



# Households and the Environment Survey:

## Energy Use

Confidential when completed.

Collected under the authority of the *Statistics Act*,  
Revised Statutes of Canada, 1985, S-19.

Aussi disponible en français

Form No.

1

### INTRODUCTION

Your household was recently contacted by Statistics Canada to ask information about activities that relate to the environment. In order to fully understand the impacts that the household sector has on our water, air, soils and resource use, information relating to the characteristics and energy use of your dwelling are needed. The survey results will be a valuable source of information to be used in the development of energy efficiency initiatives and to support energy conservation practices in Canada. The efficient use of energy means not only cost-savings to Canadians, but lessens the impact Canadians have on global climate change.

Although your participation in this portion of the survey is voluntary, your participation is very important and will help to provide an accurate and complete picture of household energy use in Canada. This survey asks questions about home heating and cooling, appliances, the physical features of your dwelling such as the number of storeys and the type of garage, and your household's energy consumption.

### CONFIDENTIAL WHEN COMPLETED.

#### To complete your paper questionnaire:

- Read the instructions carefully;
- Use a blue or black ballpoint pen;
- Print clearly in capitals in the middle of the box as follows: 

C	A	2	4		
---	---	---	---	--	--
- If you make an error, cross out the character(s) that is (are) wrong, and continue:  

<del>B</del>	<del>E</del>	<del>C</del>	A	2	4
--------------	--------------	--------------	---	---	---
- Mark squares with an "X" as follows: "X";
- To change an answer in a square, black out the incorrect response "■" and mark the correct one "X";
- When we use the word "You", we are referring to you or anyone else in your household who lives in the dwelling.
- Mail back your completed questionnaire in the envelope provided.

If you have any questions about this survey, please contact the Operations and Integration Division toll-free at 1-866-934-3393.

Address Label:



## SECTION A – DWELLING CHARACTERISTICS

In this section, you will be asked questions to determine the characteristics of your current dwelling.

The word “DWELLING” refers to a separate set of living quarters with a private entrance either from outside or from a common hall, lobby, vestibule or stairway inside the building. The entrance to the dwelling must be one that can be used without passing through the living quarters of someone else.

**A1. What is the heated area of your dwelling? Please exclude the basement and garage.**

Square feet (ft<sup>2</sup>) or      Square meters (m<sup>2</sup>)

**If the exact size is unknown, please indicate the range:**

**Mark one only**

- |   |   |
|---|---|
| 01 <input type="checkbox"/> 600 ft <sup>2</sup> (55 m <sup>2</sup> ) or less          | 06 <input type="checkbox"/> 2,501 - 3,000 ft <sup>2</sup> (231 - 280 m <sup>2</sup> ) |
| 02 <input type="checkbox"/> 601 - 1,000 ft <sup>2</sup> (56 - 95 m <sup>2</sup> )     | 07 <input type="checkbox"/> 3,001 - 3,500 ft <sup>2</sup> (281 - 325 m <sup>2</sup> ) |
| 03 <input type="checkbox"/> 1,001 - 1,500 ft <sup>2</sup> (96 - 140 m <sup>2</sup> )  | 08 <input type="checkbox"/> 3,501 - 4,000 ft <sup>2</sup> (326 - 371 m <sup>2</sup> ) |
| 04 <input type="checkbox"/> 1,501 - 2,000 ft <sup>2</sup> (141 - 185 m <sup>2</sup> ) | 09 <input type="checkbox"/> 4,001 ft <sup>2</sup> (372 m <sup>2</sup> ) or more       |
| 05 <input type="checkbox"/> 2,001 - 2,500 ft <sup>2</sup> (186 - 230 m <sup>2</sup> ) | 97 <input type="checkbox"/> Don't know  |

**A2. Do you currently own or rent your dwelling?**

**Mark one only**

- |                                       |                         |
|---------------------------------------|-------------------------|
| 1 <input type="checkbox"/> Own        | } (Go to question: A32) |
| 2 <input type="checkbox"/> Rent       |                         |
| 7 <input type="checkbox"/> Don't know |                         |
- (Go to question: A3)

**A3. Is your current dwelling located within an apartment building?**

**Mark one only**

- |                                       |                        |
|---------------------------------------|------------------------|
| 1 <input type="checkbox"/> Yes        | } (Go to question: A5) |
| 2 <input type="checkbox"/> No         |                        |
| 7 <input type="checkbox"/> Don't know |                        |
- (Go to question: A4)

**A4. How many storeys does your building have? Include storeys below ground and penthouses.**

**Exclude storeys used only as indoor parking.**

**Mark one only**

Storeys 7 ☐ Don't know

(Go to question: A22)

**A5. In what year was this dwelling originally built?**     Year

**If the exact year is unknown, please indicate the range:**

**Mark one only**

- |   |   |
|---|---|
| 01 <input type="checkbox"/> Before 1946 | 06 <input type="checkbox"/> 1996 - 2000   |
| 02 <input type="checkbox"/> 1946 - 1960 | 07 <input type="checkbox"/> 2001 - 2005   |
| 03 <input type="checkbox"/> 1961 - 1977 | 08 <input type="checkbox"/> 2006 or later |
| 04 <input type="checkbox"/> 1978 - 1983 | 97 <input type="checkbox"/> Don't know    |
| 05 <input type="checkbox"/> 1984 - 1995 |   |

## SECTION A – DWELLING CHARACTERISTICS

### A6. Excluding the basement, how many storeys does your dwelling have?

Mark one only

01 ☐ One storey

05 ☐ Three storeys

02 ☐ One and a half storeys

06 ☐ Split level

03 ☐ Two storeys

07 ☐ Other – Specify

04 ☐ Two and a half storeys

97 ☐ Don't know

### A7. Most houses are built on basements, crawl spaces, concrete slabs (slab on grade), or some combination of these. What is your dwelling built over?

Mark all that apply

1 ☐ Basement

2 ☐ Crawl space

3 ☐ Concrete slabs

4 ☐ Pillars

5 ☐ Other – Specify

6 ☐ No foundation

7 ☐ Don't know

### A8. If you have indicated that you ...

Mark one only

1 ☐ have a basement or crawl space

→ (Go to question: A9)

2 ☐ do not have a basement or crawl space

→ (Go to question: A13)

### A9. During the heating season, is your basement / crawl space usually heated?

Mark one only

1 ☐ Yes

→ (Go to question: A10)

2 ☐ No

} (Go to question: A13)

7 ☐ Don't know

### A10. What is the heated area of your basement / crawl space?

Mark one only

Square feet (ft<sup>2</sup>) or      Square meters (m<sup>2</sup>)

If the exact size is unknown, please indicate the range:

01 ☒ 600 ft<sup>2</sup> (54 m<sup>2</sup>) or less

05 ☐ 2,001 - 2,500 ft<sup>2</sup> (186 - 230 m<sup>2</sup>)

02 ☐ 601 - 1,000 ft<sup>2</sup> (55 - 95 m<sup>2</sup>)

