

# PERSONAL COMFORT SURVEY

NAME \_\_\_\_\_  
FIRST LAST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE \_\_\_\_\_

1. WHAT DO YOU HOPE TO ACCOMPLISH WITH THIS PROJECT?
2. WHAT IDEAS DO YOU HAVE?
3. HOW LONG HAVE YOU LIVED HERE?
4. HOW LONG DO YOU PLAN TO REMAIN?
5. DO YOU HAVE ANY FUTURE PROJECTS PLANNED?
6. AT WHAT TEMPERATURE ARE YOU MOST COMFORTABLE?
7. ARE YOU AWARE OF ANY UTILITY REBATES AND TAX CREDITS FOR SPECIFIC EQUIPMENT?
8. DO YOU THINK YOU PAY MORE THAN AVERAGE UTILITY BILLS PER MONTH?
9. DOES YOUR EQUIPMENT CONSTANTLY RUN BUT DOES NOT SEEM TO KEEP UP OR TAKES A LONG TIME TO REACH THE DESIRED TEMPERATURE?
10. IS YOUR CURRENT EQUIPMENT LOUD OR NOISY?
11. DO YOU HAVE ANY UNCOMFORTABLE AREAS, I.E., SPECIFIC ROOMS OR ALWAYS WARM AND/OR ALWAYS COLD? ARE THERE ANY AREAS THAT ARE MUGGY OR DRAFTY?
12. DOES YOUR HOME HAVE WALL AND ATTIC INSULATION?
13. ARE YOU INTERESTED IN REDUCING OR ELIMINATING DUST/AND OR ODORS IN THE HOME?
14. HOW DOES YOUR EXISTING SYSTEM PERFORM ON THE HOTTEST AND COLDEST DAYS OF THE YEAR?
15. WOULD YOU LIKE TO UNDERSTAND MORE ABOUT INDOOR AIR QUALITY ISSUES SUCH AS MOLD, MILDEW, BACTERIA, ETC.?
16. DO YOU HAVE CARBON MONOXIDE DETECTORS IN YOUR HOME?
17. DO YOU KNOW THEY NEED TO BE REPLACED EVERY 3 – 5 YEARS?
18. DO YOU RUN A BUSINESS OUT OF THE HOUSE OR DO A LOT OF ENTERTAINING?
19. HOW MANY PEOPLE ARE TYPICALLY IN THE HOME AT ONE TIME?
20. DO YOU DO A LOT OF COOKING, OR DO ANY CATERING?
21. IS THERE AN OLDER PERSON OR SOMEONE IN THE HOME THAT HAS SPECIAL NEEDS? (I.E. A WARMER ROOM)
22. IS THERE ANYONE IN THE HOME WHO SUFFERS FROM RESPIRATORY PROBLEMS SUCH AS COP, ASTHMA, ETC.?
23. ARE THERE ANY SPECIAL HUMIDIFICATION REQUIREMENTS? (ANTIQUES, ARTWORK, ETC.)

