Non-Energy Impacts of the Home Uplift Program Survey for Residents
Please complete the information below, if you are willing to participate in this study.

CONSENT FOR SURVEY

I have read and understand all information in the Project Description. I have received a copy of this form. I agree to participate in this survey.

Main respondent’s name (Please print) ____________________________

Signature ________________ Date ________________

CONSENT (ALL OTHER HOUSEHOLD MEMBERS, IF APPLICABLE)

☐ Yes, I am providing third-party consent for all my household members (including children and other dependents) to provide information about them on the survey.

☐ No, I am not providing third-party consent for all my household members (including children and other dependents) to provide information about them on the survey.

Signature ________________ Date ________________

* * *

PLEASE RETURN THIS COMPLETED CONSENT FORM TO US WITH YOUR COMPLETED SURVEY!
All of your responses will be protected and will remain confidential and will not be traced back to you or your household. Your answers will not be shared with anyone connected to the property where you live. In this survey, we ask questions about living in your home and about your household.

This survey should be answered by an adult who has lived in the home for at least 12 months. If no adult has lived in the home for at least 12 months, please do not complete the survey.

THANK YOU!

SECTION A. INTRODUCTION

PLEASE RECORD YOUR NAME and ADDRESS. (If you have a separate mailing address, please record it at the end of this survey. Use your physical location below.)

Your Name (Print clearly): ____________________________

Street Address Line 1: ____________________________

Street Address Line 2 (optional): ____________________________

City: __________ State: _____ Zip Code: ______

Phone Number: ____________________________ Email: ____________________________

A1. How long have you lived in your current home?

   Years: ________ Months: ________

A2. Do you own or rent your home?

   ☐ Own   ☐ Rent   ☐ Other situation: ____________________________

A3. Including yourself, how many people normally live in this household? Do not include anyone who is just visiting, those away in the military, or children who are away at college.

   Number of people in household: ________
A4. Can you please provide the names of all household members and their gender, age, and if they are employed or attend school?

<table>
<thead>
<tr>
<th>Person 1 First Name (Yourself)</th>
<th>Person 2 First Name</th>
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<th>Employed for wages?</th>
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<th>Lives in the home most days during the month?</th>
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<th>Person 3 First Name</th>
<th>Person 4 First Name</th>
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<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
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<tr>
<td>Person 5 First Name</td>
<td>Person 6 First Name</td>
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<td>____________________</td>
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<td>Gender: ____________</td>
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<td>Age: _____</td>
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<td>Employed for wages?</td>
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<tr>
<th>Person 7 First Name</th>
<th>Person 8 First Name</th>
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<td>____________________</td>
<td>____________________</td>
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<tr>
<td>Gender: ____________</td>
<td>Gender: ____________</td>
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<td>Age: _____</td>
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<td>Employed for wages?</td>
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<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
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</table>
SECTION B. INDOOR AIR TEMPERATURE

The following questions are about your home’s temperature in winter and in summer.

B1. Does your home have a thermostat that controls the heating and/or cooling in your home?

☐ Yes  ☐ No → SKIP to B2  ☐ Don’t know → SKIP to B2

B1a. What equipment does your thermostat control?

☐ Central heating only
☐ Central cooling only
☐ Central heating and cooling
☐ Don’t know
☐ Refused

B2. During the winter, what is the temperature when someone is inside your home during the day? Please give us your best estimate.

Enter degrees Fahrenheit: __________

B3. During the summer, what is the temperature when someone is inside your home during the day? Please give us your best estimate.

Enter degrees Fahrenheit: __________

<table>
<thead>
<tr>
<th>Thinking about the past 12 months…</th>
<th>Very cold</th>
<th>Cold</th>
<th>Comfortable</th>
<th>Hot</th>
<th>Very hot</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4. Which of the following statements best describes the indoor temperature of your home during the WINTER?</td>
<td></td>
<td></td>
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<tr>
<td>B5. Which of the following statements best describes the indoor temperature of your home during the SUMMER?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
B6. During the past 12 months, how often was your home at a temperature that you felt was unsafe or unhealthy? Check one

☐ Almost every month  ☐ Some months  ☐ 1 or 2 months  ☐ Never

For the next set of questions, please think about whether or not you were exposed to near freezing temperatures inside your home that made you feel so badly that you had to seek medical attention for your symptoms. These symptoms are different from having a cold or a flu, BUT are more serious and could include not being able to think clearly, not being able to easily speak, breathe or move, not being able to feel your hands or feet, or fainting.

