

# Household Energy Consumption Survey 2012



## Purpose of Collection

Thank you for participating in the Household Energy Consumption Survey. The results of the survey will provide important information which will be used to inform governments, researchers, and the community about the differing energy costs, consumption and behaviour patterns of Australian households.

## Collection Authority

The information asked for is collected under the authority of the *Census and Statistics Act 1905*. Your co-operation is sought in completing and returning this form by the due date. The Act provides me with the power, if needed, to direct you to provide the information sought.

## Confidentiality

The answers you provide will be treated confidentially. The ABS is required by the *Census and Statistics Act 1905* to maintain the secrecy of all information provided to it. No information will be released in a way that would enable an individual or household to be identified.

## Due Date

Please complete this form and hand back to your ABS interviewer at the time of your survey interview. Alternatively, return it in the reply paid envelope to the Australian Bureau of Statistics within 14 days of receipt.

## Telephone

NSW & ACT 1800 087 643  
 Qld & NT 1800 636 809  
 Vic., SA & Tas. 1800 060 912  
 WA 1800 093 322  
 Freecall (excluding mobile phones)

## Mail

Reply Paid 76746  
 Sydney NSW 2000

Brian Pink  
 Australian Statistician



## Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **only black ball point pen** when completing this form.
- Keep each number, letter or tick within the data entry boxes provided, for example
- Leave answer boxes blank where you have no response or data to enter.
- Do not use 'nil', 'n/a' or draw a line in the data entry boxes.
- If a mistake is made, cross out the incorrect answer and either write the answer in the remaining boxes, or if not enough space is left, write next to the relevant item.
- These questions relate to this dwelling only.

1 or S A M P L E or

Interviewer use only:

WKLD

PSU

BLK

DWG

HH

PER

# Part 1 – Heating and cooling

**Note**

- This part asks about the heating and cooling equipment in this dwelling. Please state the number of each type of heating/cooling equipment **used** in this dwelling and the average hours **used** per day in winter/summer.
- If less than one hour, please enter 1.
- If thermostat setting varies throughout the day, please enter the setting most commonly used.

**Including**

- Heating/cooling equipment that is **used** outside the dwelling (e.g. patio heaters)

**Excluding**

- Heating/cooling equipment your household may have that is **not used**

## 1 During winter, what type of heating equipment does your household use in this dwelling?

Type of heating	Number used	Average hours used per day	Usual thermostat setting during winter (if applicable)
(a) Ducted gas system .....	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(b) Reverse-cycle air-conditioning (heatpump) system	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(c) Wall-mounted gas .....	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(d) Wall-mounted electric (not reverse cycle) .....	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(e) Portable electric (e.g. column heater, fan) .....	<input type="text"/>	... <input type="text"/>	
(f) Portable gas .....	<input type="text"/>	... <input type="text"/>	
(g) Other (please specify in BLOCK letters)			
<input type="text"/>	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C

## 2 During summer, what type of cooling equipment does your household use in this dwelling?

Type of cooling	Number used	Average hours used per day	Usual thermostat setting during summer (if applicable)
(a) Reverse-cycle air-conditioning (heatpump) system	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(b) Evaporative cooler .....	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(c) Wall/window mounted air-conditioner (not reverse cycle) .....	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(d) Portable air-conditioning .....	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C
(e) Ceiling fan .....	<input type="text"/>	... <input type="text"/>	
(f) Portable fan .....	<input type="text"/>	... <input type="text"/>	
(g) Other (please specify in BLOCK letters)			
<input type="text"/>	<input type="text"/>	... <input type="text"/>	..... <input type="text"/> °C

**Part 2 – Lighting**






**3 For each room listed, please enter the number and type of light globes used to light the room**

**Including**

- All globes **usually** used to light the room, including non-fixture light globes such as those for desk lamps and bedside lights
- If you have more than one room of the same type (for example, two family rooms), please include the number of globes in both rooms

**Excluding**

- Globes which are rarely or never used to light the room
- Light globes operated by batteries, such as the globes in torches

Number of each type of globe in the room					
Compact fluorescent lamps (CFLs)	Halogen lights	Florescent tubes	Light emitting diode (LED)	Incandescent (GLS)	Other globe (specify)
					
					<input type="text"/>
					<input type="text"/>

(a) Kitchen ... ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>
(b) Dining room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>
(c) Lounge/family room ... ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>
(d) Main bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>

**Part 3 – Fridges and freezers**

**4 Please enter the number and approximate age of fridges and freezers currently switched on in this dwelling**

**Including**

- All fridges and freezers that are currently **plugged in and switched on** in this dwelling or on this property (e.g. in garage)
- Empty fridges and freezers (with no contents) that are switched on

**Excluding**

- Fridges and freezers that are not connected to a power source (switched off and not in use)

Type	Number switched on				
	Less than 1 year old	1-5 years old	6-10 years old	11-15 years old	More than 15 years old
(a) Combined fridge/freezer ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Separate fridge ... ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Separate freezer ... ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Other (e.g. mini bar, wine/beer cooler, wine cabinets)...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Part 4 – Computers

5 Please indicate the type and usage of up to four computers used in this dwelling

Computer	Type (please tick)		Average hours each computer is turned on per day	
	Desktop	Laptop/notebook	Hours	Minutes

(a) Computer 1	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="text"/>	<input type="text"/>
(b) Computer 2	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="text"/>	<input type="text"/>
(c) Computer 3	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="text"/>	<input type="text"/>
(d) Computer 4	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="text"/>	<input type="text"/>

### Part 5 – Other electrical appliances

6 Please enter the number of the following appliances that are usually used at least once a week in this dwelling

**Note**

- If none, leave blank.
- If you have an appliance that fits two or more categories, please select the category describing the designed purpose.

Appliance					
TV set top box (including Free TV, Foxtel)	DVD or Blu-ray player/recorder	Video gaming system (e.g. Xbox, PlayStation)	HDD recorder	Large sound systems (including surround stereo)	Small sound systems

Number used at least once a week	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Part 6 – Pools and spas

7 Do you have a swimming pool and/or spa?

**Excluding**

- Pools and spas that are situated in an apartment/townhouse or strata title complex
- Spas and spa baths located in your bathroom

No  Thank you. There are no further questions.

Yes

What type of pump is used?

No pump	Single speed	Two speed	Three or more speed	Variable speed	Don't know
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(a) Swimming pool	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>
(b) Spa	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	.....	<input type="checkbox"/>

8 Who maintains/services the pump(s)?

Landlord maintains it	Yourself	Professional	Both yourself and professional	Not maintained
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Thank you for completing this form