## 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 much do you agree with the following statement:
   Based on what I’ve learned through the Be E³ Smart program, I have a better understanding of the
   energy use in my home and will use this information when making energy-related decisions in the future.
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

4) OPTIONAL 1, 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. Please provide your
   contact information below. Customers selected to participate in the phone survey will receive a $20 gift card.

5) OPTIONAL 2, with parent permission only.
   I’d like to learn more! Please check all that apply and provide your contact information below.
   □ Income Eligible Efficiency Offerings
   □ Efficiency Rebates for my Home
   □ Smart Thermostats □ Appliance Recycling
   □ Heating & Cooling Systems □ Efficient Products

Parent/Guardian Name: ________________________ Parent/Guardian phone: (__ ____) __ __ __ - __ __ __

Parent/Guardian Email: ________________________ Parent/Guardian signature: _______________________

Thank you!