

Teacher ID

Teacher Name

Student First Name, Last Initial

Home Energy Worksheet



You may complete this worksheet online at thinkenergy.org/NIPSCO/hew or scan the QR code. You will need the teacher's ID number.

Installation Information

	Installed	Will Install Within 3 Months	Will Never Install
Showerhead 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showerhead 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Faucet Aerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Faucet Aerator 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Faucet Aerator 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Energy Use Questions

1. What is the main source of heat in your home?

- Natural gas
 Electricity
 Other fuel
 Unknown

2. How much will you turn down your thermostat in winter to save energy for heating?

- 1 - 2 degrees
 3 - 4 degrees
 5+ degrees
 Will not adjust thermostat

3. How many light switch gaskets did you install from the kit?

- 1 2 3 4
 5 6 7 8
 None

4. How many outlet gaskets did you install from the kit?

- 1 - 2 3 - 4 5 - 6 7 - 8
 9 - 10 11 - 12 13 - 14 15 - 16
 17 - 18 None

5. What was the flow rate of your old showerhead?

- 0 - 1.0 gpm 1.1 - 1.5 gpm 1.6 - 2.0 gpm 2.1 - 2.5 gpm
 2.6 - 3.0 gpm 3.1+ gpm

6. How is your water heated? (Hint: Look for a power cord for an electric heater or gas line for a natural gas water heater.)

- Natural gas
 Electricity
 Propane
 Other

7. How much did you lower your water heater setting for energy efficiency?

- 1 - 5 degrees
 6 - 10 degrees
 11+ degrees
 Did not adjust setting

8. Number of children in your home (ages 0 - 17)

1 2 3 4
 5+

9. Number of adults in your home (ages 18+)

1 2 3 4
 5+

Program Questions

While not required, these questions help us improve the **NIPSCO Energy Efficiency Education Program** for future classes. We read all of the responses and appreciate your feedback.

10. Has participation in this program changed the way you use energy in your home?

Yes No

11. Were the kit and products easy for you and your child to install and use?

Yes No

12. Would you like to see this program continued in local schools?

Yes No

13. NIPSCO provides the following service(s) for my home:

Natural gas Electric Natural gas and electric

Do you have comments about this program you would like to share with NIPSCO? (Favorite aspects, etc.)

To participate in an optional, brief survey on your experience with this program or if you would like information on additional programs offered by NIPSCO, please fill out the parent/guardian information below.

Parents/Guardians: Only an adult should provide the optional information below. Doing so indicates your consent to participate in this survey

I do not wish to participate in a brief follow up survey. Send information on other programs.

Parent/Guardian Name

Phone Number

Email

Street Address

City

Zip