

If YES, ask:

WW-3c. For how many A/C units?*

WW-3d. Were you planning on buying any weather stripping tape for your home's windows with A/C units before you received some from the Residential Neighborhood Program?*

- Yes
- Maybe
- No
- DK/NS
- No, already have tape installed around all available windows

WW-3e. Have you purchased any additional weather stripping tape for windows with A/C units since receiving some from the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

WW-3f. For how many A/C units?*

WK. HVAC Winter Kit for Wall/Window Unit

WK-1. Did you or the auditor install the winter kit for wall or window air conditioning units that was provided through the program?*

- Yes, I installed
- Yes, auditor installed
- No, I received the kit but it has not been installed yet
- No, I did not receive the winter kit for A/C units
- DK/NS

If "No, I did not receive ' or "DK/NS" skip to next measure.

if "Yes, I installed" in WK-1, ask WK-1a

WK-1a. Was it easy to install?*

- Yes
- No
- DK/NS

If "no, I received but did not install" in WK-1, ask WK-1b-c:

WK-1b. How many kits did you receive? (if needed: That is, how many wall or window air conditioning units did the auditor leave you winter insulation kits for?)*

- one
- two
- three
- DK/NS

WK-1c. Do you plan on using this item/these items?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in WK-1c, ask WK-1d:

WK-1d. Why not?*

If "yes, I installed" or "yes, auditor installed" in WK-1, ask WK-2a to WK-3g

WK-2a. How many wall or window air conditioning units in your home were winterized using the kit provided by the Residential Neighborhood Program?*

One or more winterized using kit specify number of units: *

-
- None
 - DK/NS

WK-2b. Has the winter kit for wall or window air conditioning units provided by the Residential Neighborhood Program been removed from any of the A/C units where it was installed?*

- Yes
- No, all installations are still in place
- DK/NS

If "yes" to WK-2b, ask WK-2c-e:

WK-2c. How many window A/C units had the winter kit installed but then removed?*

WK-2d. Why was it removed?*

WK-2e. Who removed it?*

WK-2f. Are any of the window or wall units winterized with the kit removable? In other words, is the A/C unit permanently attached, or can it be taken out of the wall or window in winter?*

- One or more removable units, *specify number of units*:: *
- None are removable / all are permanently installed *SKIP TO WK-3a*
- DK/NS *SKIP TO WK-3a*

If "one or more" to WK-2f, ask WK-2g

WK-2g. In previous years, have you removed any A/C units from walls or windows for the winter, or do you leave the units in place all year round?*

- Always removed units during winter
- Sometimes removed units during winter, sometimes left them in
- Always left units in place during winter
- DK/NS

If "one or more" to WK-2f, ask WK-2h

WK-2h. Which of the following statements best describes the situation with your wall or window A/C units during the most recent winter?

*(READ RESPONSES)**

- I left the units in place through the winter, and would have done so whether or not I participated in the Residential Neighborhood Program.
- I took the units out for the winter, and would have done so whether or not I participated in the Residential Neighborhood Program.
- I left the units in place through the winter, though if I had not participated in the Residential Neighborhood Program, I probably would have taken them out for the winter.
- I took the units out for winter, though if I had not participated in the Residential Neighborhood Program, I probably would have left them in place for the winter.
- DK/NS *(Do Not Read)*

WK-3a. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the winter kit for wall or window air conditioning units.*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in WK-3a, ask WK-3b:

WK-3b. Why were you less than satisfied with the winter kit for wall or window air conditioning units?*

WK-3c. Did you have a winter kit for wall or window air conditioning units installed in your home before you received one by participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

WK-3d. For how many A/C units?*

WK-3e. Were you planning on buying a new winter kit for wall or window air conditioning units for your home before you received one by participating in the Residential Neighborhood Program?*

- Yes
- No
- Maybe
- DK/NS
- No, already installed every place possible

WK-3f. Have you purchased any additional winter kits for wall or window air conditioning units since participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

WK-3g. For how many A/C units?*

CD. Caulking Doors

CD-1. Did you or the auditor install any caulking, provided through the program, around doors?*

- Yes, I installed
- Yes, auditor installed
- No, I received caulk for doors but it has not been installed yet
- No, I did not receive caulk for doors
- DK/NS

If "No, I did not receive ' or "DK/NS" skip to next measure.

if "Yes, I installed" in CD-1, ask CD-1a

CD-1a. Was it easy to install?*

- Yes
- No
- DK/NS

If "no, I received but did not install" in CD-1, ask CD-1b:

CD-1b. Do you plan on using the caulk for your doors?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in CD-1b, ask CD-1c:

CD-1c. Why not?*

If "yes, I installed" or "yes, auditor installed" in CD-1, ask CD-2a-e:

CD-2a. How many doors in your home were caulked using the supplies provided by the Residential Neighborhood Program?*

One or more specify number of doors:

- None
- DK/NS

CD-2b. Has the caulking provided by the Residential Neighborhood Program been removed from any of the doors where it was installed?*

- Yes
- No, all installations are still in place
- DK/NS

If "yes" to CD-2b, ask CD-2c-e:

CD-2c. How many doors had the caulking installed but then removed?*

CD-2d. Why was the caulk removed?*

CD-2e. Who removed it?*

CD-3. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the door caulking.*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in CD-3, ask CD-3a:

CD-3a. Why were you less than satisfied with the door caulking?*

CD-3b. Did you have caulking installed on any doors in your home before participating in the Residential Neighborhood Program?*

- Yes
 No
 DK/NS

If YES, ask:

CD-3c. For how many doors?*

CD-3d. Were you planning on buying any door caulking for your home before participating in the Residential Neighborhood Program?*

- Yes
 No
 Maybe
 DK/NS
 No, already installed every place possible

CD-3e. Have you purchased any additional caulking for doors since participating in the Residential Neighborhood Program?*

