

2009 Residential Energy Use Survey

Dear Customer:

You have been randomly selected to participate in the Manitoba Hydro, Residential Energy Use Survey. Your response may represent up to two hundred other similar households in the province, so it is very important that each selected customer complete and return their questionnaire. Please invest your time so that we can better serve you and effectively plan for the future. All responses will be treated in the strictest confidence.



Please answer the survey for the address shown BELOW. Return the completed questionnaire within the next TWO WEEKS, in the postage paid envelope provided.

123 MAIN AVE
WINNIPEG MB
412345602



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All responses will be treated in the strictest confidence.
Personal information requested in this form is collected for the purposes of administration of this program pursuant to section 36(1)(b) of The Freedom of Information and Protection of Privacy Act of Manitoba. For inquiries concerning the collection of personal information contained in this form or if you have any questions concerning this survey please contact:

**RESIDENTIAL ENERGY USE SURVEY
MARKET FORECAST DEPARTMENT**
Manitoba Hydro
P.O. Box 815, Station Main
Winnipeg, Manitoba R3C 2P4

204.360.4629
204.360.3447
(Weekdays 8:00 a.m. to 3:00 p.m.)

Outside Winnipeg, call collect.

A postage paid envelope is provided for your convenience.
Please return the completed questionnaire within the next **two weeks**.

THANK YOU FOR YOUR TIME AND COOPERATION

Section 1

Your Residence

Please answer all the questions by marking an “x” in the box(es) beside the appropriate answer OR print your answer in the space provided. If you are unsure of a particular answer, mark the “Do not know” box.

1 What best describes your residence ?

- ¹ Single Family House (Detached) ⁶ Mobile Home/Trailer
² Side by Side (Two Attached Units) ⁷ Rowhouse/Townhouse (Exterior Entrance)
³ Duplex (Upper Unit) ⁸ Apartment Suite or Condominium unit
⁴ Duplex (Lower Unit) ⁹ Cottage or Seasonal Home
⁵ Triplex/Fourplex ¹⁰ Other: _____

2 Do you OWN or RENT this residence ?

- ¹ Own/Buying ² Rent/Lease ³ Other

3 Do you live at this residence year round?

- ¹ Yes, all year ² No, only part of the year

4 What type of DWELLING STRUCTURE do you live in?

- ¹ 1 storey ⁴ 2 storey ⁷ Bi-level ¹⁰ Cab - Over
² 1 1/2 storey ⁵ 2 1/2 storey ⁸ 2 level split ¹¹ Suite
³ 1 3/4 storey ⁶ 3 storey ⁹ 4 level split ¹² Other: _____

5 How many walls in your residence are ATTACHED to other residences or heated structures?

- ¹ None ² One ³ Two ⁴ Three

6 When was your residence originally BUILT?

- ¹ 2000 - present ⁵ 1960 - 1969 ⁹ 1920 - 1929
² 1990 - 1999 ⁶ 1950 - 1959 ¹⁰ 1910 - 1919
³ 1980 - 1989 ⁷ 1940 - 1949 ¹¹ 1900 - 1909
⁴ 1970 - 1979 ⁸ 1930 - 1939 ¹² 1899 or before

7 What is the SIZE of your residence in square feet?

(EXCLUDE BASEMENT AND GARAGE AREAS. ANSWER "7a", IF POSSIBLE.)

a) Specify size if KNOWN: _____ square feet.

b) If UNKNOWN, choose the approximate size range in square feet.

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Under 500 sq ft | <input type="checkbox"/> 7 1,501-1,700 sq ft | <input type="checkbox"/> 13 2,701-2,900 sq ft |
| <input type="checkbox"/> 2 501-700 sq ft | <input type="checkbox"/> 8 1,701-1,900 sq ft | <input type="checkbox"/> 14 2,901-3,100 sq ft |
| <input type="checkbox"/> 3 701-900 sq ft | <input type="checkbox"/> 9 1,901-2,100 sq ft | <input type="checkbox"/> 15 3,101-3,300 sq ft |
| <input type="checkbox"/> 4 901-1,100 sq ft | <input type="checkbox"/> 10 2,101-2,300 sq ft | <input type="checkbox"/> 16 3,301-3,500 sq ft |
| <input type="checkbox"/> 5 1,101-1,300 sq ft | <input type="checkbox"/> 11 2,301-2,500 sq ft | <input type="checkbox"/> 17 over 3,500 sq ft |
| <input type="checkbox"/> 6 1,301-1,500 sq ft | <input type="checkbox"/> 12 2,501-2,700 sq ft | |

8 What is the ELECTRIC PANEL size servicing your residence?

- | | | | |
|------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> 1 60 amp | <input type="checkbox"/> 3 150 amp | <input type="checkbox"/> 5 400 amp | <input type="checkbox"/> 7 Do not know |
| <input type="checkbox"/> 2 100 amp | <input type="checkbox"/> 4 200 amp | <input type="checkbox"/> 6 Other: _____ | |

9 What type of WINDOWS are in your residence? (CHECK ALL THAT APPLY)

- 1 Single Pane with Storm Window
- 1 Two Pane Slider
- 1 Dual Pane
- 1 Triple Pane
- 1 Dual Pane with Low E coating(s) or Insulating Spacer Bar(s)
- 1 Triple Pane with Low E coating(s) or Insulating Spacer Bar(s)
- 1 Argon Gas (dual pane)
- 1 Argon Gas (triple pane)
- 1 Other : _____

a) How many exterior DOORS do you have in your residence? (Indicate by door type)

- | | | |
|-----------------|----------------|---------------------------|
| ___ Patio Doors | ___ Wood Doors | ___ Steel Insulated Doors |
| ___ Storm Doors | ___ PVC Doors | |

b) What best describes the quality of WINDOWS in your residence?

- | | | |
|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> 1 Excellent | <input type="checkbox"/> 3 Average | <input type="checkbox"/> 5 Poor |
| <input type="checkbox"/> 2 Very Good | <input type="checkbox"/> 4 Fair | |

c) What best describes the quality of EXTERIOR DOORS in your residence?

