



Energy Depot for Homes 5.0 Energy Audit Question Set

This questionnaire matches the one you can use to perform an online energy audit of your home. You complete the online questionnaire, or if you prefer, you can print this form and answer the questions off-line. If you do this, just return to the website and enter the answers to these questions to receive your online Home Energy Profile report.

General Information

1. What type of home do you have?
 - Single family detached
 - Townhouse/Condominium (end unit)
 - Townhouse/Condominium (non-end unit)
 - Apartment/Duplex (end unit)
 - Apartment/Duplex (non-end unit)
 - Manufactured/Mobile Home

2. What is the approximate square footage of your home? *(Do not include areas that are not heated or cooled, such as garages, attic areas, unfinished basements, etc.)*
 - Less than 1000 sq. ft.
 - 1,000 - 1,499 sq. ft.
 - 1,500 - 1,999 sq. ft.
 - 2,000 - 2,499 sq. ft.
 - 2,500 - 2,999 sq. ft.
 - 3,000 - 3,499 sq. ft.
 - 3,500 - 3,999 sq. ft.
 - 4,000 - 5,000 sq. ft.
 - Greater than 5,000 sq. ft.

3. How many floors/stories are in your home? *(Do not include areas that are not heated or cooled, such as garages, attic areas, unfinished basements, etc.)*
 - 1
 - 1.5
 - 2
 - 2.5
 - 3

4. What is the average ceiling height in your home? *(If you have vaulted or "cathedral" ceilings, pick the category that best represents the average ceiling height.)*
 - Standard (8')
 - High (10')
 - Very high (12')

5. What year was your home built?
 - before 1950
 - 1950 - 1959
 - 1960 - 1969
 - 1970 - 1979
 - 1980 - 1989
 - 1990 - 1994
 - after 1994

6. Including yourself, how many people live in the home on a full-time basis?
 - Adults (0, 1, 2, ...10)
 - Children (0, 1, 2, ...10)



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Structural Information

1. On what type of foundation is your home built? *(If more than one type, indicate approximate percent of each and make sure the total equals 100%.)*
 - (0%, 25%, 50%, 75%, 100%) Basement *(heated/cooled)*
 - (0%, 25%, 50%, 75%, 100%) Basement *(not heated/cooled)*
 - (0%, 25%, 50%, 75%, 100%) Crawlspace
 - (0%, 25%, 50%, 75%, 100%) Slab on grade

2. Are your floors insulated?
 - Yes
 - No
 - Unknown

3. If you have a heated basement, are the basement walls insulated?
 - Yes
 - No
 - Unknown

4. Are your exterior walls insulated?
 - Yes
 - No
 - Unknown

5. How much insulation do you have in your attic or ceiling?
 - Poor *(0" to 3" of insulation)*
 - Fair *(more than 3" to 6" of insulation)*
 - Good *(more than 6" to 9" of insulation)*
 - Excellent *(more than 9" of insulation)*
 - Unknown

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6. Please complete the following information about your windows and glass doors. *(Do not count windows in areas like garages that are not heated or cooled.):*

Size	Number	Type
Small (8-10 sq. ft.)	<input type="checkbox"/> (0, 1, 2, 3, ...20)	<input type="checkbox"/> Single pane <input type="checkbox"/> Single pane with storm <input type="checkbox"/> Double pane <input type="checkbox"/> Tinted or reflective glass
Medium (11-15 sq. ft.)	<input type="checkbox"/> (0, 1, 2, 3, ...20)	<input type="checkbox"/> Single pane <input type="checkbox"/> Single pane with storm <input type="checkbox"/> Double pane <input type="checkbox"/> Tinted or reflective glass
Large (16-20 sq. ft.)	<input type="checkbox"/> (0, 1, 2, 3, ...20)	<input type="checkbox"/> Single pane <input type="checkbox"/> Single pane with storm <input type="checkbox"/> Double pane <input type="checkbox"/> Tinted or reflective glass
X-large (over 20 sq. ft.)	<input type="checkbox"/> (0, 1, 2, 3, ...20)	<input type="checkbox"/> Single pane <input type="checkbox"/> Single pane with storm <input type="checkbox"/> Double pane <input type="checkbox"/> Tinted or reflective glass
Sliding glass or French door	<input type="checkbox"/> (0, 1, 2, 3, ...20)	<input type="checkbox"/> Single pane <input type="checkbox"/> Single pane with storm <input type="checkbox"/> Double pane <input type="checkbox"/> Tinted or reflective glass