- Yes
 No
 DK/NS

If YES, ask:

CD-3f. For how many doors?*

CW. Caulking Windows

CW-1. Did you or the auditor install any caulking, provided through the program, around windows?*

- Yes, I installed
- Yes, auditor installed
- No, I received caulk for windows but it has not been installed yet
- No, I did not receive caulk for windows
- DK/NS

If "No, I did not receive ' or "DK/NS" skip to next measure.

if "Yes, I installed" in CW-1, ask CW-1a

CW-1a. Was it easy to install?*

- Yes
- No
- DK/NS

If "no, I received but did not install" in CW-1, ask CW-1b

CW-1b. Do you plan on using the caulk for your windows?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in CW-1b, ask CW-1c:

CW-1c. Why not?*

If "yes, I installed" or "yes, auditor installed" in CW-1, ask CW-2a to CW-3f

CW-2a. How many windows in your home were caulked using the supplies provided by the Residential Neighborhood Program?*

One or more *specify number of windows:*

*

-
- None
 - DK/NS

CW-2b. Has the caulking provided by the Residential Neighborhood Program been removed from any of the windows where it was installed?*

- Yes
- No, all installations are still in place
- DK/NS

If "yes" to CW-2b, ask CW-2c-e:

CW-2c. How many windows had the caulking installed but then removed?*

CW-2d. Why was the caulk removed?*

CW-2e. Who removed it?*

CW-3. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the window caulking.*

1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in CW-3, ask CW-3a:

CW-3a. Why were you less than satisfied with the window caulking?*

CW-3b. Did you have caulking installed on any windows in your home before participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

CW-3c. For how many windows?*

CW-3d. Were you planning on buying any window caulking for your home before participating in the Residential Neighborhood Program?*

- Yes
- No
- Maybe
- DK/NS
- No, already installed every place possible

CW-3e. Have you purchased any additional caulking for windows since participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

CW-3f. For how many windows?*

DS. Door Sweeps

DS-1. Did you or the auditor install any door sweeps, provided through the program, under your doors?*

- Yes, I installed
- Yes, auditor installed
- No, I received door sweeps but they have not been installed yet
- No, I did not receive door sweeps
- DK/NS

If "No, I did not receive" or "DK/NS" skip to next measure.

if "Yes, I installed" in DS-1, ask DS-1a

DS-1a. Was it easy to install?*

- Yes
- No
- DK/NS

If "no, I received but did not install" in 1, ask 1b

DS-1b. Do you plan on using the door sweeps?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in DS-1b, ask DS-1c

DS-1c. Why not?*

If "yes, I installed" or "yes, auditor installed" in DS-1, ask DS-2a to DS-3f

DS-2a. How many doors in your home currently have door sweeps provided by the Residential Neighborhood Program?*

() One or more specify number of doors:

_____ *

- () None
- () DK/NS

DS-2b. Have any of the door sweeps that were installed through the Residential Neighborhood Program been uninstalled or removed?*

- () Yes
- () No, all installations are still in place
- () DK/NS

If "yes" to DS-2b, ask DS-2c to DS-2e

DS-2c. How many doors had door sweeps installed but then removed?*

DS-2d. Why was the door sweep removed?*

DS-2e. Who removed it?*

DS-3. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the door sweeps.*

() 1 () 2 () 3 () 4 () 5 () 6 () 7 () 8 () 9 () 10 () DK/NS

If 7 or less in DS-3, ask DS-3a

DS-3a. Why were you less than satisfied with the door sweeps?*

DS-3b. Did you have sweeps installed on any doors in your home before participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

DS-3c. For how many doors?*

DS-3d. Were you planning on buying any door sweeps for your home before participating in the Residential Neighborhood Program?*

- Yes
- No
- Maybe
- DK/NS
- No, already installed every place possible

DS-3e. Have you purchased any additional door sweeps since participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

DS-3f. For how many doors?*

GT. Clear Glass Patch Tape

GT-1. Did you or the auditor install the clear glass patch tape, provided through the program, on any windows in your home?*

- Yes, I installed
- Yes, auditor installed
- No, I received clear glass patch tape but it has not been installed yet
- No, I did not receive clear glass patch tape
- DK/NS

If "No, I did not receive" or "DK/NS" skip to next measure.

if "Yes, I installed" in GT-1, ask GT-1a

GT-1a. Was it easy to install?*

- Yes
- No
- DK/NS

If "no, I received but did not install" in 1, ask 1b

GT-1b. Do you plan on using the clear glass patch tape?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in GT-1b, ask GT-1c

GT-1c. Why not?*

If "yes, I installed" or "yes, auditor installed" in GT-1, ask GT-2a to GT-3f

GT-2a. How many windows in your home were patched using clear glass patch tape provided by the Residential Neighborhood Program?*

One or more *specify number of windows:*

*

-
- None
 - DK/NS

GT-2b. Has the clear glass patch tape provided by the Residential Neighborhood Program been removed from any of the windows where it was installed?*

- Yes
- No, all installations are still in place
- DK/NS

If "yes" to GT-2b, ask 2c to 2e

GT-2c. How many windows had the clear glass patch tape installed but then removed?*

GT-2d. Why was the clear glass patch tape removed?*

GT-2e. Who removed it?*

GT-3. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the clear glass patch tape.*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in GT-3, ask 3a

GT-3a. Why were you less than satisfied with the clear glass patch tape?*

GT-3b. Did you have clear glass patch tape installed on any windows in your home before participating in the Residential Neighborhood Program?*

- Yes
 No
 DK/NS

If YES, ask:

GT-3c. For how many windows?*

GT-3d. Were you planning on buying any clear glass patch tape for your home before participating in the Residential Neighborhood Program?*

