

Our Household Choices in Urban Living

Thank you for participating in our study. This information will help us estimate the amounts of carbon, nitrogen, and phosphorus going into and coming out of the “average” home in the Twin Cities area.

Preparing for the survey:

- Most questions you can answer immediately.
- Some questions you may need to check your calendar, look at an energy bill, or talk to the person in your house who knows the most about the cars.
- You will need to read the odometer on your vehicles.

You may decline to answer any question.

Thank you in advance for your assistance!

Please fold and return the survey in the enclosed envelope within the next few days.



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EXAMPLE SURVEY:

Nelson, K.C, S. Grayzeck, J. King, S. Hobbie, L. Baker, and J. P. McFadden. 2008. Our household choices in urban living survey, University of Minnesota, St. Paul.

This material is based upon work supported by the National Science Foundation under Grant Nos. BCS-0709581 and DEB-0620652.

A. GETTING TO KNOW YOU AND YOUR HOUSEHOLD

These questions will help us understand more about your household members and their habits.

1. Do you or your household members own the house at this address or do you rent?

Please check one

- Own
- Rent (SKIP to question 2)

1a. How many years have you owned the house at this address?

_____ Years

2. Including yourself, who are the household members living in this household?

Household Member First Name	Age	Gender <i>Please check one</i>
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F

3. Does your household have a dog or cat? How much does each weigh?

Household Pet <i>Please check one</i>	Size in pounds
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
<input type="checkbox"/> None	

4. Do you have a second home or cabin? *Please check one*

- Yes
- No (SKIP to question 5)

4a. On average, how many months a year do your household members spend in this second residence? _____Months

B. ENERGY CONSUMPTION IN YOUR PRINCIPAL HOUSE

We would like to ask you some questions about your household's energy use.

5. What type of heating system do you have? *Please check all that apply*

- Gas
- Electric
- Oil: What was your total heating bill for 2007? \$ _____
- Propane: What was your total heating bill for 2007? \$ _____
- Wood: How many cords do you burn per year? _____
- Other _____
- Don't know

6. Is your home air conditioned? *Please check one*

- Yes
- No (SKIP to question 7)

6a. Do you have central air conditioning or window units? If window units, how many do you have? *Please check all that apply*

- Central air conditioning;
- Window units; Number of window units: _____
- Other _____

7. At what temperature do you normally set your thermostat when you are

	Temperature (°F)	
	Winter	Summer
awake in the house		
asleep in the house		
not at home		

8. Do you have a programmable thermostat? *Please check one*

- Yes
- No

9. Now we would like you to look over a list of activities related to energy efficiency and respond to the following questions:

	Were any of the following done before you moved into your house? <i>Please check one.</i>	Have you done any of the following? <i>Please check one.</i>	Do you intend to do any of the following? <i>Please check one.</i>
Add insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seal leaky windows or doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy energy efficient appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replace incandescent bulbs with fluorescent bulbs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. How does each family member commute to Work or School?

For each person please tell us:

- How far they travel (one-way distance)
- In general, how many days per week they use each type of transportation to go to work or school.

First Name	Distance one-way in miles	Mode					
		Drive	Car-pool	Bus	Bike	Walk	Other
		<i>Please list number of days per week</i>					

C. FOOD AND DIET PREFERENCES

We would like to ask you some questions about your household’s food consumption.

12. Please describe each household member’s diet. Please list:

- a. Household member’s name and their type of diet:
regularly includes meat and/or fish
vegetarian (diary products and eggs but no meat or fish)
vegan (no meat, fish, dairy, or eggs)

- b. The reasons for their diet:
 - 1. Economic
 - 2. Personal Preference
 - 3. Ethical/Religious Concerns
 - 4. Personal Health
 - 5. Environmental Concerns

First Name	Diet: <i>Please check one</i>			Reason <i>List all numbers that apply</i>
	Meat/Fish	Vegetarian	Vegan	

13. For each household member, please list: name, height, weight, and number of hours per week they spend doing moderate and/or vigorous activities in addition to daily living activities, such as household tasks and walking to the bus.

