

New Jersey Household Water Testing and Treatment Survey

Guidelines

- ✓ Please have an **adult (18 years or older)** in your home complete the survey.
- ✓ Answer survey items for your home **at this mailing address**.
- ✓ Choose the answer that is the closest fit. **There are no right or wrong answers**.
- ✓ Please return the completed survey in the enclosed postage-paid envelope.

PLEASE START HERE

- 1) **Does this property have a well that supplies water to the house?**
 - Yes → *Please continue*
 - No → *Please go to question 25 on page 8*
 - Don't Know → *Please go to question 25 on page 8*

- 2) **How often do you use this well for drinking water?**
 - Seldom or Never
 - Sometimes
 - Mostly or Always

- 3) **What are your thoughts about testing your well water for arsenic?**
(Please choose the ONE that best applies)
 - Never thought about it
 - Thought about it but decided it is not needed
 - Undecided about testing
 - Plan to test for arsenic
 - Test has been completed

- 4) **What are your thoughts about testing your well water for naturally occurring radioactive elements (gross alpha)?** *(Please choose the ONE that best applies)*
 - Never thought about it
 - Thought about it but decided it is not needed
 - Undecided about testing
 - Plan to test for gross alpha
 - Test has been completed

Well water testing:

- 5) **Have you ever had your well water tested by a lab?**
 - Yes → *Please continue with question 6*
 - No → *Please skip to question 14 on page 3*
 - Don't know → *Please skip to question 14 on page 3*

- 6) **Approximately when was your well water last tested?** *(Please choose ONE)*
 - Within the past 12 months
 - 1 - 5 years ago
 - More than 5 years ago
 - ↳ Before September 2002 September 2002 or later
 - Don't know

- 7) **Was your well water tested when you purchased your home?**
 - Yes
 - No

- 8) **What was the price you paid for your water test?** _____

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9) What was your water tested for the last time it was tested?

(Please choose ALL that apply)

<input type="checkbox"/> Bacteria	<input type="checkbox"/> Hardness
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Manganese
<input type="checkbox"/> Lead	<input type="checkbox"/> Naturally occurring radioactive elements (Gross Alpha)
<input type="checkbox"/> Nitrates	<input type="checkbox"/> Iron
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other (write in) _____

10) Has a test of your water ever shown a problem with any of the following?

(Please choose ALL that apply)

<input type="checkbox"/> Bacteria	<input type="checkbox"/> Hardness
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Manganese
<input type="checkbox"/> Lead	<input type="checkbox"/> Naturally occurring radioactive elements (Gross Alpha)
<input type="checkbox"/> Nitrates	<input type="checkbox"/> Iron
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other (write in) _____

11) If your well was tested for arsenic, what was the highest arsenic level measured?

- 5 µg/L or less
- between 5 µg/L and 10 µg/L
- between 11 and 50 µg/L
- between 51 and 100 µg/L
- greater than 100 µg/L
- Don't remember
- Never tested for arsenic

1 µg/L = 1 ppb = .001 mg/L
µg/L = micrograms per liter
ppb = parts per billion
mg/L = milligrams per liter

12) If your well test showed a water problem, did you do any of the following to help you understand the problem and what to do about it? (Please choose ALL that apply)

- I called the New Jersey Department of Health
- I called the Department of Environmental Protection
- I called the county or local health department
- I called the lab that did the test
- I called a plumber or water treatment company
- I spoke to friends or family
- I did research online
- Other, specify _____
- None of the above
- My well test did not show any problems

13) What are the main reasons you had your water tested? (Please choose ALL that apply)

- I test my water on a regular basis
- To know if my well water is safe to drink
- I received a notice from a local authority recommending I test
- There was a noticeable problem (smell, taste, appearance) with our well water
- There are children/babies/pregnant women in our home
- Well water testing is required by state or local agency
- We had a new well constructed
- Promotional offer from private company
- I heard about a well water quality problem in our neighborhood
- I saw news coverage about groundwater arsenic in our area
- Real estate transaction requirement (buying or selling a home)
- Other (write in) _____

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Well water treatment:

14) How satisfied are you with your unfiltered, untreated, unsoftened well water?