- | | | |
|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> 1 Excellent | <input type="checkbox"/> 3 Average | <input type="checkbox"/> 5 Poor |
| <input type="checkbox"/> 2 Very Good | <input type="checkbox"/> 4 Fair | |

10

What best describes the overall level of INSULATION in your residence?

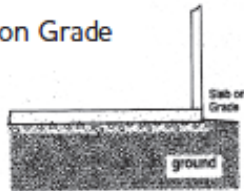
(EXCLUDE BASEMENT)

- | | | |
|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> 1 Excellent | <input type="checkbox"/> 3 Average | <input type="checkbox"/> 5 Poor |
| <input type="checkbox"/> 2 Very Good | <input type="checkbox"/> 4 Fair | |

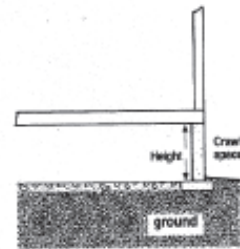
11 Please indicate which of the following best describes the **BASEMENT (foundation)** of your residence:

a) No Basement (foundation) – [Go to Question 12](#)

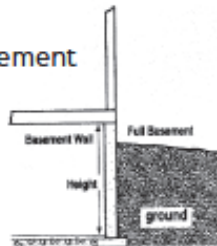
Slab on Grade



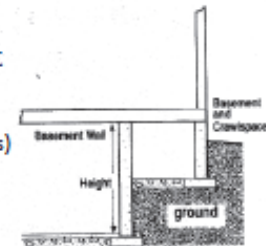
Crawl Space (including cottages and mobile homes)



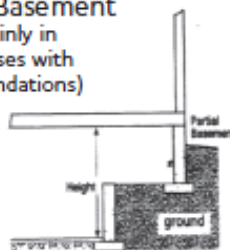
Full Basement



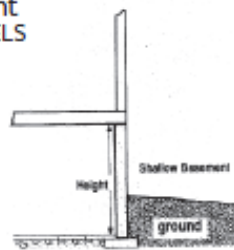
Partial Basement and Crawl Space (includes houses with ground level additions)



Partial Basement (found mainly in older houses with stone foundations)



Shallow Basement (includes SPLIT LEVELS and BI-LEVELS)



Other: _____

Do Not Know

b) What percentage of your home's **BASEMENT (foundation)** walls are insulated?

No Insulation – [Go to Question 12](#)

40% Insulated

90% Insulated

50% Insulated

100% Insulated

10% Insulated

60% Insulated

2 ft Below Grade Only

20% Insulated

70% Insulated

Other: _____

30% Insulated

80% Insulated

Do not know

c) Main type of **INSULATION**

Fibreglass Batting

Other: _____

Rigid

Do not know

Spray Foam

d) What % of your basement is finished?

No Basement

1 - 20%

41 - 60%

81 - 100%

0%

21 - 40%

61 - 80%

Do not know

12 Does this residence have any of the following PROBLEMS?

(CHECK ALL THAT APPLY.)

- | | |
|--|---|
| <input type="checkbox"/> Odours, cooking smells, stale air | <input type="checkbox"/> Water leakage in basement |
| <input type="checkbox"/> High humidity in winter | <input type="checkbox"/> Cold floor on slab on grade foundation |
| <input type="checkbox"/> Low humidity in winter | <input type="checkbox"/> Difficult to heat rooms |
| <input type="checkbox"/> Window condensation | <input type="checkbox"/> Inadequate supply of hot water |
| <input type="checkbox"/> Condensation in attic | <input type="checkbox"/> Short life of hot water tank
(less than five years) |
| <input type="checkbox"/> Mold and mildew | <input type="checkbox"/> No problems |
| <input type="checkbox"/> Ice dams on roof | |

13 In the last THREE YEARS, have you done any of the following projects at this residence? (CHECK ALL THAT APPLY.)

- Insulated basement or crawlspace
- Re-sided your house or upgraded the exterior walls
- Added insulation to your attic or ceiling
- Caulked the house to reduce air leakage
- Replaced some or all of the windows
- Improved the ventilation system in your home
- Upgraded electrical service/wiring
- Upgraded size of electrical panel
- Built an addition to the house
- Installed a natural gas BBQ hookup
- Replaced incandescent with compact fluorescent lighting
- Replaced heating system
- Replaced air conditioning
- Replaced hot water tank
- No projects done

14 Are any FARMING ACTIVITIES requiring electricity or natural gas conducted at this location?

- Yes, primarily farming Yes, hobby farming No

15 Are any ADDITIONAL BUILDINGS using ELECTRICITY at this location?

(CHECK ALL THAT APPLY.)

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Grain Dryer |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Barn | <input type="checkbox"/> Grain Bin(s) |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Pumphouse | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Other: _____ | | |

16 Are any ADDITIONAL BUILDINGS using NATURAL GAS at this location?

(CHECK ALL THAT APPLY.)

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Grain Dryer |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Barn | <input type="checkbox"/> Grain Bin(s) |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Pumphouse | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Other: _____ | | |

Section 2

Heating System

1 How do you pay for your SPACE HEATING costs?

- 1 Payment is made directly to Manitoba Hydro (part of utility bill)
- 2 Cost is included in rent or common service fees
- 3 Other: _____
- 4 Do not know

2 What is the MAIN HEATING FUEL used to heat your residence? (CHECK ONLY ONE.)

- 1 Electricity
- 2 Natural Gas
- 3 Fuel Oil
- 4 Wood
- 5 Propane
- 6 Other: _____
- 7 Do not know