- **Moderate activities** at work or home (general cleaning, gardening, house painting, carpentry) or exercise (walking, bicycling, leisurely swimming).
- **Vigorous activities** at work or home (carrying heavy loads, ditch digging) or exercise (running faster than 12 min/mile, competitive soccer, fast biking/etc).

First Name	Height <i>in feet and inches</i>	Weight <i>in pounds</i>	Physical Activity	
			Hours per Week of Moderate Activity	Hours per Week of Vigorous Activity

D. LAWN CARE & LANDSCAPING

We would like to ask you a few questions about your lawn and yard.

14. Do you normally fertilize your lawn, either by fertilizing it yourself or by hiring a lawn service company? Please check one

- Yes
- No (SKIP to question 15)

14a. About how many times did you fertilize your lawn during 2007?

- 0 times
- 1 – 2 times
- 3 – 4 times
- 5 or more times

14b. Do you hire a lawn service company? Please check one

- Yes. Please provide the name _____
- No

15. How often do you water your lawn? Please check one

- Regularly: *once or more per week*
- Occasionally: *when grass is dry*
- Rarely/Never

16. What criteria guide your landscape vegetation choices?

Please check all that apply

- Vegetation that creates a beautiful yard
- Vegetation that is easy to maintain
- Vegetation that supports wildlife
- Vegetation that is native to Minnesota
- Vegetation that provides privacy/seclusion
- Vegetation that is neat and orderly
- Other _____

E. HOUSEHOLD WASTE

The following questions focus on the waste your household produces and how you dispose of it.

17. How do you dispose of lawn clippings? *Please check one*

- Dispose of clippings off-site
- Leave clippings on the lawn
- Compost clippings on my property

18. In the fall, over what portion of your property do you rake or remove leaves?

Please check one

- None
- A quarter
- One-half
- Three-quarters
- All

19. How do you dispose of tree leaves? *Please check all that apply*

- Mulch leaves into lawn, compost on property or add to garden
- Remove leaves from property
- Burn on-site
- Other _____

20. Do you use a garbage disposal in your home? *Please check one*

- Yes
- No

21. Do you compost food waste? *Please check one*

- Yes
- No

22. Do you use a septic system for your primary home? *Please check one*

- Yes
- No

23. How many newspapers do you subscribe to each week?

- _____ Number of daily newspaper subscriptions (Mon-Sat)
- _____ Number of weekend newspaper subscriptions (Sun)

24. How many weekly magazine subscriptions do you get? _____ Number

25. How many monthly magazine subscriptions do you get? _____ Number

26. How much of your paper and bottles/cans do you recycle?

	Paper <i>Please check one</i>	Bottles/Cans <i>Please check one</i>
None (0)	q	q
Some (1/4)	q	q
Half (1/2)	q	q
Most (3/4)	q	q
Nearly all	q	q

F. ABOUT YOUR CHOICES

Household decisions impact carbon, nitrogen, and phosphorus cycles in a variety of ways. The choices we make influence what goes into the carbon and nutrient cycles and what becomes part of the urban environment. In this part of the survey, we would like to ask you a few questions about four decisions you make and what influences them. There are no “right” or “wrong” answers. We are only interested in understanding the relationship between household choices and the urban ecosystem. In all of these questions, there is a 5-point scale to evaluate your general opinion. For example in some questions it may be:

Strongly Agree		Neither Agree nor Disagree		Strongly Disagree
1	2	3	4	5

27. Considering transportation, please CIRCLE one response for each statement:

A. For me to use a car as my primary transportation every day is

possible	1	2	3	4	5	impossible
feasible	1	2	3	4	5	infeasible
difficult	1	2	3	4	5	easy

B. For me, using a car as my primary transportation every day is

harmful	1	2	3	4	5	beneficial
pleasant	1	2	3	4	5	unpleasant
good	1	2	3	4	5	bad
enjoyable	1	2	3	4	5	unenjoyable

C. I intend to use a car as my primary transportation every day.

extremely unlikely	1	2	3	4	5	extremely likely
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D. How much control do you believe you have over using a car as your primary transportation every day?

no control	1	2	3	4	5	complete control
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E. My immediate family thinks that

I should	1	2	3	4	5	I should not
use a car as my primary transportation every day.						

