

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Home Energy Survey

## Dear Parents:

Choose a block of time during which you and your child will record all the ways that you use energy. Go about your normal activity but keep this survey sheet with you. Record every time you turn on a light, use an appliance, talk on the phone, etc. Check everything that was used during this block of time.

The following list identifies some typical ways energy is used in the home. This is a starting point to keep track of what energy you and your family use.

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

## Typical home energy use:

- |  |   |
|--|---|
| <input type="checkbox"/> air conditioner | <input type="checkbox"/> phone/tablet charger |
| <input type="checkbox"/> home heating    | <input type="checkbox"/> television           |
| <input type="checkbox"/> lights          | <input type="checkbox"/> radio                |
| <input type="checkbox"/> washer          | <input type="checkbox"/> stereo               |
| <input type="checkbox"/> dryer           | <input type="checkbox"/> computer             |
| <input type="checkbox"/> dishwasher      | <input type="checkbox"/> game console         |
| <input type="checkbox"/> hot water       | <input type="checkbox"/> iron                 |
| <input type="checkbox"/> toaster         | <input type="checkbox"/> vacuum cleaner       |
| <input type="checkbox"/> blender         | <input type="checkbox"/> electric blanket     |
| <input type="checkbox"/> can opener      | <input type="checkbox"/> hair dryer           |
| <input type="checkbox"/> microwave       | <input type="checkbox"/> other _____          |
| <input type="checkbox"/> stove           | <input type="checkbox"/> other _____          |
| <input type="checkbox"/> oven            | <input type="checkbox"/> other _____          |
| <input type="checkbox"/> refrigerator    | <input type="checkbox"/> other _____          |