3 What is the MAIN HEATING SYSTEM used to heat your residence? (CHECK ONLY ONE.)

- 1 Hi-efficiency Gas (+ 90%)
Central Forced Air Furnace
- 2 Mid-efficiency Gas (80-85%)
Central Forced Air Furnace
- 3 Standard-efficiency Gas (65%)
Central Forced Air Furnace
- 4 Gravity Air Furnace (no fan)
- 5 Electric Baseboards
- 6 Electric Forced Air Furnace
- 7 Radiant Cables/Panels
- 8 Heat Pump - Geothermal
(Ground Source)
- 9 Heat Pump - Air Source
- 10 Wood Stove
- 11 Outside Wood Boiler
- 12 Hot Water Boiler - with Pump
- 13 Hot Water Boiler - no Pump
- 14 Space Heater (Oil/Kerosene)
- 15 Dual Fuel - Wood/Electric Furnace
- 16 Dual Fuel - Wood/Oil Furnace
- 17 Other: _____
- 18 Do not know

4 What is the AGE of the main heating system?

- 1 0 - 3 years
- 2 4 - 6 years
- 3 7 - 9 years
- 4 10 - 12 years
- 5 13 - 15 years
- 6 16 - 20 years
- 7 21 - 25 years
- 8 Over 25 years
- 9 Do Not Know

5 What SUPPLEMENTAL heating fuel is used to heat your residence?

- 1 None
- 2 Electricity
- 3 Natural Gas
- 4 Fuel Oil
- 5 Wood
- 6 Propane
- 7 Other: _____
- 8 Do not know

6 What other HEATING SYSTEMS are used in your home?

(CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 1 Wood Fireplace (with glass doors) |
| <input type="checkbox"/> 1 Forced Air Furnace | <input type="checkbox"/> 1 Wood Fireplace (no glass doors) |
| <input type="checkbox"/> 1 Electric Baseboards | <input type="checkbox"/> 1 Outside Wood Boiler |
| <input type="checkbox"/> 1 Electric Portable Heater | <input type="checkbox"/> 1 Pellet Stove |
| <input type="checkbox"/> 1 Stove/Spaceheater | <input type="checkbox"/> 1 Heat Pump |
| <input type="checkbox"/> 1 Gas Fireplace (not decorative) | <input type="checkbox"/> 1 Other: _____ |
| <input type="checkbox"/> 1 Wood Stove | <input type="checkbox"/> 1 Do not know |

7 How is the central forced air furnace fan motor normally operated?

- | | |
|--|--|
| <input type="checkbox"/> 1 No Central Forced Air Furnace | <input type="checkbox"/> 5 Continuous Variable Direct Current Motor (on select hi-efficiency furnaces) |
| <input type="checkbox"/> 2 Comes on only when furnace is running | <input type="checkbox"/> 6 Do not know |
| <input type="checkbox"/> 3 Two speed (high, low) - continuous | |
| <input type="checkbox"/> 4 Continuous - one speed on | |

8 Do you perform annual maintenance checks on your heating system?

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Not applicable | <input type="checkbox"/> 3 Once a year | <input type="checkbox"/> 5 Every 4 or more years |
| <input type="checkbox"/> 2 No, never | <input type="checkbox"/> 4 Every 2 to 3 years | <input type="checkbox"/> 6 Do not know |

9 Do you regularly change or clean your furnace filter?

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Not applicable | <input type="checkbox"/> 3 Yes, every 3 to 4 months | <input type="checkbox"/> 5 Do not know |
| <input type="checkbox"/> 2 No, never | <input type="checkbox"/> 4 Yes, every year or more | |

10 If you use WOOD to provide heat for your home, how many FULL CORDS were burned in the past 12 months?

(A FULL CORD OF WOOD IS 4 FT X 4 FT X 8 FT.)

- | | | | |
|---|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> 1 No wood used | <input type="checkbox"/> 3 1 - 2 | <input type="checkbox"/> 5 5 - 6 | <input type="checkbox"/> 7 9+ |
| <input type="checkbox"/> 2 Under 1 | <input type="checkbox"/> 4 3 - 4 | <input type="checkbox"/> 6 7 - 8 | <input type="checkbox"/> 8 Do not know |

11 What type of THERMOSTAT controls the main heating system?

- | | |
|--|---|
| <input type="checkbox"/> 1 No Thermostat | <input type="checkbox"/> 5 Flue Gauge (located on a wood stove chimney) |
| <input type="checkbox"/> 2 Individual Unit or Room Control | <input type="checkbox"/> 6 Other: _____ |
| <input type="checkbox"/> 3 Manual Central Control | <input type="checkbox"/> 7 Do not know |
| <input type="checkbox"/> 4 Programmable Thermostat | |

12 How often do you TURN DOWN the temperature at night during the heating season?

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Every Night | <input type="checkbox"/> 3 Occasionally | <input type="checkbox"/> 5 No Thermostat |
| <input type="checkbox"/> 2 Most Nights | <input type="checkbox"/> 4 Never | <input type="checkbox"/> 6 Do not know |

13 What is the average TEMPERATURE set for heating?

(CHECK ONE FOR EACH TIME PERIOD.)

°C	°F	Day	Evening	Night
17° or less	64° or less	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18°-19°	65°-67°	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20°-21°	68°-70°	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
22°-23°	71°-73°	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
24°-25°	74°-77°	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
26° plus	78° plus	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Do not know		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

14 Do you use a dehumidifier?

1 Yes 2 No 3 Do not know

15 Do you use a humidifier?

1 Yes 2 No 3 Do not know

Section 3

Ventilation & Air Quality

1 What type of VENTILATION SYSTEM(s) is/are used to control the air quality in your home? (CHECK ALL THAT APPLY.)

- | | |
|---|--|
| 1 <input type="checkbox"/> Central Exhaust System | 3 <input type="checkbox"/> Roof Turbine Vent |
| 1 <input type="checkbox"/> Heat Recovery Ventilator | 3 <input type="checkbox"/> Windows/Doors |
| 1 <input type="checkbox"/> Furnace Fan | 3 <input type="checkbox"/> Other: _____ |
| 1 <input type="checkbox"/> Kitchen/Bathroom Fans | 3 <input type="checkbox"/> No Ventilation System |
| 1 <input type="checkbox"/> Ceiling Fans | 3 <input type="checkbox"/> Do not know |
| 1 <input type="checkbox"/> Portable Fans | |

