

## Memorandum

# Ameren Illinois Participant Non-Energy Impacts Survey Cognitive Pretest

**To:** Fernando Morales, Energy Efficiency Advisor, Ameren Illinois; Jennifer Morris, Economist, Illinois Commerce Commission

**From:** Opinion Dynamics Evaluation Team

**Date:** December 4, 2020

**Re:** Cognitive Pretest Results of the AIC Income Qualified Participant Non-Energy Impacts Survey

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### Introduction

Upon review of the IQ Participant Non-Energy Impacts (NEI) survey, Ameren Illinois expressed concern about the approaches to eliciting certain information from participants that are sensitive in nature. Given this concern and the complexity of the survey, Opinion Dynamics conducted a cognitive pretest of the survey. Cognitive Pretesting is an evidence-based qualitative method specifically designed to investigate the reliability and validity of survey questions with a focus on question clarity, wording, reference periods and precision. Opinion Dynamics completed 10 cognitive pretest interviews with Ameren Illinois Income Qualified (IQ) participants to understand how respondents would react to and understand the questions in the IQ Participant Non-Energy Impacts (NEI) survey and to assess respondents' ability to accurately answer the questions as intended.

The survey includes questions about participants' household members' economic well-being; health—including asthma and thermal stress; and, missed days of work and school due to health-related issues. The results of the survey indicated numerous potential changes to the survey that would increase survey clarity and increase the accuracy of the results of the full survey.

We conducted the cognitive interviews over the phone and read the questions and answer choices aloud to respondents. Since this survey will be fielded online as well as over the phone, we opted to test the more challenging of the modes. Text in italics represents adjustments to the online survey that stakeholders reviewed to make it easier to field the survey as a phone survey. See Appendix A for the original web survey instrument.

### Findings Overview

Respondents were comfortable answering the questions and did not express concern with sharing their answers to health, household, or financial-related questions with Ameren Illinois. Respondents were also confident reporting on their spouses' or children's missed days of school or work. However, several respondents were curious why Ameren Illinois was asking questions about their household's health and finances and wanted to know how AIC would be using the information. We suggest adding a brief explanation about why the information is useful to Ameren and what objectives their data supports.

We completed each cognitive pre-test in under one hour, some taking 35 to 45 minutes to complete. Since conducting a pre-test entails conversing with the respondent about the clarity of each question, we expect the pre-test to take longer than if a participant was responding to the survey alone. If a respondent were taking the survey on the web, we estimate that it would take between 15 to 25 minutes, and if taking it over the phone, we estimate a completion time of 20 to 30 minutes.

We encountered two lines of questioning that will necessitate revisions to multiple questions or adding in new questions:

- **Employment-related questions:** Respondent’s employment situations were varied, complex, and in flux. Respondents had combinations of employment situations or their situations had changed multiple times since COVID-19. Also, different employers handle sick days and paid time off differently, and these questions can be particularly difficult to answer for self-employed individuals or contract laborers.
- **Thermal stress questions:** In the survey, we ask questions to understand if a participant had sought medical attention due to thermal stress in the home. Based on the responses to the pre-test, we recommend not using typical temperature as a screener for extreme indoor temperatures that could lead to seeking medical care. We recommend asking about both typical temperature and if they ever experienced very hot or very cold temperatures inside their home in the last 12 months.

We also note that the survey asks about water heating and space cooling equipment but does not ask about space heating equipment. We recommend adding those questions.

## Respondent Demographics

We conducted interviews with 2019 IQ participants who participated in either the single family or SAVE kits program. Respondent demographics are summarized in the table below.

Characteristic	Respondents
Home type	<ul style="list-style-type: none"> <li>▪ Single family (10 of 10)</li> </ul>
Income Level (Program Tracking)	<ul style="list-style-type: none"> <li>▪ Low Income (2 of 10)</li> <li>▪ Moderate Income (8 of 10)</li> </ul>
Household Size*	<ul style="list-style-type: none"> <li>▪ One (2 of 6)</li> <li>▪ Two (1 of 6)</li> <li>▪ Three (2 of 6)</li> <li>▪ Four (1 of 6)</li> </ul>
Own or Rent	<ul style="list-style-type: none"> <li>▪ Own (10 of 10)</li> </ul>
Language Spoken in Home*	<ul style="list-style-type: none"> <li>▪ English only (7 of 8)</li> <li>▪ English, Russian, Korean (1 of 8)</li> </ul>
Race/ Ethnicity*	<ul style="list-style-type: none"> <li>▪ White not Hispanic (4 of 8)</li> <li>▪ Black/ African American (2 of 8)</li> <li>▪ Two or more races (1 of 8)</li> <li>▪ Alaska Native (1 of 8)</li> </ul>

\*Due to time constraints, we did not test each demographic question with each participant.

## Format of the Remaining Section of the Memo

In the remaining section of the memo, we present the survey questions for which an issue was identified in the pre-testing process. Our findings are presented in a three-part box, as show in Figure 1. The top left part of the box presents issues with the question or challenges respondents had answering the question. The top right presents evidence that respondents were confident or comfortable in their ability to respond to the question. The bottom part of the box presents our suggestions for improving the question.

Figure 1. Findings Template

Question Issues	Evidence of Confidence
▪	▪
Suggested Changes	

## Survey Question Findings

S4. We have questions about your household energy use, household members’ health, and if anyone in the household has missed days of school or work due to health issues. Are you the most knowledgeable person in the household to speak to these topics?

1. Yes
2. No [THANK AND TERMINATE]

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ We recommend adding a question prior to S4 so that it aligns with question S7 below to screen out individuals who have not lived in the home for 6 of the last 12 months.</li> </ul>	<ul style="list-style-type: none"> <li>▪ We contacted the account holder as identified in the program tracking data. We followed up with a question of who typically manages and pays their utility bills. We found that for all ten participants, the account holder in the program tracking data was the person in the household most knowledgeable about these topics.</li> </ul>
Suggested Changes	
<p>Add a question asking “Have you lived in the home for at least 6 of the last 12 months?” before S4 to screen out people who have not lived in the home for 6 of the last 12 months.</p>	

S6. Our records indicate that your household located at [ADDRESS] participated in the [INITIATIVE] this year and has recently received an energy audit or energy efficient products, upgrades, or both. Is that correct?

1. Yes
2. No
8. Not sure [THANK AND TERMINATE]

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ The survey could provide additional information to ensure an accurate response to this question.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All respondents were familiar with the initiative and recalled recently receiving the EE products.</li> </ul>
Suggested Changes	
<p>Instead of terminating when someone answers “not sure,” we recommend adding a follow-up question that explains in more detail what the audit entailed or provide examples of the energy efficient products or upgrades. If they are still unsure after reading the additional details, then terminate.</p>	

S7. How many people in each of the following age categories lived in your home at least 6 months of the last 12 months, including you? For example, please do not include individuals who are away at college for most of the year or in military service.

