

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

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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?\***

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*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?\***

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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?\***

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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?\***

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*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?\***

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*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?\***

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

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**DS-2e. Who removed it?\***

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**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?\***

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**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?\***

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**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?\***

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*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?\***

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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?\***

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

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**GT-2e. Who removed it?\***

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**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?\***

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**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?\***

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**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?\***

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*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?\***

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**PW-2h. Who removed it?\***

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**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?\***

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**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?\***

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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?\***

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**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-1b*

**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?\*

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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? :*

\*

TecMarket Works

Appendices

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?\***

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**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?\***

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**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?\***

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**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?\***

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

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**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.\**

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**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