

## Section K: FUEL BILLS

**BOX 9**

INTERVIEWER: CHECK THE FOLDOUT PAGE. IF THE HOUSEHOLD PAYS FOR ANY TYPE OF ENERGY, COMPLETE THIS SECTION. IF ALL FUELS ARE INCLUDED IN RENT, FEES OR OTHER, CHECK HERE [ ] AND SKIP TO BOX 16, PAGE 71.

### **ELECTRICITY BILL**

INTERVIEWER: CHECK FOLDOUT PAGE, IF ELECTRICITY BILL IS PAID BY THE HOUSEHOLD, CONTINUE. OTHERWISE CHECK HERE [ ] AND SKIP TO BOX 10, PAGE 59.

K-1. What is the name, address, telephone number and account number for your household's electricity supplier?

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

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

581

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

582

INTERVIEWER: IT IS VERY IMPORTANT TO OBTAIN THE ACCOUNT NUMBERS FROM THE RESPONDENT. PLEASE ENCOURAGE THEM TO LOOK UP THE NUMBERS, IF POSSIBLE.

K-2. Does your electricity bill come addressed to you or is it in another name?

- a. SAME NAME ..... 1 --> [BOX 10] 583
- b. ANOTHER NAME ..... 2

K-3. What is the billing name and address?

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

STREET ADDRESS: \_\_\_\_\_

584

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

K-4. Please turn to the "Beige Card". Just for our records, what is the relationship of this person to you?

- a. SPOUSE ..... 01
- b. PARTNER ..... 02
- c. PARENT OR GRANDPARENT ..... 03
- d. SIBLING ..... 04
- e. CHILD OR GRANDCHILD ..... 05
- f. OTHER RELATED INDIVIDUAL ..... 06
- g. ROOMMATE ..... 07
- h. OTHER UNRELATED INDIVIDUAL OR COMPANY ..... 08
- i. REFUSED ..... 09

585-86

**NATURAL GAS BILL**

**BOX 10**

**INTERVIEWER: CHECK FOLDOUT PAGE, IF NATURAL GAS BILL IS PAID BY THE HOUSEHOLD, CONTINUE. OTHERWISE CHECK HERE [ ] AND SKIP TO BOX 11, ON PAGE 61.**

**K-5. What is the name, address, telephone number and account number for your household's natural gas supplier?**

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

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

588

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

589

**INTERVIEWER: IT IS VERY IMPORTANT TO OBTAIN THE ACCOUNT NUMBERS FROM THE RESPONDENT. PLEASE ENCOURAGE THEM TO LOOK UP THE NUMBERS, IF POSSIBLE.**

**K-6. Does your natural gas bill come addressed to you or is it in another name?**

- a. SAME NAME ..... 1 --> [BOX 11] 590
- b. ANOTHER NAME ..... 2

**K-7. What is the billing name and address?**

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

STREET ADDRESS: \_\_\_\_\_

591

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

K-8. Please turn to the "Beige Card". Just for our records, what is the relationship of this person to you?

- a. SPOUSE ..... 01
- b. PARTNER ..... 02
- c. PARENT OR GRANDPARENT ..... 03
- d. SIBLING ..... 04
- e. CHILD OR GRANDCHILD ..... 05
- f. OTHER RELATED INDIVIDUAL ..... 06
- g. ROOMMATE ..... 07
- h. OTHER UNRELATED INDIVIDUAL OR COMPANY ..... 08
- i. REFUSED ..... 09

592-93

**BOTTLED GAS (LPG) BILL**

**BOX 11**

**INTERVIEWER: CHECK FOLDOUT PAGE, IF BOTTLED GAS BILL IS PAID BY THE HOUSEHOLD AND BOTTLED GAS IS DELIVERED TO HOUSEHOLD CONTINUE, OTHERWISE CHECK HERE [ ] AND SKIP TO BOX 12, ON PAGE 63.**

K-9. What is the name, address, telephone number and account number for your household's bottled gas supplier?

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

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

595

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

596

**INTERVIEWER: IT IS VERY IMPORTANT TO OBTAIN THE ACCOUNT NUMBERS FROM THE RESPONDENT. PLEASE ENCOURAGE THEM TO LOOK UP THE NUMBERS, IF POSSIBLE.**

K-10. Does your bottled gas bill come addressed to you or is it in another name?

