



2018-19 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: (_____) _____ - _____