



August , 2013

Dear :

You are a valued Gulf Power customer and we appreciate your business. Our goal is to provide safe, reliable and affordable electricity in Northwest Florida. To ensure that we continue to provide quality service, we periodically ask our customers about their home and the energy-using equipment it contains.

Please use the enclosed questionnaire to tell us about the energy-using equipment in your home. Your answers are very important for our results because you are one of an extremely small, randomly-selected group of customers. Please answer all the questions completely and return the form in the postage-paid envelope provided as soon as possible.

If you would prefer to complete this survey online, please do so at www.opinionport.com/xxxxxx. Your PIN to access the online survey is:

XXXXX

In order to ensure confidentiality, Gulf Power has asked Market Strategies, an independent, national research organization, to conduct the survey. Information from individual questionnaires will be analyzed by Market Strategies to obtain overall data for all customers in a geographic area. Only these summary results will be included in the report that Market Strategies will prepare for Gulf Power.

Thank you very much for your participation! If you have any questions regarding this survey, please contact our project manager, Christine Ledoux, by calling (404) 506-3038 or via email, cmledoux@southernco.com.

Sincerely,

Angela Strickland
Marketing General Manager

2013 RESIDENTIAL SURVEY

Thank you for taking part in this important survey. Please review the following instructions before you begin:

- Please have the member of your household who is most knowledgeable about energy use in your home complete this survey.
- Please answer each question unless you are asked to skip to another question.

SECTION A: YOUR HOME

A1. Which best describes the type of home you have? MARK ONLY ONE.

- Single-family, free-standing home or modular home
- Townhouse
- Duplex/Triplex
- Rental apartment in a building with 4 or more apartments
- Condominium in a building with 4 or more units
- Mobile or manufactured home
- Other (describe) _____

A2. Is this your primary residence or a seasonal/weekend/secondary home?

- Primary home
- Seasonal home/Weekend home/Secondary home
- None of the above

A3. Do you own or rent your home?

- Own
- Rent

A4. Approximately how old is your home?

- 3 years or newer
- 4 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- Over 20 years

A5. Approximately how many square feet of your home are heated and/or cooled? Your best estimate is fine.
_____ Square feet

A6a. Which description best describes the use of natural gas in your house?

- Natural gas is available and I use it
- Natural gas is available but I do not use it
- Natural gas is not available
- Don't know

A7. Was your home built to any particular energy efficiency standards?

- Not built to any energy efficiency standards
- EarthCents or GoodCents standard (electric company)
- Energy Wise/Gas Advantage (gas company)
- ENERGY STAR® (National program)
- Other (describe) _____
- Don't know

A7a. In purchasing a new home, how important would you rate purchasing a home with energy efficient upgrades?

- Very important
- Moderately important
- Of little importance
- Not important at all

A7b. If you were looking for a newly constructed home and it was qualified by a local or national energy efficiency program and that home could save you \$300 to \$400 per year in energy cost, how much extra would you be willing to pay for that home?

- \$0
- \$500 up to \$1,000
- \$1,000 up to \$2,500
- \$2,500 or more

A8a. How many total light bulbs (all types) are installed in your home? Your best estimate is fine.

_____ Number of bulbs

How many high efficiency light bulbs like CFLs or LEDs are installed in your home?

A8b. _____ Number of compact fluorescent (CFL) bulbs

A8c. _____ LED bulbs

A9. Do you plan on making any additions or improvements to your home in the next five years? MARK ALL THAT APPLY.

- Additional rooms/square footage
- Upgraded kitchen appliances
- Heating/Air-Conditioning replacement
- Home remodeling
- Other (describe) _____
- None
- Don't know

A10. On average, how high are the majority of ceilings in your home? MARK ONLY ONE.

- 8 feet
- 9 feet
- 10 feet
- More than 10 feet

A11. Do you have a room/space with vaulted ceilings of 15 feet or more?

- Yes
- No

A12. How would you describe the type of insulation in your attic? MARK ALL THAT APPLY.

- Loose Fill or Blown in
- Batt or Blanket
- Spray Foam (to roof deck)
- No insulation
- Not sure

SECTION B: YOUR APPLIANCES

B1. Which of the following appliances do you have in your home? MARK ALL THAT APPLY.