7. How many exterior doors do you have? *(Do not count doors between unheated/uncooled areas and the outside, or glass doors entered in the section on windows.)*
 (0, 1, 2, 3, ...10)
8. What is the condition of the caulking and weatherstripping on your windows and exterior doors?
 Poor
 Average
 Good
9. How would you describe your home in terms of air leakage/drafts?
 Very leaky
 Average
 Very tight

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Energy Audit Question Set

Home Heating

1. What type is your main heating system?
 - Electric furnace (or electric "strip heat")
 - Electric heat pump
 - Electric baseboard or wall heaters
 - Electric thermal storage system
 - Electric ceiling cable
 - Gas furnace (forced air)
 - Gas furnace (forced air) with pilot light
 - Gas boiler (hot water/steam pipes)
 - Gas space heater (floor/wall units)
 - Gas heat pump
 - Propane/LP gas furnace
 - Propane/LP furnace with pilot light
 - Propane/LP boiler (hot water/steam pipes)
 - Propane/LP space heater (floor/wall units)
 - Oil Furnace
 - Oil Boiler (hot water/steam pipes)
 - Geothermal heat pump
 - Add-on heat pump with gas furnace
 - Add-on heat pump with oil furnace
 - Other
 - None

 2. What year was your main heating system installed?
 - before 1985
 - 1985 - 1989
 - 1990 - 1994
 - 1995 - 1999
 - 2000 or newer

 3. If you have a system that uses ducts to distribute the heat, where are the majority of the ducts located?
 - Attic/Garage
 - Crawlspace/Unheated basement
 - Heated basement
 - Within the living space

 4. If the ducts are not within the living space, are they insulated?
 - Yes
 - No

 5. At what temperature do you normally set your thermostat for heating?
 - (56, 58, 60, ...80)

 6. If you set your thermostat back at night or while out of the house, to what temperature do you set it back?
 - (No Setback, 56, 58, 60, ...80)
- On average, how many hours per day do you set back your thermostat?
- (1, 2, 3, ...10, 12, 14, ...24)



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7. Do you have a programmable or clock thermostat?
 Yes
 No
8. Estimate the percent of home heated by the main heating system.
 (0%, 25%, 50%, 75%, 100%)

Home Heating - Secondary

9. What type is your home's secondary heating system?
 None
 Electric furnace (or electric "strip heat")
 Electric heat pump
 Electric baseboard or wall heaters
 Electric thermal storage system
 Electric ceiling cable
 Gas furnace (forced air)
 Gas furnace (forced air) with pilot light
 Gas boiler (hot water/steam pipes)
 Gas space heater (floor/wall units)
 Gas heat pump
 Propane/LP gas furnace
 Propane/LP furnace with pilot light
 Propane/LP boiler (hot water/steam pipes)
 Propane/LP space heater (floor/wall units)
 Oil furnace
 Oil boiler (hot water/steam pipes)
 Geothermal heat pump
 Add-on heat pump with gas furnace
 Add-on heat pump with oil furnace
 Other
10. What year was your secondary heating system installed?
 before 1985
 1985 - 1989
 1990 - 1994
 1995 - 1999
 2000 or newer
11. If your secondary system uses ducts to distribute the heat, where are the majority of the ducts located?
 Attic/Garage
 Crawlspace/Unheated basement
 Heated basement
 Within the living space
12. If the ducts are not within the living space, are they insulated?
 Yes
 No