06 ☐ 2,501 - 3,000 ft<sup>2</sup> (231 - 279 m<sup>2</sup>)

03 ☐ 1,001 - 1,500 ft<sup>2</sup> (96 - 140 m<sup>2</sup>)

07 ☐ 3,001 ft<sup>2</sup> (280 m<sup>2</sup>) or more

04 ☐ 1,501 - 2,000 ft<sup>2</sup> (141 - 185 m<sup>2</sup>)

97 ☐ Don't know

### A11. Are any of your basement / crawl space outside walls insulated on the inside?

Mark one only

1 ☐ Yes

→ (Go to question: A12)

2 ☐ No

} (Go to question: A13)

7 ☐ Don't know

## SECTION A – DWELLING CHARACTERISTICS

**A12. What percentage of the outside walls is insulated on the inside?**

Mark one only

Percentage

<sup>7</sup> ☐ Don't know

**A13. Does your dwelling have an attic (a space between the roof and the top floor of your dwelling)?**

Mark one only

<sup>1</sup> ☐ Yes → (Go to question: A14)

<sup>2</sup> ☐ No } (Go to question: A15)

<sup>7</sup> ☐ Don't know

**A14. Is there insulation in your attic?**

Mark one only

<sup>1</sup> ☐ Yes – on the attic floor

<sup>2</sup> ☐ Yes – on the attic walls

<sup>3</sup> ☐ Yes – on both the attic floor and walls

<sup>4</sup> ☐ No

<sup>7</sup> ☐ Don't know

**A15. Does your dwelling have a garage?**

Mark one only

<sup>1</sup> ☐ Yes → (Go to question: A16)

<sup>2</sup> ☐ No } (Go to question: A20)

<sup>7</sup> ☐ Don't know

**A16. Is your garage attached to the dwelling?**

Mark one only

<sup>1</sup> ☐ Yes <sup>2</sup> ☐ No

<sup>7</sup> ☐ Don't know

**A17. How much insulation does your garage have?**

Mark one only

<sup>1</sup> ☐ Full insulation – all walls and garage doors are insulated

<sup>2</sup> ☐ Full insulation – all walls but not the garage doors are insulated

<sup>3</sup> ☐ Partial insulation – some walls are insulated

<sup>4</sup> ☐ None

<sup>7</sup> ☐ Don't know

**A18. During the heating season, is your garage usually heated?**

Mark one only

<sup>1</sup> ☐ Yes <sup>2</sup> ☐ No

<sup>7</sup> ☐ Don't know

**A19. What type of garage does your dwelling have?**

Mark one only

<sup>1</sup> ☐ One-car garage <sup>3</sup> ☐ Three-or-more-car garage

<sup>2</sup> ☐ Two-car garage <sup>7</sup> ☐ Don't know

## SECTION A – DWELLING CHARACTERISTICS

**A20. Have you made any of the following improvements to your dwelling that reduces energy consumption? For each improvement made, please indicate the most recent year that it was completed.**

Mark all that apply

- |    |   |  |
|----|---|--|
| 01 | <input type="checkbox"/> No improvements were made  | } (Go to question: A21)  |
| 97 | <input type="checkbox"/> Don't know   |  |
| 02 | <input type="checkbox"/> The roof structure or surface .....                                  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 03 | <input type="checkbox"/> The heating equipment (include fireplaces and woodstoves) .....      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 04 | <input type="checkbox"/> Windows (include patio doors) .....                                  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 05 | <input type="checkbox"/> The caulking or weather-stripping around your windows or doors ..... | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 06 | <input type="checkbox"/> The insulation of the basement or crawl space walls .....            | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 07 | <input type="checkbox"/> The exterior wall siding .....                                       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 08 | <input type="checkbox"/> The insulation around the hot water pipes .....                      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 09 | <input type="checkbox"/> The insulation of the roof or the attic .....                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 10 | <input type="checkbox"/> The insulation of any exterior walls (excluding basement) .....      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 11 | <input type="checkbox"/> Exterior doors (include garage door(s)) .....                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 12 | <input type="checkbox"/> Installed a programmable thermostat .....                            | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 13 | <input type="checkbox"/> The ventilation or central air conditioning equipment .....          | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 14 | <input type="checkbox"/> The foundation .....   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 15 | <input type="checkbox"/> Other – Specify <input type="text"/> .....                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |
| 16 | <input type="checkbox"/> Other – Specify <input type="text"/> .....                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year |

(Go to question: A22)

**A21. What is the main reason you have not made any improvements to your dwelling?**

Mark one only

- |    |  |    |  |
|----|--|----|--|
| 01 | <input type="checkbox"/> No improvements are currently necessary             | 05 | <input type="checkbox"/> Dwelling was recently purchased or built  |
| 02 | <input type="checkbox"/> Planning to make improvements in the future         | 06 | <input type="checkbox"/> Improvements are too costly               |
| 03 | <input type="checkbox"/> Not aware of government financial aid or assistance | 07 | <input type="checkbox"/> Do not have time                          |
| 04 | <input type="checkbox"/> Planning to sell                                    | 08 | <input type="checkbox"/> No government financial aid or assistance |
| 09 | <input type="checkbox"/> Other – Specify <input type="text"/>                |    |  |
| 97 | <input type="checkbox"/> Don't know  |    |  |

## SECTION A – DWELLING CHARACTERISTICS

**A22. Do you use a hot water heater?**

Mark one only

1 ☐ Yes → (Go to question: A23)

2 ☐ Dwelling does not have hot running water } (Go to question: A30)

7 ☐ Don't know

**A23. Is the water heater located in your dwelling?**

Mark one only

1 ☐ Yes → (Go to question: A24)

2 ☐ No } (Go to question: A30)

7 ☐ Don't know

**A24. What type of hot water heater is used in your dwelling?**

Mark one only

1 ☐ Standard hot water tank

2 ☐ Tankless (instantaneous water heater)

3 ☐ Combination boiler (typically a wall hung unit)

4 ☐ Other – Specify

7 ☐ Don't know

**A25. What source of energy does the water heater use?**

Mark one only

1 ☐ Electricity

5 ☐ Solar

2 ☐ Oil

6 ☐ Other source

3 ☐ Natural gas

7 ☐ Don't know

4 ☐ Propane

**A26. How old is your hot water heater?**   Years

If the exact age is unknown, please indicate the range:

Mark one only

1 ☐ 5 years or less

2 ☐ 6 to 10 years

3 ☐ 11 to 15 years

4 ☒ 16 to 20 years

5 ☐ 21 to 25 years

6 ☐ 26 years or more

7 ☐ Don't know

**A27. Did you replace a previous hot water tank with your current hot water heater?**

Mark one only

1 ☐ Yes → (Go to question: A28)

2 ☐ No } (Go to question: A30)

7 ☐ Don't know

## SECTION A – DWELLING CHARACTERISTICS

**A28. Was your previous hot water tank still working when you replaced it?**

Mark one only

- 1 ☐ Yes } (Go to question: A29)  
 2 ☐ No }  
 7 ☐ Don't know → (Go to question: A30)

**A29. How old was your previous hot water tank when you replaced it?**   Years

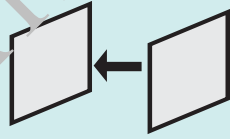




If the exact age is unknown, please indicate the range:

Mark one only

- 1 ☐ 5 years or less  
 2 ☐ 6 to 10 years  
 3 ☐ 11 to 15 years  
 4 ☐ 16 to 20 years  
 5 ☐ 21 to 25 years  
 6 ☐ 26 years or more  
 7 ☐ Don't know

**A30. What type of windows (including patio doors) are the majority in your dwelling?**

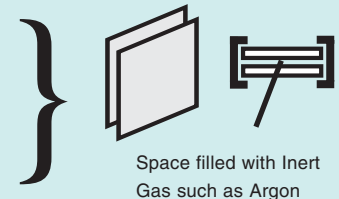
Mark one only

- 01 ☐ Standard single pane with storm window   
 02 ☐ Standard single pane   
 03 ☐ Standard double pane   
 04 ☐ Standard double pane sealed unit   
 05 ☐ Standard triple pane sealed unit 

- 06 ☐ Low-Emissivity (Low-E) coating – gas filled double pane  
 07 ☐ Low-Emissivity (Low-E) coating – gas filled triple pane  
 08 ☐ Standard gas filled double pane  
 09 ☐ Standard gas filled triple pane

10 ☐ Other – Specify

97 ☐ Don't know



## SECTION A – DWELLING CHARACTERISTICS

**A31. How old are the majority of the windows in your dwelling?**

Mark one only

- |  |   |
|--|---|
| 1 <input type="checkbox"/> 5 years or less | 4 <input type="checkbox"/> 16 years or more     |
| 2 <input type="checkbox"/> 6 to 10 years   | 5 <input type="checkbox"/> Same age as dwelling |
| 3 <input type="checkbox"/> 11 to 15 years  | 7 <input type="checkbox"/> Don't know           |

**A32. Have you noticed any condensation on the inside surfaces of your windows?**

Mark one only

- 1 ☐ Yes – on most  
 2 ☐ Yes – on some  
 3 ☐ No  
 7 ☐ Don't know

**A33. Have you noticed any air leaks or drafts around your windows?**

Mark one only

- 1 ☐ Yes  
 2 ☐ No  
 7 ☐ Don't know

**A34. Please indicate how many of the following types of light bulbs are used by your dwelling? Include exterior lights. Do not include seasonal lights such as Christmas lights, Halloween lights, etc.**

Mark all that apply

	None	Number	Don't know
a) Halogen light bulbs (include spotlights)	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	7 <input type="checkbox"/>
b) Compact fluorescent light bulbs	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	7 <input type="checkbox"/>
c) Regular fluorescent light bulbs (ex. fluorescent tubes)	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	7 <input type="checkbox"/>
d) Incandescent light bulbs (include smaller bulbs used in chandeliers or in accent lighting fixtures)	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	7 <input type="checkbox"/>

**A35. On an average day, do you turn on any incandescent light bulbs (exclude small bulbs and night lights) for a total of three or more hours?**

Mark one only

- 1 ☐ Yes → (Go to question: A36)  
 2 ☐ No } (Go to question: A40)  
 7 ☐ Don't know }

**A36. How many are turned on for a total of three or more hours?**

Mark one only

- Number  
 7 ☐ Don't know



## SECTION A – DWELLING CHARACTERISTICS

**A37. What is the typical wattage of the light bulb(s) turned on for 3 hours or more?**

Mark one  
only

Wattage

<sup>7</sup>  Don't know

**A38. On an average day in the winter, for how many hours do you have the light bulb(s) turned on?**

Mark one  
only

Hours

<sup>7</sup>  Don't know

**A39. On an average day in the summer, for how many hours do you have the light bulb(s) turned on?**

Mark one  
only

Hours

<sup>7</sup>  Don't know

**A40. How many light bulbs have a timer control?**

Mark all  
that apply

Type of timer control

a) Programmable

b) Motion detector

c) Light sensor

None	Number of light bulbs	Don't know
1 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<sup>7</sup> <input type="text"/>
1 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<sup>7</sup> <input type="text"/>
1 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<sup>7</sup> <input type="text"/>

END OF SECTION

## SECTION B – HOUSEHOLD APPLIANCES

In this section, you will be asked questions about your major household appliances. We are only asking about the major appliances as they generally consume a large amount of energy in the dwelling.

### B1. How old are the following major appliances that you use in your dwelling?

The main refrigerator is the one used most often on a day to day basis.

Mark all that apply	Not applicable	5 years or less	6 to 10 years	11 to 15 years	16 to 20 years	21 to 25 years	26 years or more	Don't know
a) Main refrigerator	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
b) Second refrigerator	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
c) Freezer (stand alone)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
d) Regular stove / Range	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
e) Separate cook-top	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
f) Built-in oven	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
g) Microwave oven	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
h) Dishwasher	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
i) Washing machine	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
j) Clothes dryer	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>

### B2. Please indicate if the following appliances used in your dwelling are an Energy Star qualified product?

**Note:** The energy star label can sometimes be found on the information sticker that is on the appliance. Also note that appliances bought before 2001 are generally not Energy Star qualified.

Mark all that apply	Not applicable	Yes	No	Don't know
a) Main refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
b) Second refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
c) Freezer (stand alone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
d) Dishwasher	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
e) Washing machine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>

### B3. What source of energy does your following major appliance use?

Mark all that apply	Not applicable	Electricity	Natural gas	Electricity and natural gas	Oil	Wood	Propane	Don't know
a) Regular stove / Range	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
b) Separate cook-top	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
c) Built-in oven	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>
d) Clothes dryer	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	97 <input type="checkbox"/>

## SECTION B – HOUSEHOLD APPLIANCES

### B4. If you ...

Mark one only

1 ☐ use a refrigerator in your dwelling



(Go to question: B5)

2 ☐ do not use a refrigerator in your dwelling



(Go to question: B7)

### B5. How many refrigerators do you use in your dwelling?

Mark one only

1 ☐ 1

3 ☐ 3 or more

2 ☐ 2

7 ☐ Don't know

### B6. What did you do with your previous refrigerator when you replaced it with your current one?

Mark one only

1 ☐ No old refrigerator –  
current one is original / first

5 ☐ Resold

2 ☐ Disposed of refrigerator

6 ☐ Other – Specify

3 ☐ Kept it at home and plugged in all year

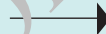
7 ☐ Don't know

4 ☐ Kept it at home / plugged it in when needed

### B7. If you ...

Mark one only

1 ☐ use a freezer (stand alone) in your dwelling



(Go to question: B8)

2 ☐ do not use a freezer (stand alone) in your dwelling



(Go to question: B10)

### B8. How many freezers (stand alone) do you use in your dwelling?

Mark one only

1 ☐ 1

3 ☐ 3 or more

2 ☐ 2

7 ☐ Don't know

### B9. What is the size of your (main) freezer (stand alone)?

Mark one only

1 ☐ Very small (Less than 7.0 cubic feet)

