

# Households and the Environment Survey: Energy Use

Form number:

1

Confidential when completed.

Aussi disponible en français.

## PLEASE READ BEFORE COMPLETING

This survey is conducted under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S-19*. While completion of this questionnaire is voluntary, data from your household are essential if the results of this survey are to be accurate.

### 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 used in the development of energy efficiency initiatives and to support energy conservation practices in Canada. A definition of being energy efficient is using technology or behavior to perform a certain task or function at the same level of quality with less energy. The efficient use of energy can be used to moderate the growth in energy demand and reduce associated emissions and often leads to lower energy bills.

This survey asks questions about home heating and cooling, appliances, the physical features of your dwelling, and your household's energy consumption.

Your information may also be used by Statistics Canada for other statistical and research purposes.

### Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

### Data Sharing Agreement

To avoid duplication in surveys and to provide consistent statistics, Statistics Canada has entered into an agreement under **section 12** of the *Statistics Act* with Natural Resources Canada and Environment Canada for the sharing of information from this survey.

**For more information about this agreement, please refer to page 40 of this questionnaire.**

### 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 4 A 2

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

■ ■ C 4 A 2

- Mark circles with an "X" as follows: X
- To change an answer in a circle, 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 **1-800-461-9050**.

## 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?

**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  600 ft<sup>2</sup> (55 m<sup>2</sup>) or less

02  601 - 1,000 ft<sup>2</sup> (56 - 95 m<sup>2</sup>)

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

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

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

06  2,501 - 3,000 ft<sup>2</sup> (231 - 280 m<sup>2</sup>)

07  3,001 - 3,500 ft<sup>2</sup> (281 - 325 m<sup>2</sup>)

08  3,501 - 4,000 ft<sup>2</sup> (326 - 371 m<sup>2</sup>)

09  4,001 ft<sup>2</sup> (372 m<sup>2</sup>) or more

97  Don't know

A2. Is this dwelling:

Mark one only.

01  Owned by you or a member of this household, even if it is still being paid for?

02  Rented, even if no rent is paid?

97  Don't know

**Go to question A26**

A3. Is your current dwelling located within a **multi-residential building**?

**Include** low-rise and high-rise apartment or condominium buildings, hotels, rooming houses, and institutions.

**Exclude** townhouses, row houses, semi-detached, triplexes or duplexes.

01  Yes

02  No

97  Don't know



Go to question A5

A4. How many **storeys** does your building have?

**Include** storeys below ground and penthouses.

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

Storeys

97

Don't know



Go to question A26

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

Year

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

Mark one only.

01  Before 1946

02  1946 - 1960

03  1961 - 1977

04  1978 - 1983

05  1984 - 1995

06  1996 - 2000

07  2001 - 2009

08  2010 or later

97  Don't know

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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.

01  Basement

05  Other - Specify

02  Crawl space

06  No foundation

03  Concrete slabs

97  Don't know

04  Pillars

A8. Do you have a basement or crawl space?

01  Yes

02  No



Go to question A13

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

01  Yes

02  No

97  Don't know



Go to question A13

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

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  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 - 280 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 exterior **walls insulated on the inside**?

01  Yes

02  No

97  Don't know



**Go to question A13**

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

%

97  Don't know

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

01  Yes

02  No

97  Don't know



**Go to question A15**

A14. Is there insulation in your attic?

01  Yes – on the attic floor

02  Yes – on the attic walls

03  Yes – on both the attic floor and walls

04  No

97  Don't know

A15. Does your dwelling have a garage?

01  Yes

02  No

97  Don't know



**Go to question A20**

A16. Is your garage attached to the dwelling?

01  Yes

02  No

97  Don't know

A17. How much insulation does your garage have?

Mark one only.

01  Full insulation – all walls and garage doors are insulated

02  Full insulation – all walls, but not the garage doors are insulated

03  Partial insulation – some walls are insulated

04  None

97  Don't know

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

- 01  Yes      02  No      97  Don't know

A19. What type of garage does your dwelling have?

Mark one only.

- 01  One-car garage      02  Two-car garage      03  Three-or-more-car garage      97  Don't know

A20. Which of the following improvements have been made to your home since **January 1, 2015**?

Please mark each improvement made and indicate the most recent year that it was completed.

**Include** improvements made by previous owner.

01  No improvements were made

97  Don't know



**Go to question A23**

	Year
02 <input type="checkbox"/> Space heating equipment (include furnace, baseboard heaters, fireplaces and woodstoves)	
03 <input type="checkbox"/> Water heating equipment	
04 <input type="checkbox"/> Windows (include patio doors)	
05 <input type="checkbox"/> Caulking or weather-stripping around your existing windows or doors	
06 <input type="checkbox"/> Insulation of the basement or crawl space walls	
07 <input type="checkbox"/> Exterior wall siding	
08 <input type="checkbox"/> Insulation around the hot water pipes	
09 <input type="checkbox"/> Insulation of the roof or the attic	
10 <input type="checkbox"/> Insulation of any exterior walls (excluding basement)	
11 <input type="checkbox"/> Exterior doors (include garage door(s))	
12 <input type="checkbox"/> Installed a programmable thermostat	
13 <input type="checkbox"/> Installed solar panels	
14 <input type="checkbox"/> Installed a solar heating system (water or space heating)	
15 <input type="checkbox"/> Installed a drain-water heat recovery unit	
16 <input type="checkbox"/> Ventilation or central air conditioning equipment	
17 <input type="checkbox"/> Foundation	
18 <input type="checkbox"/> Other - Specify <input type="text"/>	
19 <input type="checkbox"/> Other - Specify <input type="text"/>	

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A21. How much did you spend on these improvements you **completed since January 1, 2015**?