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13. At what temperature do you normally set your secondary heating system thermostat?
 (56, 58, 60, ...80)
14. If you set your thermostat back at night or while out of the house, to what temperature do you set it back?
 (No Setback, 56, 58, 60, ...80)
- On average, how many hours per day do you set back the thermostat?
 (1, 2, 3, ...24)
15. Does your secondary heating system have a programmable or clock thermostat?
 Yes
 No
16. Estimate the percent of home heated by the secondary heating system.
 (0%, 25%, 50%, 75%, 100%)

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Energy Audit Question Set

Air Conditioning - Main Cooling

1. What type is your home's main cooling system?
 - Central electric A/C
 - Electric heat pump
 - Electric window or wall units
 - Gas heat pump
 - Central gas AC
 - Geothermal heat pump
 - Evaporative or "swamp" cooler
 - Other
 - None

2. What year was your main cooling system installed?
 - before 1985
 - 1985 - 1989
 - 1990 - 1994
 - 1995 - 1999
 - 2000 or newer

3. At what temperature do you normally set your thermostat for cooling?
 - (68, 70, 72, ...86)

4. If you set your cooling thermostat up at night or while out of the house, to what temperature do you set it?
 - (No Setback, 68, 70, 72, ...86)

How many hours per day set up?

 - (0, 1, 2, 3, ...24)

5. Estimate the percent of home cooled by the main cooling system.
 - (0%, 25%, 50%, 75%, 100%)

Air Conditioning - Secondary Cooling

6. What type is your home's secondary cooling system?
 - None
 - Central electric A/C
 - Electric heat pump
 - Electric window or wall units
 - Gas heat pump
 - Central gas AC
 - Geothermal heat pump
 - Evaporative or "swamp" cooler
 - Other

7. What year was your secondary cooling system installed?
 - before 1985
 - 1985 - 1989
 - 1990 - 1994
 - 1995 - 1999
 - 2000 or newer



Energy Depot for Homes 5.0 Energy Audit Question Set

- 8. At what temperature do you normally set your secondary cooling system thermostat?
 (68, 70, 72, ...86)

- 9. If you set your secondary cooling thermostat up at night or while out of the house, to what temperature do you set it?
 (No Setback, 68, 69, 70, ...86)

- How many hours per day is your thermostat set up?
 (0, 1, 2, 3, ...24)

- 10. Estimate the percent of home cooled by the secondary cooling system.
 (0%, 25%, 50%, 75%, 100%)



Energy Depot for Homes 5.0 Energy Audit Question Set

Water Heating

1. Please complete the following information about your water heater(s):

	Water Heater #1	Water Heater #2
Type	<input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel oil <input type="checkbox"/> Heat pump <input type="checkbox"/> Heat recovery <input type="checkbox"/> Solar <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel oil <input type="checkbox"/> Heat pump <input type="checkbox"/> Heat recovery <input type="checkbox"/> Solar <input type="checkbox"/> Other
Tank size (gallons)	<input type="checkbox"/> Small (< 30 gal.) <input type="checkbox"/> Medium (30 - 49 gal.) <input type="checkbox"/> Large (50 - 69 gal.) <input type="checkbox"/> XLarge (> 70 gal.)	<input type="checkbox"/> Small (< 30 gal.) <input type="checkbox"/> Medium (30 - 49 gal.) <input type="checkbox"/> Large (50 - 69 gal.) <input type="checkbox"/> XLarge (> 70 gal.)
In heated/cooled area?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year installed	<input type="checkbox"/> New <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 11 - 15 years <input type="checkbox"/> More than 15 years	<input type="checkbox"/> New <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 11 - 15 years <input type="checkbox"/> More than 15 years
Thermostat setting	<input type="checkbox"/> Warm (< 130°F) <input type="checkbox"/> Hot (130 - 150°F) <input type="checkbox"/> Very hot (>150 °F)	<input type="checkbox"/> Warm (< 130°F) <input type="checkbox"/> Hot (130 - 150°F) <input type="checkbox"/> Very hot (>150 °F)
High efficiency or with insulation wrap installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Approximately how many showers are taken each week in your home?
 (1, 2, 3, ...10, 15, 20, ...50)
3. What is the average length (in minutes) of each shower?
 (5, 10, 15, ...60)
4. How many baths are taken per week?
 (0, 1, 2, ...20)
5. Do you have low-flow showerheads or have new showerheads been installed since 1995?
 Yes
 No
 Unknown



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Refrigerators/Freezers

1. Please complete the following information on your refrigerators and any stand-alone freezers. (*Do not count the freezer compartment in your refrigerator.*) Enter your main or primary refrigerator first and then any additional refrigerators or stand-alone freezers (up to 4 units allowed).