4 ☐ Large (18.0 to 22.9 cubic feet)

2 ☐ Small (7.1 to 13.9 cubic feet)

5 ☐ Very large (More than 23 cubic feet)

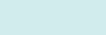
3 ☐ Medium (14.0 to 17.9 cubic feet)

7 ☐ Don't know

### B10. If you ...

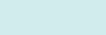
Mark one only

1 ☐ use a regular stove / range, separate cook-top,  
or built-in oven



(Go to question: B11)

2 ☐ do not use regular stove / range, separate cook-top,  
or built-in oven



(Go to question: B12)

### B11. In an average week, how often do you use your regular stove / range or built-in oven with separate cook-top?

Mark one only

01 ☐ Three or more times a day

04 ☐ A few times each week

07 ☐ Never

02 ☐ Two times a day

05 ☐ Once a week

97 ☐ Don't know

03 ☐ Once a day

06 ☐ Less than once a week

### B12. If you ...

Mark one only

1 ☐ use a microwave in your dwelling



(Go to question: B13)

2 ☐ do not use a microwave in your dwelling



(Go to question: B14)

## SECTION B – HOUSEHOLD APPLIANCES

**B13. In an average week, how many minutes do you use your microwave oven? Would you say ...**

- Mark one only
- |  |  |                                       |
|--|--|---------------------------------------|
| 1 <input type="checkbox"/> Less than 5 minutes | 4 <input type="checkbox"/> 31 to 60 minutes      | 7 <input type="checkbox"/> Don't know |
| 2 <input type="checkbox"/> 5 to 15 minutes     | 5 <input type="checkbox"/> 61 minutes to 2 hours |                                       |
| 3 <input type="checkbox"/> 16 to 30 minutes    | 6 <input type="checkbox"/> More than 2 hours     |                                       |

**B14. If you ...**

- Mark one only
- |  |                         |
|--|-------------------------|
| 1 <input type="checkbox"/> <u>use</u> a dishwasher in your dwelling        | → (Go to question: B15) |
| 2 <input type="checkbox"/> <u>do not use</u> a dishwasher in your dwelling | → (Go to question: B18) |

**B15. Is the dishwasher in your dwelling compact or standard size?**

- Mark one only
- |   |
|---|
| 1 <input type="checkbox"/> Compact (mini – exterior width less than 56 cm / 22 in)                      |
| 2 <input type="checkbox"/> Standard (full size – exterior width greater than or equal to 56 cm / 22 in) |
| 7 <input type="checkbox"/> Don't know   |

**B16. Do you usually dry the dishes with the ...**

- Mark one only
- |  |   |
|--|---|
| 1 <input type="checkbox"/> heat on (with the door closed)  | 3 <input type="checkbox"/> door open (dishes dry naturally) |
| 2 <input type="checkbox"/> heat off (with the door closed) | 7 <input type="checkbox"/> Don't know                       |

**B17. In an average week, how many loads of dishes do you do? Please give your best estimate.**

- Mark one only
- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Loads | <input type="checkbox"/> Don't know |
|---|-------------------------------------|

**B18. If you ...** (Please exclude washing machines used in common laundry areas.)

- Mark one only
- |   |                         |
|---|-------------------------|
| 1 <input type="checkbox"/> <u>use</u> a washing machine in your dwelling        | → (Go to question: B19) |
| 2 <input type="checkbox"/> <u>do not use</u> a washing machine in your dwelling | → (Go to question: B25) |

**B19. What type of washing machine do you use in your dwelling?**

- Mark one only
- |   |
|---|
| 1 <input type="checkbox"/> Standard top loading                                 |
| 2 <input type="checkbox"/> Standard front-loading                               |
| 3 <input type="checkbox"/> Washer / dryer combination with top-loading washer   |
| 4 <input type="checkbox"/> Washer / dryer combination with front-loading washer |
| 5 <input type="checkbox"/> Other – Specify <input type="text"/>                 |
| 7 <input type="checkbox"/> Don't know   |

**B20. What size is your washing machine?**

- Mark one only
- |   |
|---|
| 1 <input type="checkbox"/> Mini (compact – less than 45 litres / 10 gallons)                      |
| 2 <input type="checkbox"/> Standard (full size – greater than or equal to 45 litres / 10 gallons) |
| 7 <input type="checkbox"/> Don't know   |

## SECTION B – HOUSEHOLD APPLIANCES

**B21. What water temperature do you use for most of your washing?**

Mark one only

1 ☐ Hot

3 ☐ Warm

2 ☐ Cold

7 ☐ Don't know

**B22. What water temperature do you use for most of your rinsing?**

Mark one only

1 ☐ Hot

3 ☐ Warm

2 ☐ Cold

7 ☐ Don't know

**B23. In an average week during the winter, how many loads of laundry do you wash?**

Mark one only

☐ ☐ Loads

7 ☐ Don't know

**B24. In an average week during the summer, how many loads of laundry do you wash?**

Mark one only

☐ ☐ Loads

7 ☐ Don't know

**B25. If you ... (Please exclude clothes dryers used in common laundry areas.)**

Mark one only

1 ☐ use a clothes dryer in your dwelling

→ (Go to question: B26)

2 ☐ do not use a clothes dryer in your dwelling

→ (Go to question: C1)

**B26. What size is your clothes dryer?**

Mark one only

1 ☐ Compact (less than 125 litres / 28 gallons capacity)

2 ☐ Standard (greater than or equal to 125 litres / 28 gallons capacity)

7 ☐ Don't know

**B27. Does your clothes dryer have a moisture detector?**

Mark one only

1 ☐ Yes

7 ☐ Don't know

2 ☐ No

**B28. In an average week during the winter, how many loads of laundry do you dry in the clothes dryer?**

Mark one only

☐ ☐ Loads

7 ☐ Don't know

**B29. In an average week during the summer, how many loads of laundry do you dry in the clothes dryer?**

Mark one only

☐ ☐ Loads

7 ☐ Don't know

END OF SECTION

## SECTION C – ELECTRICAL DEVICES

In this section, you will be asked questions about specific electrical devices that you may have in your dwelling. The following electrical devices are most common and tend to draw a lot of electricity.

