

Appendix C1: Household Questionnaire

Respondent ID No:

Form Approved
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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
2. What is your annual household income?

-
- Don't know
 - Prefer not to answer

3. 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

4. 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

5. 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)

- | | |
|--|---|
| <input type="radio"/> Under the sink carbon filter or treatment device | <input type="radio"/> Other, specify:
_____ |
| <input type="radio"/> Faucet filter or treatment device | <input type="radio"/> Don't Know |
| <input type="radio"/> Pitcher filter | <input type="radio"/> Refused to answer |
| <input type="radio"/> Refrigerator filter | <input type="radio"/> Not Applicable |
| | <input type="radio"/> None, no filter or treatment device |

only

used

6. 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
7. If you used a filter or treatment device, was it maintained and replaced according to manufacturer's recommendations?
- Yes
 - No
 - Don't know
8. 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
9. 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)
- | | |
|--|---|
| <input type="radio"/> Whole house carbon filter | <input type="radio"/> Reverse osmosis (RO) system |
| <input type="radio"/> Under the sink carbon filter | <input type="radio"/> Other, specify:
_____ |
| <input type="radio"/> Faucet filter | <input type="radio"/> Don't Know |
| <input type="radio"/> Pitcher filter | <input type="radio"/> Refused to answer |
| <input type="radio"/> Refrigerator filter | <input type="radio"/> Not Applicable |
| <input type="radio"/> None, use bottled water only | <input type="radio"/> None, no filter, or treatment device used |
10. 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

11. 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

12. 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

<input type="radio"/> Other, specify: _____
<input type="radio"/> Don’t Know
<input type="radio"/> Refused to answer
<input type="radio"/> Not Applicable
<input type="radio"/> None, no filter or treatment device used

Housing Characteristics

Flooring

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

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

- Yes
- No
- Don’t know

15. 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							

16. 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

17. If yes, how often? _____

18. Have you ever used a professional carpet cleaning or treatment service?

- Yes
- No
- Don't know

19. If yes, how often? _____

20. 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

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

- Yes
- No
- Don't know

22. If yes, how often? _____

Surfaces

23. 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

25. 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			

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

- Yes
- No

27. Do you have a yard?

- Yes
- No

28. 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

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

- Daily
- Weekly
- Monthly
- Never
- Don't know

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

- Daily
- Weekly
- Monthly
- Never
- Don't know