

YOUR HEALTHY HOME AND ENERGY SAVINGS EVALUATION FORM

1) How are your Utility Bills?

Summertime _____

Winter _____

2) What temperature do you keep your thermostat set at?

Summertime _____

Winter _____

3) Why do you keep your thermostat set there; because of utility bills or for comfort?

Utility Bills or Comfort

Your average utility bill (both gas & electric) _____ x12 = _____ x10 yrs= _____ x65%= _____ x30% x savings _____

4) How long do you plan on living in your home?

1 to 5 years

5 to 10 years

10 to 15 years

Longer

5) Which rooms in your house have hot spots or cold spots? _____

6) How are your comfort levels with your existing system during times you need it the most?

7) Do you wish that your system operated quieter? Yes or No Explain _____

8) Does anyone in the home have frequent headaches, flu like symptoms, or feel tired all the time?

More in the Winter Yes or No

More in the Summer Yes or No

9) Who in your home suffers from Asthma, Allergies, or Respiratory Problems?

Who _____

How Severe? _____

10) Do you notice dust on your furniture just days after you have dusted it? Yes or No

11) Are there any unpleasant odors in your house? Yes or No

◇ Musty Smells Explain _____

◇ Stale Air Explain _____

◇ Fireplace Odors Explain _____

12) Who suffers from dry noses, dry skin, or dry throats during the winter?

Who _____

How Severe? _____

13) Do you notice water running down your windows in the wintertime? Yes or No

14) What is the number one thing that you would like your system to provide for your family that is not happening at this time? _____