Mark one only

- 01  Less than \$1,000
- 02  \$1,000 to less than \$5,000
- 03  \$5,000 to less than \$10,000
- 04  \$10,000 to less than \$20,000
- 05  \$20,000 to less than \$40,000
- 06  \$40,000 or more
- 97  Don't know

A22. What are the reasons you made improvements to your dwelling?

Mark all that apply.

- 01  Reduce operating/energy costs
- 02  Reduce the environmental footprint
- 03  Take advantage of government or utility incentives
- 04  Increase market value prior to selling
- 05  Replace or update old equipment
- 06  Increase comfort
- 07  Wanted to update the home, e.g., esthetic improvement
- 08  Emergency replacement
- 09  Other - Specify
- 97  Don't know



**Go to question A24**

A23. What is the main reason you have not made any improvements to your dwelling?

Mark one only.

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

A24. Do you plan to make any of the following improvements within **the next five years**?

Mark all that apply.

- 01  The space heating equipment (include furnace, baseboard heaters, fireplaces and woodstoves)
- 02  The water heating equipment
- 03  Windows or patio doors
- 04  Caulking or weather-stripping around your windows or doors
- 05  Insulation of the basement or crawl space walls
- 06  Exterior wall siding
- 07  Insulation around the hot water pipes
- 08  Insulation of the roof or the attic
- 09  Insulation of any exterior walls (excluding basement)
- 10  Exterior doors (include garage door(s))
- 11  Install a programmable thermostat
- 12  Install a smart thermostat (can be controlled wirelessly)
- 13  Install a solar water heater or solar photovoltaic panels
- 14  Install a drain-water heat recovery unit
- 15  Ventilation or central air conditioning equipment
- 16  Other - Specify
- 17  No
- 97  Don't know

A25. Which of the following are located at your dwelling?

Mark all that apply.

- 01  In ground pool
- 02  Above ground pool (not removed and stored seasonally)
- 03  Hot tub
- 04  Sauna
- 05  None
- 97  Don't know

A26. How many showers and baths are taken in a week in your household?

Please provide your best estimate.

- Number of showers taken      or      01  None      02  Don't know
- Number of baths taken      or      03  None      04  Don't know



A27. Is your water heater located in your dwelling?

- 01  Yes
- 02  No
- 97  Don't know



Go to question A35

A28. Do you own or rent your hot water heater?

- 01  Own
- 02  Rent
- 03  Do not have one
- 97  Don't know



Go to question A35

A29. What type of hot water heater is used in your dwelling?

Mark one only.

- 01  Standard hot water heater (tank)
- 02  Tankless (instantaneous water heater)
- 03  Combination system (heats water and does space heating)
- 04  Heat pump water heater
- 05  Solar water heater
- 06  Other - Specify
- 97  Don't know

A30. What source of energy does your water heater use to heat the water?

**Exclude** the energy to power a direct vent fan.

Mark one only.

- 01  Electricity
- 02  Oil
- 03  Natural gas
- 04  Propane
- 05  Solar
- 06  Other source - Specify
- 97  Don't know

A31. How old is your hot water heater?

Years

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

Mark one only.

- 01  5 years or less
- 02  6 to 10 years
- 03  11 to 15 years
- 04  16 to 20 years
- 05  21 to 25 years
- 06  26 years or more
- 97  Don't know

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A32. Did you replace a previous hot water heater with your current hot water heater?

- 01  Yes
- 02  No
- 97  Don't know



Go to question A35

A33. What was your reason for replacing your water heater?

- 01  Planned/scheduled replacement
- 02  Emergency replacement
- 03  To save energy on water heating
- 04  To change energy sources (for example, from electricity to natural gas)
- 05  Other - Specify
- 97  Don't know

A34. How old was your previous hot water heater when you replaced it?

Years

If the exact age is unknown, please indicate your best estimate:

Mark one only.

- 01  5 years or less
- 02  6 to 10 years
- 03  11 to 15 years
- 04  16 to 20 years
- 05  21 to 25 years
- 06  26 years or more
- 97  Don't know

A35. How many windows do you have in your dwelling?

**Exclude** doors with windows and patio doors.  
**Include** basement and garage if those spaces are heated.

Number

- 01  None  Go to question A41
- 97  Don't know  Go to question A39

A36. What type of windows are the **majority** in your dwelling?

**Exclude** doors with windows and patio doors.  
Mark one only.

- 01  Standard single pane with storm window
- 02  Standard single pane
- 03  Standard double pane
- 04  Standard triple pane sealed unit
- 05  Other - Specify
- 97  Don't know

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A37. How old are the majority of the windows in your dwelling?

Mark one only.

- 01  5 years or less
- 02  6 to 10 years
- 03  11 to 15 years
- 04  16 years or more
- 05  Same age as dwelling
- 97  Don't know

A38. Do you have blinds or curtains on the majority of the windows in your dwelling?