**C1.** How many of the following electrical devices do you use in your dwelling?

Mark all  
that apply

	0	1	2	3	4 or more	Don't know
a) Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
b) Television analog / digital receiver box	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
c) Home theatre system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
d) Video game console	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
e) DVD player (stand alone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
f) VCR (Videocassette recorder)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
g) Component stereo	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
h) Portable / Compact stereo (Boom box)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
i) Personal computer (include laptop)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
j) Computer monitor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
k) Computer printer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
l) Telephone (exclude cell phones) (requires an electrical outlet and phone jack)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
m) Water cooler	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>

## SECTION C – ELECTRICAL DEVICES

**C2.** How old are the following electrical devices that you (most frequently) use in your dwelling?

Mark all  
that apply

	Not appli- cable	5 years or less	6 to 10 years	11 to 15 years	16 years or more	Don't know
a) <b>Television</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
b) <b>Television analog / digital receiver box</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
c) <b>Home theatre system</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
d) <b>Video game console</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
e) <b>DVD player (stand alone)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
f) <b>VCR (Videocassette recorder)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
g) <b>Component stereo</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
h) <b>Portable / Compact stereo (Boom box)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
i) <b>Personal computer (include laptop)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
j) <b>Computer monitor</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
k) <b>Computer printer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
l) <b>Telephone (exclude cell phones)</b> (requires an electrical outlet and phone jack)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>
m) <b>Water cooler</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	7 <input type="checkbox"/>

## SECTION C – ELECTRICAL DEVICES

- C3.** In an average week, how many hours do you have the following (most frequently used) electrical devices turned on? (Do not include hours for devices that are in stand-by mode).

Mark all that apply		Not applicable	4 hours or less	5 to 10 hours	11 to 20 hours	21 to 30 hours	31 to 40 hours	41 to 55 hours	56 hours or more	Don't know
		01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	97 <input type="checkbox"/>
a)	Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Television analog / digital receiver box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Home theatre system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Video game console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	DVD player (stand alone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	VCR (Video cassette recorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Component stereo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	Portable / Compact stereo (Boom box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C4.** Please indicate if the following electrical devices, which you (most frequently) use in your dwelling, are an Energy Star qualified product?

**Note:** The energy star label can sometimes be found on the information sticker that is on the electrical device. The label may also be displayed on the front or on the back of the electrical device. Electrical devices that were bought before 2001 are generally not Energy Star qualified.

Mark all that apply

	Not applicable	Yes	No	Don't know
a) Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
b) Home theatre system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
c) DVD player (stand alone)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
d) VCR (Video cassette recorder)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
e) Component stereo	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
f) Portable / Compact stereo (Boom box)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
g) Personal computer (include laptop)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
h) Computer monitor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
i) Computer printer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>
j) Water cooler	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>





## SECTION C – ELECTRICAL DEVICES

**C5. If you ...**

Mark one only

- 1 ☐ have a television in your dwelling —————> (Go to question: C6)  
 2 ☐ do not have a television in your dwelling —————> (Go to question: C10)

**C6. What type of television(s) do you have in your dwelling?**

Mark all that apply

- 1 ☐ Regular (tube)  
 2 ☐ Regular (tube) High Definition (HD)  
 3 ☐ Projection  
 4 ☐ Direct Light Projection (DLP)  
 5 ☐ Liquid Crystal Display (LCD)  
 6 ☐ Plasma  
 7 ☐ Don't know

**C7. If you ...**

Mark one only

- 1 ☐ have a television analog / digital receiver box in your dwelling —————> (Go to question: C8)  
 2 ☐ do not have a television analog / digital receiver box in your dwelling —————> (Go to question: C10)

**C8. What type of television analog / digital receiver box do you use in your dwelling?**

Mark all that apply

- 1 ☐ Regular (analog) cable or satellite  
 2 ☐ Digital cable or satellite  
 3 ☐ Personal Video Recorder (PVR)  
 4 ☐ High Definition (HD)  
 5 ☐ HD and PVR  
 7 ☐ Don't know

**C9. When you turn off your television, do you turn off the analog / digital receiver box?**

Mark one only

- 1 ☐ Always  
 2 ☐ Sometimes  
 3 ☐ Never  
 7 ☐ Don't know

**C10. If you ...**

Mark one only

- 1 ☐ use a computer in your dwelling —————> (Go to question: C11)  
 2 ☐ do not use a computer in your dwelling —————> (Go to question: D1)

**C11. What type of computer do you (most frequently) use in your dwelling?**

Mark one only

- 1 ☐ Desktop —————> (Go to question: C12)  
 2 ☐ Laptop }  
 7 ☐ Don't know } (Go to question: C14)

## SECTION C – ELECTRICAL DEVICES

**C12. What type of computer monitor do you use with your (most frequently used) computer?**

Mark one only

- 1 ☐ Regular (CRT)  
 2 ☐ LCD flat panel  
 7 ☐ Don't know

**C13. When the (most frequently used) computer is turned off, the monitor ...**

Mark one only

- 1 ☐ remains on in stand-by mode (monitor turns on automatically with the computer)  
 2 ☐ is turned off (monitor must be manually turned on)  
 7 ☐ Don't know

**C14. In a typical week, how many hours is the (most frequently used) computer on?**

Include stand-by mode

Mark one only

- Hours  
 7 ☐ Don't know

**C15. In a typical week, how many hours do you spend using the (most frequently used) computer?**

(Include the time used downloading even if you are not present at the computer.)

Mark one only

- Hours  
 7 ☐ Don't know

**C16. If you ...**

Mark one only

- 1 ☐ use a printer in your dwelling —————▶ (Go to question: C17)  
 2 ☐ do not use a printer in your dwelling —————▶ (Go to question: D1)

**C17. Which statement best describes how you use your (most frequently used) printer?**

Mark one only

- 1 ☐ The printer is manually turned on when the computer is turned on and manually turned off when the computer is turned off.  
 2 ☐ When using the computer, the printer is manually turned on only when needed and then manually turned off when not needed.  
 3 ☐ The printer is on or in stand-by mode all the time (even if the computer is off).  
 7 ☐ Don't know

END OF SECTION

## SECTION D – HEATING AND COOLING

In this section, you will be asked questions about your heating and cooling systems for your specific dwelling. Please give your best estimates when answering the questions.

**D1.** In 2007, was the unit that supplied the heat to your dwelling a central unit (for your building or structure) or was it a unit specifically used by your dwelling only?

Mark one only

- 1 ☐ Dwelling unit —→ (Go to question: D2)  
 2 ☐ Central unit } (Go to question: D14)  
 7 ☐ Don't know }

**D2.** In 2007, did you use a heat pump?

A heat pump is an electrical device that can be used for heating and for cooling. It is typically located outdoors if it uses air source and indoors if it uses ground source (earth or water).

Mark one only

- 1 ☐ Yes —→ (Go to question: D3)  
 2 ☐ No } (Go to question: D7)  
 7 ☐ Don't know }

**D3.** Was your heat pump an air source or ground source (earth energy system)?

Mark one only

- 1 ☐ Air source  
 2 ☐ Ground source  
 7 ☐ Don't know

**D4.** How old is your heat pump (please round up)?   Years

If the exact age is unknown, please indicate the range:

Mark one only

- 1 ☐ 5 years or less  
 2 ☐ 6 to 10 years  
 3 ☐ 11 to 15 years  
 4 ☐ 16 to 20 years  
 5 ☐ 21 to 25 years  
 6 ☐ 26 years or more  
 7 ☐ Don't know

**D5.** Is your heat pump an Energy Star qualified product?

Mark one only

- 1 ☐ Yes  
 2 ☐ No  
 7 ☐ Don't know



**D6.** Was your heat pump the main source of heat for your dwelling?

Mark one only

- 1 ☐ Yes —→ (Go to question: D14)  
 2 ☐ No } (Go to question: D7)  
 7 ☐ Don't know }

## SECTION D – HEATING AND COOLING

**D7. In 2007, what type of heating equipment provided most of the heat for your dwelling?**

Mark one only

- 01 ☐ Furnace with forced air (hot air vents)  
 02 ☐ Boiler with hot water or steam radiators  
 03 ☐ Heating stove (burning wood, pellets, corn, coal...)  
 04 ☐ Electric radiant heating  
 05 ☐ Electric baseboards  
 06 ☐ Gas fireplace  
 07 ☐ Other – Specify   
 97 ☐ Don't know

(Go to question: D8)

(Go to question: D13)

**D8. What source(s) of energy did your furnace / boiler / heating stove use?**

Please exclude the energy used for running the fan.

