ISCFC Footprint Calculator preparatory worksheet

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In an upcoming class you will use an online tool to calculate your personal carbon footprint. In order to perform the most accurate calculation, you will need to know or approximate several pieces of information related to your energy use at home and other behaviors. Talk to your family and look around your home to gather the information listed, and then **fill in the chart below**. Tools like *Google Earth* and *mapquest.com* may help you with some of the transportation distances.

Bring the <u>completed</u> worksheet to class so you can use it to more easily calculate your footprint!

| I. Transportation |
|---|
| A. Distance traveled going out with friends per week (km or miles) |
| B. Distance traveled for shopping, sports, extracurricular activities per week |
| C. Distance between your home and school <i>(km or miles)</i> |
| D. If a personal vehicle is used for A, B, and/or C, what is the fuel efficiency of that vehicle (<i>in liters/100km or in miles/gallon</i>) |
| E. Flight information for the last year |
| i. # of flights taken in the last year <i>please note:</i> * a round-trip is counted as TWO flights * you'll be asked below how many stops there were on each flight |
| a) Flight #1 |
| number of stops on the way to your destination (non-stop = 0). |
| Approximate total distance traveled (<i>km</i> or miles) or time (<i>hours</i>) note: if you had one or more stops on route, add up the <u>total flying</u> <u>distance</u> or <u>flying time</u> for each portion of the journey combined. (do not include time spent in an airport between flight portions) |
| b) Flight # 2 |
| number of stops on the way to your destination (non-stop = 0). |
| Approximate total distance traveled or time in flight. |
| c) Flight #3 |
| number of stops on the way to your destination (non-stop $= 0$). |
| Approximate total distance traveled or time in flight. |
| d) Flight #4 |
| number of stops on the way to your destination (non-stop = 0). |
| Approximate total distance traveled or time in flight. |
| (more room at the end is provided if you took more than 4 trips last year) |
| B. Total distance traveled for vacations last year (i.e., <u>non-airplane</u> modes of transportation) |

| A. Number of months per year the heat is used in your home | |
|--|---|
| B. Fuel used to heat your home (e.g., gas, electricity, wood) | |
| C. Average temperature (in °C or °F) you keep your home at in winter | |
| D. Number of months per year the air conditioning is used in your home | |
| E. Average temperature (°C or °F) you keep your home at in summer | |
| F. Number of incandescent and fluorescent light bulbs in your home and the approximate number of hours used per day. | (see chart at the bottom to calculate these values) |
| G. Type of water heating system in your home (e.g., gas, electric, solar, etc.) | |
| H. How many minutes is your average shower time? | |
| I. Approximate volume of trash generated in your home per week | |
| III. Food | |
| A. Approximate caloric intake <u>per day</u> | |
| B. Amount of each of the following that you eat per week: | |
| i. Eggs (number /week) | |
| ii. Dairy | |
| a) liters (or gallons) of milk/week | |
| b) ounces (or grams) of cheese/week | |
| iii. Vegetarian meals (number of meals/week) | |
| iv. Fish or chicken (number of meals/week) | |
| v. Beef (number of meals/week) | |
| vi. Pork (number of meals/week) | |
| C. What proportion of your food is locally grown? ost / some / none / I don't know) | |
| D. What proportion of your food is organic? ost / some / none / I don't know) | |

Additional space for flights, if needed (record number of stops and total distance/time for each additional flight)

| Room | Number of incandescent bulbs in this room | total number of hours these bulbs are on per day <i>(add up the time for each bulb)</i> | Number of fluorescent bulbs in this room | total number of hours these bulbs are on per day (add up the time for each bulb) |
|---|--|---|---|---|
| Your bedroom | | | | |
| Kitchen | | | | |
| Your parents' bedroom | | | | |
| Bathroom | | | | |
| Living room | | | | |
| Dining room | | | | |
| Lights on exterior of home | | | | |
| Hallway | | | | |
| Closets | | | | |
| Please continue to add ro | ooms below if yo | u have additional roon | ns in your hous | e not included above |
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| | | | | |
| TOTALS (add up your totals in each column) | | | | |