- Yes
 No
 Maybe
 DK/NS
 No, already installed every place possible

GT-3e. Have you purchased any additional clear glass patch tape for windows since participating in the Residential Neighborhood Program?*

- Yes
 No
 DK/NS

If YES, ask:

GT-3f. For how many windows?*

PW. Water Heater Pipe Wrap

PW-1. Did you or the auditor wrap any insulation, provided through the program, around hot water pipes?*

- Yes, I installed
- Yes, auditor installed
- No, I received hot water pipe wrap but it has not been installed yet
- No, I did not receive hot water pipe wrap
- DK/NS

If "No, I did not receive" or "DK/NS" skip to next measure.

if "Yes, I installed" in PW-1, ask 1a

PW-1a. Was it easy to install?*

- Yes
- No
- DK/NS

If "no, I received but did not install" in 1, ask 1b

PW-1b. Do you plan on using the hot water pipe insulation wrap?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in PW-1b, ask 1c

PW-1c. Why not?*

If "yes, I installed" or "yes, auditor installed" in PW-1, ask 2a to 3f

PW-2a. Was there any old insulation that had to be removed before installing the new hot water pipe insulation wrap?*

- Yes
- No
- DK/NS

PW-2b. Do you know about how many feet of hot water pipe was wrapped with insulation?*

- Yes *Specify number of feet:* _____ *
- No / DK/NS

PW-2c. Did the installer from the Residential Neighborhood Program leave you with any extra hot water pipe insulation wrap that was not installed at the time?*

- Yes
- No
- DK/NS

If "yes" to PW-2c:

PW-2d. About how many extra feet of hot water pipe insulation wrap did they leave you with?*

PW-2e. Has any of the hot water pipe insulation wrap that was provided by the Residential Neighborhood Program been removed from where it was installed?*

- Yes
- No, all installations are still in place
- DK/NS

If "yes" to PW-2e, ask PW-2f-h:

PW-2f. About how many feet of hot water pipe insulation wrap was removed?*

PW-2g. Why was the hot water pipe insulation wrap removed?*

PW-2h. Who removed it?*

PW-3. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the hot water pipe insulation wrap.*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in PW-3, ask 3a

PW-3a. Why were you less than satisfied with the hot water pipe insulation wrap?*

PW-3b. Did you have hot water pipe insulation wrap installed in your home before participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

PW-3c. Were you planning on buying any insulation for your hot water pipes before participating in the Residential Neighborhood Program?***

- Yes
- No
- Maybe
- DK/NS
- No, already installed every place possible

PW-3d. Have you purchased any additional hot water pipe insulation wrap since participating in the Residential Neighborhood Program?***

- Yes
- No
- DK/NS

If YES, ask:

PW-3e. How many feet of hot water pipe insulation wrap did you purchase?*

TW. Water Heater Tank Insulation Wrap

TW-1. Did you or the auditor install any insulation, provided through the program, on your hot water heater tank?*

- Yes, I installed
- Yes, auditor installed
- No, I received hot water tank insulation wrap but it has not been installed yet
- No, I did not receive hot water tank insulation wrap
- DK/NS

If "No, I did not receive ' or "DK/NS" skip to next measure.

if "Yes, I installed" ask

TW-1a. Was it easy to install?*

- Yes
- No
- DK/NS

If "no, I received but did not install" , ask

TW-1b. Do you plan on using the hot water tank insulation wrap?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in TW-1b, ask TW-1c

TW-1c. Why not?*

If "yes, I installed" or "yes, auditor installed" in TW-1, ask TW-2a to TW-3c

TW-2a. Has the hot water tank insulation wrap that was provided by the Residential Neighborhood Program been removed from where it was installed?*

- Yes
- No, all installations are still in place
- DK/NS

TW-2b. Why was the hot water tank insulation wrap removed?*

TW-2c. Who removed it?*

TW-3. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the hot water tank insulation wrap.*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in TW-3, ask 3a

TW-3a. Why were you less than satisfied with the hot water tank insulation wrap? (specify:)*

TW-3b. Did you have any insulation wrap installed on your hot water tank before participating in the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

TW-3c. Were you planning on buying insulation to wrap your hot water tank before participating in the Residential Neighborhood Program?*

- Yes
 No
 Maybe
 DK/NS
 No, already installed every place possible

TA. Water Heater Temperature Adjustment

TA-1. During the Residential Neighborhood Program audit, did you or the auditor check the temperature of your hot water heater?*

- Yes, I did
 Yes, auditor did
 No, the auditor left tool/instructions for checking the temperature but I haven't done it yet
 No, the water temperature was not checked
 DK/NS

If "No, I did not receive ' or "DK/NS" skip to next measure.

if "Yes, I checked" in TA-1, ask TA-1a

TA-1a. Was it easy to check the temperature?*

- Yes
 No
 DK/NS

TA-2a. Do you recall what temperature your hot water heater was set at when it was first checked during the Residential Neighborhood Program audit?*

- Yes
*specify temperature: _____ **
 No or DK/NS

TA-2b. After checking the temperature of your hot water heater, were any adjustments made to the temperature setting during the Residential Neighborhood Program audit?*

- Yes
 No
 DK/NS

If "yes" in TA-2b, ask 2c:

TA-2c. Do you know what temperature your hot water heater was set to after being adjusted?*

- Yes
*specify temperature: _____ **
 No or DK/NS

TA-2d. Has anyone made any further changes to the temperature setting on your hot water heater since the auditor from the Residential Neighborhood Program visited your home?*

- Yes
- No
- DK/NS

If YES to 2d, ask 2e and 2f

TA-2e. Who adjusted your temperature settings after the visit from the auditor?*

TA-2f. What adjustment was made to the temperature setting?*

Record "up" or "down" and the number of degrees changed.

