Suggested Questions for Seasonal Residential Appliance Survey

(Abridged from HONI Appliance Saturation Survey incorporating suggestions from the Working Group)

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	1 Customer Account #													
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2 What type(s) of **space heating system(s)** do you have?

Space Heating Systems	Main System (ONE Answer Only)	Supplementary System (square footage of house heated by the supplementary system)		
		Less than 25%	25% to 50%	
Electric Baseboard	0	0	0	
Electric Furnace	0	0	0	
Natural Gas	0	0	0	
Oil	0	0	0	
Heat Pump	0	0	0	
Propane	0	0	0	
Wood	0	0	0	
Other	0	0	0	
None	0			

3	What type of	water	heater o	lo you	have?
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O Electric	O Oil	O Other
O Natural Gas	O Propane	O None

4 What type of air conditioning equipment do you have and how old is it?

	Age (years)					
Air Conditioning Equipment	Less Than 10	10 to 15	More Than 15	Do Not Have		
Central Air Conditioner	0	0	0	0		
Heat Pump	0	0	0	0		
Window Air Conditioner # 1	0	0	0	0		
Window Air Conditioner # 2	0	0	0	0		
Window Air conditioner # 3	0	0	0	0		

5. Approximately how much is your seasonal home occupied? ONE ANSWER ONLY FOR EACH MONTH

Time	Jan	Feb	Mar	Apr	May	Jun
One (1) Week	0	0	0	0	0	0
Two (2) Weeks	0	0	0	0	0	0
Three (3) Weeks	0	0	0	0	0	0
All Month	0	0	0	0	0	0
Weekends and	0	0	0	0	0	0
Holidays ONLY						
Not Occupied	0	0	0	0	0	0

Time	Jul	Aug	Sep	Oct	Nov	Dec
One (1) Week	0	0	0	0	0	0
Two (2) Weeks	0	0	0	0	0	0
Three (3) Weeks	0	0	0	0	0	0
All Month	0	0	0	0	0	0
Weekends and Holidays ONLY	0	0	0	0	0	0
Not Occupied	0	0	0	0	0	0

Other useful questions:

6. If you have a window/portable air conditioner, what percentage (%) of your seasonal home is air-conditioned?

O 0% to 25% O 51% to 75% O 26% to 50% O 76% to 100%

7. For the period of time each month you specified in question 3 that your seasonal home is occupied, please indicate how many people would typically be there (please include visitors). ONE ANSWER ONLY FOR EACH MONTH

Number of People	Jan	Feb	Mar	Apr	May	Jun
1 to 2	0	0	0	0	0	0
3 to 4	0	0	0	0	0	0
5 to 6	0	0	0	0	0	0
7 to 8	0	0	0	0	0	0
More than 8	0	0	0	0	0	0
Not Occupied	0	0	0	0	0	0

Number of	Jul	Aug	Sep	Oct	No	Dec
People					V	
1 to 2	0	0	0	0	0	0
3 to 4	0	0	0	0	0	0
5 to 6	0	0	0	0	0	0
7 to 8	0	0	0	0	0	0
More than 8	0	0	0	0	0	0
Not Occupied	0	0	0	0	0	0

Further potentially relevant questions:

8. Please provide information about the electrical equipment currently used in your seasonal home

	Num	Number of Appliances					
Appliance	Do Not Have	1	More Than 1				
Personal Computer	0	0	0				
Television	0	0	0				
Microwave Oven	0	0	0				
Full Size Refrigerator	0	0	0				
Mini/Bar Fridge	0	0	0				
Washing Machine	0	0	0				
Diswasher	0	0	0				
W hirlpool Bathtub	0	0	0				
Dehumidifier	0	0	0				
Electric Air Filter	0	0	0				
Hot Tub	0	0	0				

Appliance	Fuel Source					
	Gas Electricity Propane					
Range/Oven	0	0	0			
Clothes Dryer	0	0	0			
Sauna	0	0	0			

9. How many of the listed lighting products do you have INSIDE your seasonal home?

	Number						
Lighting Products	0	1-2	3-5	6-10	11-15	16-20	21+
Regular light bulb	0	0	0	0	0	0	0
Halogen light bulb	0	0	0	0	0	0	0
Fluorescent tube	0	0	0	0	0	0	0
Compact fluorescent							
light bulb	0	0	0	0	0	0	0

10. What is the size of the living space of your seasonal home in square feet? Exclude your garage, attic and basement, unless part of your living space. ONE ANSWER ONLY.

O Less than 1,000 O 3,000 - 3,999
O 1,000 - 1,499 O 4,000 or more
O 1,500 - 1,999 O Don't Know

O 2,000 – 2,999