



Department of Health and Human Services
Centers for Disease Control and Prevention

CDC Water and Health Study

Form Approved
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Welcome to the CDC Water and Health Study!

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. Beginning the survey indicates your consent to participate. For more information, please see the brochure enclosed in your survey packet.

To begin the survey, click the Begin Survey button below.

Centers for Disease Control and Prevention
1600 Clifton Rd, Atlanta, GA 30333, U.S.A



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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, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0960).



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Instructions

While you are completing this survey, please use only the "Next" and "Previous" buttons found at the bottom on each screen. **DO NOT use your browser's back and next buttons.** If you accidentally click your browser's navigation button, you may be able to continue your survey by pressing the F5 key (Windows), command + R keys (Mac) or by refreshing the web page.

You may stop and save your answers at any time by clicking on the "Stop" button found at the bottom of each screen. If you choose to stop at any point, your answers to previous questions will be saved. You can continue completing your survey at the point where you stopped by typing the link used to access the survey into your web browser.

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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





Section 1: Household Water Use

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

Yes

No

Don't know





Section 1: Household Water Use

3. Does your home have a private well?

Yes

No

Don't know





Section 1: Household Water Use

4. Do you have a water softener in your home?

Yes

No

Don't know





Section 1: Household Water Use

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





Section 2: Your Home

6. Which of the following best describes where you live?

House

Apartment or condominium

Townhouse or duplex

Mobile home

Other (please specify):





Section 2: Your Home

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):





Section 2: Your Home

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):





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 the survey 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

No

Don't know

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Section 3: Recent Water Service

You indicated that you were told to boil water before drinking it. 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.





Section 4: People in Your Household

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





Section 4: People in Your Household

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

Please identify each person with initials. These do not have to be their real initials. 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	Person 2	Person 3
11. Person's Initials			
12. Age (in years) (If unsure of the exact age, please give your best guess.)			
13. Sex	<--Select-->	<--Select-->	<--Select-->





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.

14. At home, which kinds of water does each person drink?

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
Tap water, directly from the faucet (that you do not filter)	Yes No	Yes No	Yes No
Water from a refrigerator dispenser	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
Bottled Water	Yes No	Yes No	Yes No
Other	Yes No	Yes No	Yes No
Please specify if Yes to "Other" above:			





Section 5: Drinking Water Use

For questions 15 and 16, it does not matter if you filter the water.
(1 cup = 1/2 of a pint = 8 ounces)

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
15. On average, about how many cups of your home tap water does each person drink per day?			
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.			





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 the survey booklet or the enclosed calendar for the dates of your 2-week period.

17. During the 2-week period, did anyone. . .

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
Swim or wade in a lake, river, stream or ocean?	Yes No	Yes No	Yes No
Swim in a pool?	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
Drink any water from a well?	Yes No	Yes No	Yes No
Go hiking or camping?	Yes No	Yes No	Yes No
Attend, work, or volunteer in a day care?	Yes No	Yes No	Yes No
Visit a petting zoo or farm with animals?	Yes No	Yes No	Yes No
Travel outside of the United States?	Yes No	Yes No	Yes No
Spend any nights away from home?	Yes No	Yes No	Yes No
Eat any meals prepared in a restaurant? (includes deli, fast food, take-out)	Yes No	Yes No	Yes No

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Section 6: Recent Activities

17a. On the previous question, you indicated that the following household members spent nights away from home during the two-week period. How many nights away from home did each of the following household members spend during the 2-week period?

	Person 1 (yourself - MJL)	Person 2 (JJ)
Number of nights away from home:		





Section 6: Recent Activities

17b. In a previous question, you indicated that the following household members ate meals prepared in a restaurant (includes deli, fast food, take-out) during the two-week period. About how many restaurant meals did each of the following household members eat during the 2-week period?

	Person 2 (JJ)	Person 3 (LM)
Number of restaurant meals:		





Section 7: Stomach Problems

Please refer to the label on the front of the survey 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.

18. During the 2-week period, did anyone start having **new stomach problems** (not problems they normally have)?

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





Section 7: Stomach Problems

You indicated that the following household members had stomach problems during the 2-week period.

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
19. How many days did the stomach problems last?			
20. When did the stomach problems start?			
The date above is:	Exact A best guess	Exact A best guess	Exact A best guess





Section 8: Stomach Problems - Illness Details

These questions are asking about how illnesses during the 2-week period affected you (or the people listed below).

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
21. How many days of school or work did each person miss because of stomach problems? (enter number of days missed, enter 0 if no school or work missed)			
22. Did anyone see a healthcare provider for stomach problems?	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
24. Was anyone admitted to the hospital for at least one day as a result of this illness?	Yes No	Yes No	Yes No

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





Section 9: Other Recent Illnesses or Symptoms

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

25. During the 2-week period, did anyone start having **any of the following new symptoms**?

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
Cough?	Yes No	Yes No	Yes No
Sore throat?	Yes No	Yes No	Yes No
Runny or stuffy nose?	Yes No	Yes No	Yes No
Shortness of breath?	Yes No	Yes No	Yes No
Rash?	Yes No	Yes No	Yes No
Eye Infection (for example, pink eye)?	Yes No	Yes No	Yes No
Ear Infection?	Yes No	Yes No	Yes No
Fever (100°F or higher) at the same time as any of these symptoms?	Yes No	Yes No	Yes No





Section 9: Other Recent Illnesses or Symptoms

On the previous question, you indicated that you experienced other recent symptoms during the 2-week period.

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
26. How many days of school or work did each person miss because of new symptoms in question 25? (enter number of days missed, enter 0 if no school or work missed)			
27. Did anyone see a healthcare provider for the new symptoms in question 25?	Yes No	Yes No	Yes No
28. Was anyone admitted to the hospital for at least one day as a result of the new symptoms in question 25?	Yes No	Yes No	Yes No





Section 10: More About People in Your Household

	Person 1 (yourself - MJL)	Person 2 (JJ)	Person 3 (LM)
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
30. Does any household member have a chronic respiratory condition (such as asthma, emphysema, COPD, etc.)?	Yes No	Yes No	Yes No





Section 11: Demographic Information

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





Section 12: Additional Comments

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