- a. SAME NAME ..... 1 --> [BOX 12] 597
- b. ANOTHER NAME ..... 2

K-11. What is the billing name and address?

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

STREET ADDRESS: \_\_\_\_\_

598

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

K-12. Please turn to "Beige Card". Just for our records, what is the relationship of this person to you?

- a. SPOUSE ..... 01
- b. PARTNER ..... 02
- c. PARENT OR GRANDPARENT ..... 03
- d. SIBLING ..... 04
- e. CHILD OR GRANDCHILD ..... 05
- f. OTHER RELATED INDIVIDUAL ..... 06
- g. ROOMMATE ..... 07
- h. OTHER UNRELATED INDIVIDUAL OR COMPANY ..... 08
- i. REFUSED ..... 09

598-600

**INTERVIEWER: RECORD ADDITIONAL SUPPLIERS ON PAGE 67.**

**FUEL OIL BILL**

**BOX 12**

**INTERVIEWER: CHECK FOLDOUT PAGE, IF THE FUEL OIL BILL IS PAID BY THE HOUSEHOLD AND FUEL OIL IS DELIVERED TO THE HOUSEHOLD CONTINUE, OTHERWISE, CHECK HERE [ ] AND SKIP TO BOX 13, PAGE 65.**

**K-13. What is the name, address, telephone number and account number for your household's fuel oil supplier?**

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

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

602

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

603

**INTERVIEWER: IT IS VERY IMPORTANT TO OBTAIN THE ACCOUNT NUMBERS FROM THE RESPONDENT. PLEASE ENCOURAGE THEM TO LOOK UP THE NUMBERS, IF POSSIBLE.**

**K-14. Does your fuel oil bill come addressed to you or is it in another name?**

- a. SAME NAME ..... 1 --> [BOX 13] 604
- b. ANOTHER NAME ..... 2

**K-15. What is the billing name and address?**

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

STREET ADDRESS: \_\_\_\_\_

605

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

K-16. Please turn to the "Beige Card". Just for our records, what is the relationship of this person to you?

- a. SPOUSE ..... 01
- b. PARTNER ..... 02
- c. PARENT OR GRANDPARENT ..... 03
- d. SIBLING ..... 04
- e. CHILD OR GRANDCHILD ..... 05
- f. OTHER RELATED INDIVIDUAL ..... 06
- g. ROOMMATE ..... 07
- h. OTHER UNRELATED INDIVIDUAL OR COMPANY ..... 08
- i. REFUSED ..... 09

606-07

**INTERVIEWER: RECORD ADDITIONAL SUPPLIERS ON PAGE 67.**

**KEROSENE BILL**

**BOX 13**

**INTERVIEWER: CHECK FOLDOUT PAGE, IF THE KEROSENE IS DELIVERED TO THE HOUSEHOLD CONTINUE, OTHERWISE CHECK HERE [ ] AND SKIP TO BOX 14, PAGE 68.**

**K-17. What is the name, address, telephone number and account number for your household's kerosene supplier?**

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

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

609

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

610

**INTERVIEWER: IT IS VERY IMPORTANT TO OBTAIN THE ACCOUNT NUMBERS FROM THE RESPONDENT. PLEASE ENCOURAGE THEM TO LOOK UP THE NUMBERS, IF POSSIBLE.**

**K-18. Does your kerosene bill come addressed to you or is it in another name?**

- a. SAME NAME ..... 1 --> [BOX 14: 611
- b. ANOTHER NAME ..... 2 PAGE 68]

**K-20. What is the billing name and address?**

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

STREET ADDRESS: \_\_\_\_\_

612

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

K-21. Please turn to the "Beige Card". Just for our records, what is the relationship of this person to you?

