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Form Approved
OMB No.: 0920-xxxx
Expiration Date: Month xx, 20xx

Welcome! Thank you for participating in the CDC Water and Health Study Survey.

An adult (18 years old or over) should fill out this survey. If there are children less than 18 in the house, the adult should fill out the survey for them.


Participation is voluntary. Return of a completed survey indicates your consent to participate.

Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, M5 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

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Survey Instructions

To move from one page to the next, please use only the "Next" and "Previous" buttons found at the bottom of each screen. **DO NOT use your browser's back and next button.** If you accidentally click your browser's navigation button, you may be able to continue your survey by pressing the F5 key or by refreshing the web page.

To save your existing answers, you may exit this survey before completing it by clicking on the "Stop" button below. When you are ready to resume the survey, please click the link you received in the survey invitation email. You will be able to start where you left off answering.

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CDC Water and Health Study Survey


Household Water Use

In this section, we'd like to ask some general questions about your household water use. By "tap water," we mean drinking water supplied by your water company.

Please mark all of the ways that you and the people in your household have used tap water in the last 30 days.
(Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Drinking | <input type="checkbox"/> Washing dishes | <input type="checkbox"/> Filling wading or baby pool |
| <input type="checkbox"/> Mixing cold drinks | <input type="checkbox"/> Brushing teeth | <input type="checkbox"/> Filling pool or hot tub |
| <input type="checkbox"/> Making hot drinks | <input type="checkbox"/> Washing hands | <input type="checkbox"/> Indoor or outdoor fountain |
| <input type="checkbox"/> Making ice | <input type="checkbox"/> Bathing / showering | <input type="checkbox"/> Vaporizer or humidifier |
| <input type="checkbox"/> Rinsing produce | <input type="checkbox"/> Contact lens care | <input type="checkbox"/> Nebulizer or CPAP |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Watering plants or lawn | <input type="checkbox"/> Nasal/sinus irrigation or Neti pot |
| <input type="checkbox"/> Mixing infant formula | <input type="checkbox"/> Feeding/watering animals | |

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CDC Water and Health Study Survey


Household Water Use

At home, what type of water do you and other members of your household drink most often?

- Tap water, treated in the home (for example, boiled or filtered)
- Tap water, treated with a water softener only
- Tap water, not treated in the home
- Tap water, not sure how it is treated
- Commercially bottled water
- Other (please specify)

Does your home have a private well?

- Yes
- No
- Don't know

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CDC Water and Health Study Survey
Household Water Use


Do you have a water softener in your home?

- Yes
- No
- Don't know

What water filters are used in your home?
(Check all that apply)

- No water filter used
- Water pitcher with filter
- Refrigerator dispenser with filter
- Filter on the faucet
- Filter under the sink
- Other (please specify)
- Don't know

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Your Home

Please answer the following general questions about your home.

Which of the following best describes where you live?

- House
- Apartment or condominium
- Mobile Home
- Other (please specify)

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Your Home

What pets do you have in your home or yard?
(Check all that apply)


- No pets
- Hamster, gerbil, or mouse
- Bird
- Adult dog
- Puppy
- Reptile or amphibian (e.g. turtle, snake, iguana, frog, chameleon, salamander)
- Adult cat
- Kitten
- Other (please specify)

Are there any livestock or animal enclosures located within 50 yards of your household?
(Check all that apply)

- No livestock or animal enclosures
- Cattle or feedlots
- Poultry or poultry houses
- Pigs
- Horses
- Other livestock/animal enclosures (please specify)



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Recent Water Service

In this section, we are asking about your recent water service. Please answer the questions for the dates of May 21, 2012 through August 15, 2012. You may also refer to the calendar magnet enclosed in your survey packet for the 3-week period of interest.


At any time during **May 21, 2012 through August 15, 2012**, did you notice low water pressure?
(For example, you turned on the faucet and the water didn't come out as much as usual or the pipes made a sputtering noise)

- Yes
- No
- Don't know

At any time during **May 21, 2012 through August 15, 2012**, did you completely lose water service?
(For example, you turned on the faucet and nothing came out)


- Yes
- No
- Don't know

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Recent Water Service

At any time during **May 21, 2012 through August 15, 2012**, did you notice a change in the odor, taste, or color of the tap water at home?
(Check all that apply)

- Change in odor
- Change in taste
- Change in color
- Did not notice any changes

At any time during **May 21, 2012 through August 15, 2012**, were you told to boil your water before drinking it?
(For example, on the news, by a phone call, or on a door hanger)

- Yes
- No
- Don't know

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CDC Water and Health Study Survey

Recent Water Service

During the **time you were told to boil your water**, what did you use for drinking water?

