# Self-reported Rash Symptoms and Exposure to Flint Water

Form Approved

OMB No. 0923-0051

Exp. Date 03/31/2018

# MDHHS Questionnaire

***Note to the interviewer: script in italics is clarification for you, and is not to be read aloud to the interviewee. Please do not prompt answers (e.g. read out options “Yes”, “No”, Don’t Know”, “Refused”) unless noted to.***

*INTRODUCTION SCRIPTS*

*For people referred through 211/CHECC and home visits:*

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I work for the [***Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention***]. We are working with the [***Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention***] looking into reported rash symptoms related to exposure to Flint tap water. We received your name because you have reported rash symptoms [*to the 211 phone number* OR *to an MDHHS or CDC representative who visited your home recently*]. We would like to ask you some questions about your health, the health of your family, and your tap water usage. Your answers will help us understand what symptoms have been reported since the City of Flint switched its water source. The questions will take about 20 minutes. May we go ahead now with the questionnaire?

*For people referred through healthcare providers:*

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I work for the [*Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention*]. We are working with the [*Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention*] looking into reported rash symptoms related to exposure to Flint tap water. We received your name because you visited a healthcare provider to report rash symptoms and they forwarded your information to us. We would like to ask you some questions about your health, the health of your family, and your tap water usage. Your answers will help us understand what symptoms have been reported since the City of Flint switched its water source. The questions will take about 20 minutes. May we go ahead now with the questionnaire?

*If yes*, participation in this questionnaire is voluntary: if you feel uncomfortable answering any question, you do not have to answer and you may stop the interview at any time. However, any information you can provide will help us immensely.

*IF NO*, is there a convenient time when I can call you back?

Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 15 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 Reports Clearance Officer; 1600 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

Public reporting burden of this collection of information is estimated to average 20 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

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**CASE No:**

# Self-reported Symptoms and Exposure to Flint Water

# MDHHS Questionnaire

Date: Time interview began: \_ \_: \_ \_ AM / PM

Interviewers Initials:

**BACKGROUND**

1. **First, I would like to ask if you contacted someone to report that you or someone you know had symptoms. Did you contact any person or organization to report these symptoms?**

No

Yes

Don’t know

Refused

**1a. Can you please tell me who you contacted? (check all that apply)**

211

Genesee County Health Department

Health care professional

Emergency room

Don’t know

Refused

Other, please explain

**1b. What prompted you to contact MDHHS or seek medical care?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1c. Are you calling for yourself or for someone else?**

Self

Someone else

**1d1. *If they are calling for someone else:* What is their name and relationship to you?**

1d1a. Name:

1d1b. Relationship:

**1d2. Could I please interview that person / May we continue with the interview?**

*(If child, ask parent if you can continue on with interview)*

Yes, interviewed other person

Yes, interviewed parent or individual on phone who made contact for other person

**Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

No, other person not available

No, refused to be interviewed

**2. First, I have a few questions about you (or your child/friend, if interviewing for another person).**

**2a. How old are you?**

**2b. What is your sex?**

Male

Female

**2c.** **Do you currently work?**

No

Yes

Refused

Don’t know

**2c1. *IF YES*, can you please explain what you do?**  \_

**HISTORY OF ILLNESS**

**3. As I mentioned before, we received your name because you reported symptoms. I am going to ask you about these symptoms.**

**3a. Did you experience a rash?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No  Yes  Don’t know  Refused | ***IF YES*, on what parts of your body did the rash occur?** | | ***IF YES*, how big was the rash? (at widest)** | |
| Face  Arms  Feet  Neck  Hands  Other  Torso  Legs Explain:  \_\_\_\_\_\_\_\_\_ | | 0-3 inches  3-5 inches  > 5 inches  Don’t know  Refused |  |
|  |  | |  |  |
| **3a1. When did your rash start?** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |  |
|  |  | |  |  |
| **3a2. Have your symptoms improved, gotten worse, or stayed the same since October 16, 2015?** *(Note: On October 16, 2015, City of Flint switched back to buying water from Detroit)*  Improved  Gotten worse  Stayed the same  Refused  Don’t know  **3a3. Do you still have a rash?** | | | | |
| No  Yes  Don’t know  Refused |  | |  |  |
|  |  | |  |  |
| **Can you please describe your rash for me?** | |  | |  |
| **3a4. Hives?** | **3a5. Raised bumps?** | **3a6. Dry or flakey skin?** | |  |
| No  Yes  Don’t know  Refused | No  Yes  Don’t know  Refused | No  Yes  Don’t know  Refused | |  |
|  |  |  | |  |
| **3a7. Itchy skin?** | **3a8. Painful skin?** | **3a9. Other?** | |  |
| No  Yes  Don’t know  Refused | No  Yes  Don’t know  Refused | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
|  |  |  | |  |
| **3a10. What activities cause the rash to occur?** | | | |  |
| Washing dishes  Doing laundry  Cooking | Showering  Taking a bath  Using a hot tub | Drinking water  Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  | |  |
| **3a11. Once the rash appears, how long does it take to go away? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | Hours  Days  Has not gone away  Don’t know  Refused |
|  |  |  | |
|  |  |  | |
| **3a12. What makes the rash feel better? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
|  |  |  | |
| **3a13. What makes the rash feel worse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
|  | | | |  |
| **3a14. Were you taking any new medicines when the rash started?** | | | |  |
| No  Yes  Don’t know  Refused ***IF YES*, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