B7. During the past 12 months, has anyone in the household had to stay overnight in the HOSPITAL because your home was too COLD?

☐ Yes  ☐ No → SKIP to B8  ☐ Don’t know → SKIP to B8

B7a. If Yes, who in the household had to stay overnight in the HOSPITAL and how many times? Please list all individuals, including yourself.

First name: ____________________________

First name: ____________________________

First name: ____________________________

How many times stayed overnight in the HOSPITAL?

B8. Not counting hospitalizations, during the past 12 months, did anyone in the household go to the EMERGENCY ROOM at a hospital because your home was too COLD?

☐ Yes  ☐ No → SKIP to B9  ☐ Don’t know → SKIP to B9

B8a. If Yes, who in the household went to the EMERGENCY ROOM and how many times? Please list all individuals, including yourself.

First name: ____________________________

First name: ____________________________

First name: ____________________________

How many times went to the EMERGENCY ROOM?

Your responses will remain confidential.
B9. During the past 12 months, did anyone in the household have to visit a DOCTOR’S OFFICE because your home was too COLD?

☐ Yes  ☐ No → SKIP to B10  ☐ Don’t know → SKIP to B10

B9a. If Yes, how many times did those household members have to go to the DOCTOR’S OFFICE in the past 12 months because your home was too cold? Please list all individuals, including yourself.

First name: ________________________________

How many times went to the DOCTOR’S OFFICE?

First name: ________________________________

First name: ________________________________

First name: ________________________________

First name: ________________________________

B10. Did any of the medical emergencies from your home being too COLD happen during a natural disaster or power outage?

☐ Yes
☐ No
☐ There were no medical emergencies
☐ Don’t know
Next you will see the same set of questions, but this time they are about times when your home was **too HOT**. Please think about whether or not you were exposed to extremely hot temperatures inside your home that made you feel so badly that you had to seek medical attention for your symptoms. These symptoms are different from having a fever, BUT are more serious and could include a severe rash, cramps, swelling in the legs or hands, fainting, panting or fast breathing, or heatstroke.

**B11. During the past 12 months, has anyone in the household had to stay overnight in the HOSPITAL because your home was too HOT?**

- [ ] Yes  
- [ ] No → SKIP to B12  
- [ ] Don’t know → SKIP to B12

<table>
<thead>
<tr>
<th>First name: ___________________________</th>
<th>How many times stayed overnight in the HOSPITAL?</th>
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<tr>
<td>First name: ___________________________</td>
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<td>First name: ___________________________</td>
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**B11a. If Yes, who in the household had to stay overnight in the HOSPITAL and how many times?**  
*Please list all individuals, including yourself.*

**B12. Not counting hospitalizations, during the past 12 months, did anyone in the household go to the EMERGENCY ROOM at a hospital because your home was too HOT?**

- [ ] Yes  
- [ ] No → SKIP to B13  
- [ ] Don’t know → SKIP to B13

<table>
<thead>
<tr>
<th>First name: ___________________________</th>
<th>How many times went to the EMERGENCY ROOM?</th>
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<tr>
<td>First name: ___________________________</td>
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<td>First name: ___________________________</td>
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<td>First name: ___________________________</td>
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*Your responses will remain confidential.*
B13. During the past 12 months, did anyone in the household have to visit a DOCTOR’S OFFICE because your home was too HOT?

☐ Yes  ☐ No → SKIP to B14  ☐ Don’t know → SKIP to B14

<table>
<thead>
<tr>
<th>First name: __________________________</th>
<th>How many times went to the DOCTOR’S OFFICE?</th>
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B13a. If Yes, how many times did those household members have to go to the DOCTOR’S OFFICE in the past 12 months because your home was too hot? *Please list all individuals, including yourself.*

B14. Did any of the medical emergencies from your home being too HOT happen during a natural disaster or power outage?

☐ Yes  ☐ No  ☐ There were no medical emergencies  ☐ Don’t know
## SECTION C. GENERAL HEALTH QUESTIONS

<table>
<thead>
<tr>
<th><strong>During the past 30 days...</strong></th>
<th><strong>Number of DAYS</strong></th>
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</thead>
<tbody>
<tr>
<td>C1. During the past 30 days, for about how many days do you feel you did not get enough rest or sleep?</td>
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</tr>
<tr>
<td>C2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?</td>
<td></td>
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<tr>
<td>C3. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?</td>
<td></td>
</tr>
<tr>
<td>C4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?</td>
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</table>

**C5. In the past 3 months, have you had headaches that are either new or more frequent or severe than ones you have had before?**

- [ ] Yes
- [ ] No
- [ ] Does not suffer from headaches → SKIP to C6
- [ ] Don’t know

**C5a. Thinking about the past 3 months, how would you rate the severity of your headaches?**

- [ ] Mild; You are able to function normally
- [ ] Moderate; Your ability to function is slightly decreased
- [ ] Severe; Your ability to function is severely decreased
- [ ] Extremely painful or incapacitating; You are totally bedridden

**C5b. During the past 3 months, did you take any prescription medications for migraines?**

- [ ] Yes
- [ ] No
- [ ] Don’t know
C5c. During the past 3 months, did you take any medications, including over the counter medications like Tylenol, for other types of headaches?

