# 2019-20 FAMILY INSTALLATION SURVEY
AEP Ohio / Columbia Gas of Ohio

## LIGHTING

1) How many of the 9 WATT LED bulbs did you install? □ One □ Two □ None

2) When installing the 9 WATT LED bulbs, which of the following bulbs did you replace? (IL = incandescent light bulb)

<table>
<thead>
<tr>
<th>Bulb Type</th>
<th>□ One</th>
<th>□ Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>40w IL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60w IL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75w IL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100w IL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13w CFL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23w CFL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

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<tr>
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<tr>
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</table>

5) Did you install the LED NIGHTLIGHT? □ Yes □ No

   If YES, did you replace an incandescent nightlight? □ Yes □ No

## WATER HEATING

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 NO, did you give it to someone else to install? □ Yes □ No

   If you answered YES, did the other person install it? □ Yes □ No

## INSULATION

1) Did you install the WEATHER STRIPPING? □ Yes □ No

## HEATING AND COOLING

1) What type of PRIMARY HEATING SYSTEM does your home use? □ Gas furnace □ Electric furnace

<table>
<thead>
<tr>
<th>System Type</th>
<th>□ Gas furnace</th>
<th>□ Electric furnace</th>
</tr>
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<tbody>
<tr>
<td>Air source heat pump</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseboard/In-wall unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
   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

4) What type of PRIMARY COOLING SYSTEM does your home use?  ☐ Central AC  ☐ Window AC
   ☐ Air source heat pump  ☐ Other  ☐ Don’t know  ☐ None

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
   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
   If YES, when did you decrease the setting?
   ☐ Both day and night  ☐ Only during the day  ☐ Only at night

APPLIANCES

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) How much do you agree with the following:
   Based on what I’ve learned in the e3 Smart program, I will make energy savings a top priority in the decisions I make and the actions I take.
   ☐ Strongly Agree  ☐ Agree  ☐ Disagree  ☐ Strongly Disagree

OPTIONAL OPPORTUNITIES: Please indicate your interest below and provide your information:

4) _____ I am interested in learning more about how my utility providers can help with our energy needs.
5) _____ I would like to participate in a short follow-up survey to help my utility providers understand my experience with the e3 Smart Program. Your utility MAY contact you.

Parent/Guardian Name: ___________________________ Parent/Guardian Email: ___________________________
Parent/Guardian Phone: (__ __ __) __ __ __ - __ __ __ __
Parent/Guardian Address: ___________________________ City: __________________ State: ______ Zip: __________