Form Approved
0920-0960
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CDC Water and Health Study

Instructions

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. For more information, please see the enclosed brochure.

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Section 1 Household Water Use

In this first section, we'd like to ask some general questions about your household water use. 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.

1 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)**

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

2 At home, does anyone use hot water directly from the tap to make drinks or prepare instant foods?

- ☐ Yes
- ☐ No
- ☐ Don't know

3 Does your home have a private well?

- ☐ Yes
- ☐ No
- ☐ Don't know

4 Do you have a water softener in your home?

- ☐ Yes
- ☐ No
- ☐ Don't know

5 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
- ☐ Whole house filter
- ☐ Other (please specify_____)
- ☐ Don't know

Go on to next page

Section 2 Your Home

Please answer the following general questions about your home.

6 Which of the following best describes where you live? **(check only one)**

- ☐ House
- ☐ Apartment or condominium
- ☐ Townhouse or duplex
- ☐ Mobile home
- ☐ Other (please specify_____)

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

- ☐ No pets
- ☐ Adult dog
- ☐ Puppy
- ☐ Adult cat
- ☐ Kitten
- ☐ Hamster, gerbil, or mouse
- ☐ Bird
- ☐ Reptile or amphibian (for example, turtle, snake, iguana, frog, chameleon, salamander)
- ☐ Fish
- ☐ Other (please specify_____)

8 Are there any livestock located within 50 yards of your household? **(check all that apply)**

- ☐ No livestock
- ☐ Cattle
- ☐ Poultry
- ☐ Pigs
- ☐ Goats
- ☐ Sheep
- ☐ Horses
- ☐ Other livestock (please specify_____)

Go on to next page

Section 3 Recent Water Service

In this section, we are asking about your recent water service. Please refer to the label on the front of this booklet or the enclosed calendar for the dates of the 2-week period.

9 At any time during the **2-week period** on the label,

- Did anyone in your home 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

- Did you completely lose water service? (For example, you turned on the faucet and nothing came out.)
  - ☐ Yes
  - ☐ No
  - ☐ Don't know

- Was any work done on the water pipes near your home?
  - ☐ Yes
  - ☐ No
  - ☐ Don't know

- Did anyone notice a change in the odor, taste, or color of tap water at home? **(check all that apply)**
  - ☐ Change in odor
  - ☐ Change in taste
  - ☐ Change in color
  - ☐ Did not notice any changes

- 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 → If **YES**, what did you use for drinking water during that time?
    - ☐ 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.
  - ☐ No
  - ☐ Don't know

Go on to next page

Section 4 People in Your Household

10 How many people, including you, live in your household?

Please enter number in box. → ☐ People

The rest of the survey asks about the individual people in your household.

To help keep the columns straight, please identify each person with initials. These do not have to be their real initials. Please keep the same order on the next pages. If there are more than 6 people in your household, please list yourself, the 2 oldest, and the 3 youngest. If two individuals have the same initials, different initials should be used to avoid confusion.

You may need to ask the other household members for some answers. If you cannot ask, please give your best guess.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
11 Person's initials	☐	☐	☐	☐	☐	☐
12 Age **(in years)** (If unsure of the exact age, please give your best guess.)	☐	☐	☐	☐	☐	☐
	Circle Male or Female.					
13 Sex	Male Female	Male Female	Male Female	Male Female	Male Female	Male Female

Go on to next page

Section 5 Drinking Water Use

On this page, we are asking about drinking water from your water utility, or "tap water," that comes from your house, as well as other kinds of water you drink.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
Person's initials (copy from Question 11)						

14 At home, which kinds of water does each person usually drink? **Circle yes or no for each kind of water.**

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
● Tap water, directly from the faucet (that you do not filter)?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Water from a refrigerator dispenser?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Tap water that you filter (for example, filter in pitcher, on faucet, under sink)?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Bottled water?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Other (please specify) _____	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

For questions 15 and 16, it does not matter if you filter the water. (1 cup = ½ of a pint = 8 ounces)

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
15 On average, about how many cups of your home tap water does each person drink **per day**?	Cups	Cups	Cups	Cups	Cups	Cups
16 On average, about how many cups of cold drinks mixed with your home tap water, such as Kool-Aid, infant formula, instant iced tea, or watered-down juice, does each person drink **per day**? Do not include hot beverages, like brewed coffee or tea.	Cups	Cups	Cups	Cups	Cups	Cups

Go on to next page

Section 6 Recent Activities

In this section, we are interested in recent activities you and your household members did during the 2-week period. Please refer to the label on the front of this booklet or the enclosed calendar for the dates of your 2-week period.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
Person's initials (copy from Question 11)						

17 During the **2-week period**, did anyone — **Circle Yes or No for each person.**

● Swim or wade in a lake, river, stream or ocean?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Swim in a pool?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Swallow or drink any water directly from a spring, lake, pond, stream, or river?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Drink any water from a well?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Go hiking or camping?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Attend, work, or volunteer in a day care?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Visit a petting zoo or farm with animals?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Travel outside of the United States?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Spend any nights away from home?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● How many nights away from home?						
● Eat any meals prepared in a restaurant? (includes deli, fast food, take-out)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● About how many restaurant meals?						

