

Ecological Footprint Questionnaire

The way we eat, travel, use energy and water, and dispose of our waste affects the quality of our environment. The results of this questionnaire will show us, as a community, how we can care for our environment better and reduce our impact on nature.

On separate sheets, please fill out the food diary on the same two days that you fill out your time use survey.

Your answers represent 30 other Kings County residents. So please take the time to answer carefully all questions that apply to you.

Important Note: This is the only section of the GPI survey that we are asking you to answer for your whole household. Please ask the help of other household members in answering any questions about which you are uncertain.

Remember that all your answers are strictly confidential and are not linked with your name in any way. If you need help with any question, please call 679-2584 or stop by our office at the Nova Scotia Community College, Kentville Campus, Room C144.

Thank you very much for the generous and valuable contribution of your time and energy.

Note: Ignore the small numbers next to the check boxes. They are just for data entry purposes.

Household Transportation

1. Please indicate what type of vehicle(s) your household has, the total number of kilometers each vehicle is driven per year, and the fuel type of the vehicle.
(If there is more than one vehicle per category, please fill out the kilometres per year for each vehicle. If your household doesn't have a vehicle, go to question 2.)

Vehicle Type	Vehicle 1	Vehicle 2	Vehicle 3	Kilometres / year	Fuel Type (gas/diesel)
a) Sub-Compact	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}		
b) Compact	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}		
c) Mid Size	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}		
d) Full Size	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}		
e) Minivan	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}		
f) Sport Utility Vehicle	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}		
g) Light Truck	<input type="radio"/> ^{1g}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{3g}		
h) Other (specify) _____	<input type="radio"/> ^{1h}	<input type="radio"/> ^{2h}	<input type="radio"/> ^{3h}		

2. What form of transportation do the members of your household usually take from your Kings County home to their place of employment / school? *(If no one in your household commutes to work or school, go to question 5)*

Vehicle Type	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
a) Car / van / truck (1)	<input type="radio"/> ^{1a}	<input type="radio"/> ^{2a}	<input type="radio"/> ^{3a}	<input type="radio"/> ^{4a}	<input type="radio"/> ^{5a}	<input type="radio"/> ^{6a}
b) Car / van / truck (2)	<input type="radio"/> ^{1b}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{6b}
c) School bus	<input type="radio"/> ^{1c}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{6c}
d) Public Transit	<input type="radio"/> ^{1d}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{6d}
e) Taxi	<input type="radio"/> ^{1e}	<input type="radio"/> ^{2e}	<input type="radio"/> ^{3e}	<input type="radio"/> ^{4e}	<input type="radio"/> ^{5e}	<input type="radio"/> ^{6e}
f) Motorcycle	<input type="radio"/> ^{1f}	<input type="radio"/> ^{2f}	<input type="radio"/> ^{3f}	<input type="radio"/> ^{4f}	<input type="radio"/> ^{5f}	<input type="radio"/> ^{6f}
g) Bicycle	<input type="radio"/> ^{1g}	<input type="radio"/> ^{2g}	<input type="radio"/> ^{3g}	<input type="radio"/> ^{4g}	<input type="radio"/> ^{5g}	<input type="radio"/> ^{6g}
h) Walk	<input type="radio"/> ^{1h}	<input type="radio"/> ^{2h}	<input type="radio"/> ^{3h}	<input type="radio"/> ^{4h}	<input type="radio"/> ^{5h}	<input type="radio"/> ^{6h}
i) Other (specify) _____	<input type="radio"/> ¹ⁱ	<input type="radio"/> ²ⁱ	<input type="radio"/> ³ⁱ	<input type="radio"/> ⁴ⁱ	<input type="radio"/> ⁵ⁱ	<input type="radio"/> ⁶ⁱ

3. If a personal vehicle is used to commute to work or school from your Kings County home, how many riders, including the driver, are there in each car?

Number of people per vehicle:	1	2	3	4	5
Member 1 commute	<input type="radio"/> 1a	<input type="radio"/> 2a	<input type="radio"/> 3a	<input type="radio"/> 4a	<input type="radio"/> 5a
Member 2 commute	<input type="radio"/> 1b	<input type="radio"/> 2b	<input type="radio"/> 3b	<input type="radio"/> 4b	<input type="radio"/> 5b
Member 3 commute	<input type="radio"/> 1c	<input type="radio"/> 2c	<input type="radio"/> 3c	<input type="radio"/> 4c	<input type="radio"/> 5c
Member 4 commute	<input type="radio"/> 1d	<input type="radio"/> 2d	<input type="radio"/> 3d	<input type="radio"/> 4d	<input type="radio"/> 5d
Member 5 commute	<input type="radio"/> 1e	<input type="radio"/> 2e	<input type="radio"/> 3e	<input type="radio"/> 4e	<input type="radio"/> 5e
Member 6 commute	<input type="radio"/> 1f	<input type="radio"/> 2f	<input type="radio"/> 3f	<input type="radio"/> 4f	<input type="radio"/> 5f

4. How far does each household member travel to get from home to their workplace or school? (List kilometres). (If using miles, cross out "km" and write "miles".)

Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
km	km	km	km	km	km

5. Please estimate the total number of hours usually spent per week using each mode of transportation for each family member. (List hours).