2 What type of AIR FILTRATION system is used?

- | | |
|--|--|
| 1 <input type="checkbox"/> None | 4 <input type="checkbox"/> Electrostatic (Electronic) Air Filter/Cleaner |
| 2 <input type="checkbox"/> Standard Furnace Air Filter | 5 <input type="checkbox"/> Other: _____ |
| 3 <input type="checkbox"/> Room Air Filter(s) | 6 <input type="checkbox"/> Do not know |

3 Is there a FRESH AIR INTAKE to your central forced air furnace?

- | | |
|--------------------------------|--|
| 1 <input type="checkbox"/> Yes | 3 <input type="checkbox"/> No Central Forced Air Furnace |
| 2 <input type="checkbox"/> No | 4 <input type="checkbox"/> Do not know |

4 What best describes the air quality in your home during the winter months?

- | | | |
|------------------------------------|--------------------------------------|--|
| 1 <input type="checkbox"/> Too Dry | 2 <input type="checkbox"/> Too Humid | 3 <input type="checkbox"/> Comfortable |
|------------------------------------|--------------------------------------|--|

Section 4

Air Conditioning

1 What type of AIR CONDITIONER is used to COOL your residence?

- No Air Conditioner – Go to SECTION 5
- Heat Pump
- Window or Wall Air Conditioner: How many?
 One Two Three or More
- Central Air Conditioner: How many?
 One Two Three or More

2 How do you pay for your AIR CONDITIONING costs?

- Payment is made directly to Manitoba Hydro (part of utility bill) Other: _____
- Cost is included in rent or common service fee Do not know

3 What is the age of the MAIN air conditioning system?

- 0 - 3 years 10 - 12 years 21 - 25 years
- 4 - 6 years 13 - 15 years Over 25 years
- 7 - 9 years 16 - 20 years Do not know

4 What is the AVERAGE TEMPERATURE set for cooling?

(CHECK ONE FOR EACH TIME PERIOD.)

°C	°F	Day	Evening	Night
17° or less	64° or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18°-19°	65°-67°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20°-21°	68°-70°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22°-23°	71°-73°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24°-25°	74°-77°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26° plus	78° plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5

Hot Water

1 Is there a **HOT WATER TANK** used at your residence?

- ¹ No Hot Water Tank – Go to **SECTION 6**
- ² Shared Central Supply (Serving two or more residences.) – Go to **SECTION 6**
- ³ Private Individual Hot Water Tank (Used solely by your household.)
- ⁴ Instantaneous tankless water heater

2 How do you pay for your water heating costs?

- ¹ Payment is made directly to Manitoba Hydro (part of utility bill)
- ² Cost is included in rent or common service fee
- ³ Other: _____
- ⁴ Do not know

3 What is the temperature setting of your hot water?

- ¹ less than 120°F (warm)
- ² 120°F to 130°F (very warm)
- ³ 130°F to 140°F (hot)
- ⁴ 140°F to 150°F (very hot)
- ⁵ More than 150°F (scalding)
- ⁶ Do not know

4 What type of fuel is used to **HEAT** your **WATER**?

- ¹ Electricity
- ² Natural Gas
- ³ Propane
- ⁴ Fuel Oil
- ⁵ Wood
- ⁶ Solar
- ⁷ Other: _____
- ⁸ Do not know

5 Have you always heated the water with the **HEATING FUEL** mentioned in **Question #4**?

- ¹ Yes, Always
 - ² No, Previously Heated
 - ³ Do not know
- With: _____
Year Converted: _____ (e.g., 1992)

6 What is the **AGE** of your hot water tank?

- ¹ 0 - 3 years
- ² 4 - 6 years
- ³ 7 - 9 years
- ⁴ 10 - 12 years
- ⁵ 13 - 15 years
- ⁶ 16 - 20 years
- ⁷ 21 - 25 years
- ⁸ Over 25 years
- ⁹ Do not know

7 What is the approximate total size of your hot water tank(s)?

- ¹ Small (under 30 gal.)
- ² Medium (30-50 gal.)
- ³ Large (60-90 gal.)
- ⁴ Extra Large (over 90 gal.)
- ⁵ Other: _____
- ⁶ Do not know

- 8** How many **SHOWERHEADS** are installed in your home?
 1 None 2 One 3 Two 4 Three or more
- 9** On average, how many total showers are taken by your household per day?
 1 None 4 Two 7 Five
 2 Rarely shower 5 Three 8 Six or more
 3 One 6 Four
- 10** On average, how many tub baths are taken by your household per day?
 1 None 4 Two 7 Five
 2 Rarely take tub baths 5 Three 8 Six or more
 3 One 6 Four
- 11** Have you done any of the following been done to **CONSERVE** water?
 (CHECK ALL THAT APPLY.)
 1 Installed Energy Efficient Showerhead(s) (6 gal/min) 1 Installed Pipe Wrap
 1 Installed Energy Efficient Faucet Aerator(s) 1 None
 1 Installed Water Heater Blanket/Insulation 1 Do not know
 1 Installed Energy Efficient Toilets (1.6 or less gal/flush)
 1 Lowered Water Heater Temperature
- 12** Do you have an **ELECTRIC WATER PUMP** installed on your water system?
 (CHECK ALL THAT APPLY.)
 1 No Pump 1 Pressure Pump 1 Sewage Pump
 1 Well Pump 1 Sump Pump 1 Do not know

Section 6

Major Appliances

- 1** Please indicate the **COOKING APPLIANCE(S)** used in your home.
 (CHECK ALL THAT APPLY.)
- | | |
|---|--|
| 1 <input type="checkbox"/> None | 1 <input type="checkbox"/> Gas Cooktop |
| 1 <input type="checkbox"/> Electric Range with Standard Oven | 1 <input type="checkbox"/> Gas Range |
| 1 <input type="checkbox"/> Electric Range with Self-Cleaning Oven | 1 <input type="checkbox"/> Gas Wall Oven |
| 1 <input type="checkbox"/> Electric Range with Convection Oven | 1 <input type="checkbox"/> Wood Stove/Oven |
| 1 <input type="checkbox"/> Electric Counter Cooktop | 1 <input type="checkbox"/> Other: _____ |
| 1 <input type="checkbox"/> Electric Wall Oven | |
- a) **WEEKLY USAGE:** _____ (Average number of cooked meals each week.)

