Name: _____ **Date:** _____

Carbon Footprint Worksheet

Instructions: Answer the questions below, then fill in the corresponding values on the far right. Tally the values to find your carbon footprint. Only fill in one value for each question, unless otherwise stated.

Ex. Do you turn off the lights when you leave a room?		
a. Yes	a. 133	***133***
b. No	b. 268	_____

1. How do you get to school?		
a. walk	a. 0	_____
b. bike	b. 0	_____
c. car	c. 1115	_____
d. bus	d. 131	_____
e. carpool	e. 459	_____
2. Do you eat mostly…		
a. fast food	a. 4818	_____
b. home cooked food	b. 629	_____
3. Do you eat mostly…		
a. vegetables/fruits	a. 153	_____
b. meat	b. 644	_____
c. bread	c. 364	_____
4. Do you turn off lights when you leave a room?		
a. yes	a. 133	_____
b. no	b. 268	_____
5. Do you unplug appliances/chargers when not in use?		
a. yes	a. 9	_____
b. no	b. 18	_____
6. How do you dry clothes?		
a. hang to dry	a. 0	_____
b. dryer	b. 750	_____
c. both	c. 375	_____
7. Do you turn off the water when brushing your teeth?		
a. yes	a. 34	_____
b. No	b. 274	_____
8. Do you turn off the TV when you're not watching it?		
a. yes	a. 47	_____
b. no	b. 140	_____
9. Do you turn off your video game system when you're not using it?		
a. yes	a. 29	_____
b. no	b. 90	_____
c. don't have/use one	c. 0	_____
10. Do you recycle? (for this question, select all that apply)		
a. magazines	a. -15	_____
b. newspaper	b. -90	_____
c. glass	c. -7	_____
d. plastic	d. -19	_____

e. aluminum and steel cans e. -86 _____

Add together all the values in the far right column and report here:

Use the workspace on the next page to do your work.

Work space:

This total is your "carbon footprint" in the number of pounds of carbon dioxide per year. The lower the number, the fewer greenhouse gasses are emitted into the atmosphere.

Review your choices in the survey. **What changes can you make in your life to reduce your carbon footprint?** Try to make some of these changes in the next week. Use the space below to engineer a plan to reduce your carbon footprint.

Things I will turn off:

How I will get to school:

What I will eat:

How much I will use electronics:

What I will recycle:

Other things I will do:

Name: _____ Date: _____