F. When it comes to using a car as your primary transportation every day, how much do you want to do what your immediate family thinks is important?

not at all	1	2	3	4	5	very much
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- G. I think that it is my moral obligation to use a car as my primary transportation.**
strongly agree 1 2 3 4 5 strongly disagree
- H. I plan to use a car as my primary transportation every day.**
strongly agree 1 2 3 4 5 strongly disagree
- I. Most people who are important to me think that**
I should 1 2 3 4 5 I should not
use a car as my primary transportation every day
- J. It is mostly up to me whether or not I use a car as my primary transportation every day.**
strongly agree 1 2 3 4 5 strongly disagree
- K. My neighbors think that**
I should 1 2 3 4 5 I should not
use a car as my primary transportation every day.
- L. When it comes to using a car as your primary transportation every day, how much do you want to do what your neighbors think is important?**
not at all 1 2 3 4 5 very much
- M. My conscience would bother me if I used a car as my primary transportation.**
strongly agree 1 2 3 4 5 strongly disagree
- N. People in my life whose opinions I value**
use a car 1 2 3 4 5 don't use a car
as their primary transportation every day
- O. Using a car as my primary transportation every day will result in air pollution.**
extremely likely 1 2 3 4 5 extremely unlikely
- Using a car as my primary transportation every day will help me save time.**
extremely likely 1 2 3 4 5 extremely unlikely
- Using a car as my primary transportation every day will be costly.**
extremely likely 1 2 3 4 5 extremely unlikely
- Using a car as my primary transportation every day will be convenient.**
extremely likely 1 2 3 4 5 extremely unlikely

- P. Air pollution from cars is**
 extremely good 1 2 3 4 5 extremely bad
- Using a car to save me time is**
 extremely harmful 1 2 3 4 5 extremely beneficial
- Costs associated with using my car are**
 extremely bad 1 2 3 4 5 extremely good
- Convenience associated with using my car is**
 extremely beneficial 1 2 3 4 5 extremely harmful
- Q. If you wish, provide any additional comments you may have about your transportation decisions.**

28. Considering energy use, please CIRCLE one response for each statement:

- A. For me to try to increase the energy efficiency of my home is**
 possible 1 2 3 4 5 impossible
 feasible 1 2 3 4 5 infeasible
 difficult 1 2 3 4 5 easy
- B. For me to try to increase the energy efficiency of my home is**
 harmful 1 2 3 4 5 beneficial
 pleasant 1 2 3 4 5 unpleasant
 good 1 2 3 4 5 bad
 enjoyable 1 2 3 4 5 unenjoyable
- C. I intend to try to increase the energy efficiency of my home.**
 extremely unlikely 1 2 3 4 5 extremely likely
- D. How much control do you believe you have over trying to increase the energy efficiency of your home?**
 no control 1 2 3 4 5 complete control

- E. My immediate family thinks that**
I should 1 2 3 4 5 I should not
try to increase the energy efficiency of my home.
- F. When it comes to trying to increase the energy efficiency of your home, how much do you want to do what your immediate family thinks is important?**
not at all 1 2 3 4 5 very much
- G. I think that it is my moral obligation to try to increase the energy efficiency of my home.**
strongly agree 1 2 3 4 5 strongly disagree
- H. I plan to try to increase the energy efficiency of my home.**
strongly agree 1 2 3 4 5 strongly disagree
- I. Most people who are important to me think that**
I should 1 2 3 4 5 I should not
try to increase the energy efficiency of my home.
- J. It is mostly up to me whether or not I try to increase the energy efficiency of my home.**
strongly agree 1 2 3 4 5 strongly disagree
- Trying to increase the energy efficiency of my home will save money.**
extremely likely 1 2 3 4 5 extremely unlikely
- Trying to increase the energy efficiency of my home will require expensive changes.**
extremely likely 1 2 3 4 5 extremely unlikely
- Trying to increase the energy efficiency of my home will be better for the environment.**
extremely likely 1 2 3 4 5 extremely unlikely
- Trying to increase the energy efficiency of my home will be difficult.**
extremely likely 1 2 3 4 5 extremely unlikely
- K. My conscience would bother me if I didn't try to increase the energy efficiency of my home.**
strongly agree 1 2 3 4 5 strongly disagree