1. Under 13: [NUMERICAL RESPONSE UP TO 8]
2. 14 to 17: [NUMERICAL RESPONSE UP TO 8]
3. 18 to 64: [NUMERICAL RESPONSE UP TO 8]
4. 65 to 84: [NUMERICAL RESPONSE UP TO 8]
5. Over 84: [NUMERICAL RESPONSE UP TO 8]
98. Not sure
99. Refused

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent had an 18-year old who was in high school. The programming logic on this question treats them as an adult worker and not a school-age child and hence they are not asked the questions about the child missing school in the last year.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All respondents were able to easily answer this question and understood the parameter of being in the home at least six months of the last 12 months.</li> </ul>
Suggested Changes	
<p>Add a question after S7 asking specifically how many individuals in the household are in Kindergarten through 12<sup>th</sup> grade and adjust programming logic to ensure the right questions are asked.</p>	

S9. In 2019, was your household's total income more than

S7 RESPONSE	1	2	3	4	5
INCOME_THRESHOLD	\$37,464	\$50,736	\$63,984	\$77,256	\$90,504

S7 RESPONSE	6	7	8
INCOME_THRESHOLD	\$103,776	\$117,024	\$130,296

1. Yes [THANK AND TERMINATE]
2. No
8. Not sure [THANK AND TERMINATE]
9. Refused [THANK AND TERMINATE]

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ Three respondents responded “yes” to this question, which would have terminated the survey. They each had situations where they were on the cusp of the qualification threshold and reported that Ameren staff permitted their participation due to unemployment at the time of program participation or other extenuating circumstances.</li> <li>▪ Two respondents were unsure if this was gross or net income (i.e. before or after taxes)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most respondents generally found this easy to answer.</li> </ul>
Suggested Changes	
<p>Given that participants confirmed they participated in S6, we suggest not terminating participants if they answer anything other than “no.” Please change question text to specify whether it is gross or net income. Note, this question will be updated with current thresholds.</p>	

B3. During the past 12 months, how did your household pay for the basic things you needed, like food, energy bills, housing, or other expenses? *I have a list of ways you might have paid. Please tell me yes or no for each. And, again, please think out loud and let me know if anything isn't clear.*

1. Spending wages, tips, or income from paid work/jobs
2. Cutting back on your spending for things your household wants, but does not need
3. Using savings that you had put aside for other things, like school or retirement
4. Reducing your household's energy usage to lower your bills
5. Leaving bills unpaid past their due date
6. Using a credit card you don't have to pay off right away
7. Borrowing money from family or friends
8. Using cash payments like unemployment, retirement or veterans' benefits, or disability
10. Cutting back on your spending for things your household needs, like food, prescriptions, and medications
11. Receiving help with rent and/or utility bills from my landlord
12. Taking out a payday loan
13. Taking out a loan from a bank or credit union
14. Using assistance from a public program for housing, food, medical care, or other needs
15. Using a government stimulus check associated with COVID-19 response?
00. Something else (please specify):
97. None of the above [EXCLUSIVE]
98. Not sure [EXCLUSIVE]
99. Prefer not to say [EXCLUSIVE]

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent answered yes to response option 2, but when the interviewer asked them to explain their thinking, it became apparent it was not to pay for basic things they needed. It was “just cutting back in general.”</li> <li>▪ One person needed reminding this was in the last 12 months (they thought it was the last 6 months).</li> <li>▪ One respondent said no to response option 14, but later mentioned that her son's father receives Supplemental Nutrition Assistance Program (SNAP) benefits that she uses to buy food for her son. She would have answered no because it's not her card.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most respondents (7 of 9) understood this response options signified money they saved that was then spent on “basic things they needed” and not on things like entertainment.</li> <li>▪ Everyone was willing to answer these questions on a survey for Ameren and did not seem to have any concerns providing this information.</li> </ul>
Suggested Changes	
<p>We suggest adding to the end of response option 10, “and using those savings to pay for other basic things you needed.” We also suggest adding display logic so that response option 11 is only shown to renters.</p>	

B5. What types of programs provided your household with assistance? *I have a list of programs. Please tell me yes or no for each.*

1. Housing assistance such as Section 8 or other subsidized housing
2. Food assistance programs like Supplemental Nutrition Assistance Program (SNAP), Women-Infant-Children Food Program (WIC), school lunch, or others
3. Medical assistance from Medicaid or Children's Health Insurance (CHIP)
4. Energy assistance such as Family Electric Rate Assistance (FERA), Low-Income Home Energy Assistance Program (LIHEAP), or Percentage of Income Payment Plan (PIPP)
5. Financial assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Aid for Family with Dependent Children (AFDC), or other welfare programs
6. Childcare assistance such as Head Start
7. Assistance programs associated with COVID-19 response (please specify):
8. Other types of assistance (please specify):
97. None of these [EXCLUSIVE]
98. Not sure [EXCLUSIVE]
99. Refused [EXCLUSIVE]

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent asked what timeframe this question was referring to.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The respondents asserted that if they did not recognize the program, then they know they did not use the program. They responded yes to several of these programs.</li> </ul>
Suggested Changes	
Please add timeframe to question: in the last 12 months.	

B6. Which types of food assistance programs provided your household with assistance?

1. Supplemental Nutrition Assistance Program (SNAP)
2. Women-Infant-Children Food Program (WIC)
3. School Lunch Program
4. Food pantries/food banks
7. Other food assistance programs [OPTIONAL OPEN-ENDED FIELD]
8. Not sure [EXCLUSIVE]
9. None of these programs [EXCLUSIVE]

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent asked what timeframe this question was referring to.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The respondents asserted that if they did not recognize the program, then they know they did not use the program.</li> </ul>
Suggested Changes	
Please add timeframe to question: in the last 12 months.	

B8. In the last 12 months, did you have any unpaid balances with Ameren Illinois?

- 1. Yes
- 2. No
- 8. Not sure

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent wondered if the question was asking if they ever had an unpaid balance in the last 12 months and then paid it, or if it was asking if they still have an unpaid balance (a current balance).</li> <li>▪ Another person used a third-party assistance program (LIHEAP) to pay their bill and was unsure if that counted as not having an unpaid balance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most respondents (8 of 10) understood the question and found this easy to answer.</li> <li>▪ Another person answered “no” and said that “I’m on budget pay or whatever they call it. So theoretically I do owe Ameren money right now, but it’s part of a plan they offer,” suggesting she understood the intent of the question.</li> </ul>
Suggested Changes	
<p>Consider rephrasing question to say: At any point in the last 12 months, did you have an unpaid balance with Ameren Illinois? Add direction how to handle LIHEAP and budget billing in the question.</p>	

B9. In the last 12 months, was your electric or gas service disconnected at home because the bill was overdue?

