
HOME COMFORT AND ENERGY SAVINGS SURVEY

How long have you lived in your home? _____

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/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?			