**Did you experience any other symptoms with the rash? Such as…**

|  |  |  |  |
| --- | --- | --- | --- |
| **3b. Numbness or tingling?** | ***IF YES*, Where did the numbness or tingling occur?** | |  |
| No  Yes  Don’t know  Refused | Face  Neck  Torso  Arms  Hands  Legs  Feet  Other Explain\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |
| **3c. Fever?** | ***IF YES*, how high?** | **Time Course** |  |
| No  Yes  Don’t know  Refused |  | When did your fever begin? | When did your fever end? |
|  |  |  |  |
| **3d. Shortness of Breath?** |  |  |  |
| No  Yes  Don’t know  Refused |  | When did your s.o.b. begin? | When did your s.o.b. end? |
|  |  |  |  |
| **3e. Wheezing?** |  |  |  |
| No  Yes  Don’t know  Refused |  | When did your wheezing begin? | When did your wheezing end? |
|  |  |  |  |
| **3f. Diarrhea?** |  |  |  |
| No  Yes  Don’t know  Refused |  | When did your diarrhea begin? | When did your diarrhea end? |
|  |  |  |  |
| **3g. Eye Irritation?** |  |  |  |
| No  Yes  Don’t know  Refused |  | When did the irritation begin? | When did the irritation end? |
|  |  |  |  |
| **3h. Hair Loss?** | **Please describe:** | ***Quantity*** | ***Location on scalp*** |
| No  Yes  Don’t know  Refused |  | *(e.g. strands, chunks)* | *(e.g. patchy, right side, etc.)* |
| **3i. Constipation** |  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | No  Yes  Don’t know  Refused |  | When did the irritation begin? | When did the irritation end? |   **3j. Weakness**   |  |  |  |  | | --- | --- | --- | --- | | No  Yes  Don’t know  Refused |  | When did this symptom begin? | When did this symptom end? | | **3i. 3k. Muscle pain**  No  Yes  Don’t know  Refused  **3l. Constipation**   |  |  |  |  | | --- | --- | --- | --- | | No  Yes  Don’t know  Refused |  | When did this symptom begin? | When did this symptom end? | |  | When did this symptom begin? | When did this symptom end? |   **3m. Anything Else?** | **Please describe**  **Please describe:** | **Time Course:**  **Time Course** |  |
| No  Yes  Don’t know  Refused |  | When did this symptom begin? | When did this symptom end? |

**Now I would like to ask you a few questions about your tap water use.**

1. **Is your home on municipal water, that is, do you get your water from the City of Flint?**

No

Yes

Refused

Don’t know

**4a. *IF NO*, can you tell me the source of your tap water?**  \_\_\_\_\_\_\_

1. **Do or did you have contact with Flint Water at work or anywhere else in your community, such as at church or the gym?**

No

Yes

Refused

Don’t know

**5a. *IF YES*, can you please explain where? \_\_\_\_\_**

**5b. *IF YES*, when did you start using Flint water at this location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5c. *IF YES*, when did you stop using Flint water at this location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5d.** **Have your symptoms improved or gone away since you changed your water use at this location?**

No

Yes

Refused

Have not changed water use

Don’t know

1. **When your symptoms started, did you notice changes in your tap water quality (appearance, taste, smell) at home?**

No

Yes

Refused

Don’t know

**6a. *IF YES*, can you please describe the change in water quality?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When your symptoms started, did you notice changes in your water pressure at home?**

No

Yes

Refused

Don’t know

**7a. *IF YES*, did the water pressure:**  Increase?  Decrease?

1. **Did you receive a filter for your water at home?**

No

Yes

Refused

Don’t know

**8a. What type of filter are you using at home?**

Brita

PUR

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8b. When did you receive the filter? Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8c**. **How are you using your filter?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Are you using a different water source than normal for the following activities?**