☐ Yes  ☐ No  ☐ Don’t know

C5d. During the past 12 months, did you see a doctor, nurse, or other health professional for urgent treatment of worsening migraines?

☐ Yes  ☐ No → SKIP to C6  ☐ Don’t know → SKIP to C6

C5e. How many different times did you have to be admitted to a hospital, visit an emergency room, or an urgent care center in the past 12 months because of migraines?

Number times you went to the HOSPITAL: _____
Number times you visited an EMERGENCY DEPARTMENT: _____
Number times you visited an URGENT CARE CENTER: _____

C6. Has anyone in the household ever experienced lead poisoning?

☐ Yes  ☐ No  ☐ Don’t know

Please list all individuals, including yourself who had lead poisoning.

First name: ____________________________
First name: ____________________________
First name: ____________________________
First name: ____________________________
First name: ____________________________
C7. Can you please tell me the names of any females currently living in the home that *are or have been* pregnant in the last 12 months?

If none ➔ SKIP to SECTION D.

<table>
<thead>
<tr>
<th>Person 1</th>
<th>First Name:______________________________</th>
<th>Person 2</th>
<th>First Name:______________________________</th>
</tr>
</thead>
</table>

C8. During the past 12 months, did Person 1 give birth?

[ ] Yes  [ ] No ➔ SKIP to SECTION D

C8a. Was/were the infant(s) born...

*Check one*

[ ] Before due date  [ ] On due date  [ ] After due date  [ ] Don’t know

C8b. Was/were the infant(s) born at or above average birth weight?

*Check one*

[ ] All were average to above average birth weight  [ ] At least one low birth weight  [ ] Don’t Know

C8c. Did a physician continue to monitor the weight of (any of) the infant(s) because they were concerned?

[ ] Yes  [ ] No  [ ] Don’t know

C8. During the past 12 months, did Person 2 give birth?

[ ] Yes  [ ] No ➔ SKIP to SECTION D

C8a. Was/were the infant(s) born...

*Check one*

[ ] Before due date  [ ] On due date  [ ] After due date  [ ] Don’t know

C8b. Was/were the infant(s) born at or above average birth weight?

*Check one*

[ ] All were average to above average birth weight  [ ] At least one low birth weight  [ ] Don’t Know

C8c. Did a physician continue to monitor the weight of (any of) the infant(s) because they were concerned?

[ ] Yes  [ ] No  [ ] Don’t know
SECTION D. ASTHMA & COPD

D1. Have you ever been told by a doctor or other health professional that you have asthma?

☐ Yes  ☐ No → SKIP to D7  ☐ Don’t know → SKIP to D7

D1a. Do you still have asthma?

☐ Yes  ☐ No

*Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when you have a cold or respiratory infection.*

D2. How long has it been since you last had any *symptoms of asthma*? Check one

☐ Less than one day ago
☐ 1-6 days ago
☐ 1 week to less than 3 months ago
☐ 3 months to less than 1 year ago
☐ 1 year to less than 3 years ago → SKIP to D7
☐ More than 3 years ago → SKIP to D7
☐ Never → SKIP to D7
☐ Don’t Know → SKIP to D7

*Asthma attacks, also called “flare-ups”, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do or make you seek medical care.*

D3. During the past 3 months how many asthma flare-ups did you have?

Number of flare-ups: _____

An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.

D4. During the past 12 months, have you had to visit an URGENT CARE CENTER because of asthma?

Number of times went to URGENT CARE for asthma: ______

D5. During the past 12 months, have you had to stay overnight in a HOSPITAL because of asthma? Do not include a visit to the emergency room.

Number of times in HOSPITAL for asthma: _____
D6. Not counting hospitalizations and urgent care visits, during the past 12 months, did you go to an EMERGENCY ROOM because of asthma?

Number of times went to EMERGENCY ROOM for asthma: ______

D7. Has anyone else in the home, including children, ever been told by a doctor or other health professional that they have asthma?

