

# Home Comfort, Health and Energy Savings Survey

Customer Name(s) \_\_\_\_\_ Date of Survey \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

- How long have you lived here? \_\_\_\_\_ How long do you plan to live here? \_\_\_\_\_
- What would you like to see improved in your current system?

Do you have any of the following problems or concerns? Please rank each as VERY Important or NOT Important

| Problem or Concern  | Yes/<br>No | Comments | Importance |
|---|------------|----------|------------|
| Would you like to reduce indoor / outdoor system noise?   |            |          |            |
| Any uncomfortable temperature swings or drafts?   |            |          |            |
| Some rooms that can be too hot or too cold?   |            |          |            |
| Do you frequently make adjustments to the thermostat?   |            |          |            |
| Anyone suffer from allergies or problems due to airborne dust, mold, pollen, viruses or dander? |            |          |            |
| Do you have mold or mildew in the home?   |            |          |            |
| Is the air too dry in the winter?   |            |          |            |
| Is there excessive humidity in summer or winter?  |            |          |            |
| Are there any other concerns about indoor air quality?  |            |          |            |
| Do you have concerns about high utility bills?  |            |          |            |
| Do you routinely do the required system maintenance?  |            |          |            |
| Are you concerned about future unplanned repair bills?  |            |          |            |
|   |            |          |            |
|   |            |          |            |