Crofts
HEATING • AIR CONDITIONING

IN HOME COMFORT ASSESSMENT

Our goal is to help you and your family enjoy year-round comfort, better air quality, and peace of mind.

scan to learn more about our services

Date: _____ **Phone:** _____

Homeowner Name: _____ **Email:** _____

Address: _____ **Technician Name:** _____

To better understand your needs, please take a few minutes to let us know about your home and any comfort concerns you may be experiencing. This will help us provide the best solutions for your home.

1. COMFORT IN YOUR HOME

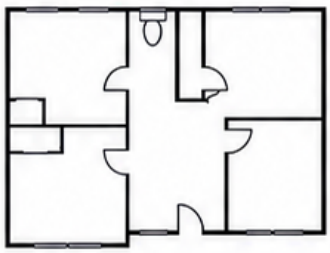
How would you rate your overall comfort in your home?

- ☐ Very Comfortable
- ☐ Somewhat Comfortable
- ☐ Not Very Comfortable
- ☐ Very Uncomfortable

Do you have any rooms or areas that are...

(Check all that apply)

- ☐ Too Hot
- ☐ Too Cold
- ☐ Humid
- ☐ Too Dry
- ☐ Drafty
- ☐ Uneven Temperatures
- ☐ Other: _____



Please mark any trouble areas on the layout above.

Please describe any comfort issues you experience:

_____

_____

_____

2. INDOOR AIR QUALITY

Do you experience any of the following?

(Check all that apply)

- ☐ Dust in the home
- ☐ Allergies or allergy symptoms
- ☐ Stuffy or musty odors
- ☐ Excess humidity
- ☐ Dry indoor air
- ☐ Pets in the home
- ☐ Smoke or odors from cooking/fireplaces
- ☐ Other: _____

How would you rate your indoor air quality?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Is anyone in the home sensitive to air quality?

☐ Yes ☐ No

If yes, please describe: _____

_____

3. CURRENT SYSTEMS

Please provide information about your current heating and cooling systems.

Heating System Type: _____

Age of System (approx.): _____

Cooling System Type: _____

Age of System (approx.): _____

Air Filter Type: _____

How often is it changed? _____

Have you had any issues with your system? ☐ Yes ☐ No

If yes, please describe: _____

_____

4. YOUR GOALS & PRIORITIES

What are your top priorities for improving your home?

(Check all that apply)

- ☐ Improve comfort
- ☐ Improve indoor air quality
- ☐ Lower energy bills
- ☐ More consistent temperatures
- ☐ System reliability / fewer repairs
- ☐ Other: _____

Thank you for taking the time to complete this assessment. We will use this information to evaluate your home and recommend solutions tailored to your needs.

FOR TECHNICIAN USE ONLY

Indoor Temp: _____

Outdoor Temp: _____

Humidity Level: _____

System Performance Notes:

_____

_____

_____

Recommendations:

_____

_____

_____