



Be E³ Smart

2018-19 FAMILY INSTALLATION SURVEY

DP&L / Vectren

LIGHTING

- 1) How many 9 WATT LED's did you install? Two One None
- 2) Did you install the LED NIGHTLIGHT? Yes No
- If YES, did it replace an incandescent nightlight? Yes No Don't Know

INSULATION

- 1) Did you install the WEATHER STRIPPING? Yes No
- 2) Did you install the DOOR SWEEP? 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 change your thermostat setting in your home? Yes No
If YES, how much did you decrease the thermostat setting in your home?
 1-2° F 3-4° F 5-6° F 7-8° F 9° F or more
- 3) What type of PRIMARY COOLING SYSTEM does your home use?
 Central AC Window AC Heat pump Other Don't Know None
- 4) During the COOLING season, did you check the thermostat setting in your home? Yes No
If YES, by how much did you increase the setting in your home?
 1-2° F 3-4° F 5-6° F 7-8° F 9° F or more
- 5) Approximately how many square feet of LIVING SPACE are in your home?
 500-1000 1001-1500 1501-2000 2001-2500 2501+

WATER

- 1) What type of WATER HEATER does your home use? Natural Gas Electric Other
- 2) Did you change your thermostat setting for your water heater? 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 No
If YES, how much did you LOWER the setting?

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 LOW-FLOW SHOWERHEAD? Yes No

5) How many BATHROOM FAUCET AERATORS did you install? One Two None

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) What type of home do you live in?

Single Family Home Apartment/Condo/Duplex Manufactured/Mobile Home

2) Do you own or rent your home?

Own Rent

3) How satisfied are you (parent or guardian) with the Be E3 Smart energy efficiency program?

Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

4) ***OPTIONAL, with parent permission only.** Would the parents/guardian at your household be willing to participate in a BRIEF PHONE SURVEY regarding the Be E3 Smart educational program? Your feedback helps us to improve the program. *If selected to participate in the phone survey, a \$20 gift card will be sent to you in compensation for your time and cooperation.*

Parent/Guardian Name: _____

Phone: (____ ____ ____) ____ ____ ____ - ____ ____ ____

Optional email address: _____

Parent/Guardian Signature: _____

THANK YOU