TA-3. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the adjustments made to your hot water heater temperature settings.*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in TA-3, ask TA-3a:

TA-3a. Why were you less than satisfied with the adjustments made to your hot water heater temperature settings?*

TA-3b. How often did you check the temperature on your water heater before participating in the Residential Neighborhood Program?*

- Never checked
- Checked once or twice / a few times
- Regularly, but less often than once per year
- Regularly, once per year or more frequently
- DK/NS

SP. Switch Plate Wall Thermometer

SP-1. During the Residential Neighborhood Program audit, did you or the auditor install the switch plate wall thermometer that was provided through the program?*

- Yes, I installed
- Yes, auditor installed
- No, I received the wall thermometer but it has not been installed yet
- No, did not receive wall thermometer
- DK/NS

If "No, I did not receive" or "DK/NS" skip to next measure.

if "Yes, I installed" in SP-1, ask SP-1a

SP-1a. Was it easy to install?*

- Yes
- No
- DK/NS

if "Yes, I installed" in SP-1, ask SP-1a

SP-1b. Do you plan on using the switch plate wall thermometer?*

- Yes
- No
- DK/NS

If "no" or "DK/NS" in SP-1b, ask 1c:

SP-1c. Why not?*

If "yes, I installed" or "yes, auditor installed" in SP-1, ask SP-2a to SP-2c

SP-2a. Where was the switch plate wall thermometer installed in your home? (Which room?)*

SP-2b. Including the switch plate wall thermometer you received from the Residential Neighborhood Program, how many thermometers are there in your home now?*

This includes the thermometer that is part of a Thermostat

- 1
- 2
- 3
- 4 or more
- DK/NS

SP-2c. Has the switch plate wall thermometer that was provided by the Residential Neighborhood Program been removed from where it was installed?*

- Yes, moved to somewhere else in the home
- Yes, no longer installed in the home
- No, installation is still in place
- DK/NS

If "yes, moved elsewhere" to SP-2c, ask SP-2d-e then continue from SP-3a:
SP-2d. Where was the switch plate wall thermometer moved to?*

SP-2e. Why was the switch plate wall thermometer moved?*

If "yes, no longer installed" to SP-2c, ask SP-2f-g then skip to SP-4:
SP-2f. Why was the switch plate wall thermometer removed?*

SP-2g. Who removed it?*

SP-3a. About how often would you say you check the temperature reading on the new switch plate wall thermometer you received from the Residential Neighborhood Program?*

- More often than once a day
- About once a day
- Once every few days
- About once a week
- Less often than once a week
- Never
- DK/NS

SP-3b. Have you made any adjustments to your heating settings in the winter since the new switch plate wall thermometer was installed?*

- Yes Ask 3c
- No
- DK/NS

SP-3c. What adjustments have you made to the temperature setting?*
(If applicable, record "up" or "down" and the number of degrees changed.)

SP-3d. Have you made any adjustments to your cooling settings in the summer since the new switch plate wall thermometer was installed?*

- Yes Ask 3e
- No
- DK/NS
- NA

SP-3e. What adjustments have you made to the temperature setting?*
(If applicable, record "up" or "down" and the number of degrees changed.)

SP-4. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the switch plate wall thermometer.*

1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less in SP-4, ask 4a:

SP-4a. Why were you less than satisfied with the switch plate wall thermometer?*

F. A/C and Heat Filters / Change Filter Calendar

F-1a. Did the auditor from the Residential Neighborhood Program give you a year's supply of air conditioner and heater filters?*

- Yes
- No, did not receive filters
- DK/NS

F-1b. Did the auditor from the Residential Neighborhood Program give you a calendar for keeping track of when to change the filters?*

- Yes
- No, did not receive calendar
- DK/NS

If "No" or "DK/NS" responses to both F-1a and F-1b, then skip ahead to next measure now.

If "yes" to either F-1a or F-1b, then continue with F-1c to F-2d:

F-1c. Did you or the auditor from the Residential Neighborhood Program change your A/C or heater filter during their visit to your home?*

- Yes, auditor changed filter
- Yes, I changed filter
- No, did not change filter during audit
- DK/NS

If "yes, I changed filter" in F-1c, ask F-1d
F-1d. Was changing the filter easy to do?*

- Yes
- No
- DK/NS

F-1e. Have you been using the filter change calendar and changing your filters regularly since the Residential Neighborhood Program audit?*

- Yes, I am using the calendar and changing filters
- Yes I have been changing filters, but I am not using the calendar
- No, not using calendar or changing filters
- DK/NS

If "yes, I am using the calendar and changing filters" in F-1e, ask F-1f:

F-1f. Have you been changing the filters every time the calendar suggests, more frequently, or less frequently?*

- As calendar suggests
- More frequently

ask: **How much more frequently? :**

_____ *

Less frequently
ask: **How much less frequently? :**

_____ *

Other specify: _____ *

DK/NS

If "yes, changing filters but not using calendar" in F-1e, ask F-1g-h
F-1g. Why are you not using the filter change calendar?*

F-1h. How often do you change the filter?*

If "no, not using calendar or changing filters" in F-1e, ask F-1i:

F-1i. Why are you not using the A/C and heater filters that were provided by the Residential Neighborhood Program?*

F-2. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the filter change calendar that was provided by the program.*

- 1 2 3 4 5 6 7 8 9 10 DK/NS NA

If 7 or less in F-2, ask F-2a

F-2a. Why were you less than satisfied with the filter change calendar?*

F-2b. On a scale from 1-10, with 1 indicating that you were very dissatisfied, and 10 indicating that you were very satisfied, please rate your satisfaction with the A/C and heater filters that were provided by the program.*

1 2 3 4 5 6 7 8 9 10 DK/NS NA

If 7 or less in F-2b, ask F-2c

F-2c. Why were you less than satisfied with the A/C and heater filters?*

F-2d. How often were you changing your A/C and heater filters before you participated in the Residential Neighborhood Program?*

F-2e. Were you planning on buying any A/C or heater filters before you received some from the Residential Neighborhood Program?*

- Yes
- No
- Maybe
- DK/NS

F-2f. Have you purchased any additional A/C or heater filters since receiving a year's supply from the Residential Neighborhood Program?*

- Yes
- No
- DK/NS

If YES, ask:

F-2g. For how many filters did you purchase?*

Interviewer: Ask q120 to the end of the survey for all respondents.

