

11 Which of the following products have you purchased in the last 12 months? Please mark with an **X** all that apply.

Heating and Cooling Products

- Central air conditioner
- Furnace or boiler
- Heat pump
- Thermostat
- Room air conditioner

Home Appliances/Lighting

- Dishwasher
- Refrigerator
- Lighting fixture
- Washing machine
- Compact fluorescent light bulb
- Microwave

Building Materials

- Window
- Door
- Skylight
- Insulation
- Roofing material

Home Office Equipment

- Computer or monitor
- Computer printer
- Copying machine
- Fax machine
- Scanner

Home Electronics

- Television
- VCR
- Audio product

Newly Built Home

None of These Products

12 Please look at the product types listed below. Please mark with an **X** the source(s) of information you are most likely to use to obtain information about that product type. Mark all that apply.

Heating and Cooling Products

- Consumer Reports and other product-oriented magazines
- Other magazines
- Newspapers
- Radio
- Television
- Electric or gas utility program
- Advice from retailers
- Advice from contractors
- Advice from a friend, neighbor, relative, or coworker
- Internet
- Other
- Don't know

Home Appliances/Lighting/Home Electronics

- Consumer Reports and other product-oriented magazines
- Other magazines
- Newspapers
- Radio
- Television
- Electric or gas utility program
- Advice from retailers
- Advice from contractors
- Advice from a friend, neighbor, relative, or coworker
- Internet
- Other
- Don't know

Please note: We emphasize that this survey is **strictly confidential**. Your responses will be included with the responses of other survey participants, and your name will not be associated with your responses or be provided to the government or any other party.

13 How many personal computers are in use in your home?

Number of computers: _____
(If your answer is 0, please skip to Question **15**)

14 Adding together the use of all computers in your home, what is the average number of hours per day that computers are turned on?

Average number of hours: _____

15 How many people live in your household, including yourself?
(Please count children as well as adults. Include all members of your household whether or not they are related to you.)

Number of people in household: _____

16 What is your age?

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 +

17 What is your gender?

- Male
- Female

18 Are you the person responsible for paying the energy bill(s) in your household?

- Yes
- No

19 Which of the following best describes your home?

- Single-family home not attached to others
- Townhouse or row house
- Duplex or triplex
- Apartment (in building with 4+ units)
- Mobile home
- Other

20 How many bedrooms do you have in your home?

Number of bedrooms: _____

21 Do you or members of your household own or rent your present home?

- Own
- Rent
- Occupy but do not pay rent

22 Please mark the box indicating the total combined income in the last 12 months of all family members living in your household. (Include income before taxes and deductions from all sources.)

- Less than \$5,000
- \$5,000 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 and over

Thank you very much for your assistance

ENERGY STAR® Household Survey

May we have your help? We are a nonprofit association promoting energy efficiency and need your input in conducting a national random survey. We are assessing a national program promoted by the U.S. Environmental Protection Agency, the U.S. Department of Energy, several state governments, and numerous electric and gas utility companies. Your response is very important. Please take a few minutes to fill out this questionnaire, fold it according to the instructions, staple or tape it together, and mail it back (no postage necessary). All responses will be kept confidential. Thanks for your participation.

The Consortium for Energy Efficiency
Boston, MA
<http://www.CEEforMT.org>

Fold on Dotted Line



Household Survey Instructions

Who should complete the survey?
Please pass this questionnaire to the person in your household who makes decisions about major appliance and home electronics purchases.

How to complete the survey?
Please read the questions below. Write your brief response neatly or mark the answers that best fit your situation with an X in the boxes provided. Based on your response, you will be asked to proceed to the next question or instructed to skip to another question.

Where to return the survey?
When you are finished, please refold the questionnaire, staple or tape where indicated, and drop it in any mailbox. No postage is necessary.

Whom to call with questions?
If you have any questions about the study or the questionnaire, please call Opinion Dynamics Corporation at 1-800-966-1254.



1 Please look at the ENERGY STAR Label above. Write the first message that comes to mind when you see the ENERGY STAR Label.

2 Please write any other messages that come to mind when you see the ENERGY STAR Label.

3 Prior to this survey, had you ever heard of or seen this Label? Yes (**Proceed to Question 4** on page 2) No (**Skip to Question 11** on page 3)

4 Please review the following list and mark with an X all places in which you have seen or heard about the ENERGY STAR Label.

- | | | |
|---|---|--|
| <input type="checkbox"/> In newspapers or magazines | <input type="checkbox"/> On the Internet | <input type="checkbox"/> Other |
| <input type="checkbox"/> On television | <input type="checkbox"/> From a sales person or contractor | <input type="checkbox"/> None of these sources |
| <input type="checkbox"/> On utility inserts or by direct mail | <input type="checkbox"/> From a friend, neighbor, relative, or coworker | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> On displays in stores | | |

5 Please review the following list and mark with an X all the products or product literature on which you have seen the ENERGY STAR Label.

- | | | |
|--|---|--|
| Heating and Cooling Products | Home Appliances/Lighting | Building Materials |
| <input type="checkbox"/> Central air conditioner | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Window |
| <input type="checkbox"/> Furnace or boiler | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Door |
| <input type="checkbox"/> Heat pump | <input type="checkbox"/> Lighting fixture | <input type="checkbox"/> Skylight |
| <input type="checkbox"/> Thermostat | <input type="checkbox"/> Washing machine | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Room air conditioner | <input type="checkbox"/> Compact fluorescent light bulb | <input type="checkbox"/> Roofing material |
| | <input type="checkbox"/> Microwave | <input type="checkbox"/> Newly Built Home |
| Home Office Equipment | Home Electronics | <input type="checkbox"/> None of These Products |
| <input type="checkbox"/> Computer or monitor | <input type="checkbox"/> Television | |
| <input type="checkbox"/> Computer printer | <input type="checkbox"/> VCR | |
| <input type="checkbox"/> Copying machine | <input type="checkbox"/> Audio product | |
| <input type="checkbox"/> Fax machine | | |
| <input type="checkbox"/> Scanner | | |

6 Have you purchased any of the products listed in Question 5 in the last 12 months?

- Yes (**Proceed to Question 7**)
 No (**Skip to Question 12** on page 3)

7 For any of the products you purchased, did you see the ENERGY STAR Label (on the product itself, on the packaging, or on the instructions)?

- Yes. On which products did you see the ENERGY STAR label? (please list all products)

(Proceed to Question 8)

- No (**Skip to Question 11** on page 3)
 Don't Know (**Skip to Question 11** on page 3)

8 For any ENERGY STAR product(s) you purchased, did the presence or absence of the ENERGY STAR Label influence your purchasing decision?

- Yes (**Proceed to Question 9**)
 No (**Proceed to Question 9**)
 Don't Know (**Proceed to Question 9**)

9 If you purchased an ENERGY STAR product, did you receive rebates or reduced-rate financing?

- Yes (**Proceed to Question 10**)
 No (**Skip to Question 11** on page 3)
 Don't Know (**Skip to Question 11** on page 3)

10 If rebates or reduced-rate financing had not been available, how likely is it that you would have purchased the ENERGY STAR product?

- Very Likely Somewhat Likely Somewhat Unlikely Very Unlikely Don't Know