- 01  Yes
  - 02  No
  - 97  Don't know
-  **Go to question A41**

A39. During summer, do you close your curtains during the day in order to reduce solar heating in your dwelling?

- 01  Yes
  - 02  No
-  **Go to question A41**

A40. How often do you close your curtains during the day in order to reduce solar heating in your dwelling?

Mark one only.

- 01  Daily
- 02  Weekly
- 03  Occasionally
- 97  Don't know

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A41. How many of the following types of light bulbs are used in each location of your dwelling?

**Note** that a chandelier could have 6 or more light bulbs in it.

**Exclude** lights inside refrigerators or stoves, or seasonal or decorative lights such as Christmas lights, Halloween lights, solar lights, etc.

	Incandescent (traditional bulb)	Halogen	Compact fluorescent (spiral bulb)	Other fluorescent (fluorescent tube)	LED (Light Emitting Diodes)	Other	Don't know / Not applicable
a) Kitchen(s)	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
b) Living / family rooms	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
c) Dining room	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
d) Bedroom(s)	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
e) Bathroom(s)	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
f) Halls	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
g) Laundry room	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
h) Basement	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
i) Garage	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
j) Outdoor	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>
k) Other – Specify	01 <input type="checkbox"/> <input type="checkbox"/>	02 <input type="checkbox"/> <input type="checkbox"/>	03 <input type="checkbox"/> <input type="checkbox"/>	04 <input type="checkbox"/> <input type="checkbox"/>	05 <input type="checkbox"/> <input type="checkbox"/>	06 <input type="checkbox"/> <input type="checkbox"/>	97 <input type="radio"/>



**Incandescent**  
(traditional bulb)

**Halogen**

**Compact Fluorescent**  
(spiral bulb)

**Other Fluorescent**  
(fluorescent tube)

**LED**  
(Light Emitting Diode)

A42. On a typical day, what light is on for the longest time in your dwelling?

**Exclude** night lights and exterior lights.

Mark one only.

01  Kitchen light

07  Laundry room light

02  Living / Family room light

08  Basement light

03  Dining room light

09  Other - Specify

04  Bedroom light

05  Bathroom light

97  Don't know

06  Hall light

A43. What type of light bulb does this light have?

01  Incandescent light bulb, including traditional bulb

04  Other fluorescent bulb, including fluorescent tube

02  Halogen bulb

05  LED bulb (Light Emitting Diode)

03  Compact fluorescent bulb, including spiral bulb

97  Don't know

A44. On an average day, how many hours is this single indoor light bulb turned on?

Please provide your best estimate.

Number of hours per day in the summer

Number of hours per day in the winter

A45. How many light bulbs are controlled by a device other than a standard light switch?

**Include** both indoor and outdoor light bulbs.

**Exclude** solar and battery-powered lights.

Select one answer per line.

Type of control	Number of light bulbs	Don't know
a) Programmable timers	<input type="text"/>	97 <input type="checkbox"/>
b) Motion detector	<input type="text"/>	97 <input type="checkbox"/>
c) Light sensor	<input type="text"/>	97 <input type="checkbox"/>
d) Dimmer switches	<input type="text"/>	97 <input type="checkbox"/>
e) Wireless remote controls	<input type="text"/>	97 <input type="checkbox"/>
f) Internet connected light bulbs	<input type="text"/>	97 <input type="checkbox"/>
g) Other – Specify <input type="text"/>	<input type="text"/>	97 <input type="checkbox"/>



**Incandescent**  
(traditional bulb)

**Halogen**

**Compact Fluorescent**  
(spiral bulb)

**Other Fluorescent**  
(fluorescent tube)

**LED**  
(Light Emitting Diode)

## SECTION B – HOUSEHOLD APPLIANCES

In this section, you will be asked questions about your household appliances.  
We are only asking about the appliances that generally consume a large amount of energy in your 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 one answer per line.

	Do not have / use appliance	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 including chest freezers)	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 or 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"/>
k) Dehumidifier	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"/>
l) Humidifier	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"/>
m) Ceiling fan (most frequently used)	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"/>
n) Air exchanger	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. What source of energy do the following major appliances use?

Mark one answer per line.

	Do not have / use appliance	Electricity	Natural gas	Electricity and natural gas	Oil	Wood	Propane	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) Regular stove or 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"/>
c) 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"/>
d) 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"/>
e) 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"/>

B3. Do you use a refrigerator in your dwelling?

01  Yes

02  No



Go to question B6

B4. How many refrigerators do you use in your dwelling?

Mark one only.

01  1

02  2

03  3 or more

97  Don't know

B5. What did you do with your previous refrigerator when you replaced it with your current one?

Mark one only.

01  No old refrigerator – current one is original / first

02  Kept it at home and plugged in all year

03  Kept it at home / plugged in when needed

04  Resold

05  Local utility company picked up refrigerator without charge

06  Picked up by retailer when a new refrigerator was delivered

07  Recycled refrigerator

08  Donated / gave refrigerator away

09  Disposed of refrigerator in the garbage

10  Other - Specify

97  Don't know

B6. Do you use a freezer (stand-alone) in your dwelling?

01  Yes

02  No  **Go to question B10**

B7. How many freezers (stand-alone) do you use in your dwelling?

Mark one only.