- 1. Yes
- 2. No
- 8. Not sure

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ None presented by respondents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respondents found this easy to answer.</li> </ul>
Suggested Changes	
<p>We suggest only asking this of respondents who reported having an unpaid balance in question B8.</p>	

B10. When your power was shut off due to non-payment, *I'd like to know if you experienced any of the following events.*

01. Food in the refrigerator went bad
02. Medications in the refrigerator went bad
03. Lost power to important medical equipment
04. It got uncomfortably hot inside
05. It got uncomfortably cold inside
06. Could not cook or prepare food as you usually do
07. It was too dark to read, do homework, or do housework
00. Something else, please specify [OPEN END]
96. None of these/ no effects [EXCLUSIVE]
98. Not sure [EXCLUSIVE]

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent answered “no” to response option 3. When asked if she had that type of equipment in the house, she said no. Thus, as written, it is difficult to ascertain the meaning of the response “no”</li> </ul>	<ul style="list-style-type: none"> <li>▪ One respondent was able to think back to the event. Respondent said she knew the food in her refrigerator went bad because it was room temperature.</li> <li>▪ All participants felt confident responding to this question.</li> </ul>
Suggested Changes	
<p>Program a “not applicable” option to this question. That way the data on yes/no impacts is only out of the group who had those items (i.e., not everyone has medication in the refrigerator or important medical equipment at home and the yes/no answers should only be out of the people who had those items.)</p>	

B13. Ameren Illinois offers occasional energy bill forgiveness events and programs for customers with overdue energy bills. Are you aware that Ameren Illinois offers bill forgiveness programs?

1. Yes
2. No
8. Not sure

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent reported that she works at Ameren Illinois and asserted that Ameren does not have a bill forgiveness program; she guessed it was an outside agency that might pay someone’s Ameren bill. She thought the confusion came from the term “bill forgiveness” and stated “Ameren doesn't just forgive your bill. I think it's the verbiage.”</li> </ul>	<ul style="list-style-type: none"> <li>▪ All respondents found this easy to answer.</li> <li>▪ One person selected “not sure” because they could not recall if the assistance they were remembering came from Ameren or some other organization following COVID-19.</li> </ul>
Suggested Changes	
<p>Confirm that Ameren does have a bill forgiveness program. Update: Ameren confirmed that they do have bill forgiveness events and programs.</p>	

H1. I'm going to read you a list of issues you may have experienced at home and want to know how often they occurred in the last 12 months. Please answer with one of the following: Never, a few times, some of the time, most of the time, all of the time, don't know or not applicable. In the last 12 months, about how often did you experience any of the following inside your home?

	1. Never	2. A few times	3. Some of the time	4. Most of the time	5. All the time	98. Don't know or not applicable
A. Drafts coming from outside						
B. Visible mold, mildew, fungus, or moisture						
C. Pests such as rodents or insects						
[DO NOT READ IF S3=3 (MULTIFAMILY RESIDENT)] D. Unpleasant odors coming from outside the home						
[DISPLAY IF S3=3 (MULTIFAMILY RESIDENT)] E. Unpleasant odors coming from outside your building or from other units in your building						
F. Noise coming from outside when the windows were closed that made it hard to focus or hard to sleep						
G. Roof leaks and/or window leaks						
H. Basement water backup or flooding						

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ In response to pests, respondents selected “a few times” or “sometimes” but it was in relation to mosquitos, flies, and ladybugs that get in the house when someone opens a door. Only a couple respondents understood that we meant bug infestations like cockroaches or mouse problems. One respondent mentioned “once” when a raccoon got in his house, but that is not an answer option and probably not what this question is asking.</li> <li>▪ Respondents had a hard time remembering all six answer options, but the interviewer could repeat them and if taking on the web, they can see them.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respondents understood the term “drafts.”</li> <li>▪ One respondent said she has moisture on her mirror after a shower but did not think that was what the question was asking and chose “never.”</li> <li>▪ Respondents understood that the noise issue had to be bad enough to make it hard to focus or hard to sleep.</li> <li>▪ In response to roof or window leaks, respondents chose “some of the time” and indicated it happened all the time when it rains but it only rains some of the time.</li> <li>▪ All respondents said they were willing to answer these questions on a survey and the</li> </ul>

<ul style="list-style-type: none"> <li>Some respondents mentioned that an issue happened “once” or “two times” in the past year and selected “a few times.”</li> </ul>	<p>questioning did not make them feel uncomfortable.</p>
Suggested Changes	
<p>Re-phrase the pest prompt to be: “Pests such as mice or insect infestations.” Consider changing scale to be more explicit regarding what is meant by “A few times” or “Some of the time”.</p>	

H2. In general, would you say your health is...?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
8. Not sure

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>One-third of respondents (3 of 9) reported they considered both physical and mental health when assessing their health “in general.”</li> </ul>	<ul style="list-style-type: none"> <li>Respondents found this easy to answer and were willing to answer the question.</li> </ul>
Suggested Changes	
<p>Add the adjective “overall” before health so that respondent think about both physical and mental health.</p>	

H5. What is the employment status of individuals aged 14 and above in your household? *Let's start with you.*  
 Are you...

1. Employed full-time
2. Employed full-time working remotely
3. Employed part-time
4. Employed part-time working remotely
5. In school and not working
6. Retired
7. Not employed, but actively looking
8. Not employed, and not looking
9. Furloughed due to COVID-19
99. Refused

Question Issues	Evidence of Confidence
<p>Four respondents found this question challenging. Their issues were:</p> <ul style="list-style-type: none"> <li>▪ One person worked full time but worked remotely part time.</li> <li>▪ The same person reported their daughter goes to school full time and is working part time.</li> <li>▪ Another person was unsure which category their spouse would fit under as a “remote contract laborer.”</li> <li>▪ The same person said they were furloughed due to COVID-19, but recently was hired a new job and will start next week. They did not know what to answer.</li> <li>▪ Another person asked if they were allowed to choose two response options. They said they are retired but employed full time with their own business. If forced to choose one, they would have chosen employed full time.</li> <li>▪ Another person who was just hired at a new job was training full time in person, but soon would switch to full time remote work. If forced to choose one, they would have chosen employed full time working remotely.</li> </ul>	<ul style="list-style-type: none"> <li>▪ More than half (5 of 9) respondents found a response option that fit their, their spouse's, or their child's employment situation.</li> <li>▪ Respondents understood the term furloughed.</li> </ul>
<b>Suggested Changes</b>	
<p>Add an “other, please specify” response option. Make it multiple response.</p>	

H5a. Have the hours of work been impacted due to COVID-19? [ASK FOR EACH WORKING MEMBER OF THE HOUSEHOLD]

1. Yes, my hours of work have increased
2. Yes, my hours of work have decreased
3. No, there have been no changes.
4. Refused

Question Issues	Evidence of Confidence
<p>Respondents had situations more complicated than the response options allowed.</p> <ul style="list-style-type: none"> <li>▪ One respondent who worked at a school noted that soon after COVID-19 began, her hours of work decreased, but they have since been fully restored.</li> <li>▪ Another performed childcare and the child she cared for was hospitalized due to COVID-19 and she did not work while the child was hospitalized, so her work hours were only affected by this one incident. She said she would answer “no changes” if taking the survey by herself.</li> <li>▪ One person who answered that they had been furloughed due to COVID-19 in the prior answer mentioned that for those people, the hours weren’t decreased, they were eliminated entirely. They added, that if they had not found another job, posing this question to them would irritate them slightly.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most (7 of 9) were able to easily answer the question.</li> <li>▪ Respondents were able to answer this question about their spouse’s hours of work.</li> </ul>
Suggested Changes	
<p>Add skip logic so this question is not asked of people who were furloughed due to COVID-19 in question H5. Add an “other, please specify” option. Change “my” in the response options to “the” because it will be asked of each working individual and not just the respondent.</p>	

H6. Thinking about the last 12 months, how many **days of work** did *each working* individual in your home miss because they or someone else in the household were sick with colds, COVID-19, the flu, sinus infections, or some other respiratory infection like bronchitis or pneumonia? Please do not include days missed due to asthma.