- | | |
|--|---|
| <input type="checkbox"/> Clothes washer | <input type="checkbox"/> Microwave oven |
| <input type="checkbox"/> Electric clothes dryer | <input type="checkbox"/> Free standing range |
| <input type="checkbox"/> Gas clothes dryer | <input type="checkbox"/> Well pump |
| <input type="checkbox"/> Attic fan | <input type="checkbox"/> Sprinkler system pump |
| <input type="checkbox"/> Customer-owned outdoor lighting | <input type="checkbox"/> Electric lawn equipment |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Hair styling equipment |
| <input type="checkbox"/> Electric cooktop | <input type="checkbox"/> Home medical equipment, such as a nebulizer or motorized bed |
| <input type="checkbox"/> Gas cooktop | |

B2. How many of each of the following appliances do you have in your home?

	0	1	2	3 or more	Don't know
a. Traditional Refrigerator (refrigerator with freezer)	<input type="checkbox"/>				
b. Stand-alone freezer (no refrigerator compartment)	<input type="checkbox"/>				
c. Electric oven	<input type="checkbox"/>				
d. Gas oven	<input type="checkbox"/>				
e. Ceiling fans	<input type="checkbox"/>				
f. Table or floor fans	<input type="checkbox"/>				
g. Space heater – electric	<input type="checkbox"/>				
h. Space heater – gas	<input type="checkbox"/>				

B3. When buying an appliance for your home, what factors influence your decision? MARK ALL THAT APPLY.

- Features
- Utility Recommendation
- ENERGY STAR Certification
- Price
- Friend or Family Recommendation
- Financing availability/options
- Other (describe) _____

SECTION C: HOME ELECTRONICS USE

C1. Please mark the number of the following electronics you have in your home.

	0	1	2	3 or more	Don't know
a. Conventional picture tube TV	<input type="checkbox"/>				
b. Plasma television	<input type="checkbox"/>				
c. Liquid Crystal Display (LCD) television	<input type="checkbox"/>				
d. Light Emitting Diode (LED) television	<input type="checkbox"/>				
e. Rear Projection TV (all types)	<input type="checkbox"/>				
f. Home theater system	<input type="checkbox"/>				
g. DVD player/Blu Ray	<input type="checkbox"/>				
h. Digital Video Recorder (DVR, such as TIVO®)	<input type="checkbox"/>				
i. Gaming system (PlayStation®, Xbox®, Wii®)	<input type="checkbox"/>				
j. Cable/Satellite Receiver Box	<input type="checkbox"/>				
k. Cell phones/Smartphones	<input type="checkbox"/>				

IF YOU DO NOT HAVE A TELEVISION, PLEASE →SKIP TO C3

C2. How many televisions of each screen size do you have in your home?

	0	1	2	3 or more	Don't know
1. Less than 40 inches	<input type="checkbox"/>				
2. 40 inches or more	<input type="checkbox"/>				

C3. Please mark the number of the following computer components you have in your home.

	0	1	2	3 or more	Don't know
a. Desktop computer (CPU only)	<input type="checkbox"/>				
b. Laptop computer	<input type="checkbox"/>				
c. Conventional monitor	<input type="checkbox"/>				
d. Flat-panel LCD display monitor	<input type="checkbox"/>				
e. Printer	<input type="checkbox"/>				
f. Tablet (i.e. iPad)	<input type="checkbox"/>				
g. Wireless router for Internet/networking purposes	<input type="checkbox"/>				

C4. What types of Internet access do you have in your home? MARK ALL THAT APPLY.

- Dial-up access (phone line)
- Cable modem
- DSL
- Wireless through a third-party service
- Mobile device (Smartphones)
- Other (describe) _____
- None

C5. What types of phone service are used in your household? MARK ALL THAT APPLY.

- Conventional landline
- Wireless/cellular
- Digital cable
- Internet/VoIP
- Other (describe) _____
- None

SECTION D: YOUR WATER HEATING SYSTEM

D1. Please mark the energy source that best describes your main, or largest, water heating system. If you have two or more similar units, please choose just one as your main system for answering the following questions (D1 to D8). MARK ONLY ONE.

- Electricity
- Natural Gas
- Propane or Bottled Gas
- Tankless Electric → SKIP TO D3
- Tankless Gas → SKIP TO D3
- Heat Pump Water Heater
- Solar Thermal
- Other, describe _____

D2. Please mark the size of your main water heater. MARK ONLY ONE.

- Less than 40 gallons
- 40 gallons
- 41 to 55 gallons
- 56 to 79 gallons
- 80 gallons or more
- Whole-House Tankless
- Point-of-Use Tankless
- Other, describe _____
- Don't know

D3. What is the approximate age of your main water heater, in years? (If less than one, enter 1.) Your best estimate is fine.