01  1

02  2

03  3 or more

97  Don't know

B8. What is the size of your (main) freezer (stand-alone)?

Mark one only.

01  Very small (Less than 7.0 cubic feet)

02  Small (7.1 to 13.9 cubic feet)

03  Medium (14.0 to 17.9 cubic feet)

04  Large (18.0 to 22.9 cubic feet)

05  Very large (More than 23 cubic feet)

97  Don't know

B9. What is the type of your (main) freezer (stand-alone)?

Mark one only.

01  Upright

02  Chest

97  Don't know

B10. Do you use a regular stove or range, separate cook-top, or built-in oven in your dwelling?

01  Yes

02  No  **Go to question B12**

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

Mark one only.

01  Three or more times a day

02  Two times a day

03  Once a day

04  A few times each week

05  Once a week

06  Less than once a week

07  Never

97  Don't know



B12. Do you use a dishwasher in your dwelling?

01  Yes

02  No



Go to question B17

B13. Is the dishwasher in your dwelling compact or standard size?

Mark one only.

01  Compact (mini – exterior width less than 56 cm / 22 in)

02  Standard (full size – exterior width greater than or equal to 56 cm / 22 in)

97  Don't know

B14. Do you rinse the dishes before putting them in the dishwasher?

01  Yes

02  Occasionally

03  No

97  Don't know

B15. Do you usually dry the dishes with the ...

Mark one only.

01  heat on (with the door closed)

02  heat off (with the door closed)

03  door open (dishes dry naturally)

97  don't know

B16. In an average week, how many loads of dishes do you do?

Please provide your best estimate.

Loads

97  Don't know

B17. Do you use a clothes washing machine located in your dwelling?

01  Yes

02  No



Go to question B23

B18. What type of clothes washing machine do you use in your dwelling?

Mark one only.

01  Standard top-loading

02  Standard front-loading

03  Washer / dryer combination with top-loading washer

04  Washer / dryer combination with front-loading washer

05  Other - Specify

97  Don't know

B19. What size is your clothes washing machine?

Mark one only.

- 01  Mini (compact – less than 45 litres / 10 gallons)  
02  Standard (full size – greater than or equal to 45 litres / 10 gallons)  
97  Don't know

B20. What water temperature do you use for most of your washing?

Mark one only.

- 01  Hot  
02  Cold  
03  Warm  
97  Don't know

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

Mark one only.

- 01  Hot  
02  Cold  
03  Warm  
97  Don't know

B22. In an average week, how many loads of laundry are washed in your dwelling?

Please provide your best estimate.

- Number of loads during the summer 97  Don't know  
  Number of loads during the winter 97  Don't know

B23. Do you use a clothes dryer located in your dwelling?

01  Yes

02  No

 **Go to question B28**

B24. What size is your clothes dryer?

Mark one only.

- 01  Compact (less than 125 litres / 28 gallons capacity)  
02  Standard (greater than or equal to 125 litres / 28 gallons capacity)  
97  Don't know

B25. What type is your clothes dryer?

01  Electric

02  Gas

03  Other – Specify

97  Don't know

B26. Does your clothes dryer have a moisture detector?

- 01  Yes
- 02  No
- 97  Don't know

B27 In an average week, how many loads of laundry are dried in your clothes dryer?

Please provide your best estimate.

Number of loads during the summer 97  Don't know

Number of loads during the winter 97  Don't know

B28. Do you use a dehumidifier in your dwelling?

**Exclude** air conditioner.

01  Yes

02  No



**Go to question B31**

B29. How many of the following types of dehumidifiers are used in your dwelling?

**Type**

**Number of  
dehumidifiers**

a) Portable

97  Don't know

b) Built-in

97  Don't know

B30. How often do you use the dehumidifier(s) in your dwelling during the summer?

- 01  Daily
- 02  Weekly
- 03  Occasionally
- 04  Never
- 97  Don't know

B31. How many **ceiling fans** do you use in your dwelling?

- 01  One
- 02  Two
- 03  Three or more
- 04  None
- 97  Don't know




Go to question B34

B32. In an average day, for how many hours do you have your most frequently used ceiling fan turned on?

Please provide your best estimate.

- Hours per day in summer 97  Don't know
- Hours per day in winter 97  Don't know

B33. Does your most commonly used ceiling fan have a built-in light?

- 01  Yes    Number of light bulbs
- 02  No
- 97  Don't know

B34. Do you have a **water cooler** in your dwelling?

This refers to a stand-alone water cooler and not a water or ice dispenser that is built into a refrigerator.

- 01  Yes
- 02  No
- 97  Don't know

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## SECTION C – ELECTRONIC DEVICES

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

C1. Do you have a television in your dwelling?

- 01  Yes  
 02  No  
 97  Don't know



**Go to question C3**

C2. What is the **size** of the most commonly used **TV Screen**?

The size is calculated by measuring the length of a diagonal line from corner to corner on the screen.

Inches **OR**    Centimeters

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

Mark one only.

- |                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| 01 <input type="radio"/> 24 inches (61 cm) or less      | 05 <input type="radio"/> 60 to 69 inches (151 - 175 cm) |
| 02 <input type="radio"/> 25 to 39 inches (62 – 99 cm)   | 06 <input type="radio"/> 70 inches (176 cm) or more     |
| 03 <input type="radio"/> 40 to 49 inches (100 – 126 cm) | 97 <input type="radio"/> Don't know                     |
| 04 <input type="radio"/> 50 to 59 inches (127 – 150 cm) |                                                         |

C3. **How many** of the following electronic devices **do you use** in your dwelling?

