Teacher ID | Teacher Name | Student First Name, Last Initial

Home Energy Worksheet

Please submit your answers online at **thinkenergy.org/XcelEnergy-innovation** or use the QR code. You will need the teacher ID. Items in your kit should be installed only by an adult or with adult supervision. Record your confirmation code here and return this form to your teacher.

Confirmation code

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

Installation Information

	Installed	Will install later	Will never install
Showerhead			
Faucet aerator			
Advanced power strip			
13 W LED bulb 1			
13 W LED bulb 2			
Night light			

Home Energy Use Questions

1. How many light bulbs are installed in your home?

   1 - 10 | 11 - 20 | 21 - 30 | 31+

2. Of these, how many LEDs were installed before the Xcel Energy Innovation Program?

   None | 1 - 10 | 11 - 20 | 21+

3. How many advanced power strips were you using before the Xcel Energy Innovation Program?

   0 | 1 | 2 | 3 | 4

4. Did you plug any of the following devices into your advanced power strip? (Check all that apply.)

   Gaming system | Stereo/sound system | DVD player | Computer monitor | Printer | Other | Did not install the advanced power strip yet

5. What is the primary source for heating water in your home?

   Natural gas | Electricity | Oil | Propane | Other

6. How many showers do you have in your home?

   1 | 2 | 3 | 4+

7. How is your home heated?

   Electricity | Natural gas | Propane | Wood or geothermal | Other fuel

8. What type of heating system do you have in your home?

- [ ] Central heat
- [ ] Heat pump
- [ ] Baseboard
- [ ] Floor radiant
- [ ] Other

9. What type of cooling system do you have in your home?

- [ ] Central air
- [ ] Window AC
- [ ] Ceiling fan
- [ ] Other

10. How much will you turn down your thermostat in the winter for heating?

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

11. How much will you turn up your thermostat in the summer for cooling?

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

12. How many people live in your home?

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10+

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

- [ ] Yes
- [ ] No

14. Were the kit and products easy for you and your parent/guardian to install and use?

- [ ] Yes
- [ ] No

15. Will you continue using the kit items after the completion of the program?

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No

Do you have comments about this program you would like to share with 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 Xcel Energy, 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 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

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