

## Attachment 4:

### Questionnaire for the Dimock Water Exposure Investigation OMB #0923-0048

Name of Surveyor:

Date:

**I just want to repeat my name is #####. Now since we have your permission, we would now like to ask you some questions.**

#### Water History:

1. What is the main source of drinking water in your home?

- Private Well
- City or County (public)
- Spring
- Pond
- Cistern
- Supplied Bulk
- Bottled
- Other: (specify)
- Don't know
- Refused

ATSDR estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 (0923-0048).

2. Has the water from your private well ever been tested at any time other than by EPA in 2012?

- Yes
- No
- Don't know
- Refused

If "yes" do you know the date it was tested who did the testing, whether it was tested for bacterial and/or chemical contamination, and the results?

---

---

---

---

---

3. What is your main source of water for cooking?

- Private Well
- City or County (public)
- Spring
- Pond
- Cistern
- Supplied Bulk
- Bottled
- Other: (specify)
- Don't know
- Refused

4. What is the main source of water for bathing and showering?

- Private Well
- City or County (public)
- Spring
-

- Pond
- Cistern
- Supplied Bulk
- Bottled
- Other: (specify)
- Don't know
- Refused

5. What is the main source of water for pools and/or hot tubs (to include "kiddie" or wading pools)?

- Private Well
- City or County (public)
- Spring
- Pond
- Cistern
- Supplied Bulk
- Bottled
- Other: (specify)
- Don't know
- Refused

6. List all of the water treatment devices for your drinking water or water used for mixing drinks (e.g. baby formula, juices)

- None
- Charcoal Filter/Granular Activated
- Ceramic Filter
- Reverse Osmosis
- Water Softener
- Distillation

- Sediment Filter
- Aerator
- Water Filter system (e.g. Brita, Pur, etc.)
- Iron Removal System
- Chlorinator
- Don't know
- Refused

7. List all of the water treatment devices for your water used for cooking.

- None
- Boil water
- Charcoal Filter/Granular Activated
- Ceramic Filter
- Reverse Osmosis
- Water Softener
- Distillation
- Sediment Filter
- Aerator
- Water Filter system (e.g. Brita, Pur, etc.)
- Iron Removal System
- Chlorinator
- Don't know
- Refused

8. List all of the water treatment devices for your bathing and showering water.

- None
- Charcoal Filter/Granular Activated

- Ceramic Filter
- Reverse Osmosis
- Water Softener
- Boil water
- Distillation
- Sediment Filter
- Aerator
- Water Filter system (e.g. Brita, Pur, etc.)
- Iron Removal System
- Chlorinator
- Don't know
- Refused

9. If you use filters, do you maintain them according to the manufacturers recommendations or if you have a whole house filter do you have a contractor maintain them?

- Yes
- No
- Don't know
- Refused

10. If you use a Water Softener, do you regularly maintain it?

- Yes
- No
- Don't know
- Refused

11. If yes, what is the brand and age of the Water Softener?

- Brand: \_\_\_\_\_
- Age: \_\_\_\_\_

- Don't know
- Refused

12. Do you know the depth of your water well or have any records of the well history of your private water well?

- Yes
- No
- Don't know
- Refused

a. If yes, please provide details (type, age, depth of well)

---

---

---

---

---

---

13. Do you obtain bulk water for drinking or household use?

- Yes
- No
- Don't know

- a. If you answered "yes", how long have you used bulk water? \_\_\_\_\_
- b. What is the source of your bulk water? \_\_\_\_\_
- c. What do you use bulk water for (e.g., drinking, cooking, showering, laundry, etc.) \_\_\_\_\_
- d. Do you have any comments regarding the quality and taste of the bulk water?

---

---

---

14. Do you know of any natural gas extraction activities currently occurring near your home?

- Yes
- No
- Don't know

15. If yes, please explain

---

---

16. Have you ever had your home tested for radon gas? If so, what was the result? \_\_\_\_\_

Yes

No

Don't know

**General Information:**

1. First name (please spell): \_\_\_\_\_

2. Last name (please spell): \_\_\_\_\_

3. Middle initial: \_\_\_\_\_

4. How long have you lived at this address?

< 1 year

1-10 years

>10 years

Don't know

Refused

**Demographic Information:**

1. Gender \_\_\_\_\_

2. Age at time of survey \_\_\_\_\_

Refused

3. Race :

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Refused

4. Ethnicity:

Hispanic or Latino

■ Not Hispanic or Latino

5. How many people live here fulltime? \_\_\_\_\_ (if more than 1 person complete General Information question 4 and Demographic Information for each resident)

NOTE: Surveyor/Sampling team will also consult with home owner to diagram the location of a water supply well, septic system, home heating oil tank, and natural gas well pads at the residence of in the immediate vicinity of the property.