Mark one per line.

	Number of devices	Don't know
a) Cell phone or smart phone	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
b) Television	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
c) Devices used with a TV (Receiver box, Video game console, Blu-ray, DVD, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
d) Home theatre system	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
e) Sound system (Include radio, stereo, bluetooth speakers and bluetooth headphones)	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
f) Small portable media devices (iPod™, MP3 players)	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
g) Computer or tablet (Include desktop, laptop, Notebook™, e-reader)	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
h) Computer monitor (Exclude tablets and iPad™)	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
i) Printers and scanners	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
j) Home phone – with or without cord (include number of handsets) or VOIP phone ; Exclude cell phones and smart phones.	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
k) Smart home devices (Alexa™, Google Home™)	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
l) Network equipment (modems, routers)	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>
m) Other – Specify <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	97 <input type="checkbox"/>

C4. How old is the electronic device that you use most frequently in each of the following categories?

Mark one answer per line.

	Do not have/ use device	Less than 2 years	2 to 5 years	6 years or more	Don't know
a) Cell phone or smart phone	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
b) Television	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
c) Devices used with a TV (Receiver box, Video game console, Blu-ray, DVD, etc.)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
d) Home theatre system	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
e) Sound system (Include radio, stereo, bluetooth speakers and bluetooth headphones)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
f) Small portable media devices (iPod™, MP3 players)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
g) Computer or tablet (Include desktop, laptop, Notebook™, e-reader)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
h) Computer monitor (Exclude tablets and iPad™)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
i) Printers and scanners	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
j) Home phone – with or without cord (include number of handsets) or VOIP phone; Exclude cell phones and smart phones.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
k) Smart home devices (Alexa™, Google Home™)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
l) Network equipment (modems, routers)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>
m) Other – Specify	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	97 <input type="checkbox"/>

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C5. In an average week, how many hours do you have the following (most frequently used) electronic devices turned on?

**Exclude** hours for devices that are in stand-by mode.

Mark one answer per line.

	Do not have/ use device	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	Always turned on	Don't know
a) Cell phone or smart phone	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
b) Television	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
c) Devices used with a TV (Receiver box, Video game console, Blu-ray, DVD, etc.)	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
d) Home theatre system	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
e) Sound system (Include radio, stereo, bluetooth speakers and bluetooth headphones)	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
f) Small portable media devices (iPod™, MP3 players)	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
g) Computer or tablet (Include desktop, laptop, Notebook™, e-reader)	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
h) Computer monitor (Exclude tablets and iPad™)	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
i) Printers and scanners	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
j) Home phone – with or without cord (include number of handsets) or VOIP phone; Exclude cell phones and smart phones.	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
k) Smart home devices (Alexa™, Google Home™)	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
l) Network equipment (modems, routers)	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>
m) Other – Specify	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"/>	09 <input type="checkbox"/>	97 <input type="checkbox"/>

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C6. What type of television equipment do you use in your dwelling?

Mark all that apply.

- 01  Cable
- 02  Satellite
- 03  Optic fibre
- 04  Personal video recorder (PVR)
- 05  Internet Protocol TV (Internet enabled box or Blu-ray player)
- 06  Smart TV (with internet access)
- 07  Other – Specify
- 08  None
- 97  Don't know

C7. Do you use a computer in your dwelling?

- 01  Yes
- 02  No  **Go to question D1**

C8. What type of computer do you most frequently use in your dwelling?

Mark one only.

- 01  Desktop
- 02  Laptop/Notebook™
- 03  Tablet
- 97  Don't know

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## SECTION D – ELECTRIC VEHICLES

In this section, you will be asked questions about your use of electric vehicles and how you charge them. When charging, these vehicles tend to draw a lot of electricity from households.

D1. Do you own an electric or hybrid vehicle?

01  Yes

02  No

97  Don't know



Go to question E1

D2. What type of vehicle is it?

01  Electric

02  Plug-in hybrid

03  Hybrid



Go to question E1

D3. Where do you usually charge your electric or plug-in hybrid vehicle?

**Include** charging stations installed in your dwelling.

01  At home, using your dwelling's power

02  Other, specify

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## SECTION E – 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.

E1. The heating equipment for your dwelling:

Mark one only.

- 01  Supplies heat to **your** dwelling
- 02  Supplies heat to **other** dwellings as well
- 97  Don't know



**Go to question E10**

E2. Do 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).

- 01  Yes – an air source heat pump
- 02  Yes – a ground source heat pump
- 03  Yes – don't know source
- 04  No
- 97  Don't know



**Go to question E5**

E3. How old is your heat pump?

Years

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

Mark one only.

- 01  5 years or less
- 02  6 to 10 years
- 03  11 to 15 years
- 04  16 to 20 years
- 05  21 to 25 years
- 06  26 years or more
- 97  Don't know

E4. Is your heat pump the main source of heat for your dwelling?

- 01  Yes
- 02  No
- 97  Don't know

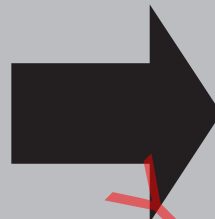


**Go to question E10**

E5. What type of space heating equipment provides 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 E10

E6. What source(s) of energy did your furnace / boiler / heating stove use?