	Refrigerator #1	Refrigerator #2	Freezer #1	Freezer #2
Size	<input type="checkbox"/> Small (< 6 cu ft) <input type="checkbox"/> Medium (6 - 18 cu ft) <input type="checkbox"/> Large (>18 cu ft)	<input type="checkbox"/> Small (< 6 cu ft) <input type="checkbox"/> Medium (6 - 18 cu ft) <input type="checkbox"/> Large (>18 cu ft)	<input type="checkbox"/> Small (< 15 cu ft) <input type="checkbox"/> Medium (15-20 cu ft) <input type="checkbox"/> Large (>20 cu ft)	<input type="checkbox"/> Small (< 15 cu ft) <input type="checkbox"/> Medium (15-20 cu ft) <input type="checkbox"/> Large (>20 cu ft)
Type	N/A	N/A	<input type="checkbox"/> Upright <input type="checkbox"/> Chest	<input type="checkbox"/> Upright <input type="checkbox"/> Chest
Defrost Type	<input type="checkbox"/> Manual <input type="checkbox"/> Frost-Free	<input type="checkbox"/> Manual <input type="checkbox"/> Frost-Free	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Gasket Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Year Manufactured	<input type="checkbox"/> Before 1980 <input type="checkbox"/> 1980 - 1989 <input type="checkbox"/> 1990 - 1999 <input type="checkbox"/> 2000 or newer	<input type="checkbox"/> Before 1980 <input type="checkbox"/> 1980 - 1989 <input type="checkbox"/> 1990 - 1999 <input type="checkbox"/> 2000 or newer	<input type="checkbox"/> Before 1980 <input type="checkbox"/> 1980 - 1989 <input type="checkbox"/> 1990 - 1999 <input type="checkbox"/> 2000 or newer	<input type="checkbox"/> Before 1980 <input type="checkbox"/> 1980 - 1989 <input type="checkbox"/> 1990 - 1999 <input type="checkbox"/> 2000 or newer



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Lighting

1. Please complete the following information about your home lighting. Please note that when you are asked the 'Number of bulbs', don't forget to count each bulb in every fixture.

INDOOR LIGHTING		
Type of Lighting	Number of bulbs	Average hours per day
Small incandescent* (< 40 Watts)	<input type="checkbox"/> (0, 1, 2, ...10, 15, 20, ...50)	<input type="checkbox"/> (1, 2, 3, ...24)
Medium incandescent (40 - 75 Watts)	<input type="checkbox"/> (0, 1, 2, ...10, 15, 20, ...50)	<input type="checkbox"/> (1, 2, 3, ...24)
Large incandescent (> 75 Watts)	<input type="checkbox"/> (0, 1, 2, ...10, 15, 20, ...50)	<input type="checkbox"/> (1, 2, 3, ...24)
Compact fluorescent	<input type="checkbox"/> (0, 1, 2, ...10, 15, 20, ...50)	<input type="checkbox"/> (1, 2, 3, ...24)
Tube-type fluorescent	<input type="checkbox"/> (0, 1, 2, ...10, 15, 20, ...50)	<input type="checkbox"/> (1, 2, 3, ...24)
Halogen torche bulbs	<input type="checkbox"/> (0, 1, 2, ...10, 15, 20, ...50)	<input type="checkbox"/> (1, 2, 3, ...24)

* Incandescent lights are the standard "bulb" shaped lights used in most homes.

