



Residential Participants Survey

BASIC INFORMATION

First Name: _____ Last Name: _____

Age: 21-29 30-44 45-54 over 54

First Name: _____ Last Name: _____

Home Address: _____ Year Built: _____

Neighborhood: _____

Email: _____ Day Phone: _____

How long have you lived at your residence? _____

Have you taken the Minnesota Energy Challenge? Yes No

Number of Stories: 1 1.5 2 other _____

Owner-Occupied Rental, number of units _____

Number of residents? 19 and older _____ under 19 _____ How many home during the day? _____

Garage: Yes, if so attached? _____ No

HVAC

Furnace Boiler

Age of equipment Less than 10 years More than 10 years

Programmable thermostat: Yes No If yes, is it programmed Yes No

Central air conditioning Window air conditioners, how many _____.

Age of equipment Less than 5 years More than 5 years

Fireplace: Yes No If yes, Wood Gas

Wood stove: Yes No

Portable electric heaters: Yes No if yes, how many _____

WATER HEATING

Gas Electric

Age of equipment Less than 10 years More than 10 years

Number of showers _____

APPLIANCES

How many refrigerators _____

How many Humidifiers _____

How many freezers _____

How many Dehumidifiers _____

Stove top Gas Electric

Oven Gas Electric

Clothes dryer Gas Electric

INTERESTS/COMMENTS

Home Visit _____ Time _____