Section B: KITCHEN APPLIANCES

| B-1i | Now I these | have so | ERVIEWER INSTRUCTION: PLACE SHOW CARD 4 IN FRONT OF THE RESPONDENT. me questions about your use of kitchen appliances. Please look at Card 4. Which of appliances do you have in your kitchen? Do you have a stove that has both burners o ovens? |
|--------|----------------|----------|---|
| | | | |
| B-1ii | STOVI | E Do you | u have a separate built-in range top or burners? |
| | | | |
| B-1iii | OVEN | So you | have a separate built-in oven? |
| | | | |
| | B-1a | | VEN=Yes] MULTSTV Do you have more than one stove that has both burners and an your home? |
| | | | Yes 1 No 0 |
| | B-1b | | VEN=Yes] STOVENFU Does [If MULTSTV=No your stove or if MULTSTV=Yes the stove the most] use the same fuel for both the burners and the oven? |
| | | | Yes 1 No 0 |
| | | B-1b1 | [If STOVENFU=Yes] STOVENA What fuel does your stove use? Is it |
| | | | Electricity, |
| | | B-1b2 | [STOVENFU=No] STOVENAB What fuel do the burners use? Is it |
| | | | Electricity, |
| | | B-1b3 | [If STOVENFU=No] STOVENAO What fuel does the oven use? Is it |
| | | | Electricity, |

| B-2 | [If OVE | N=Yes] MULTOVEN Do | you have more than one separate built-in oven in your home? | |
|-----|---------|--|--|--|
| | | Yes | | |
| | | INO | U | |
| | B-2a | [If OVEN=Yes] OVENA What fuel does [If MULTOVEN=No your or if MULTOVEN=Yes your mostused] separate built-in oven use? Is it | | |
| | | Natural gas from Propane (bottle | | |
| | B-2b | [If STOVEN=Yes or OVEN=Yes] OVENUSE INTERVIEWER INSTRUCTION: PLACE SHOW CARD 5 IN FRONT OF THE RESPONDENT. Please look at Card 5. Which of the categories shown best describes, on average, how often you use your (if more than one oven, add: most used) oven? | | |
| | | Once a day Between once a Once a week | a day | |
| | B-2c | [If STOVEN=Yes or OVEN=Yes] OVENCLN Does your (if more than one oven, add: most used) oven have a self-cleaning feature? | | |
| | | | | |
| | | | es] TYPECLN is your self-cleaning oven one that cleans continuously or manually start the cleaning cycle? | |
| | | | ous cleaning | |
| B-3 | [If STC | /E=Yes] MULTRANG D o | o you have more than one separate built-in range top or burners in your | |
| | | Yes | | |
| | | B-3a [If STOVE=Yes] your most-used | STOVEA What fuel does [If MULTRANG=No your or if MULTRANG=Yes of separate built-in range-top or burners use? Is it | |
| | | Natural Propand | ity, | |
| B-4 | TOPG | ILL Do you have a buil | lt-in or stove-top grill in your kitchen? | |
| | | Yes | 1 | |
| | | No | | |

B-8

| | B-4a | [If TOPGRILL=Yes] STGRILA What fuel does your built-in or stove-top grill use? Is it |
|-----|--------|--|
| | | Electricity, |
| | | Natural gas from underground pipes, 01 |
| | | Propane (bottled gas), or 02 |
| | | Some other fuel? (Specify) 21 |
| B-5 | MICRO | Does anyone in your household use a microwave oven to do any cooking? |
| | | Yes 1 |
| | | No 0 |
| | B-5a | [If MICRO=Yes] AMTMICRO INTERVIEWER INSTRUCTION: PLACE SHOW CARD 6 IN FRONT OF THE RESPONDENT. Please look at Card 6. Which answer best describes how much of your food is cooked in the microwave? |
| | | Most or all 1 |
| | | About half |
| | | Some or very little |
| | | Used only for snacks, defrosting, or reheating food 4 |
| B-6 | TOAS | TER Do you use any electric toaster ovens? |
| | | |
| | | Yes |
| | B-6a | [If TOASTER=Yes] TSTRFRQ INTERVIEWER INSTRUCTION: PLACE SHOW CARD 7 IN FRONT OF THE RESPONDENT. Please look at Card 7. Which of the categories shown best describes, on average, how often you use your electric toaster oven? |
| | | Three or more times a day 1 Two times a day |
| | B-6b | [If TOASTER=Yes] TSTRUSE How would you describe the way you use your toaster oven? Do you use it |
| | | Mostly as a toaster, |
| B-7 | Please | MEAL INTERVIEWER INSTRUCTION: PLACE SHOW CARD 7 IN FRONT OF THE RESPONDENT. to look at Card 7. Which of the categories shown best describes, on average, how often hot are usually cooked in your home? |
| | | Three or more times a day 1 |
| | | Two times a day |
| | | Once a day 3 |
| | | A few times each week 4 |
| | | About once a week 5 |
| | | Less than once a week 6 |
| | | Doesn't cook/Never cooks (If volunteered) 0 |