Mark all that apply

- 01 ☐ Electricity  
 02 ☐ Natural gas  
 03 ☐ Oil  
 04 ☐ Wood  
 05 ☐ Wood pellets  
 06 ☐ Propane  
 07 ☐ Other – Specify   
 97 ☐ Don't know

**D9. If you ...**

Mark one only

- 1 ☐ use a boiler in your dwelling  
 2 ☐ use a furnace in your dwelling  
 3 ☐ use a heating stove in your dwelling

(Go to question: D10)

(Go to question: D11)

(Go to question: D13)

**D10. Is your boiler an Energy Star qualified product?**

Mark one only

- 1 ☐ Yes  
 2 ☐ No  
 7 ☐ Don't know

(Go to question: D13)



**D11. Is your furnace an Energy Star qualified product?**

Mark one only

- 1 ☐ Yes  
 2 ☐ No  
 7 ☐ Don't know



**D12. What is the efficiency rating for your furnace?**

Mark one only

- 1 ☐ High (The exhaust pipe **is plastic and vents through the side of the house**)  
 2 ☐ Medium (The exhaust pipe **is metal and vents through the side of the house or through the roof**)  
 3 ☐ Low (The exhaust pipe **is metal and vents through the roof**)  
 7 ☐ Don't know

## SECTION D – HEATING AND COOLING

**D13. How old is your heating equipment?**    Years

If the exact age is unknown, please indicate the range:

Mark one only

- 1 ☐ 5 years or less  
 2 ☐ 6 to 10 years  
 3 ☐ 11 to 15 years  
 4 ☐ 16 to 20 years  
 5 ☐ 21 to 25 years  
 6 ☐ 26 years or more  
 7 ☐ Don't know

**D14. How many of the following types of thermostats are used in your dwelling?**

Mark all that apply

	None	Number	Don't know
a) Mechanical – built into units	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	7 <input type="checkbox"/>
b) Mechanical – Wall units	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	7 <input type="checkbox"/>
c) Electronic – Non-programmable	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	7 <input type="checkbox"/>
d) Electronic – Programmable	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	7 <input type="checkbox"/>

**D15. In 2007, in addition to your main heating equipment, did your household use any other supplementary heating equipment?**

Mark one only

- 1 ☐ Yes → (Go to question: D16)  
 2 ☐ No  
 7 ☐ Don't know } (Go to question: D20)

**D16. What type of supplementary heating equipment did you use most often?**

Mark one only

- 01 ☐ Electric baseboards  
 02 ☐ Portable electric heater  
 03 ☐ Wood stove  
 04 ☐ Wood fireplace  
 05 ☐ Gas fireplace  
 06 ☐ Electric fireplace  
 07 ☐ Furnace  
 08 ☐ Radiant floor heating  
 09 ☐ Other – Specify   
 97 ☐ Don't know

**D17. If you ...**

Mark one only

- 1 ☐ used a supplementary furnace in your dwelling → (Go to question: D18)  
 2 ☐ did not use a supplementary furnace in your dwelling → (Go to question: D19)

## SECTION D – HEATING AND COOLING

### D18. What energy source did your supplementary furnace use?

Please exclude the energy used for running the fan.

Mark all  
that apply

- 1 ☐ Electricity
- 2 ☐ Natural gas
- 3 ☐ Oil
- 4 ☐ Wood
- 5 ☐ Propane
- 6 ☐ Other – Specify
- 7 ☐ Don't know

### D19. In an average week during the heating season, how many hours did you use the supplementary heating?

Mark one  
only

- Hours
- 1 ☐ Unsure, the heating equipment uses a thermostat
  - 7 ☐ Don't know

### D20. If you ...

Mark one  
only

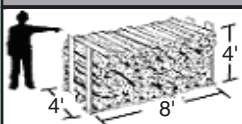
- 1 ☐ used wood or wood pellets for heating → (Go to question: D21)
- 2 ☐ did not use wood or wood pellets for heating → (Go to question: D24)

### D21. On average how much wood do you burn in a heating season?

Mark one  
only

- 1 ☐ Full or bush cord .....    Amount
- 2 ☐ Face or stove cord .....    Amount
- 3 ☐ Full-sized pick-up truck (8 feet box) .....    Amount
- 4 ☐ Compact-sized pick-up truck (6 feet box) .....    Amount
- 5 ☐ Bag of firewood (64 bags = one full or bush cord) .....    Amount
- 6 ☐ Log (1 log = 16 inches in length) .....    Amount
- 7 ☐ Don't know

#### One full cord (= 3 face cords or 64 bags)



- Length: 8 feet (8')
- Width: 4 feet (4')
- Height: 4 feet (4')

#### One face cord



- Length: 8 feet (8')
- Width: 16 inches (16") = a log
- Height: 4 feet (4')

#### One bag of firewood



- Length: 1 foot (1')
- Width: 1 foot (1')
- Height: 2 feet (2')

## SECTION D – HEATING AND COOLING

**D22. What type of wood did you use?**

Mark all that apply

1 ☐ Hard-wood

3 ☐ Hard and Soft (mixed)

2 ☐ Soft-wood

7 ☐ Don't know

**D23. If you used wood pellets, what was the quantity consumed in the past 12 months?**

Mark one only

01 ☐ Did not use wood pellets

05 ☐ 2,501 - 4,000 lbs (910 - 1,818 kg)

02 ☐ 500 lbs (228 kg) or less

06 ☐ 4,001 - 5,500 lbs (1,819 - 2,500 kg)

03 ☐ 501 - 1,000 lbs (229 - 455 kg)

07 ☐ 5,501 lbs (2,501 kg) or more

04 ☐ 1,001 - 2,500 lbs (455 - 909 kg)

97 ☐ Don't know

**D24. Do you have a fireplace (wood, gas, or electrical) in your dwelling?**

Mark one only

1 ☐ Yes



(Go to question: D25)

2 ☐ No



(Go to question: D33)

7 ☐ Don't know

**D25. In 2007, how many wood-burning fireplaces did you have in your dwelling?**

Mark one only

☐ Number

1 ☐ None

7 ☐ Don't know

**D26. In 2007, how many electric fireplaces did you have in your dwelling?**

Mark one only

☐ Number



(Go to question: D27)

1 ☐ None



(Go to question: D28)

7 ☐ Don't know

**D27. Is the primary purpose of the electric fireplace(s) to provide heat or for aesthetics?**

Mark one only

1 ☐ Primarily for heat

3 ☐ For both heat and aesthetics

2 ☐ Primarily for aesthetics

7 ☐ Don't know

**D28. In 2007, how many gas-burning fireplaces did you have in your dwelling?**

Mark one only

☐ Number



(Go to question: D29)

1 ☐ None



(Go to question: D33)

7 ☐ Don't know

**D29. What source(s) of energy did your gas burning fireplace use?**

Please exclude the energy used for running the fan.