4 How many stand-alone FREEZERS are used in your home?

(DO NOT INCLUDE FREEZER COMPARTMENT OF YOUR REFRIGERATOR)

- None - Go to Question 5 One Two Three or More

a) Please describe the **MAIN** stand-alone FREEZER that is used.

- TYPE: Frost-Free Manual Defrost
- STYLE: Upright Chest
- SIZE: Small (12 cu. ft. or less) Large (16.1 to 20 cu. ft.)
 Medium (12.1 to 16 cu. ft.) Extra Large (Over 20 cu. ft.)

- AGE: (years) 0 - 3 years 10 - 12 years 21 - 25 years
 4 - 6 years 13 - 15 years Over 25 years
 7 - 9 years 16 - 20 years Do not know

b) Location of main freezer?

- Garage Porch Other: _____
 Basement Main floor or above

c) Please describe the **SECOND** stand-alone FREEZER that is used.

- None - Go to Question 5
- TYPE: Frost-Free Manual Defrost
 - STYLE: Upright Chest
 - SIZE: Small (12 cu. ft. or less) Large (16.1 to 20 cu. ft.)
 Medium (12.1 to 16 cu. ft.) Extra Large (Over 20 cu. ft.)

- AGE: (years) 0 - 3 years 10 - 12 years 21 - 25 years
 4 - 6 years 13 - 15 years Over 25 years
 7 - 9 years 16 - 20 years Do not know

d) Is the second freezer operating all year?

- Yes, all year No, only part of the year.

e) Location of second freezer?

- Garage Porch Other: _____
 Basement Main floor or above

5 Is there an automatic DISHWASHER used in your home?

- No Dishwasher - Go to Question 6 Yes

- LOADS PER WEEK: ____ (loads/week)
(Average number of times the dishwasher is operating each week.)

- AGE: (years) 0 - 3 years 10 - 12 years 21 - 25 years
 4 - 6 years 13 - 15 years Over 25 years
 7 - 9 years 16 - 20 years Do not know

a) What type of DRYING CYCLE do you use most often:

- Heat Dry (Sanitizing Cycle) Air Dry (Econo) Do not know

b) Do you use the Water Heat Temperature Boost option?

- 1 Not available 3 Available, but choose not to use it
2 Available, and used always 4 Available, and use occasionally

6 Is there a CLOTHES WASHER used in your home? (CHECK TYPE USED MOST OFTEN)

- 1 Do not have a Clothes Washer – Go to Question 7
2 Hand Washing – Go to Question 7
3 Use laundry facility outside the home (e.g., apartment block or laundromat)
(Serving two or more residences.) – Go to Question 7
4 Top Load Automatic Clothes Washer (Used solely by this residence.)
5 Front Load Automatic Clothes Washer (Used solely by this residence.)
6 Compact/Spinner Washer
7 Wringer Washer

a) WATER TEMPERATURE for the WASH/RINSE CYCLE:

(Setting used most often, choose only one.)

- 1 Hot/Hot 4 Warm/Warm 7 Do not know
2 Hot/Warm 5 Warm/Cold
3 Hot/Cold 6 Cold/Cold

• LOADS PER WEEK: _____ (loads/week)

(Average number of times the clothes washer is operating each week.)

- AGE: (years) 1 0 - 3 years 4 10 - 12 years 7 21 - 25 years
2 4 - 6 years 5 13 - 15 years 8 Over 25 years
3 7 - 9 years 6 16 - 20 years 9 Do not know

7 Is there a CLOTHES DRYER used in your home? (CHECK TYPE USED MOST OFTEN.)

- 1 No Clothes Dryer – Go to Section 7
2 Clothes Line/Rack – Go to Section 7
3 Use laundry facility outside the home (e.g., apartment block or laundromat)
(Serving two or more residences.) – Go to Section 7
4 Automatic Clothes Dryer (Used solely by this residence.)
- DRYER FUEL: 1 Electricity 3 Propane
2 Natural Gas 4 Other: _____
 - DRYER TEMP: 1 Cold (Low) 3 Warm (Medium) 5 Hot (High)
(Used most often.) 2 Delicate 4 Permanent Press 6 Automatic
 - LOADS/WEEK: _____ (loads/week) (Average number of times the dryer is operating each week.)
 - MINUTES/LOAD: _____ (minutes/load) 1 Automatic
(Average number of minutes the dryer is operating for each load.)
- AGE: (years) 1 0 - 3 years 4 10 - 12 years 7 21 - 25 years
2 4 - 6 years 5 13 - 15 years 8 Over 25 years
3 7 - 9 years 6 16 - 20 years 9 Do not know

Section 7 Home Electronics and Lighting

- 1 For the top 3 most frequently used television sets in your home, please check the most appropriate boxes below:

a) Please describe the **MAIN TELEVISION** that is used in your home.

Do not have a television set – [Go to Question 3](#)

- TYPE: ¹ Tube (CRT) ³ LCD ⁵ Projection
 ² Plasma ⁴ LED ⁶ Do not know
- SIZE: ¹ Under 21" ³ 30" - 39" ⁵ Over 49"
 ² 21" - 29" ⁴ 40" - 49" ⁶ Do not know

- AGE: (years) ¹ 0 - 3 years ³ 7 - 9 years ⁵ Over 12 years
 ² 4 - 6 years ⁴ 10 - 12 years ⁶ Do not know

- USAGE: ¹ 0 hours ³ 4 - 6 hours ⁵ Over 9 hours
 ² 1 - 3 hours ⁴ 7 - 9 hours ⁶ Do not know

b) Please describe the **SECOND TELEVISION** that is used in your home.