**Exclude** the energy used for running the fan.

Mark all that apply.

- |                                         |                                                                  |
|-----------------------------------------|------------------------------------------------------------------|
| 01 <input type="checkbox"/> Electricity | 05 <input type="checkbox"/> Wood pellets                         |
| 02 <input type="checkbox"/> Natural gas | 06 <input type="checkbox"/> Propane                              |
| 03 <input type="checkbox"/> Oil         | 07 <input type="checkbox"/> Other - Specify <input type="text"/> |
| 04 <input type="checkbox"/> Wood        | 97 <input type="checkbox"/> Don't know                           |

E7. Do you ...

Mark one only.

- 01  use a furnace as the primary space heating equipment in your dwelling
- 02  use a boiler as the primary space heating equipment in your dwelling
- 03  use a heating stove as the primary space heating equipment in your dwelling



Go to question E9

E8. What is the efficiency rating for your furnace?

Mark one only.

- 01  High (The exhaust pipe **is plastic and vents through the side of the house**)
- 02  Medium (The exhaust pipe or chimney **is metal and vents through the side of the house or through the roof**)
- 03  Low (The exhaust pipe or chimney **is metal and vents through the roof**)
- 97  Don't know

E9. How old is your primary space heating equipment?

Years

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

Mark one only.

- 01  5 years or less      05  21 to 25 years  
02  6 to 10 years      06  26 years or more  
03  11 to 15 years      97  Don't know  
04  16 to 20 years

E10. How many of the following types of **thermostats** are used in your dwelling?

	Number of thermostats	Don't know/ Don't have one
a) Mechanical - built into units (e.g., dial on a space heater or furnace)	1 <input type="text"/> <input type="text"/>	7 <input type="text"/>
b) Mechanical - Wall units (traditional style with a manual dial or gage)	1 <input type="text"/> <input type="text"/>	7 <input type="text"/>
c) Digital display - Non-programmable	1 <input type="text"/> <input type="text"/>	7 <input type="text"/>
d) Digital display - Programmable	1 <input type="text"/> <input type="text"/>	7 <input type="text"/>
e) Other – Specify <input type="text"/>	1 <input type="text"/> <input type="text"/>	7 <input type="text"/>

E11. Are any of the thermostats in your dwelling connected to the Internet?

- 01  Yes  
02  No  
03  Don't have one  
07  Don't know

E12. In addition to your main space heating equipment, does your household use any other supplementary space heating equipment?

- 01  Yes  
02  No  
07  Don't know



**Go to question E17**

E13. What type of supplementary space heating equipment do 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  Supplementary furnace
- 08  Radiant floor heating
- 09  Other - Specify
- 97  Don't know

E14. Do you use a supplementary furnace in your dwelling?

- 01  Yes
- 02  No  **Go to question E17**

E15. What energy source does your supplementary furnace use?

**Exclude** the energy used for running the fan.

Mark all that apply.

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

E16. In an average week during the heating season, how many hours do you use the supplementary furnace?

Mark one only.

Hours

- 01  Unsure, the heating equipment uses a thermostat
- 97  Don't know

E17. Do you use wood or wood pellets for space heating in your dwelling?

01  Yes

02  No  **Go to question E21**

E18. On average how much wood do you burn in a heating season?

Mark one only.

	Amount
01 <input type="radio"/> Number of full or bush cords (8 feet long by 4 feet high by 4 feet wide; or 3 to 4 face cords)	□ □ □
02 <input type="radio"/> Number of face cords (8 feet long by 4 feet high by 12 to 16 inches wide)	□ □ □
03 <input type="radio"/> Number of full-sized pick-up trucks (8 foot box)	□ □ □
04 <input type="radio"/> Number of compact-sized pick-up trucks (6 foot box)	□ □ □
05 <input type="radio"/> Number of bags of firewood (64 bags = one full or bush cord)	□ □ □
06 <input type="radio"/> Number of logs (1 log = 16 inches in length)	□ □ □
97 <input type="radio"/> Don't know	□ □ □

E19. What type of wood do you use?

Mark all that apply.

01  Hard-wood

02  Soft-wood

03  Hard and Soft (mixed)

97  Don't know

E20. If you use wood pellets, what was the quantity consumed in the past 12 months?

Mark one only.

01  Did not use wood pellets

02  500 lbs (228 kg) or less

03  501 - 1,000 lbs (229 - 455 kg)

04  1,001 - 2,500 lbs (456 - 909 kg)

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

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

07  5,501 lbs (2,501 kg) or more

97  Don't know

E21. Do you use a fireplace (wood, gas, or electric) in your dwelling?

- 01  Yes
- 02  No
- 97  Don't know



Go to question E32

E22. Is the primary purpose of the most frequently used fireplace in your dwelling to provide heat or for aesthetics?

Mark one only.

- 01  Primarily for heat
- 02  Primarily for aesthetics
- 03  For both heat and aesthetics
- 97  Don't know

E23. How many wood-burning fireplaces do you have in your dwelling?

Mark one only.

Number

- 01  None
- 97  Don't know

E24. How many electric fireplaces do you have in your dwelling?

Mark one only.

