



The EPS is an initiative sponsored by the Energy Trust of Oregon, and delivered by Earth Advantage, Inc., in collaboration with Conservation Services Group.

EPS Homeowner Input Form

Name: _____ Date: _____

Address: _____

The following information will help us more accurately measure the energy performance of your home. Please take your time and answer carefully. Your technician can help you if you have questions. Thank you for your participation.

1. Which type of thermostat do you have at home: ___Dial ___Programmable

2. If you have a **dial thermostat**:

What temperature do you typically set the thermostat at in **winter**? ___degrees.

What temperature do you typically set the thermostat at in **summer**? ___degrees.

Do you set it back at night? Yes No

Do you set it differently during the weekends? Yes No

3. If you have a **programmable thermostat**, please fill in the charts below to describe the schedules for heating and cooling seasons.

HEATING	Wake (Day)	Leave (if used)	Return (if used)	Sleep (Night)
Weekday:	Temp: Time:	Temp: Time:	Temp: Time:	Temp: Time:
Weekend:	Temp: Time:	Temp: Time:	Temp: Time:	Temp: Time:

COOLING	Wake (Day)	Leave (if used)	Return (if used)	Sleep (Night)
Weekday:	Temp: Time:	Temp: Time:	Temp: Time:	Temp: Time:
Weekend:	Temp: Time:	Temp: Time:	Temp: Time:	Temp: Time:

4. When is your home occupied? (Circle all that apply.):

Weekdays: Day Night Is an adult home during the daytime? Yes No

Weekend: Day Night

5. How would you describe the comfort of your home in **winter**?

- Always comfortable without a sweater
- Fairly comfortable with a sweater
- Always cool, even with a sweater
- Generally uncomfortable.

6. How would you describe the comfort of your home in **summer**?

- We use A/C most of the time to keep the home comfortable
- We use A/C some of the time to keep the home comfortable
- We only use A/C on the hottest days and nights.
- We don't ever use A/C and our home is generally comfortable.
- We don't ever use A/C and our home is often uncomfortable on very warm days.

7. Are there any of the following **shading your home**? If so, on which sides of your home (front, right, left, back), how far away (near or far), and about how tall are they (in feet)?

Large trees: _____ Neighboring buildings: _____

8. What percentage of the heating season do you use:

Gas Fireplace: _____ (with ceramic logs? Yes No)

Wood Fireplace: _____ Portable Heater: _____

Other Heat Sources: _____

9. Do you have either of these?

- Solar electric panels:** Yes No Size, if known _____
- Solar hot water panels:** Yes No

10. Please tell us about any **spas, hot tubs and pumps** you may have.

Do you have a pool pump? Yes No

Hours per day your pool pump runs: _____

Months per year your pool pump runs: _____

Do you have a pool heater? Yes No

Kind of spa, sauna or hot tub: _____

Usage for spas heated only on use: _____ (hours per week)

Have sump or sewage pump: Yes No

Have well pump: Yes No

11. Tell us about your household **hot water** use.

Number of **showers** per week: _____

Dishwasher loads per week: _____

Number of **laundry** loads per week: _____ Percent of line-dried loads: _____

What wash temperature do you normally use? cold warm hot

Other large hot water uses: _____

Do you pay for the gas or electricity to heat your water heater? Yes No

12. Please tell us about your use of the following:

Lighting

How many lighting fixtures do you have in each room?

Kitchen: _____

Dining Room: _____

Living Room: _____

Family Room: _____

Master Bedrm: _____

Hallway: _____

Bedroom(s) - total for

all bedrooms: _____

Bathroom(s) - total for

all bathrooms: _____

Closet(s) - total for

all closets: _____

Utility Room: _____

Garage: _____

Outdoor Lighting: _____

Other: _____

Write in the number of each of the following appliances that you use:

Entertainment

- ___ Answering Machine
- ___ Audio System
- ___ Cable Box
- ___ Big Screen TV
- ___ Standard Color TV
- ___ Hours per day of TV use
(all sets combined): _____
- ___ Satellite Dish
- ___ VCR
- ___ Video Game

(Misc. Kitchen Equip. con't)

- ___ Espresso Machine
- ___ Instant Hot Water
- ___ Microwave Oven
- ___ Slow Cooker
- ___ Toaster
- ___ Toaster Oven
- ___ Trash Compactor

Home Office

- ___ Computer
- ___ Home Fax Machine
- ___ Home Copier
- ___ Hours per day copier
is left on: _____
- ___ Printer Inkjet Printer

Other Miscellaneous Equipment

- ___ Dustbuster
- ___ Canister Vacuum Cleaner
- ___ Upright Vacuum Cleaner
- ___ Aquariums
- ___ Automobile Block Heater
- ___ Doorbell
- ___ Electric Blanket
- ___ Electric Grill
- ___ Garage Door Opener
- ___ Hair Dryer
- ___ Heat Tape
- ___ Iron
- ___ Pipe and Gutter Heaters
- ___ Waterbed Heater
- ___ Dehumidifier
- ___ Humidifier
- ___ Electronic Air Cleaner
- ___ Gas Grill
- ___ Gas Lighting

**Miscellaneous Kitchen
Equipment**

- ___ Bottled Water (with heating or
chilling ability)
- ___ Broiler
- ___ Coffee Machine - Drip
- ___ Coffee Machine - Percolator
- ___ Deep Fryer
- ___ Electric Fry Pan

13. Please tell us about your use of the following:

Cooking

How many hours per week do you use each of the following?

Stove: _____ Oven: _____

Clothes Drying

How many loads per week do you dry in your dryer? _____

14. Do you have any other major sources of energy consumption (workshop, green house, room air conditioner, electric car, etc.)?

ITEM	HOW MANY?	HOW OFTEN USED?
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Please list any recent structural/energy related remodeling projects you have done:

Date (mo/yr) _____ Project: _____

Date (mo/yr) _____ Project: _____

Date (mo/yr) _____ Project: _____

Date (mo/yr) _____ Project: _____

16. If applicable, how useful was seeing the results the **infrared camera**? (Circle one.)

Very useful Useful Somewhat useful Not useful

Thanks, again, for participating in the EPS pilot project.