B-9

| 1905-0092 | 92, Expiring May 31, 2008 | 16 |
|------------|--|--------------|
| | ES OF FUELS USED FOR COOKING] to prepare your meals. Which of these fuels is using in your home? | sed most for |
| | Electricity | |
| COFFI | FEE Do you use any electric coffee makers? | |
| | Yes | |
| B-9a | [If COFFEE=Yes] COFFFRQ INTERVIEWER INSTRUCTION: PLACE SHOW CARD OF THE RESPONDENT. Please look at Card 7. Which of the categories shown beson average, how often you make coffee? | |
| | Three or more times a day 1 Two times a day | |
| B-9b | [If COFFEE=Yes] COFPOTON After making a pot of coffee how long, on average, the warmer on? Do you turn the warmer off right away, leave it on from 1 to 15 mi it on from 15 minutes to 1 hour, or do you leave it on for more than 1 hour? | |
| | Turn if off right away | |
| N 11 1N 4F | | |

B-10 **NUMFRIG** How many refrigerators do you use in your home?

> One 1 Three or more 3 None 6 \rightarrow GO TO QUESTION B-14

INTERVIEWER INSTRUCTION: IF NUMFRIG=TWO OR THREE OR MORE READ THIS INTRODUCTION: First, I would like to ask some questions about the refrigerator that you use the most.

B-11a TYPERFR1 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 8 IN FRONT OF THE RESPONDENT. Please look at Card 8. Which of the pictures best describes the type of refrigerator you have?

> Full-size with one door...... 1 Full-size with two doors 2 Half- or quarter-size 3 Some other kind...... 4

B-11a1 [If TYPERFR1=2] DOORSFR1 Are those doors side-by-side or top-and-bottom?

Side-by-side...... 1 Top-and-bottom 2 Other...... 3

B-11b SIZRFRI1 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE

| | | RESPONDENT. Please look at Card 9. How would you describe the size of this refrigerator? |
|-------|--------|---|
| | | Very small (10 cubic feet or less) 1 Small (11 to 14 cubic feet) 2 |
| | | Medium (15 to 18 cubic feet) 3 |
| | | Large (19 to 22 cubic feet) 4 |
| | | Very large (more than 22 cubic feet) 5 |
| | B-11c | REFRIGT1 What type of defrosting does this refrigerator have? Is it |
| | | Manual or 1 |
| | | Frost-free? (either automatic or semi-automatic) |
| | B-11d | /CE Does this refrigerator have through-the-door ice and water service? |
| | | Yes 1 |
| | | No 0 |
| | B-11e | AGERFRI1 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this refrigerator? |
| | | Less than 2 years old 01 |
| | | 2 to 4 years old |
| | | 5 to 9 years old |
| | | 10 to 19 years old |
| | | As old as the home (if volunteered) 06 |
| | | B-11e1 [If AGERFRI1<03] ESFRIG INTERVIEWER INSTRUCTION: PLACE SHOW CARD 31 IN FRONT OF THE RESPONDENT. Please look at Card 31. Is this refrigerator an <i>Energy Star</i> appliance? |
| | | Yes 1 |
| | | No 0 |
| INTRO | DUCTIO | NINSTRUCTION: IF NUMFRIG=ONE OR NONE, GO TO QUESTION B-13. OTHERWISE, READ THIS ON: Now I would like to ask you the same questions about your [If NUMFRIG=Two other; if there are not not not not used] refrigerator. |
| B-12a | | RFR2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 8 IN FRONT OF THE RESPONDENT. Flook at Card 8. Which of the pictures best describes the type of refrigerator you have? |
| | | Full-size with one door, |
| | | Full-size with two doors |
| | | Half or quarter-size |
| | B-12a1 | [If TYPERFR2=2] DOORSFR2 Are those doors side-by-side or top-and-bottom? |
| | | Side-by-side 1 |
| | | Top-and-bottom 2 |
| | | Other 3 |

| | B12b | SIZRFRI2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this refrigerator? |
|-------|---------|--|
| | | Very small (10 cubic feet or less) 1 Small (11 to 14 cubic feet) 2 Medium (15 to 18 cubic feet) 3 Large (19 to 22 cubic feet) 4 Very large (more than 22 cubic feet) 5 |
| | B-12c | REFRIGT2 What type of defrosting does this refrigerator have? Is it |
| | | Manual or |
| | B-12d | MONRFRI2 During the past 12 months, how many months was this refrigerator turned on? |
| | | Enter the number of months |
| | B-12e | AGERFRI2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this refrigerator? |
| | | Less than 2 years old |
| | THIS IN | R INSTRUCTION: IF NUMFRIG=ONE, TWO, OR NONE GO TO QUESTION B-13. OTHERWISE, TRODUCTION: Now I would like to ask you the same questions about your <i>third most used</i> |
| B-13a | | RFR3 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 8 IN FRONT OF THE RESPONDENT. look at Card 8. Which of the pictures best describes the type of refrigerator you have? |
| | | Full-size with one door, |
| | B13a1 | [If TYPERFR3=2] DOORSFR3 Are those doors side-by-side or top-and-bottom? |
| | | Side-by-side |
| | B13b | SIZRFRI3 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this refrigerator? |
| | | Very small (10 cubic feet or less) 1 Small (11 to 14 cubic feet) 2 Medium (15 to 18 cubic feet) 3 Large (19 to 22 cubic feet) 4 Very large (more than 22 cubic feet) 5 |