Do not have a second television set – [Go to Question 2](#)

- TYPE: ¹ Tube (CRT) ³ LCD ⁵ Projection
 ² Plasma ⁴ LED ⁶ Do not know
- SIZE: ¹ Under 21" ³ 30" - 39" ⁵ Over 49"
 ² 21" - 29" ⁴ 40" - 49" ⁶ Do not know

- AGE: (years) ¹ 0 - 3 years ³ 7 - 9 years ⁵ Over 12 years
 ² 4 - 6 years ⁴ 10 - 12 years ⁶ Do not know

- USAGE: ¹ 0 hours ³ 4 - 6 hours ⁵ Over 9 hours
 ² 1 - 3 hours ⁴ 7 - 9 hours ⁶ Do not know

c) Please describe the **THIRD TELEVISION** that is used in your home.

Do not have a third television set – [Go to Question 2](#)

- TYPE: ¹ Tube (CRT) ³ LCD ⁵ Projection
 ² Plasma ⁴ LED ⁶ Do not know
- SIZE: ¹ Under 21" ³ 30" - 39" ⁵ Over 49"
 ² 21" - 29" ⁴ 40" - 49" ⁶ Do not know

- AGE: (years) ¹ 0 - 3 years ³ 7 - 9 years ⁵ Over 12 years
 ² 4 - 6 years ⁴ 10 - 12 years ⁶ Do not know

- USAGE: ¹ 0 hours ³ 4 - 6 hours ⁵ Over 9 hours
 ² 1 - 3 hours ⁴ 7 - 9 hours ⁶ Do not know

2 For the top 3 most frequently used set top box or cable converter box in your home, please check the most appropriate boxes below.

a) Please describe the **MAIN SET-TOP OR CABLE CONVERTER BOX** that is used in your home.

Do not have a set-top or cable converter box – [Go to Question 3](#)

- SERVICE PROVIDER: Cable company Telephone company Satellite Do not know
- FEATURES: Digital Digital PVR HD HD PVR Do not know

- AGE: (years) 0 - 3 years 4 - 6 years 7 - 9 years 10 - 12 years Over 12 years Do not know

b) Please describe the **SECOND MAIN SET-TOP OR CABLE CONVERTER BOX** that is used in your home.

Do not have a second set-top or cable converter box – [Go to Question 3](#)

- SERVICE PROVIDER: Cable company Telephone company Satellite Do not know
- FEATURES: Digital Digital PVR HD HD PVR Do not know

- AGE: (years) 0 - 3 years 4 - 6 years 7 - 9 years 10 - 12 years Over 12 years Do not know

c) Please describe the **THIRD MAIN SET-TOP OR CABLE CONVERTER BOX** that is used in your home.

Do not have a third set-top or cable converter box – [Go to Question 3](#)

- SERVICE PROVIDER: Cable company Telephone company Satellite Do not know
- FEATURES: Digital Digital PVR HD HD PVR Do not know

- AGE: (years) 0 - 3 years 4 - 6 years 7 - 9 years 10 - 12 years Over 12 years Do not know

3 For the top 3 most frequently used computers in your home, please check the most appropriate boxes.

a) Please describe the **MAIN COMPUTER** that is used in your home.

Do not have a computer – [Go to Question 5](#)

- TYPE: Desktop Laptop Do not know
- SCREEN: Tube (CRT) LCD

- AGE: (years) 0 - 3 years 4 - 6 years 7 - 9 years 10 - 12 years Over 12 years Do not know

- USAGE: On 24 hours On when necessary Do not know

b) Please describe the **SECOND COMPUTER** that is used in your home.

¹ Do not have a second computer – [Go to Question 4](#)

• TYPE: ¹ Desktop ² Laptop ³ Do not know

• SCREEN: ¹ Tube (CRT) ² LCD

• AGE: (years) ¹ 0 - 3 years ³ 7 - 9 years ⁵ Over 12 years

² 4 - 6 years ⁴ 10 - 12 years ⁶ Do not know

• USAGE: ¹ On 24 hours ² On when necessary ³ Do not know

c) Please describe the **THIRD COMPUTER** that is used in your home.

¹ Do not have a third computer – [Go to Question 4](#)