- L. People in my life whose opinions I value would**
 try 1 2 3 4 5 not try
 to increase the energy efficiency of their homes.
- M. Lower costs achieved when trying to increase the energy efficiency of my home are**
 extremely good 1 2 3 4 5 extremely bad
- Improving environmental quality when trying to increase the energy efficiency of my home is**
 extremely harmful 1 2 3 4 5 extremely beneficial
- Difficulty in trying to increase the energy efficiency of my home is**
 very irritating 1 2 3 4 5 not very irritating
- N. If you wish, provide any additional comments you may have about energy use in your home.**

29. Considering maintaining your lawn, please CIRCLE one response for each statement (if you do not have a lawn skip to question 30):

- A. For me to fertilize my lawn this year is**
 possible 1 2 3 4 5 impossible
 feasible 1 2 3 4 5 infeasible
 difficult 1 2 3 4 5 easy
- B. For me to fertilize my lawn this year is**
 harmful 1 2 3 4 5 beneficial
 pleasant 1 2 3 4 5 unpleasant
 good 1 2 3 4 5 bad
 enjoyable 1 2 3 4 5 unenjoyable
- C. I intend to fertilize my lawn this year**
 extremely unlikely 1 2 3 4 5 extremely likely
- D. How much control do you believe you have over fertilizing your lawn this year?**
 no control 1 2 3 4 5 complete control

- E. My immediate family thinks that**
I should 1 2 3 4 5 I should not
fertilize my lawn this year
- F. When it comes to fertilizing your lawn this year, how much do you want to do what your immediate family thinks is important?**
not at all 1 2 3 4 5 very much
- G. I think that it is my moral obligation to fertilize my lawn this year.**
strongly agree 1 2 3 4 5 strongly disagree
- H. I plan to fertilize my lawn this year.**
strongly agree 1 2 3 4 5 strongly disagree
- I. Most people who are important to me think that**
I should 1 2 3 4 5 I should not
fertilize my lawn this year.
- J. It is mostly up to me whether or not I fertilize my lawn this year.**
strongly agree 1 2 3 4 5 strongly disagree
- K. My neighbors think that**
I should 1 2 3 4 5 I should not
fertilize my lawn this year.
- L. When it comes to fertilizing your lawn this year, how much do you want to do what your neighbors think is important?**
not at all 1 2 3 4 5 very much
- M. My conscience would bother me if I fertilized my lawn this year.**
strongly agree 1 2 3 4 5 strongly disagree
- N. People in my life whose opinions I value**
would 1 2 3 4 5 would not
fertilize their lawns this year.
- O. Fertilizing my lawn this year will take time.**
extremely likely 1 2 3 4 5 extremely unlikely
- Fertilizing my lawn this year will result in an attractive lawn.**
extremely likely 1 2 3 4 5 extremely unlikely
- Fertilizing my lawn this year will result in water pollution.**
extremely likely 1 2 3 4 5 extremely unlikely

Fertilizing my lawn this year will produce a greener lawn.

extremely likely 1 2 3 4 5 extremely unlikely

P. Taking time to fertilize my lawn this year is

extremely good 1 2 3 4 5 extremely bad

Creating a greener lawn by fertilizing my lawn this year is

extremely harmful 1 2 3 4 5 extremely beneficial

An attractive lawn is

extremely bad 1 2 3 4 5 extremely good

Water pollution from fertilizing my lawn this year is

extremely harmful 1 2 3 4 5 extremely beneficial

Q. If you wish, provide any additional comments you may have about fertilizing your lawn.

30. Considering your diet, please CIRCLE one response for each statement:

A. For me to eat meat every day is

possible 1 2 3 4 5 impossible
feasible 1 2 3 4 5 infeasible
difficult 1 2 3 4 5 easy

B. For me to eat meat every day is

harmful 1 2 3 4 5 beneficial
pleasant 1 2 3 4 5 unpleasant
good 1 2 3 4 5 bad
enjoyable 1 2 3 4 5 Unenjoyable