Go on to next page

SECTION 7 STOMACH PROBLEMS

Please refer to the label on the front of this booklet or the enclosed calendar for the dates of the 2-week period. In this section, we are asking about new stomach problems that started during the 2-week period, not problems that you normally have.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
Person's initials (copy from Question 11)						

18 During the **2-week period**, did anyone start having **new stomach problems** (not problems they normally have)? **Circle Yes or No for each person.**

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
● Vomiting?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Nausea?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Diarrhea? (3 or more loose stools in a 24-hour period)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Abdominal pain or cramps?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Fever (100°F or higher) at the same time as stomach problems?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

If anyone had **ANY** stomach problems in question 18, please answer questions 19 and 20.

Write a number of days in each box.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
19 How many days did the stomach problems last?						
20 When did the stomach problems start? (MM/DD/YY)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
This date is:	[ ] Exact [ ] Best guess	[ ] Exact [ ] Best guess	[ ] Exact [ ] Best guess	[ ] Exact [ ] Best guess	[ ] Exact [ ] Best guess	[ ] Exact [ ] Best guess

If you answered Yes to **any** stomach problems in **section 7**, please go to **section 8**, Illness Details on the next page. If no one in your household had any stomach problems, please skip to **section 9**.

Go on to next page

Section 8 Illness Details - Stomach Problems

Please complete the section **only** if you answered Yes to **any** symptoms in **section 7**. If no one had stomach problems in the 2-week period, you can skip to **section 9** on the next page.

These questions are asking about how stomach problems during the 2-week period affected you.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
Person's initials (copy from Question 11)	☐	☐	☐	☐	☐	☐
	Enter number of days missed, enter 0 if no school or work missed					
21 How many days of school or work did each person miss because of stomach problems?	☐	☐	☐	☐	☐	☐
	Circle Yes or No for each person.					
22 Did anyone see a healthcare provider **for stomach problems**?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
23 Did a healthcare provider ask anyone to submit a stool sample for testing?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
24 Was anyone **admitted** to the hospital for at least one day as a result of this illness?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Do you have any other information to share about recent stomach problems?

_____

_____

_____

Go on to next page

Section 9 Other Recent Illnesses or Symptoms

Please refer to the label on the front of this booklet or the enclosed calendar for the dates of the 2-week period. In this section, we are asking about new illness or symptoms that started during the 2-week period, not symptoms that you normally have.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
Person's initials (copy from Question 11)						

25 During the **2-week period**, did anyone start having **any of the following new symptoms?** **Circle Yes or No for each person.**

● Cough?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Sore throat?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Running or stuffy nose?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Shortness of breath?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Rash?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Eye infection (for example, pink eye)?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Ear infection?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
● Fever (100°F or higher) at the same time as these symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

If anyone had **ANY** symptoms in question 25, please answer questions 26, 27 and 28.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
26 How many days of school or work did each person miss because of these symptoms? **Enter number of days missed, enter 0 if no school or work missed**						
27 Did anyone see a healthcare provider for these symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
28 Was anyone admitted to the hospital for at least one day as a result of these symptoms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Go on to next page

Section 10 More About People in Your Household

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
Person's initials (copy from Question 11)	☐	☐	☐	☐	☐	☐
	Circle Yes or No for each person.					
29 Does any household member 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	Yes No	Yes No	Yes No	Yes No	Yes No
30 Does any household member have a chronic respiratory condition (such as asthma, emphysema, COPD, etc.)?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Section 11 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.

	Person 1 (yourself)	Person 2	Person 3	Person 4	Person 5	Person 6
31 Is each person of Hispanic or Latino ethnicity?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What is each person's race? (**Mark one or more boxes.**)						
32 American Indian or Alaska Native	☐	☐	☐	☐	☐	☐
Asian	☐	☐	☐	☐	☐	☐
Black or African American	☐	☐	☐	☐	☐	☐
Native Hawaiian or other Pacific Islander	☐	☐	☐	☐	☐	☐
White	☐	☐	☐	☐	☐	☐

Comments

Are there any additional comments or information that you would like to provide?

This concludes the CDC Water and Health Study. Thank you!

We really appreciate your participation in this important study. Please fold this survey in half lengthwise, place it in the enclosed postage-paid envelope and put it in any U.S. Mail box.

Please mail to:

CDC
Mailstop C-09
Attention: Water and Health Study
1600 Clifton Rd. NE
Atlanta, GA 30333

Fold along dotted line and place in envelope.