☐ Yes  ☐ No ➔ SKIP to D13  ☐ Don’t know ➔ SKIP to D13

<table>
<thead>
<tr>
<th>Person 1 with Asthma</th>
<th>Person 2 with Asthma</th>
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<tbody>
<tr>
<td>First Name:__________</td>
<td>First Name:__________</td>
</tr>
</tbody>
</table>

**D7a. Does this person still have asthma?**

☐ Yes  ☐ No

**D8. How long has it been since this person last had any symptoms of asthma?**

☐ Less than one day ago  ☐ 1-6 days ago  ☐ 1 week to less than 3 months ago  ☐ 3 months to less than 1 year ago  ☐ 1 year to less than 3 years ago  ☐ More than 3 years ago  ☐ Never

**D9. During the past 3 months how many asthma flare-ups has this person had?**

Number Flare-ups: ______

**D10. During the past 12 months, has this person had to visit an urgent care center because of asthma?**

☐ Yes  ☐ No

Number of times: ______

**D11. During the past 12 months, has this person had to stay overnight in a hospital because of asthma?**

☐ Yes  ☐ No

Number of times: ______

**D12. Not counting hospitalizations and urgent care visits, during the past 12 months, did this person go to an emergency room because of asthma?**

☐ Yes  ☐ No

Number of times: ______
<table>
<thead>
<tr>
<th>Person 3 with Asthma</th>
<th>Person 4 with Asthma</th>
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<tbody>
<tr>
<td>First Name:__________</td>
<td>First Name:__________</td>
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</tbody>
</table>

D7a. Does this person still have asthma?  
☐ Yes  ☐ No

D8. How long has it been since this person last had any symptoms of asthma?  
☐ Less than one day ago  
☐ 1-6 days ago  
☐ 1 week to less than 3 months ago  
☐ 3 months to less than 1 year ago  
☐ 1 year to less than 3 years ago  
☐ More than 3 years ago  
☐ Never

D9. During the past 3 months how many asthma flare-ups has this person had?  
Number Flare-ups: _______

D10. During the past 12 months, has this person had to visit an urgent care center because of asthma?  
☐ Yes  ☐ No

D11. During the past 12 months, has this person had to stay overnight in a hospital because of asthma?  
☐ Yes  ☐ No

D12. Not counting hospitalizations and urgent care visits, during the past 12 months, did this person go to an emergency room because of asthma?  
☐ Yes  ☐ No
Breathing problems may be caused by chronic obstructive pulmonary disease or “COPD”. COPD is often referred to as a chronic bronchitis and/or emphysema and is a serious lung disease that slowly gets worse over time.

D13. Have you ever been told by a doctor or health professional that you have COPD, emphysema, or chronic bronchitis?

☐ Yes  ☐ No → SKIP to D18  ☐ Don’t know → SKIP to D18

D14. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema?

☐ Yes  ☐ No  ☐ Don’t know

D15. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD or emphysema flare-ups?

☐ Yes  ☐ No  ☐ Don’t know

D16. Did you have to visit an urgent care center, emergency room or be admitted to a hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?

☐ Yes  ☐ No → SKIP to D17  ☐ Don’t know → SKIP to D17

D16a. If Yes, how many different times in the past 12 months?

Number times you visited an URGENT CARE CENTER: _____
Number times you visited an EMERGENCY DEPARTMENT: _____
Number times you went to the HOSPITAL: _____

D17. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?

Number of medications: _____

Please answer questions D18 through D23 if there are children with asthma in the home.

D18. Does your home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

☐ Yes  ☐ No → SKIP to D19  ☐ Don’t know → SKIP to D19

Your responses will remain confidential.
D18a. Are pets allowed in the bedroom(s) of the child/children with asthma?

☐ Yes  ☐ No  ☐ Don’t know

D19. Does the child or children with asthma use mattress covers made especially for controlling dust mites? This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.

☐ Yes  ☐ No  ☐ Don’t know

D20. Does the child or children with asthma use pillow covers made especially for controlling dust mites? This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.

☐ Yes  ☐ No  ☐ Don’t know

D21. Does the child or children with asthma have carpeting or rugs in their bedroom? This does not include throw rugs small enough to be laundered.

☐ Yes  ☐ No  ☐ Don’t know

D22. Have you seen mold in the room of the child or children with asthma in the past 30 days?

☐ Yes  ☐ No  ☐ Don’t know

D23. Are air fresheners or scented candles used anywhere inside the home?