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>The Opinion Dynamics team was concerned that this would be a difficult question for the respondent to answer related to other individuals in the home. However, this was not the case.</li> </ul>	<ul style="list-style-type: none"> <li>Respondents understood the question was asking about days missed only due to respiratory illnesses and were able to separate out work missed due to respiratory illnesses versus other reasons.</li> <li>Six respondents were able to easily answer the question.</li> <li>Three respondents had to think back and add up the days of work missed due to each “sickness event.” All three were able to produce a number and explained they were confident in that number. One respondent demonstrated the confidence of his/her answer by saying, “I don’t miss work unless I absolutely have to, and I was really sick.”</li> <li>Respondents were comfortable and willing to answer the question.</li> <li>Respondents could answer for themselves and their spouse.</li> </ul>
<b>Suggested Changes</b>	
None.	

H8. During the last 12 months, how many **days of school** did *each child* in your household miss because they had colds, COVID-19, the flu, sinus infections, or some other respiratory infection like bronchitis or pneumonia? Please do not include school days missed due to asthma OR days their school was closed due to COVID-19.

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>One respondent guessed “5” and said, “I wouldn’t even know how to find out exactly the answer to that. So I’m just guessing.”</li> </ul>	<ul style="list-style-type: none"> <li>Most respondents were able to confidently arrive at a number.</li> <li>One respondent commented that they were very sure of their answer of “4” because they had to arrange for a babysitter for each missed day.</li> <li>Respondents were comfortable and willing to answer the question.</li> </ul>
<b>Suggested Changes</b>	
None, but recognize some respondents will provide estimates.	

H11. *How many days of paid sick time did each wage earner in your household receive through their employer(s) over the last 12 months?*

Question Issues	Evidence of Confidence
<p>Different employers treat sick time differently and respondents' situations were more complicated than the response options allowed.</p> <ul style="list-style-type: none"> <li>▪ Two respondents answered zero because they do not receive paid sick time.</li> <li>▪ Two respondents provided their estimates, but they were days missed due to surgeries.</li> <li>▪ One person receives paid sick time only to go to the doctor, not to stay home because they were sick.</li> <li>▪ One person was self-employed and reported they receive the same amount of money each month regardless of how many days they take off and did not know how to answer.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respondents understood that the question asked about days of sick time used, not days of sick time available for use.</li> <li>▪ Respondents were willing to answer the question.</li> <li>▪ Respondents were able to estimate for themselves and their spouse.</li> </ul>
Suggested Changes	
<p>Add a response option “do not receive paid sick time” or add a yes/no question prior to this to determine if the person receives paid sick time through their employer. If the respondent answers yes, ask them this question. Also add an “other, please specify” option. Another option is to only ask this question of people who reported an answer greater than zero in H6 and ask how many of those days were paid sick days.</p>	

H12. If the job allowed it, how many additional days would the working individuals have liked to stay home due to their or a family member’s colds, flu, sinus infections, or other respiratory infections including COVID-19? Please do not include days missed due to asthma.

Question Issues	Evidence of Confidence
<p>This question was probably the most difficult for anyone to answer. The counterfactual situation was difficult for some to comprehend and then arrive at an answer.</p> <ul style="list-style-type: none"> <li>▪ The interviewer had to re-read the question for a few respondents.</li> <li>▪ One person asked if this was over the last 12 months.</li> <li>▪ One respondent reported that they and their spouse would both “want to go back to work right away” and even if they were sick, they would not want to miss work.</li> <li>▪ One respondent who works for a school mentioned that they were “sticklers” and made you stay home if you were ill, so she did not know how to answer the question.</li> <li>▪ One respondent mentioned that his wife is self-employed part-time and “takes the brunt” of any kid sicknesses, so they may not count her days at home as missed work.</li> <li>▪ Two respondents provided numbers but had reported in prior answers that neither they nor their kid had gotten sick in the last year, so it seemed impossible for them to want to take more days off work. One of these people did not understand the question even after the interviewer clarified.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most respondents could answer the question (6 of 9).</li> <li>▪ Respondents were willing to answer the question.</li> <li>▪ Respondents were able to estimate for themselves and their spouse.</li> <li>▪ One responded demonstrated their confidence in their ability to answer, saying “I know of three very big workdays where I should have been in bed.”</li> </ul>
Suggested Changes	
<p>Include the timeframe in the question. Consider revisiting the purpose of the question to determine exactly why it is included (days of being sick or days of wanting to miss work). One option is to ask a question prior to this such as “In the last 12 months, would any of the working individuals have liked to miss work for more days due to their or a family member’s respiratory illness but could not?” (Y/N) Then re-phrase H12 to: “How many additional days would the working individuals have liked to miss work due to their or a family member’s respiratory illness. Please do not count days due to asthma.”</p>	

A2. Do you or anyone in your household STILL have asthma symptoms?

1. Yes
2. No
8. Not Sure
9. Refused

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent said he was diagnosed with asthma as a kid, and does currently have asthma symptoms, but no asthma. He had COVID-19 and has had lingering symptoms. He remarked that he had to use an inhaler, although he hadn't done so since he was a kid.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most respondents found this easy to answer.</li> </ul>
Suggested Changes	
<p>Ensure question A2, A3 (which also refers to asthma), and A4 are consistent in whether they are asking about asthma or asthma symptoms.</p>	

A4. How many times did [SHOW IF A3=1: this adult] [SHOW IF A3 =2,3,4,5: each of these adults] seek medical care because of their asthma in the last 12 months?

Type of Care for Asthma	Adult 1	Adult 2 [SHOW IF A3=2,3,4,5]	Adult 3 [SHOW IF A3=3,4,5]	Adult 4 [SHOW IF A3=4,5]
Go to an urgent care clinic or doctor's office?				
Go to the emergency room (ER), but not stay overnight?				
Go to the hospital and stay overnight?				
Use an emergency inhaler?				

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>One respondent said that it was hard to give a single number for the number of times he had to use an emergency inhaler. He said that he has had to use it a couple dozen times since getting COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>One respondent easily recalled going to urgent care one time.</li> </ul>
Suggested Changes	
<p>Consider rephrasing “emergency inhaler” to “rescue inhaler,” which is a more commonly used term for short-acting inhalers. Because respondents are likely to use a rescue inhaler with greater frequency than other forms of medical care asked in this question, consider asking it as a separate question.</p>	

T1. Which of the following best describes the typical indoor temperature in your home during the past summer?

