



2016-17 FAMILY INSTALLATION SURVEY
Columbia Gas of Ohio

INSULATION

1) Did you install the WEATHER STRIPPING? ☐ Yes ☐ No

HVAC

1) What type of PRIMARY HEATING SYSTEM does your home use? ☐ Gas furnace ☐ Electric furnace
☐ Air source heat pump ☐ Baseboard/In-wall unit ☐ Other ☐ Don't know

2) During the HEATING season, did you check the thermostat setting in your home? ☐ Yes ☐ No

If YES, what was the setting?

☐ 61-63°F ☐ 64-66°F ☐ 67-69°F ☐ 70-72°F ☐ 73-75°F ☐ 76-78°F ☐ 79°F + ☐ Don't know

3) For HEATING, did you decrease the thermostat setting in your home? ☐ Yes, we decreased the setting

☐ No, our thermostat is already at the recommended setting of 68°F ☐ No, other reason

If YES, by how much did you decrease the setting?

☐ 1-2°F ☐ 3-4°F ☐ 5-6°F ☐ 7-8°F ☐ 9°F or more

If YES, when did you decrease the setting?

☐ Both day and night ☐ Only during the day ☐ Only at night

WATER

1) What type of water heater does your home use? ☐ Natural Gas ☐ Electric ☐ Other ☐ Don't know

2) Did you check the hot water temperature in your home? ☐ Yes ☐ No

If YES, was the hot water temperature higher than 120°F? ☐ Yes ☐ No

If YES, did you decrease the temperature setting of your water heater?

☐ Yes, we decreased the setting ☐ No

If you adjusted the water heater setting, by how many degrees was it decreased?

☐ 1-9°F ☐ 10-20°F ☐ 21-29°F ☐ 30-39°F ☐ 40°F or more

3) Did you install the KITCHEN FAUCET AERATOR? ☐ Yes ☐ No

4) Did you install the BATHROOM FAUCET AERATOR? ☐ Yes ☐ No

5) Did you install the LOW-FLOW SHOWERHEAD? ☐ Yes ☐ No

If you answered YES, how many showers are taken in your household on an average day using that showerhead?

☐ 1-2 ☐ 3-4 ☐ 4-5 ☐ 6+

If you answered NO, did you give it to someone else to install? ☐ Yes ☐ No

If you answered YES, did the other person install it? ☐ Yes ☐ No

CONCLUSION

1) How many people live in your home? ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

2) Is your home a single-family building? (This means your walls don't touch another building.) ☐ Yes ☐ No

3) **OPTIONAL** - Your utility is constantly striving to improve their programs. If you, the parent or guardian of the student, would like to participate in a short follow-up survey to help the utility understand your experience with this program, please provide the following information and your utility MAY contact you:

Parent/Guardian Name: _____

Street: _____ City: _____ Zip Code: _____

Phone with Area Code: (_____) _____ - _____