

2017-18 FAMILY INSTALLATION SURVEY

AEP Ohio / Columbia Gas of Ohio

LIGHTING

- 1) How many of the 9 WATT LED's did you install? ☐ One ☐ Two ☐ None
- 2) When installing the 9 WATT LED's, which of the following bulbs did you replace? (IL = incandescent light bulb)
- | | | | |
|---|---|--|---|
| 40w IL <input type="checkbox"/> One <input type="checkbox"/> Two | 60w IL <input type="checkbox"/> One <input type="checkbox"/> Two | 75w IL <input type="checkbox"/> One <input type="checkbox"/> Two | 100w IL <input type="checkbox"/> One <input type="checkbox"/> Two |
| 13w CFL <input type="checkbox"/> One <input type="checkbox"/> Two | 23w CFL <input type="checkbox"/> One <input type="checkbox"/> Two | Other <input type="checkbox"/> One <input type="checkbox"/> Two | |
- 3) Did you install the 11 WATT LED? ☐ Yes ☐ No
- 4) When installing the 11 WATT LED, which of the following bulbs did you replace?
- | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> 40w IL | <input type="checkbox"/> 60w IL | <input type="checkbox"/> 75w IL | <input type="checkbox"/> 100w IL | <input type="checkbox"/> 13w CFL | <input type="checkbox"/> 23w CFL | <input type="checkbox"/> Other |
|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|
- 5) Did you install the LED NIGHTLIGHT? ☐ Yes ☐ No
- If YES, did you replace an incandescent nightlight? ☐ Yes ☐ No

INSULATION

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

HVAC

- 1) What type of PRIMARY HEATING SYSTEM does your home use?
- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Air source heat pump | <input type="checkbox"/> Baseboard/In-wall unit | <input type="checkbox"/> Gas furnace | <input type="checkbox"/> Electric furnace |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> 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?
- | | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> 61-63°F | <input type="checkbox"/> 64-66°F | <input type="checkbox"/> 67-69°F | <input type="checkbox"/> 70-72°F | <input type="checkbox"/> 73-75°F | <input type="checkbox"/> 76-78°F | <input type="checkbox"/> 79°F + | <input type="checkbox"/> 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?
- | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 1-2°F | <input type="checkbox"/> 3-4°F | <input type="checkbox"/> 5-6°F | <input type="checkbox"/> 7-8°F | <input type="checkbox"/> 9°F or more |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|
- If YES, when did you decrease the setting?
- | | | |
|---|--|--|
| <input type="checkbox"/> Both day and night | <input type="checkbox"/> Only during the day | <input type="checkbox"/> Only at night |
|---|--|--|
- 4) What type of PRIMARY COOLING SYSTEM does your home use?
- | | | | |
|---|--------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Air source heat pump | <input type="checkbox"/> Other | <input type="checkbox"/> Don't know | <input type="checkbox"/> None |
| | | | <input type="checkbox"/> Central AC |
| | | | <input type="checkbox"/> Window AC |
- 5) During the COOLING season, did you check the thermostat setting in your home? ☐ Yes ☐ No

If YES, what was the setting?

☐ 64-66°F ☐ 67-69°F ☐ 70-72°F ☐ 73-75°F ☐ 76-78°F ☐ 79-81°F + ☐ 82°F + ☐ Don't know

- 6) For COOLING, did you increase the thermostat setting in your home? ☐ Yes, we increased the setting
☐ No, our thermostat is already at the recommended setting of 78°F ☐ No, other reason

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

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

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

☐ 1-2 ☐ 3-4 ☐ 4-5 ☐ 6+

REFRIGERATOR/FREEZER

- 1) Did you adjust the setting on your REFRIGERATOR to the recommended setting (34-40°F)? ☐ Yes ☐ No

- 2) Did you adjust the setting on your FREEZER to the recommended setting (0-5°F)? ☐ 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: (_____) _____ - _____