(Circle one number per statement)

	Disagree Strongly	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Strongly
The overall quality of my untreated water is good	1	2	3	4	5	6
I like my untreated well water (e.g. taste, smell, looks)	1	2	3	4	5	6
My untreated well water is perfectly safe to drink	1	2	3	4	5	6

15) Please select all that apply regarding the filters or treatments that you use on your well water.

- We don't use any treatment → *Please go to question 19 to continue*
- Pitcher-type water filter (e.g. Brita)
- Refrigerator filtration system
- Treat at point of use/under sink (*check which types*)
 - ↳ Carbon filter Distillation
 - Reverse osmosis Granular Ferric Adsorption
 - Water softener Don't know
- Treat all water in the home (*check which types*)
 - ↳ Distillation Sediment filter
 - Reverse osmosis Granular Ferric Adsorption
 - Water softener Anion Exchange
 - Don't know
- Drink only purchased bottled water
- Other (*write in*) _____
- Don't know

16) Why did you choose to treat your water this way? (Please choose ALL that apply)

- Results of laboratory test showed we needed treatment for one or more of the following:
 - ↳ Arsenic Bacteria
 - Lead Naturally occurring radioactive elements (Gross alpha)
 - Nitrates Hardness
 - Iron Manganese
 - Don't know Other (*write in*) _____
- Didn't like the taste
- Installed by previous house owner
- Other (*write in*) _____
- Don't know

17) Has your treated water ever been tested by a lab?

- Yes
- No
- Don't Know

18) Do you perform routine maintenance on your water treatment system?

For example - add salt, change filter cartridges, etc. (Please choose only ONE)

- As recommended
- Less often
- Much less often
- Rarely or never
- I don't know

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Your thoughts about testing your well water:

19) Please tell us how much you agree or disagree with each of the following statements about your well water. (Circle one number for each statement.)

	Disagree Strongly	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Strongly
I have never thought about having my well water tested	1	2	3	4	5	6
Wells in this area are at risk of being contaminated	1	2	3	4	5	6
My family is at risk for drinking contaminated well water	1	2	3	4	5	6
Adverse health effects from drinking well water are overblown	1	2	3	4	5	6
My well water quality can change over time	1	2	3	4	5	6
Water testing results are helpful to protect the health of my family	1	2	3	4	5	6
Regularly testing my well water is too expensive	1	2	3	4	5	6
I feel safer having my well tested by a lab	1	2	3	4	5	6
Regularly testing my water takes too much time	1	2	3	4	5	6
Finding a well testing service is too difficult	1	2	3	4	5	6
I feel better not knowing what is in my well water	1	2	3	4	5	6
I believe most of my neighbors regularly test their well water	1	2	3	4	5	6
My relatives have recently tested their well water	1	2	3	4	5	6
My friends have recently tested their well water	1	2	3	4	5	6
I think most of my neighbors expect me to regularly test my water	1	2	3	4	5	6
I feel personally obligated to test my well water	1	2	3	4	5	6
Local authorities have recommended I test my well water	1	2	3	4	5	6
It is my responsibility to have my water tested	1	2	3	4	5	6
I know who to contact to get my well water tested	1	2	3	4	5	6

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	Disagree Strongly	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Strongly
I am confident I can manage regularly testing my water	1	2	3	4	5	6
I plan to have my well water tested within the next year	1	2	3	4	5	6
I would like to get my well tested, but I keep forgetting to	1	2	3	4	5	6
I am committed to monitoring the quality of my well water	1	2	3	4	5	6
I am concerned that a bad water test result will hurt my property value	1	2	3	4	5	6

Your thoughts about arsenic:

20) Please tell us how much you agree or disagree with each of the following statements about arsenic. (Circle one number for each statement.)

	Disagree Strongly	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Strongly
We can be exposed to arsenic from our well water	1	2	3	4	5	6
There is a considerable risk that wells in this town are contaminated with arsenic	1	2	3	4	5	6
Our household is at risk of drinking arsenic-contaminated well water	1	2	3	4	5	6
I know someone with an arsenic well problem	1	2	3	4	5	6
Arsenic-related health effects are likely to be serious	1	2	3	4	5	6
Years of exposure increases our arsenic-related health risks	1	2	3	4	5	6
The health risks from arsenic exposure are overblown	1	2	3	4	5	6
There is nothing I can do about the arsenic level in my well water	1	2	3	4	5	6
Children and pregnant women are especially vulnerable to arsenic-related health risks	1	2	3	4	5	6

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Your thoughts about well water treatment:

21) Please tell us how much you agree or disagree with each of the following statements about water treatment. (Circle one number for each statement.)