☐ Yes  ☐ No  ☐ Don’t know
### SECTION E. HOME CONDITIONS and HAZARDS

**During the past 12 months, how often have you or other members of your household found:**

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

**E1. Your home too drafty** (breezy, cold/damp air blowing in)

**E2. Your home too dusty**

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**Please check one response for the following statements:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not infested at all</th>
<th>Hardly infested</th>
<th>Somewhat infested</th>
<th>Very infested</th>
<th>Extremely infested</th>
</tr>
</thead>
</table>

**E3. How infested is your home with cockroaches or other insects?**

**E4. How infested is your home with rats, mice or other rodents?**

---

**E5. Have you seen mold in your home in the past 12 months?**

- [ ] Yes
- [ ] No
- [ ] Don’t know

**E6. Have you seen standing water in your home in the past 12 months?**

- [ ] Yes
- [ ] No
- [ ] Don’t know

**E7. How much outdoor noise do you hear indoors when the windows are closed?**

- [ ] A great deal
- [ ] Some
- [ ] Hardly any
- [ ] None at all (SKIP to E8)
- [ ] Don’t know (SKIP to E8)

**E7a. Thinking about the past 12 months, how much does this outdoor noise interfere with your sleep at night? Check one**

- [ ] None at all
- [ ] Slightly
- [ ] Moderately
- [ ] Very much
- [ ] Extremely
- [ ] Don’t know

**E8. How often do you smell odors from outside your home when the windows are closed?**

- [ ] A great deal
- [ ] Some
- [ ] Hardly any
- [ ] None at all
- [ ] Don’t know
SECTION F. HEATING, COOKING and VENTILATION

F1. Do you use any of the following types of extra heating equipment in your home? Check all that apply

- Electric space heater
- Vented natural gas fireplace
- Unvented natural gas fireplace
- Wood fireplace
- Unvented propane or kerosene heater
- None of the above
- Don’t know

F2. Is gas used for cooking in your home?

- Yes
- No
- Don’t know

Please check one response for the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>F3. During the past winter, how often did you use your oven to heat your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F4. How often are one or more windows open in your home in the SUMMER?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F5. How often are one or more windows open in your home in the WINTER?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An exhaust fan (usually above the stove) is often used to vent moisture, smoke and fumes.

F6. Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?

- Yes
- No
- Don’t know
SECTION G. HEALTH AND SAFETY HAZARDS

This next section asks questions about other conditions inside your home related to health and safety.

G1. Do you now smoke cigarettes every day, some days, or not at all? Check one

☐ Every day  ☐ Some days  ☐ Not at all

G2. Which one of the following statements best describes the rules about smoking inside your home? Check one

☐ No one is allowed to smoke anywhere inside your home
☐ Smoking is allowed at some places or at some times
☐ Smoking is permitted anywhere and anytime

G3. How often does anyone smoke inside your home? Would you say...

☐ Daily  ☐ Weekly  ☐ Monthly  ☐ Less than monthly  ☐ Never  ☐ Don’t know

G4. Is a wood burning fireplace or wood burning stove used in your home?

☐ Yes  ☐ No  ☐ Don’t know

G5. Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home? “Unvented” means no chimney or the chimney flue is kept closed during operation.

☐ Yes  ☐ No  ☐ Don’t know
G6. Does your main heating system have an air filter?

☐ Yes  ☐ No  → SKIP to G7  ☐ Don’t know  → SKIP to G7

G6a. Is the air filter in your heating system a High Efficiency Particulate Arresting (HEPA) filter?

☐ Yes  ☐ No  ☐ Don’t know

G7. Do you have a CO (or carbon monoxide) monitor in your house?

☐ Yes  ☐ No  → SKIP to G8  ☐ Don’t know  → SKIP to G8

G7a. Is your CO monitor currently working?

☐ Yes  ☐ No  ☐ Don’t know

G8. In the past 12 months, did anyone in the household see a medical professional because of carbon monoxide (CO) poisoning?

☐ Yes  ☐ No  ☐ Don’t know

G9. In the past 12 months did anyone in the household see a medical professional for food poisoning because your refrigerator was not at a temperature that was safe for food?

☐ Yes  ☐ No  ☐ Don’t know

G10. In the past 12 months how many times did you have to throw away food because your refrigerator was broken or lost power?

Number of times: ____

G11. In the past 12 months, did anyone in the household see a medical professional because of burns from scalding hot water coming out of a faucet or showerhead inside your home?

☐ Yes  ☐ No  ☐ Don’t know
G12. Do you have one or more smoke detectors in your house?