- a. SPOUSE ..... 01
- b. PARTNER ..... 02
- c. PARENT OR GRANDPARENT ..... 03
- d. SIBLING ..... 04
- e. CHILD OR GRANDCHILD ..... 05
- f. OTHER RELATED INDIVIDUAL ..... 06
- g. ROOMMATE ..... 07
- h. OTHER UNRELATED INDIVIDUAL OR COMPANY ..... 08
- i. REFUSED ..... 09

613-14

**INTERVIEWER: RECORD ADDITIONAL SUPPLIERS ON PAGE 67.**

**INTERVIEWER: USE THIS PAGE TO RECORD ADDITIONAL BOTTLED GAS/FUEL OIL/KEROSENE SUPPLIERS**

**ADDITIONAL SUPPLIERS**

**FUEL:**

<input type="checkbox"/>	BOTTLED GAS	SUPPLIER NAME: _____
<input type="checkbox"/>	FUEL OIL	STREET ADDRESS: _____
<input type="checkbox"/>	KEROSENE	_____
	CITY: _____	
	STATE: _____	
	TELEPHONE: _____	
	ACCOUNT NUMBER: _____	

615

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**FUEL:**

<input type="checkbox"/>	BOTTLED GAS	SUPPLIER NAME: _____
<input type="checkbox"/>	FUEL OIL	STREET ADDRESS: _____
<input type="checkbox"/>	KEROSENE	_____
	CITY: _____	
	STATE: _____	
	TELEPHONE: _____	
	ACCOUNT NUMBER: _____	

616

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**FUEL:**

<input type="checkbox"/>	BOTTLED GAS	SUPPLIER NAME: _____
<input type="checkbox"/>	FUEL OIL	STREET ADDRESS: _____
<input type="checkbox"/>	KEROSENE	_____
	CITY: _____	
	STATE: _____	
	TELEPHONE: _____	
	ACCOUNT NUMBER: _____	

617

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FORM**

**BOX 14**

**INTERVIEWER: COMPLETE THE AUTHORIZATION FORM NOW FOR ANY FUELS PAID FOR BY THE HOUSEHOLD (SEE FOLDOUT PAGE). USE THE YELLOW PAGE INSERTED IN THE QUESTIONNAIRE.**

**ON THE AUTHORIZATION FORM:**

**STEP 1: ENTER THE NAME OF EACH COMPANY THAT SUPPLIED FUEL TO THE HOUSEHOLD IN THE APPROPRIATE BOX. THIS INFORMATION WAS OBTAINED ON THE PREVIOUS PAGES.**

**STEP 2: EITHER YOU OR THE RESPONDENT ENTER THE RESPONDENT'S NAME, ADDRESS, AND TELEPHONE NUMBER.**

**STEP 3: HAVE THE RESPONDENT SIGN THE AUTHORIZATION FORM.**

**READ TO RESPONDENT:**

The Department of Energy is interested in how much energy households use and pay for and household participation in energy programs. With your permission on this form, your supplier of electricity, natural gas, bottled gas, fuel oil or kerosene will provide your household information to Response Analysis Corporation, who is conducting this survey for the Department of Energy.

All your information is kept confidential and will be combined with information from other households across the United States to indicate national and regional trends.

**K-22. Will you please enter your name, address, and sign this Authorization Form.**

**AUTHORIZATION FORM SIGNED . . . . . 1**  
**AUTHORIZATION FORM NOT SIGNED . . . . . 0**

**NONHOUSEHOLD USES**

**BOX 15**

**INTERVIEWER: CHECK FOLDOUT PAGE. IF USE OF ANY FUEL IS PAID BY HOUSEHOLD, ASK OTHERWISE, GO TO BOX 16, PAGE 71.**

**K-23. Please turn to the "Pink Card". Look at the top. Do any of your household fuel bills in 1993 include fuel used for any of the purposes listed on the card?**

- YES ..... 1
- NO ..... 0 --> [BOX 16] 619
- DON'T KNOW ..... 6 --> [BOX 16: PAGE 71]

**IF "YES" ON K-23, ASK:**

**K-24. For which of the purposes listed at the top of the card are costs of fuel included in your household fuel bills? (CIRCLE ALL THAT APPLY.)**

- FARM BUILDINGS OR MACHINERY ..... 1 620
- THE HOUSE OR APARTMENT OF ANOTHER HOUSEHOLD 2 621
- A BUSINESS OR OFFICE ..... 3 622
- SOME USE OTHER THAN FOR YOUR OWN HOUSEHOLD (SPECIFY): \_\_\_\_\_ 4 623