Number

- 01  None
- 97  Don't know

E25. How many gas-burning fireplaces do you have in your dwelling?

Mark one only.

Number

- 01  None
- 97  Don't know



Go to question E32

E26. What source(s) of energy does your gas-burning fireplace use?

**Exclude** the energy used for running the fan.

Mark all that apply.

- 01  Natural gas
- 02  Propane
- 03  Other - Specify
- 97  Don't know

E27. Does the pilot light for your gas-burning fireplace come on only when you ignite the fireplace?

- 01  Yes
- 02  No
- 03  No pilot light  **Go to question E30**
- 97  Don't know

E28. Can you turn the pilot light for your gas-burning fireplace on and off remotely?

- 01  Yes
- 02  No
- 97  Don't know

E29. During the summer, do you turn the pilot light off?

- 01  Yes
- 02  No
- 97  Don't know

E30. Does your (most frequently used) gas-burning fireplace vent its exhaust out the chimney or out the side wall (direct vent)?

Mark one only.

- 01  Out the chimney
- 02  Out the side wall (direct vent)
- 97  Don't know



E31. During an average heating season, how often do you use your (most frequently used) gas-burning fireplace?

Mark one only.

- 01  Every day
- 02  Several times a week
- 03  A few times a week
- 04  A few times a month
- 05  Never
- 97  Don't know

E32. Do you use air conditioning for your dwelling?

**Exclude** heat recovery units (HRV) and energy recovery units (ERV).

- 01  Yes – Central air conditioning
- 02  Yes – Window / Room air conditioning  **Go to question E34**
- 03  No  **Go to question E38**
- 97  Don't know



E33. How old is your central air conditioner?

Years

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

Mark one only.

- 01  5 years or less  
02  6 to 10 years  
03  11 to 15 years  
04  16 to 20 years  
05  21 to 25 years  
06  26 years or more  
97  Don't know



Go to question E38

E34. In 2019, how many window / room air conditioners do you use?

Number <sup>97</sup>  Don't know

E35. Is your (most frequently used) window / room air conditioner a ...

Mark one only.

- 01  Window-mounted (louvered) unit  
02  Through-the-wall mounted (non-louvered) unit  
03  Free-standing portable unit  
04  Mini-split air conditioner  
05  Wall-mounted heat pump / air conditioner  
97  Don't know

E36. What is the cooling capacity of your (most frequently used) window / room air conditioner in BTUs?

BTUs <sup>97</sup>  Don't know

E37. 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.

- 01  5 years or less
- 02  6 to 10 years
- 03  11 to 15 years
- 04  16 to 20 years
- 05  21 to 25 years
- 06  26 years or more
- 97  Don't know

E38. Does your dwelling have a Heat Recovery Ventilator (HRV) or Energy Recovery Ventilator (ERV)?

- 01  Yes, a Heat Recovery Ventilator (HRV)
- 02  Yes, an Energy Recovery Ventilator (ERV)
- 03  No
- 97  Don't know

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## SECTION F – 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.

F1. Which of the following energy sources does your household use in your dwelling?

Mark all that apply.

- 01  Electricity
- 02  Natural gas
- 03  Heating oil
- 04  Propane (do not include propane used for barbeques)
- 05  Wood
- 06  Solar heat (for space or water heating)
- 07  Solar electricity (photovoltaic panels)
- 08  Wind power
- 09  Other - Specify
- 10  Do not use any sources of energy
- 97  Don't know

F2. Is anyone in your dwelling responsible for paying the bills for any of the following:

Electricity / Natural gas / Heating oil / Propane?

- 01  Yes
- 02  No
- 97  Don't know

 **Go to question G1**

F3. Statistics Canada produces an estimate of the residential energy consumption for Canadian households. The most accurate and effective way to do this is to obtain your household's energy consumption data directly from your energy provider.

The only data that we will collect from the energy providers will be the energy consumption amount for the 2019 calendar year.

**No financial information** (payments amounts, payments status, etc.) will be collected.

The only information that Statistics Canada will give to your energy provider will be:

- Your name
- Your address
- Your account number

**No other information that you provide for this survey** will be given to the energy provider.

F4. Does the energy account holder authorize Statistics Canada to obtain from your energy supplier(s) the amount of energy used by your dwelling for the 2019 calendar year?

- 01  Yes
- 02  No

 **Go to question F14**

F5. Please read and sign the following authorization.

The account holder authorizes Statistics Canada to release the account numbers and the name of the account holders to the energy companies listed below.

The account holder authorizes the companies below to provide Statistics Canada with the consumption of energy used by the dwelling identified on this questionnaire for the 2019 calendar year.

If you are answering on behalf of other people, please **consult each person**.

Signature

Year

Month

Day

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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F6. Do you pay an electricity provider to supply your home?

01  Yes

02  No



**Go to question F8**

F7. Provide the following information about your electricity provider.

Name of energy company

Account number

Account holder – Last name

Account holder – First name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Telephone number of energy company

Extension

F8. Do you pay a natural gas provider to supply your home?

01  Yes

02  No



**Go to question F10**

F9. Provide the following information about your natural gas provider.

Name of energy company

Account number

Account holder – Last name

Account holder – First name

Telephone number of energy company

Extension

**Important:**

**Go to question F10**

F10. Do you pay a heating oil provider to supply your home?