_____ Years

D3a. When it comes time to replace your current water heater, which of the following best describes the energy source you would consider? MARK ONLY ONE.

- Electric tank
- Electric tankless
- Heat pump water heater
- Solar water heater
- Gas tank
- Gas tankless
- Other, describe _____

D4. Where is your main water heater located? MARK ONLY ONE.

- Utility room/Laundry room
- Basement
- Closet
- Garage
- Kitchen
- Crawl space
- Attic
- Bathroom
- Other (describe) _____
- Don't know

D5. Is your main water heater located next to an exterior wall of your home?

- Yes
- No
- Don't know

ANSWER QUESTIONS D6, D7 AND D8 ONLY IF YOUR MAIN WATER HEATER WAS REPLACED IN THE LAST FIVE YEARS

D6. What is the main reason your previous water heater was replaced? MARK ONLY ONE.

- Old unit didn't work at all
- Old unit didn't produce enough hot water
- High operating costs
- Wanted to change energy source
- Had safety concerns
- Wanted to take advantage of utility incentive
- Other (describe) _____
- Don't know

D7. How old in years was the previous water heater when it was replaced? Your best estimate is fine.

_____ Years

D8. Which energy source was used by your previous main water heater? MARK ONLY ONE.

- Electricity
- Natural gas
- Propane or Bottled gas
- Other (describe) _____

ANSWER QUESTIONS D9, D10 AND D11 ONLY IF YOU HAVE MORE THAN ONE WATER HEATER

D9. Please mark the energy source that best describes your secondary water heating system. MARK ONLY ONE.

- Electricity
- Natural Gas
- Propane or Bottled Gas
- Tankless Electric → SKIP TO D11
- Tankless Gas → SKIP TO D11
- Heat Pump Water Heater
- Solar Thermal
- Other, describe _____

D10. Please mark the size of your secondary water heater. MARK ONLY ONE.

- Less than 40 gallons
- 40 gallons
- 41 to 55 gallons
- 56 TO 79 gallons
- 80 gallons or more
- Whole-House Tankless
- Point-of-Use Tankless
- Other, describe _____
- Don't know

D11. What is the approximate age of your secondary water heater, in years? (If less than one, enter 1.) Your best estimate is fine.

_____ Years

Please select whether you use either of the following for use with your water heater(s).

D12a. Water heater timer

- Yes
- No
- Don't know

D12b. Water heater insulating blanket

- Yes
- No
- Don't know

SECTION E: YOUR HOME HEATING SYSTEM

E1. Please select which of the following best describes your main heating unit. If you have two or more similar units, please choose just one as your main system for answering the following questions (E1 to E7). MARK ONLY ONE.

- | | |
|--|---|
| <input type="checkbox"/> Central electric furnace (electric heat with ducts - not heat pump) | <input type="checkbox"/> Space heater - gas |
| <input type="checkbox"/> Central gas furnace (natural gas with ducts) | <input type="checkbox"/> Electric fireplace |
| <input type="checkbox"/> Central gas furnace (propane with ducts) | <input type="checkbox"/> Ventless gas fireplace |
| <input type="checkbox"/> Electric heat pump (with or without ducts) | <input type="checkbox"/> Mini-split system |
| <input type="checkbox"/> Electric/gas heat pump (dual fuel heat pump) | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Ground source or geothermal heat pump | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Space heater – electric | <input type="checkbox"/> Have no heat → SKIP TO F1a |

E2. How old in years is your main heating unit? Your best estimate is fine.

_____ Years

ANSWER QUESTIONS E3 TO E6 ONLY IF YOUR MAIN HEATING SYSTEM WAS REPLACED IN THE LAST FIVE YEARS

E3. Which energy source was used by your previous heating unit? MARK ONLY ONE.

- Electricity
- Natural gas
- Propane or Bottled gas
- Other (describe) _____
- Don't know

E4. How old in years was the previous heating unit when it was replaced? Your best estimate is fine.
_____ Years

E5. What is the main reason your previous heating unit was replaced? MARK ONLY ONE.

- Old unit didn't work at all
- Old unit didn't produce enough hot air
- High operating costs
- Wanted to change energy sources → SKIP TO QUESTION E6a
- Had safety concerns
- Wanted to take advantage of utility incentive
- Other (describe) _____
- Don't know

E6a. If you selected "Wanted to change energy sources" in the previous question, what influenced your decision to change energy source? MARK ALL THAT APPLY.

- High Operating Cost
- Energy Source Preference
- Had safety concerns
- Improved home values
- Performance
- Other, describe _____

E7. Do you have any additional sources of heat?