**K-25. Which fuel bills include costs of fuel used for purposes other than your own living quarters? (CIRCLE ALL THAT APPLY.)**

- NATURAL GAS (FROM UNDERGROUND PIPES) ..... 1 624
- BOTTLED GAS (LPG OR PROPANE) ..... 2 625
- FUEL OIL ..... 3 626
- KEROSENE OR COAL OIL ..... 4 627
- ELECTRICITY ..... 5 628

**INTERVIEWER: ASK THE FOLLOWING QUESTIONS FOR EACH FUEL CIRCLED IN K-25.**

**IF "NATURAL GAS (FROM UNDERGROUND PIPES)" ON K-25, ASK:**

**K-26. Please refer again to the "Pink Card." What portion of the natural gas bill is for nonhousehold uses in 1993?**

- VERY LITTLE (1-4%) ..... 0
- SOME (5-33%) ..... 1
- ABOUT HALF (34-66%) ..... 2
- ABOUT 3/4 (67-95%) ..... 3
- MOST ALL OF IT (96-99%) ..... 4

629

**IF "BOTTLED GAS" ON K-25, ASK:**

**K-27. Please refer again to the "Pink Card". What portion of the bottled gas bill is for nonhousehold uses in 1993?**

- VERY LITTLE (1-4%) ..... 0
- SOME (5-33%) ..... 1
- ABOUT HALF (34-66%) ..... 2
- ABOUT 3/4 (67-95%) ..... 3
- MOST ALL OF IT (96-99%) ..... 4

630

**IF "FUEL OIL" ON K-25, ASK:**

**K-28. Please refer again to the "Pink Card". What portion of the fuel oil bill is for nonhousehold uses in 1993?**

- VERY LITTLE (1-4%) ..... 0
- SOME (5-33%) ..... 1
- ABOUT HALF (34-66%) ..... 2
- ABOUT 3/4 (67-95%) ..... 3
- MOST ALL OF IT (96-99%) ..... 4

631

**IF "KEROSENE OR COAL OIL" ON K-25, ASK:**

**K-29. Please refer again to the "Pink Card". What portion of the kerosene bill is for nonhousehold uses in 1993?**

- VERY LITTLE (1-4%) ..... 0
- SOME (5-33%) ..... 1
- ABOUT HALF (34-66%) ..... 2
- ABOUT 3/4 (67-95%) ..... 3
- MOST ALL OF IT (96-99%) ..... 4

632

IF "ELECTRICITY" ON K-25, ASK:

K-30. Please refer again to the "Pink Card". What portion of the electric bill is for nonhousehold uses in 1993?

- VERY LITTLE (1-4%) ..... 0
- SOME (5-33%) ..... 1
- ABOUT HALF (34-66%) ..... 2
- ABOUT 3/4 (67-95%) ..... 3
- MOST ALL OF IT (96-99%) ..... 4

633

BOX 16

INTERVIEWER: ASK K-31 ONLY IF DATA NOT AVAILABLE FROM AUTHORIZATION FORM. OTHERWISE SKIP TO BOX 17.

K-31. For interview verification purposes, may I have your name, phone number, and mailing address please? My supervisor may want to call you to see if I really have talked to you.

RESPONDENT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY OR TOWN/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: AREA CODE: (     ) \_\_\_\_\_

BOX 17

INTERVIEWER: CHECK FOLDOUT PAGE, IF "CONDOMINIUM" OR "RENT" OR "OCCUPIED WITHOUT PAYMENT OF RENT", ASK K-32, OTHERWISE SKIP TO L-1.

K-32. We may be needing some additional information about fuels used in this building (house). May I have the name of the person or company to whom you pay rent or who is responsible for paying the fuel bills for this building (house)?

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY OR TOWN/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: AREA CODE: (     ) \_\_\_\_\_

634

IF LIVES IN AN APARTMENT OR MOBILE HOME COMPLEX ASK, OTHERWISE, --> L-1.

K-33. Does this (building/development/complex/park) have a name?

YES ..... 1  
NO ..... 0 --> [L-1]

635

K-34. What is the name?

NAME: \_\_\_\_\_

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