as soon as possible. Your completed survey must be in the return mail within one week of your receipt of the survey packet. Late surveys will not be eligible for the thank you payment.

**CHECKS SHOULD BE RECEIVED
WITHIN 4-6 WEEKS FROM THE DATE THAT WE RECEIVE YOUR SURVEY.**

If you would prefer to decline and **NOT** receive a thank you payment, please check this box:

and please initial here: _____ to verify that you do NOT want to receive the thank you payment.