120. We are interested in learning what Duke Energy might offer in order to convince people like yourself to participate in programs like the Residential Neighborhood Program. Are there things that this program could have provided that you think would have made more people want to participate?*

I would now like to ask about your satisfaction with different aspects of the Residential Neighborhood Program. I will read a list of items, after I read each item please tell me how satisfied you are with that item. Please indicate on a 1 to 10 scale with a 10 meaning you are very satisfied and a 1 meaning you are very dissatisfied.

121. How satisfied are you with the convenience of enrolling in the Residential Neighborhood Program?*

1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

121a. How could this be improved?*

122. How satisfied are you with the knowledge of the auditor who visited your home?*

1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

122a. How could this be improved?*

123. How satisfied are you with the helpfulness of the auditor who visited your home?*

1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

123a. How could this be improved?*

124. Now I'm going to ask you about community meetings. Did you attend the community meeting in your neighborhood for the Residential Neighborhoods Program?*

- Yes
- No
- DK/NS

125. Next I am going to read you some more statements about the community meeting. As before, please rate your satisfaction with each aspect of the community meeting on a 1 to 10 scale, where 10 means very satisfied and 1 means very dissatisfied. How satisfied are you with the information presented about the Residential Neighborhood Program at the community meeting?*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

125a. How could this be improved?*

If Yes to q124, ask q126 and q127

126. Using the same 1-to-10 rating scale, how satisfied are you with the staff and presenters at the community meeting?*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

126a. How could this be improved?*

127. How would you rate your overall satisfaction with the Residential Neighborhood Program?*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

127a. How could this be improved?*

(Ohio only)

128. If you were rating your overall satisfaction with the Residential Neighborhood Program, would you say you were...*

- Very Satisfied,
- Somewhat Satisfied,
- Neither Satisfied nor Dissatisfied,
- Somewhat Dissatisfied, or
- Very Dissatisfied?
- Refused
- DK/NS

(Ohio only)

128a. Why do you give it that rating?*

129. And, overall how would you rate your satisfaction with Duke Energy?*

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

129a. How could this be improved?*

130. How much time was there between the day you signed up for the Residential Neighborhood Program and the day the auditor visited your home to install energy efficiency measures?*

131. Would you say that the time between signing up and the auditor's visit was ...*

- Too long,
- About right, or
- Too short?
- DK/NS

132. How about the length of time the auditor was at your home, was it ...*

- Too long,
- About right, or
- Too short?
- DK/NS

133. What was your favorite thing about participating in the Residential Neighborhood Program?*

134. What was your least favorite thing about participating in the Residential Neighborhood Program?*

135. What would you say are the most important things you learned from the Residential Neighborhood Program?*

After each response, ask Anything else? if No, go to q136

a: _____
b: _____
c: _____

136. Have you taken any additional steps to save energy in your home since participating in the Residential Neighborhood Program?*

- Yes ask q137
- No
- DK/NS

137. What actions have you taken to save energy?*

After each response, ask Anything else? if No, go to q138

a: _____
b: _____
c: _____
d: _____

138. Are there any additional services that you would like the Residential Neighborhood Program to provide that it does not currently provide?*

139. Are there any other things that you would like to see changed about the Residential Neighborhood Program?*

140. Did you recommend this program to any of your friends, neighbors, or relatives?*

- Yes
- No
- DK/NS

If yes,

140a. How many people have you recommended the program to?*

141. The Residential Neighborhood Program was provided by Duke Energy. As a result of this program, would you say your attitude toward Duke Energy is more positive, more negative, or about the same?*

(If more positive/negative, ask if "much more" positive/negative or "somewhat more" positive/negative.)

- Much more positive
- Somewhat more positive
- About the same *Skip to Q142*
- Somewhat more negative
- Much more negative
- DK/NS *Skip to Q142*

If "more positive" or "more negative" in Q141, then ask Q141a:

141a. Why do you say that?*

The next set of questions deal with some effects that the program may have had on you and your household.

As a result of your participation in this program....

142. Has your knowledge of how to save energy and reduce your utility bill increased, stayed the same, or decreased?*

(If increased or decreased, ask if a lot or somewhat)

- Increased a lot
- Increased somewhat
- Stayed about the same
- Decreased somewhat
- Decreased a lot
- DK/NS

143. Have your monthly utility bills increased, stayed the same, or decreased?*

(If increased or decreased, ask if a lot or somewhat)

- Increased a lot
- Increased somewhat
- Stayed about the same
- Decreased somewhat
- Decreased a lot
- DK/NS

If "increased" or "decreased" in Q143, then ask Q143a

143a. Could you provide an estimate of how much your monthly utility bill, on average, has changed per month since you participated in this program?

