

Teacher ID	Teacher Name	Student First Name, Last Initial

Home Energy Worksheet

You may complete this worksheet at thinkenergy.org/XcelEnergy or scan the QR code. Online submissions require the teacher ID.



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			

Night Light								
Home Energy Use Questions								
1.	What is the main source of heat in your home?							
	Natura	l Gas	Electricity		Other Fuel o	r Unknown		
2.	How much will you turn down your thermostat in winter to save energy for heating?							
	1 - 2 De	grees	3 - 4 Degrees		5+ Degrees		Will No	t Adjust Thermostat
3.	3. How much will you turn up your thermostat in summer to save energy for cooling?							
	1 - 2 De	grees	3 - 4 Degrees		5+ Degrees		Will No	t Adjust Thermostat
4.	How many ligh	t bulbs are in your home to	day?					
	1 - 10		11 - 20		21 - 30		31+	
5.	How many LED	s were you using before th	nis program?					
	None		1 - 10		11 - 20		21+	
6.	What was the flow rate of your old showerhead?							
	0 - 1.0 დ	Jpm	1.1 - 1.5 gpm		1.6 - 2.0 gpm	1	2.1 - 2.5	gpm
	2.6 - 3.0	gpm	3.1+ gpm		Did Not Test	:		

7.	What i	is the flow rate of your new high-ef	ficiency shower	head?				
		0 - 1.0 gpm	1.1 - 1.5 gpm			1.6 - 2.0 gpm		Did Not Install Showerhead
8.	How is	s your water heated? (Hint: Look for	a power cord f	or an electric he	ater o	r a gas line for a natural gas v	vater h	neater.)
		Natural Gas	Electricity			Propane or Other Method		
9.	Did yo	u change the setting of your water	heater?					
		Yes, I Lowered It for Energy Efficiency	Yes, I Plan to Energy Effici			Yes, I Raised It		Yes, I Plan to Raise It
		No						
P	rogr	am Questions						
		t required, these questions help us te your feedback.	improve the Xc	el Energy Schoo	l Educ	ation program for future clas	ses. W	e read all of the responses and
10.	Has pa	articipation in this program change	d the way you u	se energy in you	ır hom	e?		
		Yes	No					
11.	Were	the kit and products easy for you ar	nd your child to	install and use?				
		Yes	No					
12.	Will yo	ou continue to use the kit items afte	r the completion	n of the program	?			
		Yes	No					
13.	Would	you like to see this program contin	ued in local sch	nools?				
		Yes	No					
D	o you h	ave comments about this program	you would like t	o share with Xce	el Ener	gy? (favorite aspect, etc.)		
		ate in an optional, short survey on your e rent/guardian information below.	experience with th	is program, or if yo	u would	d like information on additional pro	grams	offered by Xcel Energy, please fill
Pa	rent/Guar	rdian: Only an adult should provide the optiona	l information below.	Doing so indicates yo	ur conse	ent to participate in a survey with this p	rogram.	
		I would participate in a survey.				Send information on other pr	ogram	S
Pa	arent/Gu	ardian Name				Phone Number		
Er	nail							
St	reet Add	Iress						

Zip

City