01  Yes

02  No **Go to question F 12**

F11. Provide the following information about your heating oil provider.

Name of energy company

Account number

Account holder – Last name

Account holder – First name

Telephone number of energy company

Extension

F12. Do you pay a propane provider to supply your home?

01  Yes

02  No **Go to question F14**

F13. Provide the following information about your propane provider.

Name of energy company

Account number

Account holder – Last name

Account holder – First name

Telephone number of energy company

Extension

F14. Did you agree to let Statistics Canada contact all of your energy supplier(s) to obtain your dwelling energy consumption data?





01  Yes **Go to question F17**

02  No

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F15. 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 (newest first) by energy supplier. Use the information from the energy bills to complete the required energy consumption tables.

F16. Please indicate which energy bill(s) for which you would like to supply the consumption information:  
Mark all that apply.

- 01  Electricity  Please complete Table A
- 02  Natural Gas  Please complete Table B
- 03  Heating oil  Please complete Table C
- 04  Propane  Please complete Table D

F17. In 2019, on an average weekday, was there someone at home during the day?

- 01  Yes
- 02  No
- 97  Don't know

F18. In 2019, for how many complete weeks was there no one living at your dwelling?

Mark one only.

For example, on vacation, away on business travel, etc.

- Number of Weeks
- 01  None
  - 97  Don't know

F19. In 2019, were there any other charges included in your household energy bills for operating a farm, a business (e.g., hairdresser, childcare, etc.) or other dwellings?

- 01  Yes
- 02  No  **Go to question G1**
- 97  Don't know

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F20. In 2019, approximately what percentage of the electricity consumption on your bills was strictly for your household's use?

Mark one only.

<sup>01</sup>  Not applicable (N/A)    % <sup>97</sup>  Don't know

F21. In 2019, approximately what percentage of the natural gas consumption on your bills was strictly for your household's use?

Mark one only.

<sup>01</sup>  Not applicable (N/A)    % <sup>97</sup>  Don't know

F22. In 2019, approximately what percentage of the heating oil consumption on your bills was strictly for your household's use?

Mark one only.

<sup>01</sup>  Not applicable (N/A)    % <sup>97</sup>  Don't know

F23. In 2019, approximately what percentage of the propane consumption on your bills was strictly for your household's use?

Mark one only.

<sup>01</sup>  Not applicable (N/A)    % <sup>97</sup>  Don't know

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## SECTION G – INFORMATION SHARING

G1. To avoid duplication, Statistics Canada has entered into an agreement with Environment and Climate Change Canada, Natural Resources Canada and the British Columbia Ministry of Municipal Affairs and Housing to share the information that you provided on this survey. 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 directly from the energy supplier(s). Names, addresses, telephone numbers and account numbers will not be shared. Environment and Climate Change Canada, Natural Resources Canada and the British Columbia Ministry of Municipal Affairs and Housing have agreed to keep your information confidential and use it only for statistical purposes.

Do you authorize Statistics Canada to share the combined information from this survey with Natural Resources Canada and Environment Canada?

01  Yes

02  No

---

### Record linkage

To enhance the data from this survey and to minimize the reporting burden for respondents, Statistics Canada may combine the information you provide with other survey or administrative data sources.

Place an "X" in the circle if you object to linkage of your survey responses with other survey or administrative data sources .....

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## 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						End Date						Number of days covered	Unit of measure		Energy Consumption
	D	D	M	M	Y	Y	D	D	M	M	Y	Y		(kW)	(GJ)	
Bill #1																
Bill #2																
Bill #3																
Bill #4																
Bill #5																
Bill #6																
Bill #7																
Bill #8																
Bill #9																
Bill #10																
Bill #11																
Bill #12																
Bill #13																
Bill #14																

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## 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 electricity bills.

	Start Date						End Date						Number of days covered	Unit of measure		Energy Consumption				
	D	D	M	M	Y	Y	D	D	M	M	Y	Y		(m3)	(GJ)					
Bill #1															01	02				
Bill #2															01	02				
Bill #3															01	02				
Bill #4															01	02				
Bill #5															01	02				
Bill #6															01	02				
Bill #7															01	02				
Bill #8															01	02				
Bill #9															01	02				
Bill #10															01	02				
Bill #11															01	02				
Bill #12															01	02				
Bill #13															01	02				
Bill #14															01	02				

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### 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 cannot locate your most recent heating oil bills, please provide your best estimate.

	Start Date D D M M Y Y Y Y	Unit of measure		Amount of oil purchased	Actual (from bills)	Estimate
		(Litres)	(Gallons)			
Bill #1		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #2		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #3		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #4		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #5		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>

### TABLE D – PROPANE GAS CONSUMPTION

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 cannot locate your most recent heating oil bills, please provide your best estimate.

	Start Date D D M M Y Y Y Y	Unit of measure		Amount of gas purchased	Actual (from bills)	Estimate
		(Litres)	(Gallons)			
Bill #1		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #2		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #3		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #4		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>
Bill #5		01 <input type="radio"/>	02 <input type="radio"/>		03 <input type="radio"/>	04 <input type="radio"/>

SECTION H – COMMENTS

Blank lined area for comments.

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

**Thank you for completing the questionnaire.**

Please ensure that you have completed Section F on page 35 before returning your questionnaire. Thank you.

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