*We are not asking for the total amount of their bills, just the amount of CHANGE in their bills.**

Finally, we have some general demographic questions...

d1. In what type of building do you live?*

- Single-family home, detached construction
- Single family home, factory manufactured/modular
- Single family, mobile home
- Row House
- Two or Three family attached residence-traditional structure
- Apartment (4 + families)---traditional structure
- Condominium---traditional structure
- Other: _____
- Refused
- DK/NS

d2. What year was your residence built?*

- 1959 and before
- 1960-1979
- 1980-1989
- 1990-1997
- 1998-2000
- 2001-2007
- 2008-present
- DK/NS

d3. How many rooms are in your home (excluding bathrooms, but including finished basements)?*

- 1-3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more
- DK/NS

d4. Which of the following best describes your home's heating system?*

Check all that apply

- None
- Central forced air furnace
- Electric Baseboard
- Heat Pump
- Geothermal Heat Pump
- Other: _____
- DK/NS

d5. How old is your heating system?*

- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 19 years or older
- DK/NS
- Do not have

d6. What is the primary fuel used in your heating system?*

- Electricity
- Natural Gas
- Oil
- Propane
- Other: _____
- DK/NS

d7. What is the secondary fuel used in your primary heating system, if any?*

- Electricity
- Natural Gas
- Oil
- Propane
- Other: _____
- None
- DK/NS

d8. Do you use one or more of the following to cool your home?*

(Mark all that apply)

- None, do not cool the home
- Heat pump for cooling
- Central air conditioning
- Through the wall or window air conditioning unit
- Geothermal Heat pump
- Other *(please specify?)*: _____
- DK/NS

d9. How many window-unit or "through the wall" air conditioner(s) do you use?*

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- DK/NS

d10. What is the fuel used in your cooling system?*

- Electricity
- Natural Gas
- Oil
- Propane
- Other: _____
- None
- DK/NS

d11. How old is your cooling system?*

- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 19 years or older
- DK/NS
- Do not have

d12. What is the fuel used by your water heater?*

(Mark all that apply)

- Electricity
- Natural Gas
- Oil
- Propane
- Other: _____
- No water heater
- DK/NS

d13. How old is your water heater?*

- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- More than 19 years
- DK/NS

d14. What type of fuel do you use for indoor cooking on the stovetop or range?*

(Mark all that apply)

- Electricity
- Natural Gas
- Oil
- Propane
- Other: _____
- No stovetop or range
- DK/NS

d15. What type of fuel do you use for indoor cooking in the oven?**(Mark all that apply)*

- Electricity
- Natural Gas
- Oil
- Propane
- Other: _____
- No oven
- DK/NS

d16. What type of fuel do you use for clothes drying?**(Mark all that apply)*

- Electricity
- Natural Gas
- Oil
- Propane
- Other: _____
- No clothes dryer
- DK/NS

d17. About how many square feet of living space are in your home?**(Do not include garages or other unheated areas)**Note: A 10-foot by 12 foot room is 120 square feet*

- Less than 500
- 500 to 999
- 1000 to 1499
- 1500 to 1999
- 2000 to 2499
- 2500 to 2999
- 3000 to 3499
- 3500 to 3999
- 4000 or more
- DK/NS

d18. Do you own or rent your home?*

- Own
- Rent

d19. How many levels are in your home (not including your basement)?*

- One
- Two
- Three

d20. Does your home have a heated or unheated basement?*

- Heated
- Unheated

- No basement
- DK/NS

d21. Does your home have an attic?*

- Yes
- No
- DK/NS

d22. Are your central air/heat ducts located in the attic?*

- Yes
- No
- DK/NS
- N/A

d23. Does your house have cold drafts in the winter?*

- Yes
- No
- DK/NS

d24. Does your house have sweaty windows in the winter?*

- Yes
- No
- DK/NS

d25. Do you notice uneven temperatures between the rooms in your home?*

- Yes
- No
- DK/NS

d26. Does your heating system keep your home comfortable in winter?*

- Yes
- No
- DK/NS

d27. Does your cooling system keep your home comfortable in summer?*

- Yes
- No
- DK/NS

d28. Do you have a programmable thermostat?*

- Yes
- No
- DK/NS

d28b. How many thermostats are there in your home?*

- 0
- 1
- 2
- 3
- 4 or more
- DK/NS

d29. What temperature is your thermostat set to on a typical summer weekday afternoon?*

- Less than 69 degrees
- 69-72 degrees
- 73-78 degrees
- Higher than 78 degrees
- Off
- DK/NS

d30. What temperature is your thermostat set to on a typical winter weekday afternoon?*

- Less than 67 degrees
- 67-70 degrees
- 71-73 degrees
- 74-77 degrees
- 78 degrees or higher
- Off
- DK/NS

d31. Do you have a swimming pool, hot-tub or spa?*

- Yes
- No

Read all answers until they reply

d32. Would a two-degree increase in the summer afternoon temperature in your home affect your comfort..*

- Not at all
- Slightly
- Moderately, or
- Greatly
- DK/NS

d33. How many people live in this home?*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- Prefer not to answer

d34. How many of them are teenagers?* (age 13-19)

If they ask why: Explain that teenagers are generally associated with higher energy use.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- Prefer not to answer

d35. How many persons are usually home on a weekday afternoon?*

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- Prefer not to answer

d36. Are you planning on making any large purchases to improve energy efficiency in the next 3 years?*

- Yes
- No
- DK/NS

The following questions are for classification purposes only and will not be used for any other purpose than to help Duke Energy continue to improve service.

d37. What is your age group?*

Read all.

- 18-34
- 35-49
- 50-59
- 60-64
- 65-74
- Over 74
- Prefer not to answer

d38. Please indicate your annual household income.*

Read all in bold.

- Under \$15,000**
- \$15,000-\$29,999**
- \$30,000-\$49,999**
- \$50,000-\$74,999**
- \$75,000-\$100,000**
- Over \$100,000**
- Prefer Not to Answer
- DK/NS

We've reached the end of the survey. As I mentioned earlier, we will send you a \$25 check for your time and feedback today. Should we send the \$25 to {address on calling sheet}, or would a different address be better?

Confirm Name & complete address from calling sheet. If needed, make any changes to Name or Address on calling sheet, and mark "Changed Info" column.

You should receive your \$25 check in about 4-6 weeks. It will come in an envelope from our company: TecMarket Works.

