

Team No: _____

Return to EnAct office by: _____

Welcome to EnAct!

Please fill out this short survey before your next team meeting. It is important for several reasons:

1. You can compare your habits before and after you learn more about how your choices affect the environment.
2. We can provide a summary of your team's total resource savings at the end of the program.
3. We can total the collective resource savings of all the EnAct teams since the program began in 2003.
4. Sharing the results of your actions encourages continued sponsorship of EnAct.

Your Name: _____ Today's Date: _____

Your Team Name: (neighborhood or organization) _____

SOLID WASTE

Please weigh your household's trash each week for **two to three weeks** before starting the EnAct solid waste unit, and report the **average weekly weight**.

Average weight of weekly waste: _____ lbs

Do you compost food scraps? Yes No

Do you compost yard materials? Yes No

How to weigh your trash: Stand on a bathroom scale while holding your empty garbage can. Subtract your weight to find the weight of the empty container. Before putting your trash can on the curb at the end of the week, stand on the scale while holding the full container. Subtract your weight and subtract the weight of the empty container to calculate the weight of your waste.

If you do not have a scale, estimate the volume of trash you produce each week:
 _____ % of a standard (33-gallon) trash can or
 _____ standard plastic grocery bags

TRANSPORTATION

Please describe any cars or trucks owned by you or members of your household:

	Make	Year	Model	Miles Driven Per Year	Miles per gallon*	
					City	Highway
Vehicle 1:						
Vehicle 2:						
Vehicle 3:						

Approximately how many **total miles per week** do members of your household **travel by car?** (Please add up the miles each household member drives alone, plus the miles household members carpool together.)

Household Member	Car Miles Per Week
1 (alone)	
2 (alone)	
3 (alone)	
4 (alone)	
Household Carpool	
Total Car Miles	

***Miles per gallon:**
 You can look up your fuel efficiency at www.fueleconomy.gov

Metro Bus Use

Please list household members below, and indicate the **average** number of **ONE-WAY** trips each person makes on a Metro bus per week (or per month). (If number of trips differs in different seasons, you may list them - e.g. summer 2, fall 4, winter 10, spring 4.)

Household Member	Name (first and last)	Age	ONE-WAY Trips per week	OR	ONE-WAY Trips per month
1					
2					
3					
4					
5					

How far from your house is the nearest Metro bus stop?

- < 1 block
 1-2 blocks
 2-4 blocks
 4-6 blocks
 >6 blocks
 Don't know

ENERGY

Is your clothes dryer: Gas Electric Do not have a dryer

Is your hot water heater: Gas Electric On-demand

At what average temperature do you set your thermostat in winter?

Daytime _____ Nighttime _____

Do you have air conditioning? Yes No

If yes, when you turn on your air conditioning, at what temperature do you generally set it?

Daytime _____ Nighttime _____

WATER

How many of the following water saving devices are installed in your home?

High performance (low-flow) showerheads _____ out of _____ showers

Water-efficient (low-flow) toilets _____ out of _____ toilets

Please report numbers of showers and baths, and average shower times for each household member:

Household Member	Name	Age	# of showers per week	Average shower time	Number of baths per week	How full is bath? ($\frac{1}{2}$, full, etc.) *
1						
2						
3						
4						
5						

* Note: a standard bathtub contains about 40 gallons of water when full.

Household Information

What is your address? _____ Zip: _____

How many people are in your household? _____

How many of these household members are children (younger than 18)? _____

Ages of children: _____

How long have you lived in Dane County? _____

How long have you lived at your current address? _____

How many of your neighbors (within two blocks) do you know? (i.e. you say more than 'hello' to) _____

What type of housing do you live in?

Single family house

Multi-family with six units or fewer

Condominium

Apartment building (more than six units)

Do you rent or own? Rent Own

Optional (to help us track our target audience):

Please check the space that comes closest to your total household income before taxes.

Under \$8,000

\$40,000 - \$47,999

\$80,000 - \$87,999

\$8,000 - \$15,999

\$48,000 - \$55,999

\$88,000 - \$95,999

\$16,000 - \$23,999

\$56,000 - \$63,999

\$96,000 - \$150,000

\$24,000 - \$31,999

\$64,000 - \$71,999

\$150,000 - \$300,000

\$32,000 - \$39,999

\$72,000 - \$79,999

Over \$300,000

Optional How much is your monthly rent or mortgage payment (including taxes)? _____

THANK YOU for completing this survey!

Please mail completed form to:

EnAct

c/o Madison Environmental Group, Inc.

25 N. Pinckney St., Suite 310

Madison, WI 53703