1. Very cold
2. Cold
3. Comfortable
4. Hot
5. Very hot
96. I did not live here during the summer
98. Don't know

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent asked if the question was asking about the typical temperature with or without the air conditioning running. They noted it would be “comfortable” with the AC running but “hot” without it running. If taking the survey by themselves, they would have answered “comfortable.”</li> <li>▪ Three respondents would have preferred another option between comfortable and hot, such as “warm.”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most respondents (7 of 10) easily found an answer to describe their situation.</li> </ul>
Suggested Changes	
<p>Consider adding “warm” and “cool” as options and keeping the skip logic the same. Consider making this question multiple choice and including in the question “if different parts of your home have different typical indoor temperatures, please select all that apply” to ensure consistency with T5 if making that change there. Consider including an additional question asking respondents who responded very cold, cold, or comfortable if they “ever experienced hot or very hot temperatures in your home during the past summer” (Y/N), and updating the survey logic to ask respondents who say yes to the new question if they ever sought medical attention for their symptoms (T2).</p>	

T5. Which of the following best describes the typical indoor temperature in your home during the winter of the past 12 months?

1. Very cold
2. Cold
3. Comfortable
4. Hot
5. Very hot
96. I did not live here during the winter
98. Don't know

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent mentioned that the typical temperature in their home differed between upstairs and downstairs, saying upstairs is warm and downstairs is cool. If taking the survey by themselves, they would have answered “cold.”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most (9 of 10) respondents easily answered the question.</li> </ul>
Suggested Changes	
<p>Consider adding “warm” and “cool” as options and keeping the skip logic the same. Consider making this question multiple choice and including in the question “if different parts of your home have different typical indoor temperatures, please select all that apply.” Consider adding an additional question asking respondents who responded comfortable, hot, or very hot if they “ever experienced cold or very cold temperatures in your home during the past winter” (Y/N), and updating the survey logic to ask respondents who say yes to the new question if they ever sought medical attention for their symptoms (T6).</p>	

D2. Approximately, how old is your home?

1. 1 year or less
2. 2 to 10 years
3. 11 to 20 years
4. 21 to 30 years
5. 31 to 40 years
6. 41 to 50 years
7. 51 to 60 years
8. 61 to 70 years
9. 71 to 80 years
10. 81 to 90 years
11. 91 to 100 years
12. Over 100 years

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ None.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A few respondents had to do mental math to arrive at the number but were either confident or “pretty confident” with the age they came up with.</li> <li>▪ One respondent was unsure when her house was built and would have selected not sure.</li> </ul>
Suggested Changes	
None.	

D4. What type of air conditioning do you have?

1. Central air conditioning
2. A window unit, wall unit, or portable air conditioner
3. A heat pump
0. Other, specify [OPEN END]
98. Not sure

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ None.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respondents were confident in their answers and did not have trouble with the terminology.</li> </ul>
Suggested Changes	
Allow multiple responses, as one respondent had both central AC and a portable air conditioner. The survey in Appendix A does not specify if it is single-response or multiple response.	

D4a. Which of the following describes the current status of your air conditioning? Is it...

1. Functioning properly
2. Functioning but in need of repair
3. Broken down and not functioning
4. Other, specify [OPEN END]
98. Not sure

Question Issues	Evidence of Confidence
<ul style="list-style-type: none"> <li>▪ One respondent answered their home was “very hot” in T1 but responded their air conditioner was functioning properly. When probed, she mentioned that she had the air conditioner replaced through an Ameren program in between last summer and now. We caution the analyst to recognize that someone may have functioning AC at the time of the survey, but still have experienced hot indoor temperatures last summer.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Most respondents confirmed their AC was functioning properly and felt confident they would know if it needed repair. One respondent said his unit was functioning properly but that it needed repair. He said he knows it needs to be repaired because it makes a rattling noise, but that it cools the home and is still functioning.</li> </ul>
Suggested Changes	
<p>Because respondents could have more than one response in D4, add logic to loop through D4a for each AC type in D4, and make “air conditioning” a read-in of the D4 responses. We also note that the survey asks about air conditioning and water heating equipment but does not ask about space heating equipment. Add similar questions for space heating.</p>	

## Appendix A. Original Web Survey Instrument

### Landing Page and Introduction

Opinion Dynamics, on behalf of Ameren Illinois, thank you for taking the time to complete this survey, and we sincerely hope you are well.

This survey gathers feedback about your household's energy use and experiences. Your feedback will help Opinion Dynamics to improve services and programs for customers like you. The responses you provide will be combined with other survey responses and kept confidential.

### Screening

- S1. The service address on your Ameren Illinois account is [ADDRESS]. Do you live at this address?
1. Yes
  2. No [TERMINATE]

**TERMINATE TEXT:** Thank you for your time, but unfortunately you do not qualify for the survey.

- S1a. How long have you lived in this residence?
1. Less than 1 year [THANK AND TERMINATE]
  3. More than 1 year
  8. Not sure [THANK AND TERMINATE]

### Survey Body

- S2. Do you or any members of your household own the residence at [ADDRESS], or do you rent it?
1. Own (including sole ownership, condominium owner, cooperatives)
  2. Rent/Lease
  3. Occupied without payment of rent
  0. Other (specify)
- S3. Which of the following best describes the physical structure of your home/residence?
1. Single-family detached building
  2. Single-family attached home (Such as a duplex or townhouse)
  3. Apartment or other multifamily home which has three or more units
  4. Manufactured home
  0. Other (specify)

- S4. We have questions about your household energy use, household members' health, and if anyone in the household has missed days of school or work due to health issues. Are you the most knowledgeable person in the household to speak to these topics?
1. Yes
  2. No

[ASK IF S4=2]

- S5. Please ask other household members to respond to specific questions if they are more knowledgeable. If they are not available now, you can exit the survey and have them start where you left off, when they are available.

[ASK IF GROUP=PARTICIPANT]

- S6. Our records indicate that your household located at [ADDRESS] participated in the [INITIATIVE] this year and has recently received an energy audit or energy efficient products/upgrades, or both. Is that correct?

[IF NEEDED: [PROGRAM DESCRIPTION]]

1. Yes
  2. No [THANK AND TERMINATE]
  8. Not sure [THANK AND TERMINATE]
- S7. How many people in each of the following age categories lived in your home at **least 6 months of the last 12 months**, including you? For example, please do not include individuals who are away at college for most of the year or in military service.
6. Under 13: [NUMERICAL RESPONSE UP TO 8]
  7. 14 to 17: [NUMERICAL RESPONSE UP TO 8]
  8. 18 to 64: [NUMERICAL RESPONSE UP TO 8]
  9. 65 to 84: [NUMERICAL RESPONSE UP TO 8]
  10. Over 84: [NUMERICAL RESPONSE UP TO 8]
  98. Not sure
  99. Refused

[THANK AND TERMINATE IF S7=98,99]

[GENERATE CHILD = S7\_1 + S7\_2]

[GENERATE POTENTIAL WORKING PERSON = S7\_2 + S7\_3 + S7\_4 + S7\_5]

[GENERATE ADULT = S7\_3 + S7\_4 + S7\_5]

## Additional Nonparticipant Screening Module

[ASK IF GROUP=NONPARTICIPANT]

S8. Have you ever received a free energy efficiency home audit with free energy efficiency upgrades for [ADDRESS], from Ameren Illinois, your local community agency, a heating assistance program, or another group?

