

# Fire and Water Project

## Self-Administered Questionnaire

Participant Number

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Interviewer initials \_\_\_\_\_

Date: \_\_\_\_\_  
month/day/year

1. What year was your home originally built? \_\_\_\_\_
2. What water do you primarily drink when you are at home?
  - ☐ Municipal water (including both filtered and unfiltered water)
  - ☐ Trucked-in water
  - ☐ Bottled water
  - ☐ Other water source (please specify): \_\_\_\_\_
  - ☐ Not living in the home
3. Are you using the water from an indoor or outdoor tap for any of the following? (Check all that apply)
  - ☐ Drinking
  - ☐ Cooking
  - ☐ Showering/bathing
  - ☐ Dishwashing
  - ☐ Laundry
  - ☐ Gardening
  - ☐ Washing car, driveway
  - ☐ Other (please specify): \_\_\_\_\_
  - ☐ Living in the home but not using any tap water
  - ☐ Not living in the home
4. Is the tap water filtered or treated in the home to remove chemicals?
  - ☐ Yes, using a filter like Brita or PUR in a pitcher or on a faucet
  - ☐ Yes, filtered water from my refrigerator
  - ☐ Yes, using reverse osmosis (under sink or whole house)
  - ☐ Yes, filtered with another type of filter (under sink or whole house)
  - ☐ Using a dedicated water tank filled from a truck
  - ☐ No
  - ☐ Don't know
5. Have you had the tap water in your home tested for contaminants?
  - ☐ Yes - sent it to a lab myself
  - ☐ Yes - tested by an agency. Please specify agency: \_\_\_\_\_
  - ☐ No, not tested at the tap
  - ☐ Don't know

# Fire and Water Project

## Self-Administered Questionnaire

Participant Number

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- a. If yes, were any contaminants detected in the testing, that you know of?

- ☐ Yes. Please list any that you remember: \_\_\_\_\_
- ☐ No
- ☐ Don't know

6. How many people are living in the home currently? \_\_\_\_\_ (Write in number)  
Please list the age in years (or approximate age) of each person in the home:

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Water Quality Questions

7. Have you ever noticed any of the following problems with the quality of your tap water? (Select all that apply)

- a. Abnormal taste

- ☐ Yes
- ☐ No

- b. Abnormal odor

- ☐ Yes
- ☐ No

- c. Abnormal color, or cloudiness

- ☐ Yes
- ☐ No

- d. Other problem (please specify): \_\_\_\_\_

8. If you have noticed a problem with the quality of your tap water, please select one of the following:

- ☐ The problem started before the fire
- ☐ The problem started after the fire and it is still a problem
- ☐ The problem started after the fire but it is no longer a problem
- ☐ I didn't notice the problem right after the fire, but I have more recently
- ☐ Something else. Please describe: \_\_\_\_\_

9. Have you received a warning or advisory about your drinking water quality? (Select all that apply)

- a. From your water company

- ☐ Yes
- ☐ No

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b. From the media

☐ Yes

☐ No

c. From friends or neighbors

☐ Yes

☐ No

d. Other (please specify): \_\_\_\_\_

10. Are you worried about the safety of your drinking water after the fire?

☐ Yes, very worried

☐ Yes, slightly concerned

☐ Not particularly worried

☐ Not worried at all

### Water Use Questions:

Please answer the following questions for yourself, and then for each of the other members of the household, if possible.

11. Over the last two weeks, on average, how many baths or showers did you take each week in your home? (Please enter a number between 0 and 21) \_\_\_\_\_

12. On average, how many minutes do you spend in the water when you take a shower or bath? (Please enter a number between 1 and 60) \_\_\_\_\_

13. Do you have a swimming pool or spa that you fill with water from an indoor or outdoor tap?

☐ Yes

☐ No

a. If yes, on average, how many total minutes have you spent in the pool or spa *this past week*? (Please enter a number between 0 and 500) \_\_\_\_\_

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14. Over the past two weeks, please check (✓) how much you typically drank the following beverages. **Only include those made with household tap water.**

Type of Drink	How Much Per Day								
	1 a day	2 a day	3 a day	4 a day	5 a day	6+ a day	Occasionally (not every day)	Drank but don't know how much	Never
a. A glass of water									
b. A cup of hot coffee, tea, or cocoa									
c. Soup made with tap water									
d. A glass of iced tea									
e. Other beverage containing cold tap water									

*Almost there, please turn to the last page...*

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## Health Symptoms

15. Have you experienced any new health issues or have you had any previous health issues get better or worse since the fire? (Check ✓ all that apply)

Health issue	I had this before the fire and...		I had this for the first time after the fire
	it got worse after the fire	it got better after the fire	
a. Chronic skin rashes or infections			
b. Hair changes, such as dry hair, dandruff, hair loss or thinning, etc.			
c. Frequent headaches			
d. Frequent fatigue			
e. Frequent dizziness			
f. Heart palpitations			
g. Sensitivity to odors or chemicals			
h. Frequent eye itching or redness			
i. Abdominal pain or cramps			
j. More than one episode of vomiting or diarrhea			
k. Stress/anxiety			
l. Anemia			
m. Other (describe):			

16. Is there anything you'd like to add about your household water quality, or health concerns that you think may be related to water quality?

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17. What is the best contact information for us to return summary results from the study, and if you asked for it, for return of your individual results?

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18. If we cannot locate you at the above when the study results become available, who should we contact to find you?

\_\_\_\_\_  
[name/address/email/phone]

**Thank you for your participation in the Fire and Water project!**