- We only drank bottled water
- We always boiled our tap water before we drank it
- We sometimes boiled our tap water before we drank it
- We usually drank our tap water without boiling it first

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CDC Water and Health Study Survey

People in Your Household

Including you, how many people live in your household?
(Do not include short-term visitors)

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CDC Water and Health Study Survey

People in Your Household

In questions that will follow, we will ask you to provide information about each member of your household. To assist you in identifying which household member we are asking about, we'd like you to first provide us with the initials, age (in years), and gender of each member of your household, starting with yourself. You do not need to provide each household member's real initials if you do not want to – you just need to be able to know, from the initials provided, which individual we are asking about in question that will follow.

	Initials	Age*	Gender
Household Member 1 (you):	<input type="text"/>	<input type="text"/>	<-Select->
Household Member 2:	<input type="text"/>	<input type="text"/>	<-Select->
Household Member 3:	<input type="text"/>	<input type="text"/>	<-Select->
Household Member 4:	<input type="text"/>	<input type="text"/>	<-Select->
Household Member 5:	<input type="text"/>	<input type="text"/>	<-Select->

*Please provide the age in years. If a child is less than 12 months, please enter "0" for the age.

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What is your main source of drinking water at home?

- Water from the tap, not filtered
- Water from the tap, filtered
- Bottled water
- Other (please specify)

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CDC Water and Health Study Survey

Drinking Water Use

In the following 2 questions, we are asking about drinking water from your water utility, or "tap water", that comes from your house. For these questions, it does not matter if you filter the water.

On average, about how many 8 ounce glasses of your home tap water do you drink per day?
(Include water from home that you drink at another location, such as work, school, or sports activities.)

On average, about how many 8 ounce glasses of drinks mixed with your home tap water, such as Kool-Aid, instant iced tea, or watered-down juice, do you drink per day?
(Do not include hot beverages, like brewed coffee or tea.)

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Recent Activities

In this section, we are asking about recent activities that you did during the dates of May 21, 2012 through August 15, 2012. You may also refer to the calendar magnet enclosed in your survey packet for the 3-week period of interest.

During **May 21, 2012 through August 15, 2012**, did you engage in any of the following activities?


	Yes	No
Swim or wade in a lake, river, stream or ocean	<input type="radio"/>	<input type="radio"/>
Swim in a pool	<input type="radio"/>	<input type="radio"/>
Swallow or drink any water directly from a spring, lake, pond, stream, or river	<input type="radio"/>	<input type="radio"/>
Drink any water from a well	<input type="radio"/>	<input type="radio"/>
Go hiking or camping	<input type="radio"/>	<input type="radio"/>
Attend, work, or volunteer in a day care	<input type="radio"/>	<input type="radio"/>
Visit a petting zoo or farm with animals	<input type="radio"/>	<input type="radio"/>
Travel outside of the United States	<input type="radio"/>	<input type="radio"/>
Spend any nights away from home	<input type="radio"/>	<input type="radio"/>

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CDC Water and Health Study Survey
Recent Activities

How many nights did you spend away from home?

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Stomach Problems


In this section, we are asking about new stomach problems that started during the dates of May 21, 2012 through August 15, 2012 - ("new onset"), not problems that normally occur. You may also refer to the calendar magnet enclosed in your survey packet for the 3-week period of interest.

During **May 21, 2012 through August 15, 2012**, did you:

	Yes	No
Have a new onset of vomiting	<input type="radio"/>	<input type="radio"/>
Have a new onset of nausea	<input type="radio"/>	<input type="radio"/>
Have a new onset of diarrhea? (<i>defined as 3 or more loose stools or bowel movements in any 24-hour period</i>)	<input type="radio"/>	<input type="radio"/>
Have a new onset of stomach cramps	<input type="radio"/>	<input type="radio"/>
Have a fever (<i>100 degrees F or higher</i>) at the same time as stomach problems	<input type="radio"/>	<input type="radio"/>

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Stomach Problems

How many days did the stomach problems for you last?

Still experiencing problems

When did the stomach problems for you start? (MM/DD/YY)
(Click the calendar icon to choose the proper date. If you are unsure of the exact date, please give your best guess.)