(politely end call)

Thank you for taking our survey. Your response is very important to us.

Appendix F: Non-Participant Survey Instrument

Use four attempts at different times of the day and different days before dropping from contact list. Call times are from 10:00 a.m. to 8:00 p.m. EPT Monday through Saturday. No calls on Sunday.

Note: Only read words in bold type. Italics are instructions.

State

Ohio

Kentucky

Hello, my name is *(full name)* . I am calling from TecMarket Works on behalf of Duke Energy to conduct a customer survey about the Residential Neighborhood Program. May I speak with _____ please?

*If person talking, proceed. If person is called to the phone reintroduce.
If not home, ask when would be a good time to call and schedule the call-back:*

We are conducting this survey to obtain your opinions about an energy efficiency program that took place recently in your neighborhood. We are not selling anything. If you qualify, the survey will take about 10 minutes and when we are done with the survey I will confirm your address and we will send you \$15 for your time. Your answers will be confidential, and will help us to make improvements to the program to better serve others. May we begin the survey?

Note: If this is not a good time, ask if there is a better time to schedule a callback.

for answering machine 1st through penultimate attempts:

Hello, my name is *[name]* and I am calling on behalf of Duke Energy to conduct a customer survey about energy efficiency. I am sorry I missed you. I will try again another time.

for answering machine - Final Attempt:

Hello, my name is *[name]* and I am calling on behalf of Duke Energy to conduct a customer survey about energy efficiency. This is my last attempt at reaching you, my apologies for any inconvenience.

1. Do you recall hearing anything about Duke Energy's Residential Neighborhood Program?

- Yes
 No
 DK/NS

If NO or DK/NS to q1

2. This program was provided through Duke Energy and provided residents in your area with free home energy assessments and, if needed, the free installation of energy-saving home improvements.

Were you aware of this program's existence before now

- Yes
 No
 DK/NS

If NO or DK/NS to q2

Sorry, you do not qualify to take this survey, because you are not aware of the program. Politely terminate interview.

3. Did anyone in your household participate in this program?

- Yes
 No
 DK/NS

If YES to q3, ask q3a-b, then politely terminate interview.

3a. Who in your household signed up for the program? What is your relationship to this person? _____

3b. What was done to your home through this program? _____

If YES to q3,

Sorry, you do not qualify to take this survey, because somebody in your home participated in the program.

4. How did you first learn about or hear about Duke Energy's Residential Neighborhood Program?

(Check all that apply)

- Received a letter or postcard in the mail describing the program
4a. **Who sent the letter or postcard?** _____
- Received a "door hanger" describing the program
4b. **Who left the door hanger?** _____
- Heard about a community event promoting the program, though did not attend
- Attended a community event promoting the program
- Someone visited my home to tell me about the program
4c. **What organization was this person from?** _____
- Someone from Duke Energy called to tell me about the program
- Someone else called to tell me about the program
4d. *Specify person/organization* _____
- I called Duke Energy for information or help
- I called someone else for information or help
4e. *Specify person/organization* _____
- Friends, family or neighbors (word of mouth)
- Media (TV, radio, newspapers, news reports, advertising, etc.)
4f. *Specify sources* _____
- Online (Duke Energy or any other websites)
4g. *Specify sites* _____
- Through another agency or organization (Church, CAP, Energy Assistance, etc.)
4h. *Specify organizations* _____
- Some other way
4i. *specify* _____
- DK/NS

If "Attended a community event promoting the program" is checked in Q4, ask Q5a-h; otherwise skip ahead to Q6.

5a. Next I am going to read you some statements about the community meeting you attended. Please rate your satisfaction with each aspect of the community meeting on a 1 to 10 scale, where 10 means very satisfied and 1 means very dissatisfied. How satisfied are you with the information presented about the Residential Neighborhood Program at the event?

- () 1 () 2 () 3 () 4 () 5 () 6 () 7 () 8 () 9 () 10 () DK/NS

If 7 or less,

5b. How could this be improved? _____

5c. Using the same 1-to-10 rating scale, how satisfied are you with the staff and presenters at the community meeting?

- () 1 () 2 () 3 () 4 () 5 () 6 () 7 () 8 () 9 () 10 () DK/NS

If 7 or less,

5d. How could this be improved? _____

5e. And how would you rate your overall satisfaction with the community meeting for the Residential Neighborhood Program?

1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

5f. How could this be improved? _____

6. We are interested in learning what people understood about how this program operated, including people who did not participate. Please describe what you understood was required of participants in this program, and what you could have received in return had you participated in Duke Energy's Residential Neighborhood Program? (What is this program about / what would they do?)

Probe for details and record response _____

7. Do you think you would have been eligible to participate in this program?

- Yes
 No
 DK/NS

If Yes,

7a. Why didn't you participate in Duke Energy's Residential Neighborhood Program?

If DK/NS,

7b. Why didn't you apply or inquire about participating in Duke Energy's Residential Neighborhood Program? _____

8a. Were there any other reasons you chose not to participate in this program? _____

8b. Even though you did not participate, did you recommend this program to any of your friends, neighbors or relatives?

- Yes
 No
 DK/NS

If yes,

8c. How many people have you recommended the program to?

- Number _____
 DK/NS

9. We are interested in learning what we might offer in order to convince people like yourself to participate in programs like the Residential Neighborhood Program. Are there things that this program could have provided that you think would have caused more people such as yourself to want to participate? _____

10. Have you taken any steps to save energy in your home in the past year?

- Yes
- No
- DK/NS

10a-d. What actions have you taken to save energy?

After each response, ask: Anything else?

- Response: 10a. _____
- Response: 10b. _____
- Response: 10c. _____
- Response: 10d. _____

11. The Residential Neighborhood Program was provided by Duke Energy. As a result of what you know about this program, would you say your attitude toward Duke Energy is more positive, more negative, or about the same?