Mark all that apply

1 ☐ Natural gas

3 ☐ Other – Specify

2 ☐ Propane

7 ☐ Don't know

## SECTION D – HEATING AND COOLING

**D30. During the summer, did you turn the pilot light off?**

Mark one only

- 1 ☐ Yes  
2 ☐ No  
3 ☐ No pilot light  
7 ☐ Don't know

**D31. Did your (most frequently used) gas-burning fireplace vent its exhaust out the chimney or out the side wall (direct vent)?**

Mark one only

- 1 ☐ Out the chimney  
2 ☐ Out the side wall (direct vent)  
7 ☐ Don't know

**D32. During an average heating season, how often did you use your (most frequently used) gas-burning fireplace?**

Mark one only

- 1 ☐ Every day  
2 ☐ Several times a week  
3 ☐ A few times a week  
4 ☐ A few times a month  
5 ☐ Never  
7 ☐ Don't know

**D33. In 2007, did you have air conditioning for your dwelling?**

Mark one only

- 1 ☐ Yes – Central air conditioning → (Go to question: D34)  
2 ☐ Yes – Window / Room air conditioning → (Go to question: D36)  
3 ☐ No } (Go to question: E1)  
7 ☐ Don't know }

**D34. How old is your central air conditioner?   Years**

If the exact age is unknown, please indicate the range:

Mark one only

- 1 ☐ 5 years or less  
2 ☐ 6 to 10 years  
3 ☐ 11 to 15 years  
4 ☐ 16 to 20 years  
5 ☐ 21 to 25 years  
6 ☐ 26 years or more  
7 ☐ Don't know

**D35. Is your central air conditioner an Energy Star qualified product?**

Mark one only

- 1 ☐ Yes  
2 ☐ No  
7 ☐ Don't know
- (Go to question: E1)



**D36. In 2007, how many window / room air conditioners did you use?**

Mark one only

- Number  
7 ☐ Don't know



## SECTION D – HEATING AND COOLING

**D37. Was your (most frequently used) window / room air conditioner a ...**

Mark one only

- 1 ☐ Window-mounted (louvered) unit
- 2 ☐ Through the wall mounted (non-louvered) unit
- 3 ☐ Free standing portable unit
- 4 ☐ Mini-split air conditioner
- 5 ☐ Wall mounted heat pump / air conditioner
- 7 ☐ Don't know

**D38. What was the cooling capacity of your (most frequently used) window / room air conditioner in BTUs?**

Mark one only

- ☐ ☐ ☐ ☐ ☐ BTUs
- 7 ☐ Don't know

**D39. How old is the (most frequently used) window / room air conditioner?** ☐ ☐ Years

If the exact age is unknown, please indicate the range:

Mark one only

- |  |   |
|--|---|
| 1 <input type="checkbox"/> 5 years or less | 5 <input type="checkbox"/> 21 to 25 years   |
| 2 <input type="checkbox"/> 6 to 10 years   | 6 <input type="checkbox"/> 26 years or more |
| 3 <input type="checkbox"/> 11 to 15 years  | 7 <input type="checkbox"/> Don't know       |
| 4 <input type="checkbox"/> 16 to 20 years  |   |

**D40. Is your (most frequently used) window / room air conditioner an Energy Star qualified product?**

Mark one only

- 1 ☐ Yes
- 2 ☐ No
- 7 ☐ Don't know



END OF SECTION

## SECTION E – ENERGY CONSUMPTION

In this section, we are interested in obtaining accurate and complete information about the amount and type of energy (electricity, natural gas, heating oil, and propane) that the household consumes within the dwelling.

**E1.** Does your household use any other energy sources besides electricity, natural gas, heating oil, propane, or wood in your dwelling?

Mark one only

- 1 ☐ Yes → (Go to question: E2)  
 2 ☐ No } (Go to question: E3)  
 7 ☐ Don't know }

**E2.** Which one(s) ...

Mark all that apply

- 1 ☐ Solar  
 2 ☐ Wind power  
 3 ☐ Other – Specify \_\_\_\_\_  
 7 ☐ Don't know

**E3.** Is anyone in your dwelling responsible for paying the bills for any of the following:  
 Electricity / Natural gas / Heating oil / Propane?

Mark one only

- 1 ☐ Yes → (Go to question: E4)  
 2 ☐ No } (Go to question: E2)  
 7 ☐ Don't know }

**E4.** The most accurate and efficient way for us to collect your energy consumption data is by directly contacting your energy supplier(s). The only information that Statistics Canada will give to your energy supplier(s) will be your name, address, and account number. No other responses that you provide for this survey will be given to the energy supplier(s). The only data that will be collected from the energy supplier(s) will be the energy consumption amount for the 2007 calendar year. No other information (such as payment amounts, payment status, etc.) will be collected.

Another way of collecting your energy consumption data is by providing us with your billing information for the past 14 months. Use the tables provided at the end of this section to record your energy consumption data.

**E5.** Do you authorize Statistics Canada to obtain from your energy supplier(s) the amount of energy used by your dwelling for the 2007 calendar year?

Mark one only

- 1 ☐ Yes → (Go to question: E6)  
 2 ☐ No → (Go to question: E10)

## SECTION E – ENERGY CONSUMPTION

**E6.** Please select the energy type and fill out the following account information for the energy supplier:

Mark one  
only

1 ☐ Electricity      2 ☐ Natural gas      3 ☐ Heating oil      4 ☐ Propane

I authorize Statistics Canada to release information about the account number and the name of the account holder to the energy company listed below.

I authorize the company below to provide Statistics Canada with the consumption of energy used by the dwelling identified on this questionnaire for the 2007 calendar year.

Name of energy company

Account number

Account holder – Last name

Account holder – First name

Telephone number of energy company

Extension

**E7.** Would you like to provide the contact information for another energy supplier?

Mark one  
only

1 ☐ Yes      —————> (Go to question E8)

2 ☐ No      —————> (Go to question E9)

**E8.** Please select the energy type and fill out the following account information for the energy supplier:

Mark one  
only

1 ☐ Electricity      2 ☐ Natural gas      3 ☐ Heating oil      4 ☐ Propane

I authorize Statistics Canada to release information about the account number and the name of the account holder to the energy company listed below.

I authorize the company below to provide Statistics Canada with the consumption of energy used by the dwelling identified on this questionnaire for the 2007 calendar year.