This would have included a no-cost audit where a trained technician walked through or inspected your home to determine what types of energy efficient equipment could be installed in your home. The energy technician would have installed or given you some energy-saving items or installed equipment upgrades such as LED bulbs, faucet aerators, thermostats, air conditioners, insulation, or other products. Does this sound like something you have received at your current home?

1. Yes [THANK AND TERMINATE]
2. No
8. Not Sure

THANK AND TERMINATE TEXT: THANK YOU. BASED ON YOUR RESPONSES, WE HAVE ALL THE INFORMATION WE NEED AT THIS TIME. HAVE A GOOD DAY.

S7 RESPONSE	1	2	3	4	5
INCOME_THRESHOLD	\$37,464	\$50,736	\$63,984	\$77,256	\$90,504

S7 RESPONSE	6	7	8
INCOME_THRESHOLD	\$103,776	\$117,024	\$130,296

[ASK IF S7<8]

S9. In 2019, was your household's total income more than [INCOME\_THRESHOLD]?

[PROGRAMMING NOTE: INSERT INCOME\_THRESHOLD BASED ON S6 RESPONSE; SEE TABLE BELOW.]

1. Yes [THANK AND TERMINATE]
2. No
8. Not sure [THANK AND TERMINATE]
9. Refused [THANK AND TERMINATE]

## Energy Bills

First, we have some questions about how you use energy at home. [DISPLAY ON SAME SCREEN AS B1]

[ASK IF S2 = 2]

B1. Do you pay your own electric bill or is it included in your rent?

1. Pay electric bill
2. Included in rent or fees
8. Not sure [THANK AND TERMINATE]

[ASK IF S2 = 2]

B2. Do you pay your own gas bill, or is it included in your rent?

1. Pay gas bill
2. Included in rent or fees
8. Not sure [THANK AND TERMINATE]

[GENERATE MM\_ELEC=1 IF B1=1,=0 IF B1=2]

[GENERATE MM\_GAS=1 IF B2=1,=0 IF B2=2]

The next few questions are about how your household usually decides to pay for energy and other needs. Your responses will remain confidential. [DISPLAY ON SAME SCREEN AS B3]

B3. During the past 12 months, how did your household pay for the basic things you needed, like food, energy bills, housing, or other expenses? Please check all that apply. [MULTIPLE RESPONSE; ROTATE] [PHONE INTERVIEWER: READ ALL RESPONSE OPTIONS]

1. Spending wages, tips, and income from paid work or jobs
2. Cutting back on your spending for things your household wants, but does not need
3. Using savings that you had put aside for other things, like school or retirement
4. Reducing your household's energy usage to lower your bills
5. Leaving bills unpaid past their due date
6. Using a credit card you don't have to pay off right away
7. Borrowing money from family or friends
8. Using cash payments like unemployment, retirement or veterans' benefits, or disability
10. Cutting back on your spending for things your household needs, like food, prescriptions, and medications
11. Receiving help with rent and/or utility bills from my landlord
12. Taking out a payday loan
13. Taking out a loan from a bank or credit union
14. Using assistance from a public program for housing, food, medical care, or other needs?)
15. Using a government stimulus check associated with COVID-19 response?
00. Something else (please specify):
97. None of the above [EXCLUSIVE]
98. Not sure [EXCLUSIVE]
99. Prefer not to say [EXCLUSIVE]

[ASK IF B3\_14=1]

B5. What types of programs provided your household with assistance? Please select all that apply.  
[MULTIPLE RESPONSE; ROTATE]

1. Housing assistance such as Section 8 or other subsidized housing
2. Food assistance programs like Supplemental Nutrition Assistance Program (SNAP), Women-Infant-Children Food Program (WIC), school lunch, or others
3. Medical assistance from Medicaid or Children's Health Insurance (CHIP)
4. Energy assistance such as Family Electric Rate Assistance (FERA), Low-Income Home Energy Assistance Program (LIHEAP), or Percentage of Income Payment Plan (PIPP)
5. Financial assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Aid for Family with Dependent Children (AFDC), or other welfare programs
6. Childcare assistance such as Head Start
7. Assistance programs associated with COVID-19 response (please specify):
8. Other types of assistance (please specify):
97. None of these [EXCLUSIVE]
98. Not sure [EXCLUSIVE]
99. Refused [EXCLUSIVE]

[ASK IF B5=2]

B6. Which types of food assistance programs provided your household with assistance?  
[MULTIPLE RESPONSE, ROTATE]

1. Supplemental Nutrition Assistance Program (SNAP)
2. Women-Infant-Children Food Program (WIC)
3. School Lunch Program
4. Food pantries/food banks
7. Other food assistance programs [OPTIONAL OPEN-ENDED FIELD]
8. Not sure [EXCLUSIVE]
9. None of these programs [EXCLUSIVE]

B7. Thinking specifically about your energy bills and other things you needed to pay for during the past 12 months, how many months out of the year was your household in each of the following situations? Please select one response for each type of bill.

1. Paying the energy bill was a struggle: [NUMERICAL RESPONSE UP TO 12]
2. Paying rent or the mortgage was a struggle: [NUMERICAL RESPONSE UP TO 12]
3. Paying for food was a struggle: [NUMERICAL RESPONSE UP TO 12]
4. Paying medical bills, including health insurance, prescriptions, and other healthcare was a struggle: [NUMERICAL RESPONSE UP TO 12]
98. Not sure
99. Refused

[IF MM\_ELEC=0 OR MM\_GAS=0, (DOES NOT PAY GAS OR ELECTRIC BILL), SKIP TO NEXT SECTION]

B8. In the last 12 months, did you have any unpaid balance with Ameren Illinois?

1. Yes
2. No
8. Not sure

B9. In the last 12 months, was your electric or gas service disconnected at home because the bill was overdue?

1. Yes
2. No
8. Not sure

[ASK IF B9=1]

B10. When your power was shut off due to non-payment, did you experience any of the following events? Please select all that apply. [MULTIPLE RESPONSE; ROTATE]

01. Food in the refrigerator went bad
02. Medications in the refrigerator went bad
03. Lost power to important medical equipment
04. It got uncomfortably hot inside
05. It got uncomfortably cold inside
06. Could not cook or prepare food as you usually do
07. It was too dark to read, do homework, or do housework
00. Something else, please specify [OPEN END]
96. None of these/ no effects [EXCLUSIVE]
98. Not sure [EXCLUSIVE]

B11. Some utilities offer budget payment plans that allow a household to pay the same amount of money on their home energy bill each month. Are you aware that Ameren Illinois offers budget payment plans?