(If more positive/negative, ask if "much more" positive/negative' or "somewhat more" positive/negative.)

- Much more positive
- Somewhat more positive
- About the same
- Somewhat more negative
- Much more negative
- DK/NS

If "more positive" or "more negative" in Q11, then ask Q11a:

11a. Why do you say that? _____

12. Next, please rate your overall satisfaction with Duke Energy on a 1 to 10 scale, where 10 means very satisfied and 1 means very dissatisfied.

- 1 2 3 4 5 6 7 8 9 10 DK/NS

If 7 or less,

12a. How could this be improved? _____

The last set of questions deal with household characteristics. These questions are optional and you do not need to give any information that you are uncomfortable with, but please keep in mind that any and all information you provide will remain confidential.

d1. In what type of building do you live?

- Single-family home, detached construction
- Single family home, factory manufactured/modular
- Single family, mobile home
- Row House
- Two or Three family attached residence-traditional structure
- Apartment (4 + families)---traditional structure
- Condominium---traditional structure
- Other _____
- Refused
- DK/NS

d2. What year was your residence built?

- 1959 and before
- 1960-1979
- 1980-1989
- 1990-1997
- 1998-2000
- 2001-2007
- 2008-present
- DK/NS

d3. How many rooms are in your home (excluding bathrooms, but including finished basements)?

- 1-3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more
- DK/NS

d4. Which of the following best describes your home's heating system?*Check all that apply*

- None
- Central forced air furnace
- Electric Baseboard
- Heat Pump
- Geothermal Heat Pump
- Other _____
- DK/NS

d5. How old is your heating system?

- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 19 years or older
- DK/NS
- Do not have

d6. What is the primary fuel used in your heating system?

- Electricity
- Natural Gas
- Oil
- Propane
- Other _____
- DK/NS

d7. What is the secondary fuel used in your primary heating system, if any?

- Electricity
- Natural Gas
- Oil
- Propane
- Other _____
- None
- DK/NS

d8. Do you use one or more of the following to cool your home?*(Mark all that apply)*

- None, do not cool the home
- Heat pump for cooling
- Central air conditioning
- Through the wall or window air conditioning unit
- Geothermal Heat pump
- Other *(please specify)* _____
- DK/NS

d9. How many window-unit or "through the wall" air conditioner(s) do you use?

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- DK/NS

d10. What is the fuel used in your cooling system?

- Electricity
- Natural Gas
- Oil
- Propane
- Other _____
- None
- DK/NS

d11. How old is your cooling system?

- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 19 years or older
- DK/NS
- Do not have

d12. What is the fuel used by your water heater?

(Mark all that apply)

- Electricity
- Natural Gas
- Oil
- Propane
- Other _____
- No water heater
- DK/NS

d13. How old is your water heater?

- 0-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- More than 19 years
- DK/NS

d14. What type of fuel do you use for indoor cooking on the stovetop or range?

(Mark all that apply)

- Electricity
- Natural Gas
- Oil
- Propane
- Other _____
- No stovetop or range
- DK/NS

d15. What type of fuel do you use for indoor cooking in the oven?

(Mark all that apply)

- Electricity
- Natural Gas
- Oil
- Propane
- Other _____
- No oven
- DK/NS

d16. What type of fuel do you use for clothes drying?

(Mark all that apply)

- Electricity
- Natural Gas
- Oil
- Propane
- Other _____
- No clothes dryer
- DK/NS

d17. About how many square feet of living space are in your home?

(Do not include garages or other unheated areas)

Note: A 10-foot by 12 foot room is 120 square feet

- Less than 500
- 500 to 999
- 1000 to 1499
- 1500 to 1999
- 2000 to 2499
- 2500 to 2999
- 3000 to 3499
- 3500 to 3999
- 4000 or more
- DK/NS

d18. Do you own or rent your home?

- Own
- Rent

d19. How many levels are in your home (not including your basement)?

- One
- Two
- Three

d20. Does your home have a heated or unheated basement?

- Heated
- Unheated
- No basement

d21. Does your home have an attic?

- Yes
- No

d22. Are your central air/heat ducts located in the attic?

- Yes
- No
- N/A
- DK/NS

d23. Does your house have cold drafts in the winter?

- Yes
- No
- DK/NS

d24. Does your house have sweaty windows in the winter?

- Yes
- No
- DK/NS

d25. Do you notice uneven temperatures between the rooms in your home?

- Yes
- No
- DK/NS

d26. Does your heating system keep your home comfortable in winter?

- Yes
- No
- DK/NS

d27. Does your cooling system keep your home comfortable in summer?

- Yes
- No
- DK/NS

d28. Do you have a programmable thermostat?

- Yes
- No
- DK/NS

d28b. How many thermostats are there in your home?

- 0
- 1
- 2
- 3
- 4 or more
- DK/NS

d29. What temperature is your thermostat set to on a typical summer weekday afternoon?

- Less than 69 degrees
- 69-72 degrees
- 73-78 degrees
- Higher than 78 degrees
- Off
- DK/NS

d30. What temperature is your thermostat set to on a typical winter weekday afternoon?

- Less than 67 degrees
- 67-70 degrees
- 71-73 degrees
- 74-77 degrees
- 78 degrees or higher
- Off
- DK/NS

d31. Do you have a swimming pool, hot-tub or spa?

- Yes
- No

Read all answers until they reply

d32. Would a two-degree increase in the summer afternoon temperature in your home affect your comfort..

- Not at all
- Slightly
- Moderately, or
- Greatly
- DK/NS

d33. How many people live in this home?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- Prefer not to answer

d34. How many of them are teenagers? (age 13-19)

If they ask why: Explain that teenagers are generally associated with higher energy use.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- Prefer not to answer