OUTDOOR LIGHTING			
Type of Lighting	Number of Bulbs	Control Type*	Average hours per day
Outdoor security/flood lights - small (150 Watts or less)	<input type="checkbox"/> (0, 1, 2, ...10)	<input type="checkbox"/> Manually <input type="checkbox"/> Timer <input type="checkbox"/> Photocell <input type="checkbox"/> Motion sensor	<input type="checkbox"/> (1, 2, 3, ...24)
Outdoor security/flood lights - large (More than 150 Watts)	<input type="checkbox"/> (0, 1, 2, ...10)	<input type="checkbox"/> Manually <input type="checkbox"/> Timer <input type="checkbox"/> Photocell <input type="checkbox"/> Motion sensor	<input type="checkbox"/> (1, 2, 3, ...24)



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Kitchen Appliances

1. Approximately how many loads per week do you run in your dishwasher?
 (0, 1, 2, ...10, 12, 15, ...30)
2. Approximately how many times per week do you hand wash dishes?
 (0, 1, 2, ...10, 12, 15, ...30)
3. What type of energy does your range/oven use?
 Electric
 Gas with pilot light
 Gas without pilot light
 Propane with pilot light
 Propane without pilot light
 Other
4. Approximately how many burner-minutes per day do you use your range?
(*Example: 2 burners for 15 minutes per day = 30 burner-minutes per day*)
 (0, 15, 30, ...120, 150, 180, ...360)
5. Approximately how many hours per week do you use your oven?
 (0, 1, 2, ...10, 12, 15, 20, 25, 30)
6. Do you have a microwave oven?
 Yes
 No
7. If yes, then approximately how many minutes per day do you use your microwave?
 (0, 1, 2, ...10, 15, 20, ...65, 75, 100, 120)



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Laundry

1. What type of clothes washer do you own?
 None
 Top-loading
 Front-loading

2. Approximately how many loads per **week** do you run in your clothes washer?
 (0, 1, 2, ...10, 12, 15, 20, 25, 30)

3. What water temperature do you usually wash your clothes in?
 Cold
 Warm
 Hot

4. Does your clothes washer have a "low water" setting for small loads?
 Yes
 No

If so, how many loads per week use this setting?
 (0, 1, 2, ...10, 12, 15, 20, 25, 30)

5. Approximately how many loads per **week** do you run in your clothes dryer?
 (0, 1, 2, ...10, 12, 15, 20, 25, 30)

6. What type of energy or fuel does your clothes dryer use?
 Electric
 Gas with pilot light
 Gas without pilot light
 Propane with pilot light
 Propane without pilot light
 None



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Pools/Spas

1. Do you have a swimming pool?
 Yes
 No
2. Do you have a swimming pool with a filter pump?
 Yes
 No
3. What is the size of the filter pump? (Information is usually located on the filter housing)
 Small
 Medium
 Large
4. If your pool is heated, what type of heater is it?
 Electric
 Electric heat pump
 Gas
 Solar w/electric back up
 Solar w/gas back up
 Solar only
 Propane
 None
5. If heated by electric or gas, what size is the heater? (*Estimate based on size of pool.*)
 Small
 Medium
 Large
6. Approximately how many hours per week do you run the filter and heater in each season?

Season	Heater Hours/Week	Filter Hours/Week
Spring		
Summer		
Fall		
Winter		

7. Do you have a hot tub/spa?
 Yes
 No
8. If so, what type of heater does it have?
 Electric
 Gas
 Propane or LP gas
9. What size is the hot tub/spa heater?
 Small
 Medium
 Large
10. Approximately how many hours per week, on average, do you use your spa or hot tub?
 (0, 2, 4, 6, 8, 10, 20, 30, ...100, 120, 140, 160, 168)
**Help text explains Gas and Electric heater sizes