1. Yes
2. No
8. Not sure

[ASK IF B11=1]

B12. In the last 12 months, have you participated in an Ameren Illinois budget payment plan?

1. Yes
2. No
8. Not sure

B13. Ameren Illinois offers occasional energy bill forgiveness events and programs for customers with overdue energy bills. Are you aware that Ameren Illinois offers bill forgiveness programs?

1. Yes
2. No
8. Not sure

[ASK IF B13=1]

B14. In the last 12 months, have you participated in an Ameren Illinois bill forgiveness program?

## Health

Next, we have some questions about your home.

### General Characterization

H1. In the last 12 months, about how often did you experience any of the following inside your home?

A. Drafts coming from outside						
B. Visible mold, mildew, fungus, or moisture						
C. Pests such as rodents or insects						
D. Unpleasant odors coming from outside the home						
[DISPLAY IF S3=3 (MULTIFAMILY RESIDENT)] E. Unpleasant odors coming from outside your building or from other units in your building						
F. Noise coming from outside when the windows were closed that made it hard to focus or hard to sleep						
G. Roof leaks and/or window leaks						
H. Basement water backup or flooding						

[ASK IF S3=3 (MULTIFAMILY RESIDENT)]

H1a. Please rate your level of agreement or disagreement with the following statements. [Strongly Agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree] [ROTATE]

- a. Last year, my building's indoor hallways and common areas were well-lit
- b. Last year, my building's exterior spaces were well-lit
- c. My unit, hallways in the building, common areas, or the exterior currently need repairs

Now we have some questions about your health and the health of people who live in your home.  
Please answer the next set of questions in regard to your health.

H2. In general, would you say your health is...?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
8. Not sure

H3. In the last 12 months, how often, if ever, did poor health keep you from doing your usual activities, such as self-care, work, or recreation?

1. Never
2. Rarely
3. Sometimes
4. Many times
5. Most or all of the time
8. Not sure

H4. Now thinking about mental health, which includes stress, anxiety, and depression, how often was your mental health NOT GOOD **prior to** COVID-19?

1. Never
2. Rarely
3. Sometimes
4. Many times
5. Most or all of the time
8. Not sure

H4A. Now thinking about your mental health, which includes stress, anxiety, and depression, how often was your mental health NOT GOOD **during** COVID-19?

1. Never
2. Rarely
3. Sometimes
4. Many times
5. Most or all of the time
8. Not sure

H5. What best describes the employment status of individuals 14 and above in your household?  
Please select one answer that best describes your status. [ASK FOR EACH POTENTIAL WORKING PERSON]

5. Employed full-time
6. Employed full-time working remotely
7. Employed part-time
8. Employed part-time working remotely
5. In school and not working
6. Retired
7. Not employed, but actively looking
8. Not employed, and not looking
9. Furloughed due to COVID-19
  
99. Refused

[GENERATE WORKING = H5\_1 + H5\_2 + H5\_3 + H4 + H5\_9]

H5a. Have the hours of work been impacted due to COVID-19? [ASK FOR EACH WORKING]

5. Yes, my hours of work have increased
6. Yes, my hours of work have decreased
7. No, there have been no changes.
8. Refused

H6. Thinking about the last 12 months, how many **days of work** did individuals in your home miss because they or someone else in the household were sick with colds, COVID-19, the flu, sinus infections, or some other respiratory infection like bronchitis or pneumonia? Please do not include days missed due to asthma. [NUMBER OF RESPONSE OPTIONS=WORKING]

a. Working #1: [OPEN END DAYS, 0-365, 998=Not sure]

998. Don't Know

[ASK IF CHILD>0]

H8. During the last 12 months, how many **days of school** did children in your household miss from school because they had colds, COVID-19, the flu, sinus infections, or some other respiratory infection like bronchitis or pneumonia? Please do not include school days missed due to asthma OR days their school was closed due to COVID-19. [NUMBER OF RESPONSE OPTIONS=CHILD]

a. Child #1: [OPEN END DAYS, 0-365, 998=Not sure]

H11. Did any wage earner in your household receive paid sick time through their employer(s) over the last 12 months? [ASK FOR EACH WORKING]

1. Yes

- 2. No
- 8. Not sure

H12. If the job allowed it, how many additional days would individuals have liked to stay home due to their or a family member's colds, flu, sinus infections, or other respiratory infections including COVID-19? Please do not include days missed due to asthma. [NUMBER OF RESPONSE OPTIONS=WORKING]

- a. Working #1:

**Asthma**

A1. Has a physician or doctor ever told you or someone in your household that they have asthma? [1=Yes, 2=No, 98= Not Sure, 99= Prefer not to say]

[ASK IF A1=1, ELSE SKIP TO NEXT SECTION]

A2. Do you or anyone in your household STILL have asthma symptoms?

- 1. Yes
- 2. No
- 8. Not Sure
- 9. Refused

[IF A2=2,8,9 SKIP TO NEXT SECTION]

A3. Including yourself, how many adults 18 years or older still have asthma symptoms?

- 1. One adult
- 2. Two adults
- 3. Three adults
- 4. Four adults
- 5. More than four adults, specify: [NUMERIC OPEN END]
- 97. None
- 98. Not sure

[ASK IF A3=1,2,3,4,5]

A4. Thinking only about the last 12 months, how many times did [SHOW IF A3=1: this adult] [SHOW IF A3 =2,3,4,5: any of these adults] seek medical care because of their asthma?

[SHOW IF A3=5: Please select four people from the total number of people who sought medical attention for their symptoms.]

How many times did they... [NUMERIC OPEN END, 0-100, 998=Not Sure]

Type of Care for Asthma	Adult 1	Adult 2 [SHOW IF A3=2,3,4,5]	Adult 3 [SHOW IF A3=3,4,5]	Adult 4 [SHOW IF A3=4,5]

Go to an urgent care clinic or doctor's office?				
Go to the emergency room (ER), but not stay overnight?				
Go to the hospital and stay overnight?				
Use an emergency inhaler?				

[ASK IF S7\_1>0 or S7\_2>0 (CHILDREN IN THE HOME)]

- A5. How many children younger than 18 still have asthma symptoms?
1. One child
  2. Two children
  3. Three children
  4. Four children
  5. More than four children, specify: [NUMERIC OPEN END]
  97. None
  98. Not sure

[ASK IF A5=1,2,3,4,5]

- A6. Thinking only about the last 12 months, how many times did [SHOW IF A5=1: this child] [SHOW IF A5=2,3,4,5: any of these children] seek medical care because of their asthma?

[SHOW IF A5=5: Please select four people from the total number of people who sought medical attention for their symptoms.]

How many times did they [NUMERIC OPEN END, 0-100, 998=Not Sure]

Type of Care	Child 1	Child 2 [SHOW IF A5=2,3,4,5]	Child 3 [SHOW IF A5=3,4,5]	Child 4 [SHOW IF A5=4,5]
Go to an urgent care clinic or doctor's office?				
Go to the emergency room (ER), but not stay overnight?				
Go to the hospital and stay overnight?				
Use an emergency inhaler?				