☐ Yes  ☐ No  ➔ SKIP to G13  ☐ Don’t know  ➔ SKIP to G13

G12a. How many smoke detectors are there in your house?

Enter number of smoke detectors: _______

G12b. How many of these smoke detectors are currently working?

Enter number of working smoke detectors: _______

G13. In the past 12 months, how many times was the fire department called to put out a fire in your home?

Number of times fire department called: _______

G14. In the past 12 months did any fire start in your home as a result of using an alternate heating source, such as space heaters, electric blankets, your kitchen stove or oven, a heating stove, or a fireplace?

☐ Yes  ☐ No  ☐ Don’t know

G15. In the past 12 months did any fire start in your home as a result of the building’s primary heating source, such as a furnace?

☐ Yes  ☐ No  ☐ Don’t know
G16. In the past 12 months, how many individuals needed medical attention because of fire-related injuries such as burns or smoke inhalation?

Number of individuals: ________ If zero → SKIP to G17

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:______________</td>
<td>First Name:______________</td>
</tr>
<tr>
<td><strong>G16a. What types of medical attention did they seek? Check all that apply</strong></td>
<td><strong>G16a. What types of medical attention did they seek? Check all that apply</strong></td>
</tr>
<tr>
<td>□ Office visit</td>
<td>□ Office visit</td>
</tr>
<tr>
<td>□ Urgent care</td>
<td>□ Urgent care</td>
</tr>
<tr>
<td>□ Emergency room</td>
<td>□ Emergency room</td>
</tr>
<tr>
<td>□ Hospital</td>
<td>□ Hospital</td>
</tr>
<tr>
<td>□ Burn unit</td>
<td>□ Burn unit</td>
</tr>
<tr>
<td>□ Other:__________________________</td>
<td>□ Other:__________________________</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td>□ Don’t know</td>
</tr>
</tbody>
</table>

G17. In the past 12 months, did anyone in the household suffer a trip or fall inside the home that required them to see a medical professional?

☐ Yes ☐ No → SKIP to SECTION H ☐ Don’t know → SKIP to SECTION H

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:______________</td>
<td>First Name:______________</td>
</tr>
<tr>
<td><strong>G17a. What types of medical attention did they seek? Check all that apply</strong></td>
<td><strong>G17a. What types of medical attention did they seek? Check all that apply</strong></td>
</tr>
<tr>
<td>□ Office visit</td>
<td>□ Office visit</td>
</tr>
<tr>
<td>□ Urgent care</td>
<td>□ Urgent care</td>
</tr>
<tr>
<td>□ Emergency room</td>
<td>□ Emergency room</td>
</tr>
<tr>
<td>□ Hospital</td>
<td>□ Hospital</td>
</tr>
<tr>
<td>□ Other:__________________________</td>
<td>□ Other:__________________________</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td>□ Don’t know</td>
</tr>
</tbody>
</table>

**G17b. As a result of the trip or fall, what was the injury? Please describe below**

___________________________________

___________________________________

___________________________________

___________________________________
**SECTION H. LIFE SATISFACTION**

The following statements are about what it’s like to live within your community.

<table>
<thead>
<tr>
<th>Please tell me how satisfied you are with each of the following?</th>
<th>Not at all satisfied</th>
<th>Not very satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Fairly satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. Your life in general</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H2. Your health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3. Your present standard of living</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION I. HEALTH CARE COVERAGE AND AFFORDABILITY

I1. In the past 12 months have you had any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

☐ Yes → SKIP to I2  ☐ No  ☐ Don’t know

I1a. If No or Don’t Know: Just to confirm, do you have health insurance or coverage through any of the following plans?

☐ Not covered by any plan → SKIP to I3
☐ Plan from a current or past employer/union/school
☐ Plan through a professional association
☐ Plan bought on own
☐ Plan bought by someone who does not live in this household
☐ Medicare
☐ Medicaid/State health insurance
☐ TRICARE
☐ Other military health insurance
☐ Indian health service
☐ Indigent care
☐ Other plan: _________________________________________
☐ Don’t know → SKIP to I3

I2. Does your health plan pay for at least some of the cost of prescription medicines?

☐ Yes  ☐ No  ☐ Don’t know

I3. During the past 12 months, have you or other adults in your household had any problems paying medical bills?

☐ Yes  ☐ No  ☐ Don’t know

I4. During the past 12 months, was there any time your household members needed prescription medicines but didn’t get them because you couldn’t afford it?

