



CHICAGO BOTANIC GARDEN

Name: _____ Date: _____ Room: _____

Assessing My Carbon Footprint

Living Space

1. How many people live in your home? _____

2. What kind of space do you live in? (check one)

- Free-standing house with running water
- Free-standing house without running water
- Duplex (2-4 units)
- Apartment building
- Luxury condo
- Green design residence (LEED certified)

3. What is your zip code? 02130

4. What is the size of your home? (check one)

- 550 sq.ft. or less
- 550-1050 sq.ft.
- 1050-1600 sq.ft.
- 1600-2200 sq.ft.
- 2200-2700 sq.ft.
- 2700 sq.ft. or more

5. Do you have electricity in your home? (circle one) Yes No

Energy

6. What is your household's primary heating source? (check one)

- Natural Gas
- Oil
- Electric Heat
- Propane
- Wood
- I do not heat my house

7. Does your household currently purchase green power? (circle one) Yes No

8. How much natural gas does your household use per month?

(Use your monthly consumption in thousands of cubic feet, for a more accurate estimate)

\$ 75 dollars

_____ thousands of cubic feet

_____ therms

= 10,077 169



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9. How much electricity does your household use per month? (Use average kilowatt-hours, for a more accurate estimate.)

145 dollars
 kilowatt-hours

= 10,657 lbs

10. How much fuel oil does your household use per month?
(Divide annual fuel oil consumption (gallons or dollars) by 12 to obtain a monthly average.)

0 dollars
 gallons

11. How much propane does your household use per month?
(If you enter your monthly propane use in gallons, you'll get a more accurate estimate.)

0 dollars
 gallons

Travel

12. How many vehicles does your household have? (circle one) 1 2 3 4 5 None

13. For each vehicle answer fill in the information to complete the table below:

- On average, how many miles do you put on each vehicle per week?
- What is the average gas mileage (miles per gallon)?

	Miles/Week	Mileage
Vehicle 1	115	25 ^P
Vehicle 2		
Vehicle 3		
Vehicle 4		
Vehicle 5		

14. How far does your family travel by bus each week? (check one)

- 0 miles
- 1-5 miles
- 5-25 miles
- 25-50 miles
- 50 or more miles

15. How far does your family travel by train each week? (check one)

- 0 miles
- 1-5 miles
- 5-25 miles
- 25-50 miles
- 50 or more miles





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16. How often do you carpool? (circle one)

- Never
- Occasionally
- Often
- Very Often
- Almost Always

17. How many hours does your family fly each year? (check one)

- We never fly
- 0-4 hours
- 4-10 hours
- 10-25 hours
- 25-100 hours
- More than 100 hours

36 Chile
 27 SLU x 2
 22 Swabland
 20 Brazil
 2 Canada
 20 Ireland

16 Germany
 18 Italy
 156

Food

18. How often do you eat the following foods? (circle one for each type of food)

Beef/Lamb:	<input checked="" type="radio"/> Never	<input type="radio"/> 1 x/month	<input type="radio"/> 1-3 x/week	<input type="radio"/> almost every day	<input type="radio"/> every meal
Pork:	<input type="radio"/> Never	<input checked="" type="radio"/> 1 x/month	<input type="radio"/> 1-3 x/week	<input type="radio"/> almost every day	<input type="radio"/> every meal
Poultry:	<input type="radio"/> Never	<input type="radio"/> 1 x/month	<input checked="" type="radio"/> 1-3 x/week	<input type="radio"/> almost every day	<input type="radio"/> every meal
Fish/Seafood:	<input type="radio"/> Never	<input type="radio"/> 1 x/month	<input checked="" type="radio"/> 1-3 x/week	<input type="radio"/> almost every day	<input type="radio"/> every meal
Eggs/Dairy:	<input type="radio"/> Never	<input checked="" type="radio"/> 1 x/month	<input type="radio"/> 1-3 x/week	<input type="radio"/> almost every day	<input type="radio"/> every meal

19. How much of your diet is based on fresh, unpackaged, foods? (circle one)

- None
- Some
- Half
- Most
- All

20. How much of the food you eat is locally grown or produced (less than 200 miles away)? (circle one)

- None
- Some
- Half
- Most
- All

Waste

21. How much stuff do you buy each month (clothing, sports equipment, shoes, etc.) (check one)

- Little (a few pairs of socks)
- Pants & a shirt
- Pants, a few shirts, shoes
- All the latest fashions

Hm, missing dresses ~~many~~

22. How much furniture does your family buy each year?

- We haven't redecorated in years
- A new lamp or end table
- Couch, new bedroom set, we update regularly
- We redecorate every year



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23. How many appliances does your family buy each year? (check one)
- Almost never, and then only small appliances, like a blender or coffee maker
 - Infrequently, only when things are broken
 - Occasionally, we replace old stuff with newer models
 - Often, we always have the most up to date model
24. How often do you buy electronics (stereo, TV, computer etc.)? (check one)
- Almost never, we have a cellphone, but that's it
 - Infrequently, only when the TV or computer is broken
 - Occasionally, we replace old stuff with newer models
 - Often, we always have the newest technology
25. How often do you buy new books, magazines and newspapers? (check one)
- Almost never (1-2 books/year)
 - Infrequently (we buy used, borrow what we read, or read online)
 - Occasionally (we subscribe to a newspaper and a magazine)
 - Often (daily delivery of papers, subscribe to magazines, and buy books every week)
26. How much paper waste do you recycle? (check one)
- Almost none
 - Only newspapers and office paper
 - Most (newspapers, cardboard magazines)
 - All, and we buy recycled products when possible
27. How much plastic waste do you recycle? (check one)
- Almost none
 - Only plastic beverage containers
 - Most (all plastic packaging)
 - All, and we buy recycled products when possible
28. Which of the following products do you currently recycle in your household?
- | | | |
|----------------------------|---|-----------------------------|
| • Aluminum and steel cans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Plastic? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Glass? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Newspaper? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Magazines? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |