



Teacher ID

Teacher Name

Student First Name, Last Initial

Home Energy Worksheet

You may choose to complete the Home Energy Worksheet (HEW) at ThinkEnergy.org/XcelEnergy-CenterPointEnergy or scan the QR code. You will need the teacher ID.

If you do not know the answer to a question, leave it blank.

Installation Information

	Installed	Will Install Later	Will Never Install
Showerhead			
Bathroom Faucet Aerator			
Kitchen Faucet Aerator			
9 W (smaller) LED Bulb			
9 W (smaller) LED Bulb			
11 W (larger) LED Bulb			
11 W (larger) LED Bulb			
Filter Whistle			
Night Light			
Wool Dryer Balls			

Home Energy Use Questions

1.	What is the main source of heat in your home?						
	Natural Gas	Electricity		Other Fuel or 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 Thermosta	at
3.	3. How much will you turn up your thermostat in summer to save energy for cooling?						
	1 - 2 Degrees	3 - 4 Degrees		5+ Degrees		Will Not Adjust Thermosta	at
4.	4. How many light bulbs are in your home today?						
	1 - 10	11 - 20		21 - 30		31+	
5.	5. How many LEDs were you using before this program?						
	None	1 - 10		11 - 20		21+	
6.	6. 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		Did Not Test		X	CE (

7. What is the flow rate of your new high-efficiency showerhead?

	0 - 1.0 gpm		1.1 - 1.5 gpm	1.6 - 2.0 gpm		Did Not Install Showerhead
8.	8. How is your water heated? (Hint: Look for a power cord for an electric heater or a gas line for a natural gas water heater.)					
	Natural Gas		Electricity	Propane or Other Method		
9.	9. Did you change the setting of your water heater?					
	Yes, I Lowered It for Energy Efficiency		Yes, I Plan to Lower It for Energy Efficiency	Yes, I Raised It		Yes, I Plan to Raise It
	No					
P	Program Questions					
While not required, these questions help us improve the Think Energy 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. Will you continue to use the kit items after the completion of the program?

No

Yes			No	

Yes

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

Do you have comments about this program you would like to share with CenterPoint Energy or Xcel Energy? (favorite aspect, etc.)
To participate in an optional, short survey on your experience with this program, or if you would like information on additional programs offered by CenterPoint Energy or Xcel Energy please fill out the parent/guardian information below.

Parent/Guardian: Only an adult should provide the optional information below. Doing so indicates your consent to participate in a survey with this program.

I would participate in a survey.		Send information on other programs		
Parent/Guardian Name		Phone Number		
Email				
Street Address				
City	Zip			