• TYPE: ¹ Desktop ² Laptop ³ Do not know

• SCREEN: ¹ Tube (CRT) ² LCD

• AGE: (years) ¹ 0 - 3 years ³ 7 - 9 years ⁵ Over 12 years

² 4 - 6 years ⁴ 10 - 12 years ⁶ Do not know

• USAGE: ¹ On 24 hours ² On when necessary ³ Do not know

4 Do you have internet access at your residence?

¹ No ² Yes

5 What **LIGHT FIXTURES** listed below are used in your home? ([CHECK ALL THAT APPLY.](#))

a) **Bedrooms**

¹ Compact Fluorescent ¹ LED ¹ Tube Fluorescent

¹ Incandescent ¹ Halogen

b) **Kitchen**

¹ Compact Fluorescent ¹ LED ¹ Tube Fluorescent

¹ Incandescent ¹ Halogen

c) **Hallway**

¹ Compact Fluorescent ¹ LED ¹ Tube Fluorescent

¹ Incandescent ¹ Halogen

d) **Living/Family Room / Dining Room**

¹ Compact Fluorescent ¹ LED ¹ Tube Fluorescent

¹ Incandescent ¹ Halogen

e) **Laundry Area**

¹ Compact Fluorescent ¹ LED ¹ Tube Fluorescent

¹ Incandescent ¹ Halogen ¹ No laundry area

f) **Basement area**

¹ Compact Fluorescent ¹ LED ¹ Tube Fluorescent

¹ Incandescent ¹ Halogen ¹ No basement area

6 How many **HALOGEN TORCHIERE LAMPS** are used at your residence?

¹ None ² One ³ Two or more

7 Are there any strings of **OUTDOOR SEASONAL LIGHTS** hung at your residence?

¹ No ³ Yes, Incandescent lights

² Yes, LED lights ⁴ Yes, both LED and Incandescent lights

Section 8

Hot Tub, Pool & Sauna

EXCLUDING HOT TUBS, POOLS AND SAUNAS IN APARTMENT/TOWNHOUSE COMPLEXES

- 1** Is there a **HOT TUB/JACUZZI** installed in your home?
¹ No ² Yes, total seating capacity _____
- 2** Is there a **SAUNA** installed in your home?
¹ No ² Yes
- 3** Does your home have a **SWIMMING POOL**?
¹ No - Go to SECTION 9 ² Yes, Indoor ³ Yes, Outdoor
- d) **SIZE OF PUMP MOTOR:**
¹ No Pump ³ 1 hp ⁵ Do not know
² 3/4 hp or less ⁴ 1 1/4 hp
- b) **HEATING FUEL:**
¹ Not Heated ³ Natural Gas ⁵ Solar
² Electric ⁴ Propane ⁶ Do not know

Section 9

Your Vehicle

- 1** How many **VEHICLES** are usually plugged in by your household during the winter months? (NOVEMBER - MARCH)
¹ None - Go to SECTION 10 ³ Two ⁵ Four or More
² One ⁴ Three
- 2** For your most **COMMONLY** used vehicle, please indicate your normal routine during the winter months. (NOVEMBER - MARCH)
- a) **PARKED IN:** ¹ Detached Garage ³ Carport/Shelter ⁵ Outside
 ² Attached Garage ⁴ Underground Parkade
- b) **CAR TIMER FOR BLOCKHEATER:** ¹ Yes ² No
- c) **INTERIOR CAR WARMER:** ¹ Yes ² No
- d) What best describes the routine for plugging in your vehicle(s)?
(CHOOSE ONLY ONE.)
¹ Do not plug-in
² Plug-in every day
³ Plug-in occasionally - # of DAYS PER WEEK: _____ (1 to 7)
⁴ Dependent on the overnight temperature: _____ (Celsius) OR _____ (Fahrenheit)
- e) When you do plug-in your vehicle(s), how many HOURS PER DAY ON AVERAGE is the block heater operating? ON A WEEKDAY (MON. TO FRI.)
¹ None ³ 3 - 4 hours ⁵ 7 to 8 hours
² 1 - 2 hours ⁴ 5 - 6 hours ⁶ Over 8 hours

Section 10

Services and Programs

- 1** Please indicate how you or anyone in your household USUALLY pays the Manitoba Hydro bill? (CHECK ONLY ONE)
- ¹ In-Person - at a Manitoba Hydro office ⁵ Pre-Authorized Payment Plan
 ² In-Person - at a designated agency ⁶ Other: _____
 ³ By Mail ⁷ Do not know
 ⁴ On-Line
- 2** Are you aware of Manitoba Hydro's MYBILL method of receiving bills by email?
 ¹ Yes ² No
- 3** Would you be interested in receiving your Manitoba Hydro bill by email?
 ¹ Yes ³ Not sure ⁵ Have no internet access
 ² No ⁴ Already receive monthly Hydro bill by email
- 4** In the last year, how many times did you access the Manitoba Hydro website?
 ¹ Zero ² 1 to 5 ³ 6 to 10 ⁴ Over 10 ⁵ Have no internet access
- 5** Do you read the monthly Energy Matters news bulletin that comes with your bill?
 ¹ Yes, Always ² Yes, Occasionally ³ No, Never
- 6** Do you read the special bill inserts describing new Power Smart programs Manitoba Hydro is offering?
 ¹ Yes, Always ² Yes, Occasionally ³ No, Never
- 7** Have you participated in any programs as a result of reading the special bill insert?
 ¹ Yes ² No
- 8** Please check all the programs you have PARTICIPATED in while at your PRESENT RESIDENCE? (CHECK AS MANY AS APPLY)
- ¹ Have participated in no programs at this point
 ¹ Power Smart Natural Gas Furnace Replacement Program
 ¹ Power Smart Natural Gas Boiler Replacement Program
 ¹ Power Smart New Home Program
 ¹ Power Smart Residential Loan
 ¹ WISE Program - Seniors Helping Seniors
 ¹ Earth Power (Geothermal) Loan
 ¹ Home Evaluation Program On-line
 ¹ Power Smart Home Insulation Program
 ¹ Power Smart Energy Efficient Appliance Program
 ¹ Power Smart Compact Fluorescent Lighting Promotions
 ¹ Seasonal LED Lights Turn-in Program
 ¹ Torchiere Lamp - Turn-In Halogen Program
 ¹ ENERGY STAR Light Fixtures - Mail-In Rebate
 ¹ Home Evaluation Program - Mail-in
 ¹ Power Smart In-Home Energy Evaluation program
 ¹ Lower Income Energy Efficiency Program

Section 11 Household Demographics

The following questions are of a personal nature, but are very important in explaining energy usage. Please try to answer these questions. If you are uncomfortable in answering any of them, just mark the 'Choose not to answer' box. All responses are kept strictly confidential.