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Waterbeds

1. How many **heated** waterbeds do you have of each size listed below?

(0, 1, 2, 3, ...7) Single/Twin Typically covered?
 Yes
 No

(0, 1, 2, 3, ...7) Full/Queen/King Typically covered?
 Yes
 No

Small Appliances

1. Please indicate the number of each of the following appliances, which are used on a regular basis.

<input type="checkbox"/> Hair Dryers	<input type="checkbox"/> Clock Radios
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Curling Irons
<input type="checkbox"/> Toaster Ovens	<input type="checkbox"/> Slow Cookers
<input type="checkbox"/> Coffee Makers	<input type="checkbox"/> Electric Fry Pans
<input type="checkbox"/> Irons	<input type="checkbox"/> Vacuum Cleaners
<input type="checkbox"/> Answering Machines	<input type="checkbox"/> Video Games
<input type="checkbox"/> Gas light	<input type="checkbox"/> Gas grill
<input type="checkbox"/> Misc. Other	

2. If you use any of the following, indicate the **average number of hours** per week they are used.

<input type="checkbox"/> (0, 5, 10, ...995) Color TV	<input type="checkbox"/> (0, 2, 4, ...168) Black & white TV
<input type="checkbox"/> (0, 2, 4, ...168) VCR/DVD	<input type="checkbox"/> (0, 2, 4, ...168) Stereo
<input type="checkbox"/> (0, 2, 4, ...168) Well pump	<input type="checkbox"/> (0, 2, 4, ...168) Portable space heater
<input type="checkbox"/> (0, 2, 4, ...168) Aquarium	<input type="checkbox"/> (0, 2, 4, ...168) Humidifier
<input type="checkbox"/> (0, 2, 4, ...168) Dehumidifier	<input type="checkbox"/> (0, 2, 4, ...168) Power saw
<input type="checkbox"/> (0, 2, 4, ...168) Drill press	



Energy Depot for Homes 5.0 Energy Audit Question Set

Home Office

1. How many of each of the following equipment do you use in your home?
 Computers
 Printers
 Scanners
2. On average how many hours a week do you actively use your computer? _____
3. Do you leave your computer powered on when not in use?
 Yes
 No

Scanner

4. How many pages per week do you scan? _____
Do you leave your scanner on when not using it?
 Yes
 No

5. Printer 1

- Type of printer
- Inkjet small (6 ppm)
 - Inkjet medium (12 ppm)
 - Inkjet large (17 ppm)
 - Laserjet small (12 ppm)
 - Laserjet medium (15 ppm)
 - Laserjet large (19 ppm)
 - Multi-function small (5 ppm)
 - Multi-function medium (12 ppm)
 - Multi-function large (19 ppm)
- On average, how many pages do you output per week? _____
- Do you leave your printer on?
 Yes
 No

6. Printer 2

- Type of printer
- Inkjet small (6 ppm)
 - Inkjet medium (12 ppm)
 - Inkjet large (17 ppm)
 - Laserjet small (12 ppm)
 - Laserjet medium (15 ppm)
 - Laserjet large (19 ppm)
 - Multi-function small (5 ppm)
 - Multi-function medium (12 ppm)
 - Multi-function large (19 ppm)
- On average, how many pages do you output per week? _____
- Do you leave your printer on?
 Yes
 No



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Seasonal or Extra Energy Items

1. Please provide the following information on any other significant energy-using appliances or equipment not previously addressed in this questionnaire.

Fuel Type	Units	Size (numerical value)	Hours/week	Season(s)
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Watts <input type="checkbox"/> HP <input type="checkbox"/> BTU/hr		<input type="checkbox"/> (0, 1, 2, ...24, 32, 40, ...168)	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Fall & Winter <input type="checkbox"/> Spring & Summer <input type="checkbox"/> All Year
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Watts <input type="checkbox"/> HP <input type="checkbox"/> BTU/hr		<input type="checkbox"/> (0, 1, 2, ...24, 32, 40, ...168)	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Fall & Winter <input type="checkbox"/> Spring & Summer <input type="checkbox"/> All Year
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Watts <input type="checkbox"/> HP <input type="checkbox"/> BTU/hr		<input type="checkbox"/> (0, 1, 2, ...24, 32, 40, ...168)	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Fall & Winter <input type="checkbox"/> Spring & Summer <input type="checkbox"/> All Year