Name of energy company

Account number

Account holder – Last name

Account holder – First name

Telephone number of energy company

Extension

## SECTION E – ENERGY CONSUMPTION

**E9.** Did you agree to let Statistics Canada contact all of your energy supplier(s) to obtain your dwelling energy consumption data?

Mark one only

- 1 ☐ Yes → (Go to question: E12)  
 2 ☐ No → (Go to question: E10)

**E10.** For the following question, please obtain the energy bills (covering the past 14 month period) for the energy supplier(s) that you would not like Statistics Canada to contact to obtain the energy consumption information. Sort the energy bills in ascending order by energy supplier. Use the information from the energy bills to complete the required energy consumption tables.

**E11.** Please indicate which energy bill(s) you would like to supply the consumption information:

Mark all that apply

- 1 ☐ Electricity → Please complete **Table A**  
 2 ☐ Natural gas → Please complete **Table B**  
 3 ☐ Heating oil → Please complete **Table C**  
 4 ☐ Propane → Please complete **Table D**

**E12.** In 2007, on an average weekday, was there someone at home all day?

Mark one only

- (For example, someone taking care of children, someone retired, someone working at home, etc.)  
 1 ☐ Yes      2 ☐ No      7 ☐ Don't know

**E13.** In 2007, for how many complete weeks was there no one at your dwelling?

Mark one only

- (For example, on vacation, away on business travel, etc.)  
  Weeks      1 ☐ None      7 ☐ Don't know

**E14.** In 2007, were all of your dwelling's energy bills strictly for the energy consumed by your household?

In other words, no other charges for operating a farm, a business (hairstylist, childcare, etc.), or other dwellings (such as apartments) are included in your energy bills.

Mark one only

- 1 ☐ Yes → (Go to question: F1)  
 2 ☐ No → (Go to question: E15)  
 7 ☐ Don't know → (Go to question: F1)

**E15.** In 2007, approximately what percentage of the electricity consumption on your bills was strictly for your household's use?

Mark one only

- 1 ☐ Not applicable (N/A)         %      7 ☐ Don't know

**E16.** In 2007, approximately what percentage of the natural gas consumption on your bills was strictly for your household's use?

Mark one only

- 1 ☐ Not applicable (N/A)         %      7 ☐ Don't know

**E17.** In 2007, approximately what percentage of the heating oil consumption on your bills was strictly for your household's use?

Mark one only

- 1 ☐ Not applicable (N/A)         %      7 ☐ Don't know

**E18.** In 2007, approximately what percentage of the propane consumption on your bills was strictly for your household's use?

Mark one only

- 1 ☐ Not applicable (N/A)         %      7 ☐ Don't know

END OF SECTION

## TABLE A – ELECTRICITY CONSUMPTION

Please obtain all of your electricity bills covering the past 14 month consumption period. Sort the electricity bills in ascending order. Please complete the table below with the information from your electricity bills.

**Note:** If you have one or more recent electricity bills, the previous month's consumption summary may be available on the bills. You can use that information to transcribe the energy consumption for all 14 months without having to produce all bills.

	Start date (DD / MM / YY)	End date (DD / MM / YY)	Number of days covered	Unit of measure		Energy consumption
				(kW)	(GJ)	
Bill #1	/ /	/ /		1	2	
Bill #2	/ /	/ /		1	2	
Bill #3	/ /	/ /		1	2	
Bill #4	/ /	/ /		1	2	
Bill #5	/ /	/ /		1	2	
Bill #6	/ /	/ /		1	2	
Bill #7	/ /	/ /		1	2	
Bill #8	/ /	/ /		1	2	
Bill #9	/ /	/ /		1	2	
Bill #10	/ /	/ /		1	2	
Bill #11	/ /	/ /		1	2	
Bill #12	/ /	/ /		1	2	
Bill #13	/ /	/ /		1	2	
Bill #14	/ /	/ /		1	2	

## TABLE B – NATURAL GAS CONSUMPTION

Please obtain all of your natural gas bills covering the past 14 month consumption period. Sort the natural gas bills in ascending order. Please complete the table below with the information from your natural gas bills.

	Start date (DD / MM / YY)	End date (DD / MM / YY)	Number of days covered	Unit of measure		Energy consumption
				(kW)	(GJ)	
Bill #1	/ /	/ /		1	2	
Bill #2	/ /	/ /		1	2	
Bill #3	/ /	/ /		1	2	
Bill #4	/ /	/ /		1	2	
Bill #5	/ /	/ /		1	2	
Bill #6	/ /	/ /		1	2	
Bill #7	/ /	/ /		1	2	
Bill #8	/ /	/ /		1	2	
Bill #9	/ /	/ /		1	2	
Bill #10	/ /	/ /		1	2	
Bill #11	/ /	/ /		1	2	
Bill #12	/ /	/ /		1	2	
Bill #13	/ /	/ /		1	2	
Bill #14	/ /	/ /		1	2	

## TABLE C – HEATING OIL CONSUMPTION

Please obtain your most recent heating oil bills. Sort the heating oil bills in ascending order. Please complete the table below with the information from your heating oil bills.

If you can not locate your most recent heating oil bills, please provide your best estimate.

	Start date (DD / MM / YY)	Unit of measure		Amount of oil purchased	Actual (from bills)	Estimate
		(Litres)	(Gallons)			
Bill #1	/ /	1	2		3	4
Bill #2	/ /	1	2		3	4
Bill #3	/ /	1	2		3	4
Bill #4	/ /	1	2		3	4
Bill #5	/ /	1	2		3	4

Please obtain your most recent propane gas bills. Sort the propane gas bills in ascending order. Please complete the table below with the information from your propane gas bills.

If you can not locate your most recent propane gas bills, please provide your best estimate.

	Start date (DD / MM / YY)	Unit of measure		Amount of gas purchased	Actual (from bills)	Estimate
		(Litres)	(Gallons)			
Bill #1	/ /	1	2		3	4
Bill #2	/ /	1	2		3	4
Bill #3	/ /	1	2		3	4
Bill #4	/ /	1	2		3	4
Bill #5	/ /	1	2		3	4

## SECTION F – INFORMATION SHARING

**F1.** To avoid duplication, Statistics Canada has entered into an agreement to share the combined information from this survey with the Office of Energy Efficiency of Natural Resources Canada (NRCan). This includes the information obtained during the telephone interview, the information provided on this questionnaire, and if you gave Statistics Canada the authorization to do so, the information obtained from the person responsible for paying the energy bills or directly from the energy supplier(s). Names, addresses, telephone numbers and account numbers will not be shared. NRCan has undertaken to keep this information confidential and use it only for statistical purposes.

**Do you authorize Statistics Canada to share the combined information from this survey with NRCan?**

1 ☐ Yes

2 ☐ No

## SECTION G – COMMENTS

**Please use the space provided to record any comments that you may have about the survey.**

**Your comments are very important to us.**

FOR INFORMATION ONLY

**All information that you have provided on this survey will be kept confidential.**

**END OF QUESTIONNAIRE**