

Team No: \_\_\_\_\_

Return to EnAct office by: \_\_\_\_\_

## SOLID WASTE RESULTS

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Team Name (neighborhood or organization): \_\_\_\_\_

Please weigh your household's weekly garbage each week for **two to three weeks** after completing the EnAct solid waste unit, and report the **average weekly weight**. If you need instructions on how to weigh your garbage, see the first page of your baseline survey (attached in this packet).

Average weight of weekly garbage: \_\_\_\_\_ pounds.

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

During EnAct, did you start recycling (or increase your recycling of) any materials?

Yes     No

If yes, please list the materials and the approximate weight per week of increase:

Materials Recycled	Weight per week of increase (lbs.)

During EnAct, did you start composting (or increase your composting of) any food scraps?

Yes     No

During EnAct, did you start composting (or increase your composting of) any yard waste?

Yes     No

If yes, please list the materials and the approximate weight per week of increase:

Materials Composted	Weight per week of increase (lbs.)

Please describe any **additional solid waste actions** you and other household members have taken as a result of participating in EnAct:

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## TRANSPORTATION RESULTS

Since participating in EnAct, 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	
<b>Total Car Miles</b>	

Since participating in EnAct, have you sold or purchased any cars (or trucks, vans, or SUVs)?

Yes     No

If yes, please describe: \_\_\_\_\_

Since participating in EnAct, have you gotten rid of any gasoline-powered vehicles or machines (such as a lawnmower, snowblower, moped, jet ski, etc.)?

Yes     No

If yes, please describe: \_\_\_\_\_

### 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) **since participating in EnAct**. (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	Age	ONE-WAY Trips per week	OR	ONE-WAY Trips per month
1					
2					
3					
4					
5					

Please describe any **additional transportation actions** you and other household members have taken as a result of participating in EnAct:

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# ENERGY RESULTS

During EnAct, did you replace any incandescent or halogen light bulbs with compact fluorescents?

Yes     No    Number of incandescents replaced: \_\_\_\_\_  
 Number of halogens replaced: \_\_\_\_\_

Did you replace appliances or electronic equipment with **ENERGY STAR®** or other highly efficient models?

Yes     No    If yes, please describe: \_\_\_\_\_

During EnAct, did you **weatherstrip** any windows or doors in your home?     Yes     No

If yes, approximately what percentage of your house did you weatherstrip? \_\_\_\_\_%

Did you **add insulation** anywhere in your house during the EnAct program?     Yes     No

If yes, Where did you add it? (list all locations) \_\_\_\_\_  
 How much did you add? (give R-value or number of inches) \_\_\_\_\_

Did you lower the temperature of your **thermostat** in the winter?     Yes     No

If yes, at what average temperature do you now set it?    Daytime \_\_\_\_\_    Nighttime \_\_\_\_\_

Did you increase the temperature of your **air conditioning** in the summer?     Yes     No

If yes, at what average temperature do you now set it?    Daytime \_\_\_\_\_    Nighttime \_\_\_\_\_

During EnAct, did you reduce your household's use of the washing machine or dryer?     Yes     No

If yes, how many **washing machine** loads did you reduce per week? \_\_\_\_\_  
 how many **dryer** loads did you reduce per week? \_\_\_\_\_

For each of the following actions, please indicate whether your household was **already** taking the action before EnAct, **initiated** it during EnAct, **increased** it during EnAct, or **intend** to take it soon.

Action	Took action pre-EnAct	Initiated during EnAct	Increased during EnAct	Intend to do soon
Install and use a programmable thermostat				
Install dimmers on incandescent lights		How many? ____		
Sign up for Wind Power				
Turn computer and monitor off		# hours per day: ____		
Replace gas-powered lawn mower with rotary or electric mower				

Please describe any **additional actions** you and other household members have taken to conserve energy as a result of participating in EnAct:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# WATER RESULTS

During EnAct, how many of each of the following did you install in your home?

- High performance (low-flow) showerheads \_\_\_\_\_
- Faucet aerators \_\_\_\_\_
- Water-efficient (low-flow) toilets \_\_\_\_\_
- Rain barrels \_\_\_\_\_

Since participating in EnAct, please report 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						

During EnAct, did you repair any leaking toilets?

- Yes     No    If yes, how many? \_\_\_\_\_

During EnAct, did you repair any leaking faucets or other leaks in your home's water system?

- Yes     No    If yes, how many? \_\_\_\_\_

For each of the following actions, please indicate whether your household was **already** taking the action before EnAct, **initiated** it during EnAct, **increased** it during EnAct, or **intend** to take it soon.

Action	Took action pre-EnAct	Initiated during EnAct	Increased during EnAct	Intend to do soon
Turn off tap while washing dishes				
Turn off tap water while brushing teeth, washing hands, shaving, etc.				
Put 2-liter plastic bottles in toilet tank		How many? ____		
Do not flush toilet every time		# of people: _____		
Reduce hose use in garden		# of minutes reduced: _____		

Please describe any **additional actions** you and other household members have taken to conserve water or protect water quality as a result of participating in EnAct:

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THANK YOU for participating in EnAct!