**Appendix C1: Household Questionnaire**

Form Approved

OMB No. 0923-0048

Exp. Date 04/30/2022

Respondent ID No:

**Environmental Sampling for PFAS at Selected Exposure Assessment Locations,**

**Household Questionnaire**

ATSDR estimates the average public reporting burden for this collection of information as 15 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).

**Thank you for participating in the environmental sampling EI.**

**This household questionnaire should be completed by an adult in the household that:**

* **Provided a blood sample during the Exposure Assessment**
* **Completed and signed Adult Consent Form 1 (Environmental Sampling and Questionnaire)**

**ATSDR will pick up this form from you when we come to your home for the environmental sampling.**

**Demographics**

**Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_ (Month/Day/Year)

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

**Residence**

1. Do you still live in the home you lived in when you were tested during the Exposure Assessment (date of EA)? ­­

* ­Yes
* No

1. What is your annual household income?

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

* Don’t know
* Prefer not to answer

1. What was your annual household income during the Exposure Assessment [insert year of EA for each site here]?

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

* Don’t know
* Prefer not to answer

**Water**

1. What was the main source of drinking water in your home prior to [the date the PFAS in the water was mitigated]?
   * Municipal water directly from the tap
     + If yes, what is the name of the public water system you were served by?

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

* + Municipal water directly from the tap – filtered
    - If yes, what is the name of the public water system you were served by?

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

* + Bottled water
  + Other

1. Prior to the PFAS being mitigated from your water on [insert specific date], which, if any, water filter or treatment device did you use to filter or treat the tap water you drink? (select all that apply)

|  |  |
| --- | --- |
| * Under the sink carbon filter or treatment device | * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Faucet filter or treatment device | * Don’t Know |
| * Pitcher filter | * Refused to answer |
| * Refrigerator filter | * Not Applicable |
| * None, use bottled water only | * None, no filter or treatment device used |

1. If you used a filter or treatment device, when did you start filtration (mm/dd/yyyy)?

* Yes
  + If yes, what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
* Don’t know

1. If you used a filter or treatment device, was it maintained and replaced according to manufacturer’s recommendations?

* Yes
* No
* Don’t know

1. After the PFAS was removed or mitigated (date of mitigation), what was your main source of drinking water in your home?
   * Municipal water directly from the tap
   * Municipal water directly from the tap – filtered
   * Bottled water
   * Other
2. After the PFAS was removed or mitigated [insert specific date], which, if any, water filter or treatment device do you use to filter or treat the tap water you drink? (select all that apply)

|  |  |
| --- | --- |
| * Whole house carbon filter | * Reverse osmosis (RO) system |
| * Under the sink carbon filter | * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Faucet filter | * Don’t Know |
| * Pitcher filter | * Refused to answer |
| * Refrigerator filter | * Not Applicable |
| * None, use bottled water only | * None, no filter, or treatment device used |

1. If you began using a filter after the PFAS was removed or mitigated, when did you start filtration (mm/dd/yyyy)?

* Yes
  + If yes, what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
* Don’t know

1. Was the filter or treatment device you used after the PFAS was removed or mitigated from your water maintained and replaced according to manufacturer’s recommendations?

* Yes
* No
* Don’t know

1. Which, if any, water filter or treatment device are you currently using to filter or treat household water for exterior use? (e.g., gardening) (select all that apply)

|  |  |
| --- | --- |
| * Whole house carbon filter | |
| * Reverse osmosis (RO) system | |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Don’t Know | |
| * Refused to answer | |
| * Not Applicable | |
| * None, no filter or treatment device used | |

**Housing Characteristics**

**Flooring**

1. What is the approximate square footage of your home?

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

1. Do you generally leave windows open in your home?

* Yes
* No
* Don’t know

1. What type(s) of flooring do you have in the following rooms? When was it installed?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Room** | **Hardwood** | **Tile** | **Laminate** | **Carpet** | **Vinyl** | **Other** | **Don’t know** |
| Living Room |  |  |  |  |  |  |  |
| Bedrooms |  |  |  |  |  |  |  |
| Kitchen |  |  |  |  |  |  |  |
| Bathroom |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

1. If you have carpet or rugs in your home, have you ever treated that carpet/rug with stain-resistant products?

* Yes
* No
* Don’t know

1. If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever used a professional carpet cleaning or treatment service?

* Yes
* No
* Don’t know

1. If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have any furniture (couch, etc.) or carpeting/rugs in your house that were pre-treated with stain-resistant products?

* Yes
* No
* Don’t know

1. Do you have upholstered furniture that you treat with stain-resistant products?

* Yes
* No
* Don’t know

1. If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surfaces**

1. How often do you dust or wipe down surfaces in your home, including windowsills?

* Daily
* Weekly
* Monthly
* Seasonally
* Never
* Don’t know

**24.** How often do you clean the floors in your room (e.g., sweep, mop, vacuum)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Room** | **Everyday** | **A few times a week** | **A few times per month** | **A few times a year** | **Never** | **Don’t know** | **Preferred not to answer** |
| Living Room |  |  |  |  |  |  |  |
| Bedrooms |  |  |  |  |  |  |  |
| Kitchen |  |  |  |  |  |  |  |
| Bathrooms |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Consumer Products**

1. Do you currently use any of the following products in your home? (Check box)

|  |  |  |  |
| --- | --- | --- | --- |
| **Product type** | **No** | **Yes – use them occasionally (monthly)** | **Yes – use them often (daily or weekly)** |
| **Food contact materials** | | | |
| Paper products (plates, cups) |  |  |  |
| Fast food clamshells (paper) |  |  |  |
| Fast food containers (paper, cardboard) |  |  |  |
| Cupcake or muffin paper cups |  |  |  |
| Food contact paper (parchment paper) |  |  |  |
|  |  |  |  |
| **Apparel/clothing/gear** | | | |
| Waterproof shoes |  |  |  |
| Water resistant jackets or coats |  |  |  |
| Stain resistant products (clothing) |  |  |  |
| Outdoor gear - tent |  |  |  |
| Waterproofing treatment for apparel (shoe, textile, and leather) |  |  |  |
| **Surface treatment products** | | | |
| Floor wax, sealants, or polish |  |  |  |
| Kitchen counter sealant |  |  |  |
| Furniture polish |  |  |  |
| Boat, Car, Ski wax |  |  |  |
| Lubricants (bicycles, etc.) |  |  |  |
| Car detailing products |  |  |  |

1. Do you have any pets that spend time both indoors and outdoors?

* Yes
* No

1. Do you have a yard?

* Yes
* No

1. Do you have your lawn treated or do you treat your lawn with treatment products (fertilizers, weed or insect treatment)?

* Yes
* No
* Don’t know

1. How often did you water your lawn before the PFAS was removed or mitigated from your water?

* Daily
* Weekly
* Monthly
* Never
* Don’t know

1. How often do you water your lawn after PFAS was removed or mitigated from your water?

* Daily
* Weekly
* Monthly
* Never
* Don’t know