1 Including yourself, how many persons usually live in your home?

- One (myself) Three Five Seven or more
 Two Four Six Choose not to answer

2 Please indicate the number of people usually living in your home, within each AGE GROUP.

_____ Under 6 years _____ 25-34 years _____ 55-64 years
 _____ 6-18 years _____ 35-44 years _____ 65 and older
 _____ 19-24 years _____ 45-54 years Choose not to answer

3 How many people who live in your home are EMPLOYED either FULL-TIME or PART-TIME?

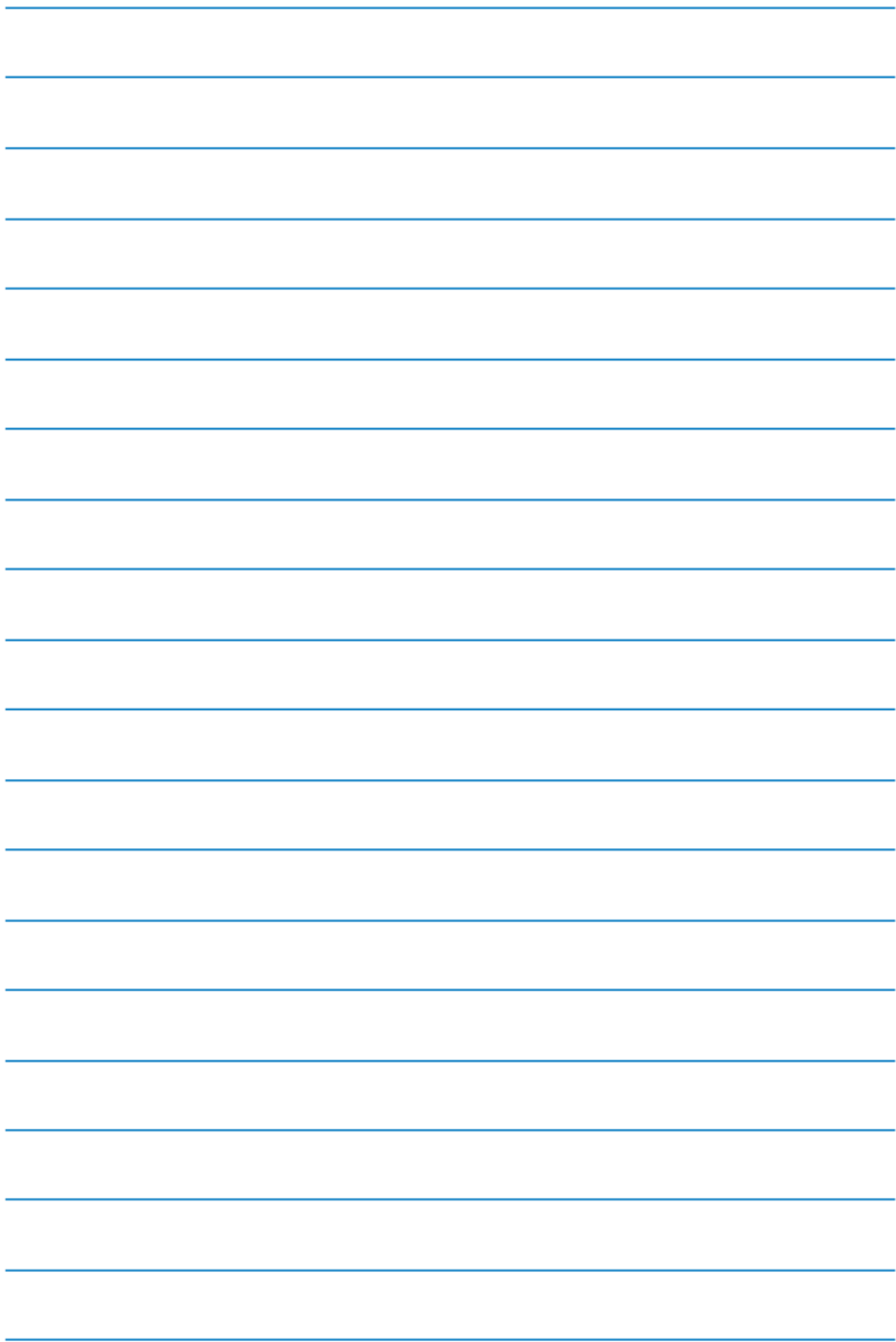
a) _____ Full-Time b) _____ Part-Time c) _____ Choose not to answer

4 What is your approximate total annual household INCOME? (ALL SOURCES BEFORE TAXES)

- Under \$20,000 \$50,000-\$54,999 \$80,000-\$89,999
 \$20,000-\$24,999 \$55,000-\$59,999 \$90,000-\$99,999
 \$25,000-\$29,999 \$60,000-\$64,999 \$100,000-\$124,999
 \$30,000-\$34,999 \$65,000-\$69,999 \$125,000-\$149,999
 \$35,000-\$39,999 \$70,000-\$74,999 \$150,000 or over
 \$40,000-\$49,999 \$75,000-\$79,999 Choose not to answer

5 Please indicate the highest EDUCATION LEVEL attained by each head of household?

	Person 1	Person 2
No Formal Education	<input type="checkbox"/>	<input type="checkbox"/>
Elementary (Grades 1-6)	<input type="checkbox"/>	<input type="checkbox"/>
Junior High (Grades 7-9)	<input type="checkbox"/>	<input type="checkbox"/>
Senior High (Grades 10-12)	<input type="checkbox"/>	<input type="checkbox"/>
Trade School	<input type="checkbox"/>	<input type="checkbox"/>
Community College	<input type="checkbox"/>	<input type="checkbox"/>
University (Bachelor)	<input type="checkbox"/>	<input type="checkbox"/>
Graduate (Master's or PHD)	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Choose not to answer	<input type="checkbox"/>	<input type="checkbox"/>



Please mail this completed form in the postage
paid self-addressed envelope to:

**RESIDENTIAL ENERGY USE SURVEY
MARKET FORECAST DEPARTMENT**

Manitoba Hydro
P.O. Box 815, Station Main
Winnipeg, Manitoba R3C 2P4

**THANK YOU
FOR YOUR TIME AND COOPERATION**

Please answer the survey for the address shown on the **FRONT COVER**.
Return the completed questionnaire within the next **TWO WEEKS**, in
the postage paid envelope provided.

LARRY & BEV SIMPSON
PO BOX 6 STN MAIN
ARNAUD MB R0A 0B0