	Disagree Strongly	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Strongly
Treating my water is good for my health	1	2	3	4	5	6
Treating my well water reduces my risk for disease	1	2	3	4	5	6
I feel safer drinking treated water	1	2	3	4	5	6
Treating my water is too expensive	1	2	3	4	5	6
Treating my water is too much hassle	1	2	3	4	5	6
I believe some of my neighbors treat their water	1	2	3	4	5	6
My relatives treat their well water	1	2	3	4	5	6
I think my neighbors would expect me to treat my water if it did not meet safety standards	1	2	3	4	5	6
Local authorities would advise me to not drink my well water if it did not meet safety standards	1	2	3	4	5	6
If my well did not meet water standards I would feel a personal obligation to have it treated	1	2	3	4	5	6
I know where to get information about water treatment options	1	2	3	4	5	6
I am confident I could choose a water treatment system if necessary	1	2	3	4	5	6
I know how to find a company to install a treatment system	1	2	3	4	5	6
I am confident I can maintain a water treatment system, even if there are additional costs	1	2	3	4	5	6
I am committed to drinking safe water	1	2	3	4	5	6

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Your actions and preferences:

22) Which of the following would prompt you to have your well tested?

(Please choose up to THREE that best apply)

- A change in the taste, smell, or appearance of my water
- Learning that some wells in my town are contaminated
- Learning that my neighbors have contaminated well water
- A discount on a well water test
- Well testing available for free
- Getting a reminder notice to have my well water tested
- A state or local requirement for water testing
- A pregnant woman, baby or child living in my home
- Unexplained health problem such as frequent diarrhea or stomachaches
- Learning that arsenic in my drinking water could increase my risk for cancer
- Other (write in) _____

23) Would you take any of the following actions if your well test showed higher than recommended levels of arsenic? (Circle one number for each statement.)

I would:	Disagree Strongly	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Strongly
Take no action	1	2	3	4	5	6
Start or increase use of bottled water	1	2	3	4	5	6
Install a new kitchen tap/under sink water treatment system	1	2	3	4	5	6
Install a new whole-house treatment system	1	2	3	4	5	6
Request or perform maintenance on existing water treatment system	1	2	3	4	5	6
Drill another well	1	2	3	4	5	6

24) Where would you look for information to help you manage the safety and quality of your well water? (Fill in the corresponding letter to indicate your 1st, 2nd, and 3rd choice.)

___ 1st choice

___ 2nd choice

___ 3rd choice

A. Online (website)	G. Water testing laboratory
B. NJ Department of Health	H. Well drilling company
C. Government agency	I. Water treatment company
D. County/Town/Municipality office	J. Local school/library
E. NJ Department of Environmental Protection	K. Hospital/Health Center
F. Cooperative Extension Office	L. Other (write in) _____

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About you and your home:

25) Which of the following best describes the property at this mailing address?

- My home that I own
- My home that I rent
- Vacation or seasonal home
- Business only
- Other. Specify _____

26) How many years have you lived in this home? _____ YEARS

27) In what year were you born? _____

28) What is your gender?

- Male
- Female

29) What is the highest level of formal education you have completed?

- Some high school or less
- High school/GED
- Some college
- Technical/Community College
- Bachelor's degree
- Some graduate school
- Graduate degree

30) What is your employment situation?

- Working full-time
- Working part-time
- Homemaker
- Retired
- Unemployed
- Student
- Other (please specify): _____

31) What was your approximate household income in 2013?

- Under \$25,000
- \$25,000 - \$50,000
- \$50,000 - \$75,000
- \$75,000 - \$100,000
- \$100,000 - \$125,000
- \$125,000 - \$150,000
- Higher than \$150,000
- Do not wish to answer

32) How many **adults** age 21 or older (including you) currently live in your home? _____

33) How many **children/youth** age 20 or younger currently live in your home? _____

34) If there are children in the home, what is the **age of the youngest child**? _____

35) Are there any pregnant women in the home? Yes No

Thank you, please mail this in the enclosed postage-paid envelope now.