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Colds and Flu


In this section, we are asking about new cold and flu symptoms that started during the dates of May 21, 2012 through August 15, 2012 - ("new onset"), not problems that normally occur. You may also refer to the calendar magnet enclosed in your survey packet for the 3-week period of interest.

During **May 21, 2012 through August 15, 2012** did you:

	Yes	No
Have a new onset of a cough	<input type="radio"/>	<input type="radio"/>
Have a new onset of a runny nose	<input type="radio"/>	<input type="radio"/>
Have a new onset of muscle / body aches	<input type="radio"/>	<input type="radio"/>
Have a new onset of difficulty breathing	<input type="radio"/>	<input type="radio"/>
Have a fever (<i>100 degrees F or higher</i>) at the same time as the cold or flu symptoms	<input type="radio"/>	<input type="radio"/>

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CDC Water and Health Study Survey

Colds and Flu


How many days did the cold/flu symptoms for you last?

Still experiencing problems

When did the cold/flu symptoms for you start? (MM/DD/YY)
(Click the calendar icon to choose the proper date. If you are unsure of the exact date, please give your best guess.)



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Illness Details

These next questions are asking about how illnesses during May 21, 2012 through August 15, 2012 affected you.

How many days of school or work did you miss because of stomach problems, cold or flu?
(Enter number of days missed, enter 0 if no school or work missed)

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Illness Details

Did you see a healthcare provider for **stomach problems, cold, or flu symptoms**?

Yes
 No

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Illness Details

Did a healthcare provider ask you to submit a stool sample for testing?


- Yes
- No

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Illness Details

Were you admitted to the hospital for at least one day as a result of this illness?

Yes
 No


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More About People in Your Household

Do you have chronic diarrhea or vomiting? *(because of a health condition like Irritable Bowel Syndrome, Crohn's disease, Ulcerative colitis, etc. or a medication side effect)*

Yes
 No


Do you have a chronic respiratory condition? *(such as asthma, emphysema, COPD, etc.)*

Yes
 No

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Demographic Information


The following questions are optional, but providing answers will help us better understand how well our study is describing the experience in your community.

Are you of Hispanic or Latino ethnicity?

Yes
 No

What is your race:
(Mark one or more boxes)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

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The rest of the survey asks about the individual people in your household. Therefore, you may need to ask the other household members for some answers. If you cannot ask, please give your best guess.

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Now we will ask about **Household Member 2 (with initials TTL)**.

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What is Household Member 2's (with initials TTL) main source of drinking water at home?

- Water from the tap, not filtered
- Water from the tap, filtered
- Bottled water
- Other (please specify)



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Drinking Water Use

In the following 2 questions, we are asking about drinking water from your water utility, or "tap water", that comes from your house. For these questions, it does not matter if you filter the water.

On average, about how many 8 ounce glasses of your home tap water does Household Member 2 (with initials TTL) drink per day?
(Include water from home that you drink at another location, such as work, school, or sports activities.)

On average, about how many 8 ounce glasses of drinks mixed with your home tap water, such as Kool-Aid, instant iced tea, or watered-down juice, does Household Member 2 (with initials TTL) drink per day?
(Do not include hot beverages, like brewed coffee or tea.)

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Recent Activities

In this section, we are asking about recent activities that Household Member 2 (with initials TTL) did during the dates of May 21, 2012 through August 15, 2012. You may also refer to the calendar magnet enclosed in your survey packet for the 3-week period of interest.

During **May 21, 2012 through August 15, 2012**, did Household Member 2 (with initials TTL) engage in any of the following activities?

	Yes	No
Swim or wade in a lake, river, stream or ocean	<input checked="" type="radio"/>	<input type="radio"/>
Swim in a pool	<input checked="" type="radio"/>	<input type="radio"/>
Swallow or drink any water directly from a spring, lake, pond, stream, or river	<input checked="" type="radio"/>	<input type="radio"/>
Drink any water from a well	<input checked="" type="radio"/>	<input type="radio"/>
Go hiking or camping	<input checked="" type="radio"/>	<input type="radio"/>
Attend, work, or volunteer in a day care	<input checked="" type="radio"/>	<input type="radio"/>
Visit a petting zoo or farm with animals	<input checked="" type="radio"/>	<input type="radio"/>
Travel outside of the United States	<input checked="" type="radio"/>	<input type="radio"/>
Spend any nights away from home	<input checked="" type="radio"/>	<input type="radio"/>


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Recent Activities

How many nights did Household Member 2 (with initials TTL) spend away from home?