☐ Yes  ☐ No  ☐ Don’t know
**15. Over the past 12 months, how often did members of your household not fill a prescription or took less than the full dose of a prescribed medicine in order to pay the utility bill?** Check one

- [ ] Every month
- [ ] Every other month
- [ ] Every 3 months
- [ ] Every 6 months
- [ ] Once in 12 months
- [ ] Never
- [ ] Not responsible for paying utility bills
- [ ] Don’t know

---

**16. Over the past 12 months, how frequently has your household not paid energy bills in order to purchase prescription medicines?** Check one

- [ ] Every month
- [ ] Every other month
- [ ] Every 3 months
- [ ] Every 6 months
- [ ] Once in 12 months
- [ ] Never
- [ ] Not responsible for paying utility bills
- [ ] Don’t know
SECTION J. ENERGY BILLS AND TRADE-OFFS

Some agencies offer assistance with paying for energy bills.

J1. Did your household receive energy assistance this year?

☐ Yes  ☐ No → SKIP to J2  ☐ Don’t know → SKIP to J2

J1a. When did you receive energy assistance? Check all that apply

☐ Winter  ☐ Spring  ☐ Summer  ☐ Fall

J1b. Who did you receive energy assistance from? Check all that apply

☐ Local agency  ☐ Church  ☐ Utility company
☐ Family or friends  ☐ State agency  ☐ Other_____________________
☐ Don’t know

J2. During the past 12 months, how often did people you know help pay your energy bills? Check one

☐ Almost every month  ☐ Some months  ☐ 1 or 2 months
☐ Never  ☐ Don’t know

J3. How hard is it to pay for your energy bills? Check one

☐ Very hard  ☐ Hard  ☐ Neither hard nor easy
☐ Easy  ☐ Very easy  ☐ Don’t know
J4. Over the past 12 months, how often has your household not paid energy bills in order to pay other utility bills (water/sewage/telephone/secondary energy fuel type)? Check one

- Every month
- Every other month
- Every 3 months
- Every 6 months
- Once in 12 months
- Never
- Not responsible for paying utility bills
- Don’t know

J5. Over the past 12 months, how often has your household not paid other utilities in order to pay the primary energy bill? Check one

- Every month
- Every other month
- Every 3 months
- Every 6 months
- Once in 12 months
- Never → SKIP to J6
- Not responsible for paying utility bills → SKIP to J6
- Don’t know → SKIP to J6

J5a. What utilities were not paid for in order to pay an energy bill?
Check all that apply

- Water
- Sewage
- Telephone
- Secondary energy fuel type
- Other ____________________
- Don’t know

J6. During the past summer did you worry that your home would not have electricity or cooling?

- Yes
- No
- Don’t know

J7. During the past winter did you worry that your home would not have electricity or heat?

- Yes
- No
- Don’t know
J8. In the past year, have you used any of the following to assist with paying your energy bill? *Check all that apply*

- [ ] Payday loan
- [ ] Tax refund anticipation loan
- [ ] Car title loan
- [ ] Other type of short-term, high interest loan
- [ ] Pawn shop
- [ ] None → SKIP to J9
- [ ] Don’t know → SKIP to J9

J8a. If YES to any of the above, how often did you need to use these?

- [ ] Almost every month
- [ ] Some months
- [ ] 1 or 2 months
- [ ] Don’t know

J9. When home energy bills are not paid on time, it is common for energy utilities and suppliers to send late notices. During the past 12 months, how often did you receive a disconnect, shut-off, or non-delivery notice? *Check one*

- [ ] Almost every month
- [ ] Some months
- [ ] 1 or 2 months
- [ ] Never
- [ ] Don’t know

J10. In the past 12 months, was your electricity or natural gas ever disconnected because you were unable to pay your home energy bill?

- [ ] Yes  
- [ ] No → SKIP to J11
- [ ] Don’t know → SKIP to J11

J10a. While your electricity or natural gas was disconnected, was there a time when you wanted to use your main source of heat but were unable to?

- [ ] Yes
- [ ] No
- [ ] Don’t know
J10b. While your electricity was disconnected, was there a time when you wanted to use your air conditioner but were unable to?

☐ Yes  ☐ No  ☐ Don’t know

J11. Over the past 12 months, how often has your household *not purchased food in order to pay an energy bill?* Check one

☐ Every month
☐ Every other month
☐ Every 3 months
☐ Every 6 months
☐ Once in 12 months
☐ Never
☐ Not responsible for paying utility bills
☐ Don’t know

J12. Over the past 12 months, how often has your household *not paid energy bills in order to purchase food?* Check one

☐ Every month
☐ Every other month
☐ Every 3 months
☐ Every 6 months
☐ Once in 12 months
☐ Never
☐ Not responsible for paying utility bills
☐ Don’t know

J13. In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?