| | B-13c | REFRIGI3 What type of defrosting does this refrigerator have? Is it | | | |
|-------|---|--|--|--|--|
| | | Manual or | | | |
| | B-13d | MONRFRI3 During the past 12 months, how many months was this refrigerator turned on? | | | |
| | | Enter the number of months | | | |
| | B-13e | AGERFRI3 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this refrigerator? | | | |
| | | Less than 2 years old 01 2 to 4 years old 02 5 to 9 years old 03 10 to 19 years old 04 20 years or older 05 As old as the home (if volunteered) 06 | | | |
| B-14 | SEPFREEZ Does your household use a separate freezer that is not part of a refrigerator? | | | | |
| | | Yes | | | |
| | B-14a | [If SEPFREEZ=Yes] NUMFREEZ How many separate freezers are used in your home? | | | |
| | | One 1 Two 2 Three or more 3 | | | |
| | | INSTRUCTION: IF NUMFREEZ=TWO OR THREE OR MORE, READ THIS INTRODUCTION: Now ask some questions about the separate freezer that you <i>use the most</i> . | | | |
| B-15a | UPRTF | FRZR What model freezer is this? Is it | | | |
| | | An upright or (vertical cabinet with a door on the front) | | | |
| | | INTERVIEWER INSTRUCTION: IF NECESSARY, EXPLAIN THAT AN UPRIGHT FREEZER IS A VERTICAL CABINET WITH A DOOR ON THE FRONT AND THAT A CHEST TYPE FREEZER IS A HORIZONTAL CABINET WITH THE DOOR ON THE TOP. | | | |
| | B-15b | SIZFREEZ INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this freezer? | | | |
| | | Very small, (10 cubic feet or less) | | | |
| | B-15c | FREEZER What type of defrosting does this freezer have? Is it | | | |
| | | Manual or | | | |

| | | RESPONDENT. Please look at Card 1. About how old is this freezer? |
|---------|--------|--|
| | | Less than 2 years old |
| THIS IN | ITRODU | R INSTRUCTION: IF NUMFREEZ=ONE OR NONE, GO TO QUESTION B-17. OTHERWISE, READ JCTION: Now I would like to ask you the same questions about your [If NUMFRIG=Two second; hree or more second most used] freezer. |
| B-16a | UPRTE | FRZR2ND What model freezer is this? Is it |
| | | An upright or (vertical cabinet with a door on the front) |
| | | INTERVIEWER INSTRUCTION: IF NECESSARY, EXPLAIN THAT AN UPRIGHT FREEZER IS A VERTICAL CABINET WITH A DOOR ON THE FRONT AND THAT A CHEST TYPE FREEZER IS A HORIZONTAL CABINET WITH THE DOOR ON THE TOP. |
| | B-16b | SIZFREEZ2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 9 IN FRONT OF THE RESPONDENT. Please look at Card 9. How would you describe the size of this freezer? |
| | | Very small, (10 cubic feet or less) |
| | B-16c | FREEZER2 What type of defrosting does this freezer have? Is it |
| | | Manual or |
| | B-16d | AGEFRZR2 INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About how old is this freezer? |
| | | Less than 2 years old |
| B-17 | DISHW | /ASH Does your household use an automatic dishwasher? |
| | | Yes |

B-15d AGEFRZR INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE

| | B-17a | [If DISHWASH=Yes] DWASHUSE INTERVIEWER INSTRUCTION: PLACE SHOW CARD 10 IN FRONT OF THE RESPONDENT. Please look at Card 10. Which category best describes how often your household actually uses the automatic dishwasher in an average week? |
|------|-------|--|
| | | At least once each day |
| | B-17b | AGEDW INTERVIEWER INSTRUCTION: PLACE SHOW CARD 1 IN FRONT OF THE RESPONDENT. Please look at Card 1. About, how old is your dishwasher? |
| | | Less than 2 years old 01 2 to 4 years old 02 5 to 9 years old 03 10 to 19 years old 04 20 years or older 05 As old as the home (if volunteered) 06 |
| | | B-17b1 [If AGEDW<03] ESDISHW INTERVIEWER INSTRUCTION: PLACE SHOW CARD 31 IN FRONT OF THE RESPONDENT. Please look at Card 31. Is this dishwasher an <i>Energy Star</i> appliance? |
| | | Yes 1 No 0 |
| B-18 | | IMB INTERVIEWER INSTRUCTION: RECORD ANY INFORMATION HERE ABOUT THE KITCHEN ANCES IN THIS HOUSING UNIT THAT MIGHT PROVIDE CLARIFICATION TO THE RESPONDENTS ERS. |
| | | |
| | | |