- Yes and use them
- Yes, but do not use them
- No → SKIP TO F1a

ANSWER QUESTIONS E8-E11 ONLY IF YOU HAVE TWO OR MORE HEATING SYSTEMS

E8. Please select which of the following best describes your secondary heating unit. MARK ONLY ONE.

- | | |
|--|--|
| <input type="checkbox"/> Central electric furnace (electric heat with ducts - not heat pump) | <input type="checkbox"/> Space heater - electric |
| <input type="checkbox"/> Central gas furnace (natural gas with ducts) | <input type="checkbox"/> Space heater - gas |
| <input type="checkbox"/> Central gas furnace (propane with ducts) | <input type="checkbox"/> Electric fireplace |
| <input type="checkbox"/> Electric heat pump (with or without ducts) | <input type="checkbox"/> Ventless gas fireplace |
| <input type="checkbox"/> Electric/gas heat pump (dual fuel heat pump) | <input type="checkbox"/> Mini-split system |
| <input type="checkbox"/> Ground source or geothermal heat pump | <input type="checkbox"/> Other (describe) _____ |
| | <input type="checkbox"/> Don't know |

E9. How old in years is your secondary heating unit? Your best estimate is fine.
_____ Years

E10. Do you have more than two heating units?

- Yes
- No

E11. How often do you use your gas fireplace?

- Frequently
- Occasionally
- Rarely
- Never
- No Gas Fireplace

SECTION F: YOUR COOLING SYSTEM

F1a. Which of the following best describes your main or largest air-conditioning unit? MARK ONLY ONE.

- Electric heat pump
- Electric central air-conditioning
- Ground source or geothermal heat pump
- Gas-fired central air-conditioning
- Room, window, or through-the-wall unit → SKIP TO F1b
- Have no air-conditioning → SKIP TO G1
- Don't know

IF YOU DO NOT HAVE A ROOM, WINDOW, OR THROUGH-THE-WALL UNIT, PLEASE → SKIP TO F2

F1b. How many room, window, or through-the-wall air conditioning units do you have?

_____ Units

F2. How old is your air-conditioning system? (If you have more than one unit, please answer for the largest unit)

_____ Years

ANSWER QUESTIONS F3 AND F4 ONLY IF YOUR MAIN AIR-CONDITIONING UNIT WAS REPLACED IN THE LAST FIVE YEARS

F3. What is the main reason your previous cooling system was replaced? MARK ONLY ONE.

- Old unit didn't work at all
- Old unit didn't produce enough cold air
- High operating costs
- Wanted to change energy sources
- Had safety concerns
- Wanted to take advantage of utility incentive
- Other (describe) _____
- Don't know

F4. Which option below best describes your old cooling system? MARK ONLY ONE.

- Room unit
- Central electric
- Heat pump
- Central gas
- Other (describe) _____
- Don't know

SECTION G: OTHER QUESTIONS ABOUT YOUR HOME HEATING AND COOLING

G1. Do you have a programmable thermostat for your home heating and cooling system(s)? IF NO, → SKIP TO G2a.

- Yes
- No

G2. Do you use your thermostat's programmable features to save money and energy?

- Yes
- No

At what temperature is the thermostat set during the winter months (choose one answer for each time period)

	Off	Below 60	60-62	63-65	66-68	69-71	72-74	75-77	Above 77
G2a. Day (5am-2pm)	<input type="checkbox"/>								
G2b. Evening (2pm-7pm)	<input type="checkbox"/>								
G2c. Night (7pm – 5am)	<input type="checkbox"/>								

At what temperature is the thermostat set during the summer months (choose one answer for each time period)

	Off	Below 68	68-70	71-73	74-76	77-79	80-82	Above 82
G2d. Day (5am-2pm)	<input type="checkbox"/>							
G2e. Evening (2pm-7pm)	<input type="checkbox"/>							
G2f. Night (7pm – 5am)	<input type="checkbox"/>							

G3. Which of the following appliances do you use in your home? MARK ALL THAT APPLY.

- Built in, whole-house dehumidifier
- Built in, whole-house humidifier
- Free standing dehumidifier
- Free standing humidifier
- Built in, whole-house air purification system
- Free standing air purifier
- None of the above

SECTION H: SWIMMING POOLS AND HOT TUBS

IF YOU DO NOT HAVE A SWIMMING POOL, PLEASE → SKIP TO INTRODUCTION BEFORE H3

H1a. What type of pool pump do you have?