☐ Yes  ☐ No  ☐ Don’t know

J14. In the past four weeks, did you worry that you or your household members would not have nutritious food?

☐ Yes  ☐ No  ☐ Don’t know

J15. In the past 12 months did you or any members of your household receive food stamps or WIC assistance (Women, Infants, and Children nutrition program) to help pay for food?

☐ Yes  ☐ No  ☐ Don’t know

J16. In the past 12 months, did you have to temporarily move out of your home because of any of the following reasons? *Check all that apply*

☐ Did not have power  ☐ Flooding
☐ Home was too hot  ☐ Home was too cold
☐ Fire  ☐ Don’t know

*Your responses will remain confidential.*
SECTION K. EMPLOYMENT AND EDUCATION

K1. Is the primary wage earner in the household currently ...?

☐ Employed for wages
☐ Self-employed
☐ Out of work more than 1 year \(\rightarrow\) SKIP to K4
☐ Out of work less than 1 year \(\rightarrow\) SKIP to K4
☐ A homemaker \(\rightarrow\) SKIP to K4
☐ A student and not employed \(\rightarrow\) SKIP to K4
☐ Retired \(\rightarrow\) SKIP to K4

K1a. Are you or the primary wage earner in the household employed full-time or part-time?

☐ Full-time
☐ Part-time
☐ Don’t know
☐ N/A

In the past 12 months, about how many days of work did the primary wage earner miss because of... 

<table>
<thead>
<tr>
<th>Number of DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

K2. Illness or injury? (Do not include maternity leave.)

K3. Illness or injury of another household member?

<table>
<thead>
<tr>
<th>Number of DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

K4. Does your health keep you from working at a job?

☐ Yes
☐ No
☐ Don’t know

K5. Does your health keep you from doing work around the house?

☐ Yes
☐ No
☐ Don’t know

K6. In the past 12 months, did anyone in the household receive income from any of the following sources?

☐ Social Security
☐ Supplemental Security Income (SSI)
☐ Welfare payments or case assistance
☐ Veteran’s payments (VA Benefits)
☐ Unemployment Compensation
☐ No, did not receive any of the above
☐ Don’t know
<table>
<thead>
<tr>
<th>Thinking about children in the home that attend preschool or school...</th>
<th>Number of DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>K7. If you have any children in pre-school, which child missed the most days of school in the past 12 months? How many days was it?</td>
<td></td>
</tr>
<tr>
<td>First name: ___________________________________________</td>
<td></td>
</tr>
<tr>
<td>K8. If you have any children in school (Grades K-12), which child or young person missed the most days of school in the past 12 months? How many days was it?</td>
<td></td>
</tr>
<tr>
<td>First name: ___________________________________________</td>
<td></td>
</tr>
</tbody>
</table>
# SECTION L. DEMOGRAPHICS

**L1. Are you currently...?**
- [ ] Married or a member of an unmarried couple
- [ ] Divorced
- [ ] Widowed
- [ ] Separated
- [ ] Never married
- [ ] Don't want to answer

**L2. What is the highest degree or level of school you completed?**
- [ ] No schooling completed
- [ ] Kindergarten to grade 12 (no diploma)
- [ ] High school diploma or GED
- [ ] Some college, no college degree
- [ ] Associate's degree
- [ ] Bachelor's degree
- [ ] Master's degree
- [ ] Professional degree
- [ ] Doctorate degree

**L3. Do you consider yourself to be of Hispanic or Latino origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background?**
- [ ] Yes
- [ ] No
- [ ] Don't want to answer

**L4. Which describes your race? You can select more than one category.**
- [ ] White
- [ ] Black or African-American
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Other: ____________________________
- [ ] Don't want to answer

**L5. If you selected more than one race, which one of these groups BEST represents your race? Check one.**
- [ ] White
- [ ] Black or African-American
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Other: ____________________________
- [ ] Don't want to answer
That is the end of the survey!

We do have one additional opportunity for you. We are looking for households who would be willing to let us visit their home and be interviewed. This will help us better understand what it is like living in a home that needs home energy improvements. We will provide you with an additional incentive of $50 total for assisting with that part of our research. We will contact you if chosen, as not everyone interested will need to be visited.

Are you interested in participating in this part of our research?

☐ Yes
☐ No

THANK YOU!

Thank you for your participation! You will receive your $20 gift card in the mail to compensate you for your time. Please make sure your mailing address on the first page of this survey is correct.