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. 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			
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 Thermostat

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 Thermostat

4. How many light bulbs are in your home today?

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

5. How many LEDs were you using before this program?

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

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

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. 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. 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

Program Questions

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?

- [ ] Yes
- [ ] No

13. 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 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

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Items in your kit should be installed only by an adult or with adult supervision.