

**U.S. Department of Energy  
Energy Information Administration**

**1997 Residential Energy Consumption Survey  
Household Questionnaire**

**Section I: FUEL BILLS**

I-1 **SIGNFORM** You have just told us how your household uses energy. We would like to find out how much (name the fuels that the household uses) you actually used in the past year. We realize that this would be very difficult for you to tell us right now. But we can get that information directly from your fuel suppliers. So we can contact your fuel suppliers, would you please sign this form?

Authorization Form Signed . . . . . 1  
Authorization Form Not Signed . . . . . 0 ----> SKIP TO J-1

**For verification purposes, may I have your name, mailing address, and telephone number. My supervisor may want to call you to see if I really talked to you.**

**What is your name?** \_\_\_\_\_

**What is your mailing address?**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

**What is your telephone number?** \_\_\_\_\_

I-2 [If household uses and pays for electricity] **What is the name and account number for your household's electricity supplier?**

NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**BILNAME1 Does your electricity bill come addressed to you or is it in another name?**

Same name . . . . . 1  
Another name . . . . . 2

[If another name] **What is the billing name?**

BILLING NAME \_\_\_\_\_

I-3 [If household uses and pays for natural gas] **What is the name and account number for your household's natural gas supplier?**

NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

**BILNAMNG Does your natural gas bill come addressed to you or is it in another name?**

Same name ..... 1

Another name ..... 2

[If another name] **What is the billing name?**

BILLING NAME\_\_\_\_\_

I-4 [If household uses and pays for bottled gas] **What is the name and account number for your household's bottled gas (LPG) supplier?**

NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

**BILNAMLP Does your bottled gas (LPG) bill come addressed to you or is it in another name?**

Same name ..... 1

Another name ..... 2

[If another name] **What is the billing name?**

BILLING NAME\_\_\_\_\_

I-5 [If household uses and pays for fuel oil] **What is the name and account number for your household's fuel oil supplier?**

NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

**BILNAMFO Does your fuel oil bill come addressed to you or is it in another name?**

Same name ..... 1

Another name ..... 2

[If another name] **What is the billing name?**

BILLING NAME\_\_\_\_\_

I-6 [If household uses and pays for kerosene] **What is the name and account number for your household's kerosene supplier?**

NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

**BILNAMKR Does your kerosene bill come addressed to you or is it in another name?**

Same name ..... 1

Another name ..... 2

[If another name] **What is the billing name?**

BILLING NAME\_\_\_\_\_

I-7 [If NLPDELCD>1 or NFODELNC>1 or NDIFKRCO>1] OTHSUPPS **Are there any others who supplied fuel oil, bottled gas, or kerosene that we haven't covered?**

Yes ..... 1

No ..... 0 ----> SKIP to I-8

**ADDITIONAL SUPPLIERS**

FUEL: [ ] FUEL OIL [ ] BOTTLED GAS [ ] KEROSENE

SUPPLIER NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

FUEL: [ ] FUEL OIL [ ] BOTTLED GAS [ ] KEROSENE

SUPPLIER NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

FUEL: [ ] FUEL OIL [ ] BOTTLED GAS [ ] KEROSENE

SUPPLIER NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

FUEL: [ ] FUEL OIL [ ] BOTTLED GAS [ ] KEROSENE

SUPPLIER NAME\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_

I-8 **KFUELOT Do any of your household fuel bills include charges for fuel used for some purpose other than for the personal use of the members of your household?**

- Yes ..... 1
- No ..... 0
- Don't know ..... 6

[If Yes] **PURPOSE Please look at the Pink Card. For which of the following purposes are costs of fuel included in your household fuel bills?**

- Farm buildings or machinery ..... 1
- The house or apartment of another household ..... 2
- A business or office ..... 3
- Some use other than your own personal use? (Specify \_\_\_\_\_) ..... 4

[If Yes] **BILLPUR Which fuel bills include costs of fuel used for purposes other than your own living quarters? Is it . . .**

- Natural gas (from underground pipes),** . . . . 1
- Bottled gas (LPG or Propane),** . . . . . 2
- Fuel oil,** . . . . . 3
- Kerosene, or** . . . . . 4
- Electricity?** . . . . . 5

[If Natural gas] **BILLUGP Please look at the Pink Card. What portion of the natural gas bill is for nonhousehold uses?**

- Very little (1-4%) ..... 0
- Some (5-33%) ..... 1
- About half (34-66%) ..... 2
- About three-quarters (67-95%) ..... 3
- Most of it (96-99%) ..... 4

[If Bottled gas] **BILLLGP Please look at the Pink Card. What portion of the bottled gas bill is for nonhousehold uses?**

- Very little (1-4%) ..... 0
- Some (5-33%) ..... 1
- About half (34-66%) ..... 2
- About three-quarters (67-95%) ..... 3
- Most of it (96-99%) ..... 4

[If Fuel oil] **BILLPOLP Please look at the Pink Card. What portion of the fuel oil bill is for nonhousehold uses?**

- Very little (1-4%) ..... 0
- Some (5-33%) ..... 1
- About half (34-66%) ..... 2
- About three-quarters (67-95%) ..... 3
- Most of it (96-99%) ..... 4

[If Kerosene] BILLKERP **Please look at the Pink Card. What portion of the kerosene bill is for nonhousehold uses?**

- Very little (1-4%) ..... 0
- Some (5-33%) ..... 1
- About half (34-66%) ..... 2
- About three-quarters (67-95%) ..... 3
- Most of it (96-99%) ..... 4

[If Electricity] BILLELP **Please look at the Pink Card. What portion of the electric bill is for nonhousehold uses?**

- Very little (1-4%) ..... 0
- Some (5-33%) ..... 1
- About half (34-66%) ..... 2
- About three-quarters (67-95%) ..... 3
- Most of it (96-99%) ..... 4

I-9 [If home is rented, a condominium, or a cooperative] LEASER **We may need some additional information about the fuels used in this building. May I have the name of the person or company to whom you pay rent or condominium/coop fees who is responsible for actually paying the (enter the names of the fuel bills paid) bills for this dwelling?**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone: Area Code: (\_\_\_\_) \_\_\_\_\_

[If Apartment/Mobile Home Complex] COMPLEXN **Does the complex or development where you live have a formal name?**

- Yes ..... 1
- No ..... 0

[If Yes] CPLXNAME **What is the Name?**

Name: \_\_\_\_\_