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Stomach Problems

In this section, we are asking about new stomach problems that started during the dates of May 21, 2012 through August 15, 2012 - ("new onset"), not problems that normally occur. You may also refer to the calendar magnet enclosed in your survey packet for the 3-week period of interest.

During **May 21, 2012 through August 15, 2012**, did Household Member 2 (with initials TTL):


	Yes	No
Have a new onset of vomiting	<input type="radio"/>	<input type="radio"/>
Have a new onset of nausea	<input type="radio"/>	<input type="radio"/>
Have a new onset of diarrhea? (<i>defined as 3 or more loose stools or bowel movements in any 24-hour period</i>)	<input type="radio"/>	<input type="radio"/>
Have a new onset of stomach cramps	<input type="radio"/>	<input type="radio"/>
Have a fever (<i>100 degrees F or higher</i>) at the same time as stomach problems	<input type="radio"/>	<input type="radio"/>

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Stomach Problems

How many days did the stomach problems for Household Member 2 (with initials TTL) last?

Still experiencing problems

When did the stomach problems for Household Member 2 (with initials TTL) start? (MM/DD/YY)
(Click the calendar icon to choose the proper date. If you are unsure of the exact date, please give your best guess.)



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Colds and Flu


In this section, we are asking about new cold and flu symptoms that started during the dates of May 21, 2012 through August 15, 2012 - ("new onset"), not problems that normally occur. You may also refer to the calendar magnet enclosed in your survey packet for the 3-week period of interest.

During **May 21, 2012 through August 15, 2012** did Household Member 2 (with initials TTL):

	Yes	No
Have a new onset of a cough	<input type="radio"/>	<input type="radio"/>
Have a new onset of a runny nose	<input type="radio"/>	<input type="radio"/>
Have a new onset of muscle / body aches	<input type="radio"/>	<input type="radio"/>
Have a new onset of difficulty breathing	<input type="radio"/>	<input type="radio"/>
Have a fever (<i>100 degrees F or higher</i>) at the same time as the cold or flu symptoms	<input type="radio"/>	<input type="radio"/>

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CDC Water and Health Study Survey

Colds and Flu


How many days did the cold/flu symptoms for Household Member 2 (with initials TTL) last?

Still experiencing problems

When did the cold/flu symptoms for Household Member 2 (with initials TTL) start? (MM/DD/YY)
(Click the calendar icon to choose the proper date. If you are unsure of the exact date, please give your best guess.)




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Illness Details


These next questions are asking about how illnesses during May 21, 2012 through August 15, 2012 affected Household Member 2 (with initials TTL).

How many days of school or work did Household Member 2 (with initials TTL) miss because of stomach problems, cold or flu?
(Enter number of days missed, enter 0 if no school or work missed)

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Illness Details

Did Household Member 2 (with initials TTL) see a healthcare provider for **stomach problems, cold, or flu symptoms**?

Yes
 No


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Illness Details

Did a healthcare provider ask Household Member 2 (with initials TTL) to submit a stool sample for testing?


Yes
 No

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Illness Details

Was Household Member 2 (with initials TTL) admitted to the hospital for at least one day as a result of this illness?

Yes
 No


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More About People in Your Household


Does Household Member 2 (with initials TTL) have chronic diarrhea or vomiting? *(because of a health condition like Irritable Bowel Syndrome, Crohn's disease, Ulcerative colitis, etc. or a medication side effect)*

Yes
 No

Does Household Member 2 (with initials TTL) have a chronic respiratory condition? *(such as asthma, emphysema, COPD, etc.)*


Yes
 No

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CDC Water and Health Study Survey

Demographic Information


The following questions are optional, but providing answers will help us better understand how well our study is describing the experience in your community.

Is Household Member 2 (with initials TTL) of Hispanic or Latino ethnicity?

Yes
 No


What is Household Member 2's (with initials TTL) race:
(Mark one or more boxes)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

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Please provide any additional comments or information:

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CDC Water and Health Study Survey

Thank you for participating in the CDC Water and Health Study Survey. We really appreciate your participation in this important study. If you are finished with the survey, please click "Submit" to send your responses or use the previous button to review your responses.

[Previous](#) [Submit](#)

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End of Survey

Thank you for participating in the CDC Water and Health Study Survey.


If you have any questions, concerns, or comments regarding this survey, please:

Visit the study website at <http://www.cdc.gov/healthywater/study.html>

E-mail us at waterhealthstudy@cdc.gov

Call us at 1-404-639-1700 (9:00 AM to 5:00 PM EST)

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