C. I intend to eat meat every day.

extremely unlikely 1 2 3 4 5 extremely likely

D. How much control do you believe you have over eating meat every day?

no control 1 2 3 4 5 complete control

- E. My immediate family thinks that**
I should 1 2 3 4 5 I should not
eat meat every day.
- F. When it comes to eating meat every day, how much do you want to do what your immediate family thinks is important?**
not at all 1 2 3 4 5 very much
- G. I think that it is my moral obligation to eat meat every day.**
strongly agree 1 2 3 4 5 strongly disagree
- H. I plan to eat meat every day.**
strongly agree 1 2 3 4 5 strongly disagree
- I. Most people who are important to me think that**
I should 1 2 3 4 5 I should not
eat meat every day.
- J. It is mostly up to me whether or not I eat meat every day.**
strongly agree 1 2 3 4 5 strongly disagree
- K. My conscience would bother me if I ate meat every day.**
strongly agree 1 2 3 4 5 strongly disagree
- L. People in my life whose opinions I value**
eat 1 2 3 4 5 do not eat
meat every day.
- M. Eating meat every day will be healthy.**
extremely likely 1 2 3 4 5 extremely unlikely
- Eating meat every day will be enjoyable.**
extremely likely 1 2 3 4 5 extremely unlikely
- Eating meat every day will expose me to unwanted chemicals or substances.**
extremely likely 1 2 3 4 5 extremely unlikely
- A diet without meat every day will be healthier.**
extremely likely 1 2 3 4 5 extremely unlikely

N. **For me to eat meat every day is**
extremely good 1 2 3 4 5 extremely bad

Eating meat every day is
extremely harmful 1 2 3 4 5 extremely beneficial

Avoiding chemicals by not eating meat every day is
extremely bad 1 2 3 4 5 extremely good

O. **If you wish, provide any additional comments you may have about your diet choices.**

31. Taken all together, how would you say things are these days?

Would you say that you are *Please check one*

- Very happy
- Pretty happy
- Not too happy

32. How concerned are you that negative environmental effects have changed your quality of life? *Please check one*

- Unconcerned
- Slightly concerned
- Neutral
- Concerned
- Very concerned

G. ABOUT YOU

We would like to ask a few final questions about your background.

33. What is your gender? *Please check one.*

- Male
- Female

34. What is your current age? _____ Years

35. Do you consider yourself: *Please check all that apply.*

- Caucasian
- Hispanic
- African American
- Asian or Pacific Islander
- Native American
- Alaskan Native
- Other _____

36. For each adult family member, what is their highest level of education?

Please check one response for each adult member.

Education	A few years of high school	High school degree	2 yr degree	4 yr degree	Graduate degree
Adult 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. What is the primary work status of each adult in the household?

Please check one that best applies for each adult.

	Working at home	Working outside the home	Home-maker	Retired	Un-employed	Student
Adult 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. If you added together the yearly incomes, before taxes, of all the members of your household for last year, would it total: *Please check one.*

- Less than \$30,000
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- More than \$300,000

39. We would like to visit a few houses to survey the vegetation in the yards. This involves walking across your property to count the type, number, and size of trees. All work will be done by a few students from the University of Minnesota. The vegetation survey will be done this summer and takes less than one hour (you don't have to be at home). If your house is selected for a visit, first we will send a post card notifying you and the students visiting your property will be wearing University of Minnesota identification. We will be happy to provide a report of the vegetation survey results upon request.

Would you be willing to let us visit your property? *Please check one*

- Yes, please add our yard to the group of possible visits.
- No, we would not like to be considered.

Now we have a few final questions that require moving around to read the odometer on your cars and perhaps check some of your files.

40. Please describe your household's Cars and Trucks.

q No cars or trucks.

Vehicle <i>(make & model)</i>	Year	Number of cylinders <i>(4,6,8)</i>	Purchased		Number of Miles on Vehicle when you got it	Current Odometer
			<i>Year</i>	<i>Month (if known)</i>		

ADDITIONAL COMMENTS:

THANK YOU FOR COMPLETING OUR SURVEY!

FOR MORE INFORMATION

We would be happy to communicate with you if you have any questions or comments about this study. You can reach us by e-mail (hhsurvey@umn.edu). If you have any questions about participants' rights, please call the University of Minnesota IRB office at 612-626-5654.