Washing dishes

Doing laundry

Cooking

Showering

Taking a bath

Using a hot tub

Drinking water

Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refused

Don’t know

1. **Have you changed your behavior or habits for bathing and/or showering?**

No

Yes

Refused

Don’t know

|  |  |  |  |
| --- | --- | --- | --- |
| ***IF YES*, can you please explain how your bathing habits have changed in the following ways:** | | |  |
|  | | |  |
| **10a. Frequency** | **10b. Length** | **10c. Method** |  |
| Shower less frequently  Shower more frequently  Don’t know  Refused | Shorter showers  Longer showers  Don’t know  Refused | Please explain: *(e.g. use of wipes, sponges)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **Do you add anything to your water before using it?**

No

Yes

Refused

Don’t know

**11a. *IF YES*, please explain what you add *(optional:* and the amount you use):**

***Ask about amount if it makes sense based on what they are adding*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you changed your tap water use in any other way?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **When did you start making these changes to your tap water use?**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have your symptoms improved, gotten worse, or stayed the same since you changed your water**

**use?**

Improved

Gotten worse

Stayed the same

Refused

Don’t know

1. **What most influenced you to start making these changes to your tap water use?**

Symptoms

Concerns for health

Media

Doctor’s advice

Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEEKING CARE**

*Note: Please ask these questions of all participants, including those referred by Poison Control.*

1. **Did you seek medical attention for any of the symptoms we just talked about?**

No

Yes

Refused

Don’t know

***IF NO*, it is important that you go see your primary care doctor or a physician for further evaluation. *SKIP TO 15.***

***IF YES:***

**16a. Where did you go? *(check all that apply)***

Primary Care Provider

Emergency Department

Urgent care

Specialist (e.g. dermatologist, eye doctor, etc.)

Alternative health care provider

Other Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16b. Were you hospitalized for this condition?**

Yes

No

Refused

Don’t know

**16b1. *IF YES*, when?**

**16c. Did you receive a diagnosis?**

No

Yes

Refused

Don’t know

**16c1. *IF YES*, what was the diagnosis?** \_\_\_\_\_

**16d. Did you receive treatment?**

No

Yes

Refused

Don’t know

**16d1. *IF YES*, what was the treatment?** \_\_\_\_\_

**16e. Do you give permission for us to speak to your doctor and access your medical records about these visits to your doctor/the hospital? Medical records are very useful and enable us to add additional details to the information you have already given us. We will not access any other part of your medical records.**

No

Yes

**Please provide your doctor’s name and contact information**

**16e1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16e2. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**17. Have you tried any treatments or medications on your own?**

No

Yes

Refused

Don’t know

**17a. *IF YES*, what was the treatment?** \_\_\_\_\_

**GENERAL HEALTH**

**Now I am going to ask you a few questions about your general health.**

1. **Has a doctor ever told you that you have any chronic health conditions, such as diabetes, heart disease, or COPD?**

No

Yes

Refused

Don’t know

**18a. *IF YES*, what are they?**

**18b. When were you told about with this / these conditions? Date:**

1. **Has a doctor ever told you that you have asthma or seasonal allergies?**

No

Yes

Refused

Don’t know

**19a. *IF YES*, what are they?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19b. When were you told about with this / these conditions? Date:**

1. **Has a doctor ever told you that you have a skin condition, including psoriasis, eczema, or dermatitis?**

No

Yes

Refused

Don’t know

**20a. *IF YES*, what skin conditions?** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20b. When were you told about with this / these conditions? Date:**

1. **Do you have any allergies to metals, foods, or anything else?**

No

Yes

Refused

Don’t know

**21a. *IF YES*, what are they?**

**21b. When were you tested for this / these conditions? Date:**

1. **Do you currently take any medications?**

No

Yes

Refused

Don’t know

**22a. *IF YES*, what are they?**

1. **Are you currently a smoker?**

No

Yes

Refused

Don’t know

**23a. *IF YES*, how many packs per day?**

1. **If your problem is related to the water, we would like to schedule your home for water testing. EPA water quality experts would visit your home to take water samples, which would take from 30 to 60 minutes total, from arrival to departure. You must be present in the home during this time. Would you like the EPA to come test your water?**

No

Yes

Refused

Don’t know

**24a. *IF YES*, what is the your:**

Address: \_\_\_\_\_

Street City State Zip

Phone Number: \_\_\_\_\_

Best Day(s) for Testing: \_\_\_\_\_

**Please expect a call from an EPA representative in the next 48 hours to set up a visit to test the water in your home.**

1. **Is there anything else that you think I should know about?**

**That was the last question. Thank you for taking the time to answer our questions.**

**If you are interested in the results of this questionnaire and additional information on water disinfection, please refer to the Flint Water website at**

[**http://www.michigan.gov/flintwater**](http://www.michigan.gov/flintwater)