- Single Speed
- Variable Speed
- Other
- None → SKIP TO QUESTION H2a

H1b. How many hours a day do you run your pool pump most of the year?

- Less than 8hrs.
- 8 to 16 hrs.
- 17 to 24 hrs.
- Not at all

H2a. How would you describe the heating unit for your swimming pool? MARK ONLY ONE.

- Electric heat pump
- Natural gas
- Propane or Bottled gas
- Ground source/Geothermal heating system
- Other (describe) _____
- None/Pool is not heated → SKIP TO INTRODUCTION BEFORE H3
- Don't know

H2b. Which months of the year do you run your swimming pool heater?

- | | | | | | |
|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> Jun |
| <input type="checkbox"/> Jul | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |
| <input type="checkbox"/> All | <input type="checkbox"/> None | | | | |

IF YOU DO NOT HAVE A HOT TUB, PLEASE → SKIP TO I1

H3. How would you describe the heating unit for your hot tub? MARK ONLY ONE.

- Same unit used to heat my swimming pool Propane or Bottled gas
 Electric resistance Other (describe) _____
 Natural gas Don't know

H4. Which months of the year do you run your hot tub heater?

- Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec
 All None

SECTION I: YOUR VEHICLES AND RENEWABLE ENERGY

I1. Do you own or lease any of the following types of electric vehicles? MARK ALL THAT APPLY

- No, I do not own or lease an electric vehicle → SKIP TO QUESTION I4
 Yes, a hybrid electric vehicle (for example, Toyota Prius) → SKIP TO QUESTION I4
 Yes, a plug-in hybrid electric vehicle (for example, Toyota Prius plug-in)
 Yes, an Extended Range electric vehicle (for example, Chevrolet Volt)
 Yes, a battery electric vehicle (for example, Nissan Leaf)

I2. When do you typically charge the electric vehicle(s)?

- Overnight (between 7pm and 8am)
 During the day (between 8am and 7pm)
 The times vary/combination of the two

I3. Where do you typically charge the electric vehicle?

- At my home
 At my office
 A public place (i.e. shopping center)

I4. Thinking specifically about solar panels for your home, which of the following best describes you?

- I presently use residential solar energy in my home, either generated by solar panels on my home or through a purchase agreement with a solar farm.
 I have **investigated** or am investigating using solar energy in my home but have **yet to make the decision**
 I have **investigated** using solar energy in my home and have **decided not to do so**
 I do have some **interest** in residential solar energy but **know little about it**
 I have **no interest** in residential solar energy

SECTION J: YOUR HOUSEHOLD (OPTIONAL)

All information in this section will be kept completely confidential and be used for classification purposes only.

J1. Including yourself, how many people in each age group live in this residence?

	0	1	2	3	4	5	6 or more
a. 5 years old or less	<input type="checkbox"/>						
b. 6 to 17 years	<input type="checkbox"/>						
c. 18 to 24 years	<input type="checkbox"/>						
d. 25 to 34 years	<input type="checkbox"/>						
e. 35 to 44 years	<input type="checkbox"/>						
f. 45 to 54 years	<input type="checkbox"/>						
g. 55 to 64 years	<input type="checkbox"/>						
h. 65 years or older	<input type="checkbox"/>						
i. Prefer not to say	<input type="checkbox"/>						

J2. What is the highest level of education you have completed?

- Grade school or less
- Some high school
- High school graduate
- Some college
- College graduate
- Graduate school
- Prefer not to answer

J3. Would you describe yourself as Hispanic/Latino, or not?

- Yes, Hispanic/Latino
- No, not Hispanic/Latino
- Prefer not to answer

J4. Would you describe yourself as ...

- Caucasian/White
- African-American/Black
- Asian
- Pacific Islander
- American Indian or Alaska Native
- Multi-racial
- Other (describe) _____
- Prefer not to answer

J5. Which of the following categories best describes your total annual household income (from all sources before taxes) in 2012?

- Less than \$15,000
- \$15,000 to \$34,999
- \$35,000 to \$54,999
- \$55,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- Prefer not to answer

Would you please provide us with your name and phone number in case we have to clarify or validate your responses? Your name and phone number will only be used for this purpose and will not be disclosed to other parties.

Name: _____

E-mail address: _____

Phone number including Area Code: (____) _____

Please indicate if this is a
___ Daytime ___ Nighttime number

Is this a cell phone?
___ Yes ___ No

Thank you for completing the survey questionnaire. Please place the completed questionnaire in the enclosed postage-paid envelope and mail it to:

Market Strategies International
17430 College Parkway
Livonia, MI 48152-9957