Vehicle Type	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
a) Car / van / truck (1)						
b) Car / van / truck (2)						
c) School bus						
d) Public Transit						
e) Taxi						
f) Motorcycle						
g) Bicycle						
h) Walk						
i) Other (specify)						

6. Please estimate the total number of hours spent per year traveling by aircraft for each family member. (List hours).

Member 1	Member 2	Member 3	Member 4	Member 5	Member 6

Housing and Energy Use by Household

7. Please indicate your dwelling type.

- ¹ Detached (single family dwelling)
² Duplex
³ Row Housing (3 or more units attached side by side)
⁴ Apartment
⁵ Other (*please specify*) _____

8. Please indicate the number of floors in your dwelling. (Include basement only if finished).

- ¹ 1
² 1.5 (split level)
³ 2
⁴ 3
⁵ 4 or more

9. What is the square footage of your dwelling? (Include basement only if finished).

_____ square feet **OR** _____ square metres

10. What is the square footage of your lot? _____ square feet

OR _____ square metres

11. Do you own a vacation property?

- ¹ Yes
² No → Go to question 13

12. If yes, please indicate where your vacation property is located.

- ¹ Cape Breton
² Nova Scotia
³ Elsewhere in Canada
⁴ United States
⁵ Elsewhere in the world

13. If you apply compost, or chemical fertilizers, pesticides or herbicides to your garden yourself, how many bags, pounds, kilograms, or litres do you use for the whole year. If professionally applied, please state how many applications were done in the past year.

	Self Administered <i>(Specify bags, lb., kg., or litres used per year)</i>			Professionally Applied <i>(number of applications per year)</i>	
	Compost	Chemical Fertilizer	Chemical Pesticide/Herbicide	Chemical Fertilizer	Chemical Pesticide/Herbicide
Lawn					
Garden					

14. What percentage of your household cleaners are ecologically friendly? *(contain only natural ingredients that bio-degrade).*

0	1 – 10%	11 – 24%	25 – 49%	50 – 74%	75+%
<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵	<input type="radio"/> ⁶

15. Please give brand names of your usual household cleaners: _____

16. Please estimate how much energy your household consumes annually. (If you have your utility bills handy, please check them; otherwise please give us an estimate.)

Energy Source	Quantity Consumed	Approximate Cost (\$)	Did you consult bills?
Electricity	KWH		Yes <input type="radio"/> ^{1a} No <input type="radio"/> ^{2a}
Oil	Litres		Yes <input type="radio"/> ^{1b} No <input type="radio"/> ^{2b}
Propane	Pounds / Litres		Yes <input type="radio"/> ^{1c} No <input type="radio"/> ^{2c}
Wood (cord)	Cords		Yes <input type="radio"/> ^{1d} No <input type="radio"/> ^{2d}
Wood (pellet)	Kilos		Yes <input type="radio"/> ^{1e} No <input type="radio"/> ^{2e}
Coal	Tonnes		Yes <input type="radio"/> ^{1f} No <input type="radio"/> ^{2f}
Other (specify) _____			Yes <input type="radio"/> ^{1g} No <input type="radio"/> ^{2g}

17. Please indicate the average temperature of your dwelling during the winter heating season. Please indicate whether it is degrees Celsius or Farenheit.

Daytime: _____ °C/F Evening: _____ °C/F Night: _____ °C/F

Water Use by Household

18. If you are metered, what is your annual water consumption? _____

19. If you have a dishwasher, how many loads does your household run per week? _____

20. How many loads of laundry does your household do per week? _____

21. Approximately how many times do you flush your toilet per day? _____

22. How many baths does your household take per week? _____

23. How many showers does your household take per week? _____

24. Does your shower have a water-efficient head? ¹ Yes ² No

25. How many times do you wash your car per month? (either at home or at a car wash) _____

26. How many times do you water your lawn/garden between June 1 and Sept. 30? _____

27. On average, how long do you water your lawn/garden each time? _____

28. How would you rate the quality of your drinking water?

- ¹ Excellent
- ² Good
- ³ Fair
- ⁴ Not very good
- ⁵ Poor

Household Waste

29. Does your household compost or recycle any of its household or yard waste?

- ¹ Yes
² No → Go to question 31

30. Please indicate what types of waste you compost or recycle, and how much of the time you do so. (Example: If you recycle your soda pop cans half the time, and you throw them in the trash the rest of the time, you would check the 50% circle in the "aluminum cans" row).

Items	Never	25 % of the time	50 % of the time	75 % of the time	all of the time
Food waste	<input type="radio"/> ^{1a}	<input type="radio"/> ^{1b}	<input type="radio"/> ^{1c}	<input type="radio"/> ^{1d}	<input type="radio"/> ^{1e}
Yard waste	<input type="radio"/> ^{2a}	<input type="radio"/> ^{2b}	<input type="radio"/> ^{2c}	<input type="radio"/> ^{2d}	<input type="radio"/> ^{2e}
Newspaper/ other paper products	<input type="radio"/> ^{3a}	<input type="radio"/> ^{3b}	<input type="radio"/> ^{3c}	<input type="radio"/> ^{3d}	<input type="radio"/> ^{3e}
Plastic	<input type="radio"/> ^{4a}	<input type="radio"/> ^{4b}	<input type="radio"/> ^{4c}	<input type="radio"/> ^{4d}	<input type="radio"/> ^{4e}
Aluminum cans	<input type="radio"/> ^{5a}	<input type="radio"/> ^{5b}	<input type="radio"/> ^{5c}	<input type="radio"/> ^{5d}	<input type="radio"/> ^{5e}
Steel cans	<input type="radio"/> ^{6a}	<input type="radio"/> ^{6b}	<input type="radio"/> ^{6c}	<input type="radio"/> ^{6d}	<input type="radio"/> ^{6e}
Glass	<input type="radio"/> ^{7a}	<input type="radio"/> ^{7b}	<input type="radio"/> ^{7c}	<input type="radio"/> ^{7d}	<input type="radio"/> ^{7e}

31. When you dispose of your household's garbage, how many garbage bags per week are there? (Please give weekly average).

Grocery bag size? _____

Large garbage bag size? _____