### Thermal Heat Stress

- T1. Which of the following best describes the typical indoor temperature in your home during the past summer?
1. Very cold
  2. Cold
  3. Comfortable
  4. Hot
  5. Very hot
  96. I did not live here during the summer
  98. Don't know

[IF T1=4,5]

- T2. Thinking about the times that you experienced **hot or very hot** indoor temperatures at home during the past summer, did you or anyone in your household ever feel so badly that they sought medical attention for their symptoms?

These symptoms are different from having a fever BUT are more serious and could include a severe rash, cramps, swelling in the legs or hands, fainting, panting or fast breathing, or heatstroke.

1. Yes
2. No
8. Not sure
9. Refused

[IF T2=1]

- T3. How many people in your home sought medical attention for these symptoms?
1. One person

- 2. Two people
- 3. Three people
- 4. Four people
- 5. More than four people, specify:
- 97. None
- 98. Not sure

[ASK IF T3= 1,2,3,4,5]

T4. To get health care because it was so hot at home, how many times did [SHOW IF T3=1: this person] [SHOW IF T3=2,3,4,5: each of these people]...

[SHOW IF T3=5: Please select four people from the total number of people who sought medical attention for their symptoms.]

Type of Care	Person 1	Person 2 [SHOW IF T3=2,3,4,5]	Person 3 [SHOW IF T3=3,4,5]	Person 4 [SHOW IF T3=4,5]
Go to an urgent care clinic or doctor's office?				
Go to an emergency room (ER) and did not stay overnight?				
Go to the hospital and stay overnight?				

### Thermal Cold Stress

T5. Which of the following best describes the typical indoor temperature in your home during the winter of the past 12 months?

- 1. Very cold
- 2. Cold
- 3. Comfortable
- 4. Hot
- 5. Very hot
- 96. I did not live here during the winter
- 98. Don't know

[IF T5=1,2]

T6. Thinking about the times that you experienced **cold** or **very cold** indoor temperatures in your home during the past winter, did you or anyone in your household ever feel so badly that they sought medical attention for their symptoms?

These symptoms are different from having a cold or a flu, BUT are more serious and could include not being able to think clearly, not being able to easily speak, breathe or move, not being able to feel your hands or feet, or fainting.

- 1. Yes
- 2. No
- 8. Not sure
- 9. Refused

[ASK IF T6=1]

T7. How many people in your home sought medical attention for these symptoms?

- 1. One person
- 2. Two people
- 3. Three people
- 4. Four people
- 5. More than four people, specify:
- 97. None
- 98. Not sure

[ASK IF T7=1,2,3,4,5]

T8. To get health care because it was so cold at home, how many times did [SHOW IF T7=1: this person] [SHOW IF T7=2,3,4,5: each of these people]...

[SHOW IF T7=5: Please select four people from the total number of people who sought medical attention for their symptoms.]

Type of Care	Person 1	Person 2 [SHOW IF T7=2,3,4,5]	Person 3 [SHOW IF T7=3,4,5]	Person 4 [SHOW IF T7=4,5]
Go to an urgent care clinic or doctor's office?				
Go to an emergency room (ER) and did not stay overnight?				
Go to the hospital and stay overnight?				

## Demographics

You're almost finished! We have some important final questions about you and your home. Just as a reminder, your information from this survey is confidential.

D2. Approximately, how old is your home?

13. 1 year or less
14. 2 to 10 years
15. 11 to 20 years
16. 21 to 30 years
17. 31 to 40 years
18. 41 to 50 years
19. 51 to 60 years
20. 61 to 70 years
21. 71 to 80 years
22. 81 to 90 years
23. 91 to 100 years
24. Over 100 years

D3. Does your home have any air conditioning?

1. Yes
2. No
98. Not sure

[ASK IF D3=1]

D4. What type of air conditioning do you have?

1. Central air conditioning
2. A window unit, wall unit, or portable air conditioner
3. A heat pump
0. Other, specify [OPEN END]
98. Not sure

D4a. Which of the following describes the current status of your air conditioning?

1. Functioning properly
2. In need of repair
3. Broken down
4. Other, specify [OPEN END]
98. Not sure

[SKIP IF RESPONDENT = MASTER METERED]

D5. Do you have an electric or a gas water heater?

1. Electric
2. Gas
3. Both
00. Other, specify [OPEN END]
98. Not sure

D5a. Which of the following describes the current status of your electric or gas water heater?

1. Functioning properly
2. In need of repair
3. Broken down
4. Other, specify [OPEN END]
98. Not sure

D7. What languages are spoken in your home? Select all that apply.

1. English
2. Spanish
3. Mandarin or Cantonese
4. Tagalog or Filipino
5. Korean
6. Vietnamese
7. Russian
8. Arabic
9. Farsi
10. Hindi
00. Other (please specify) [OPEN END]

D8. What is your race/ethnicity?

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Hispanic or Latino
5. Native Hawaiian or Other Pacific Islander
6. White, not Hispanic or Latino
7. Two or more races, not Hispanic or Latino
99. Refused

D9. What age group are you in?

- 01. Under 25 years
- 02. 25-34 years
- 03. 35-44 years
- 04. 45-54 years
- 05. 55-64 years
- 06. 65 years and older
- 99 Refused

## Closing

C1. Opinion Dynamics, on behalf of Ameren Illinois, thanks you for your participation. As a token of Opinion Dynamics's appreciation, would you like to receive a \$25 Tango gift card that can be used at a variety of stores and restaurants like Amazon.com, Walmart, CVS, and Outback Steakhouse.

- 1. Yes – electronic via email
- 2. Yes – mailed to me
- 4. No – I do not want a gift card

C2. Opinion Dynamics is also interested in learning about how customers' experiences may change over time and we invite you to participate in another survey like this one, about one year from now. Customers who have lived in the same home for at least 10 months after participating in the Ameren Illinois Energy Efficiency Program and who complete the second survey will be eligible to receive another \$25 gift card. What is the best way to reach you about one year from now?

- 01. Email:
- 02. Mailing Address (PROGRAMMER, INCLUDE SPACE FOR NAME, STREET, CITY, STATE, AND ZIP)
- 03. Phone:

[ASK IF C1=1 AND IF EMAIL NOT PROVIDED IN C2]

C3. Please enter the email address where you would like to receive the electronic gift card:

- 0. Email Address:

C4. We have recorded your email address. Please allow 3 to 4 weeks for the processing of your gift card.

[ASK IF C1=2]

C5. Please enter the mailing address where you would like to receive the gift card:

0. Mailing Address:

C6. We have recorded your mailing address. Please allow 3 to 4 weeks for the processing of your gift card.

Those are all the questions we have for you. Thank you very much for taking the time to provide your feedback and we hope you stay well during the pandemic.

Please click "Next" to submit your responses.

[REDIRECT TO AMEREN ILLINOIS WEBSITE]