

Water quality and pollution survey

Answer for the home you live in and the water around it. Please leave off your name and street address.

Neighborhood or area

Date

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

1 Where does the water from your taps come from?

☐ A public supply ☐ A private well ☐ A shared well ☐ A rainwater tank ☐ Not sure

2 What do you mostly drink at home?

☐ Tap water as it comes ☐ Filtered tap water ☐ Boiled tap water ☐ Bottled water ☐ Something else

3 In the past 12 months, which of these have you noticed in your tap water? (tick all that apply)

☐ Bad or rotten egg smell ☐ Odd or salty taste ☐ Cloudy, frothy or colored ☐ Stains on sinks or laundry
☐ None of these

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
4 My tap water tastes fine to me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
5 Water from my taps is clear in a glass.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
6 I feel safe drinking water straight from my tap.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
7 My supplier tells me clearly when something goes wrong.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
8 I know how to find out what is in my water.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
9 Local rivers and beaches are clean enough to swim in.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
10 I know what I can do at home to keep local water clean.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					

11 Overall, how would you rate your tap water?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very poor

12 What would make you more confident about the water where you live?

Thank you. Your answers are anonymous.

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Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Rivers, lakes and the coast

13 In the past 12 months, how often have you swum, fished or paddled in local water?

- ☐ Every week ☐ Every month ☐ A few times ☐ Never

14 In the past 12 months, which of these have you seen in a river, lake or beach near you? (tick all that apply)

- ☐ Litter or plastic ☐ Oily film ☐ Foam or scum ☐ Green water ☐ Dead fish ☐ None of these

15 What do you think pollutes the water near you most?

- ☐ Sewage ☐ Farm runoff ☐ Factories ☐ Street runoff and litter ☐ Not sure

16 In the past 12 months, have you stayed out of the water because of a warning sign?

- ☐ Yes ☐ No ☐ I never go in

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
17 I know who to contact if I see pollution in the water.	☐	☐	☐	☐	☐

18 Which stretch of water near you worries you most, and what have you seen there?

Views on water pollution (class projects)

19 How serious is water pollution where you live?

- ☐ Very serious ☐ Somewhat serious ☐ Not very serious ☐ Not a problem ☐ Not sure

20 Who should do the most to keep local water clean?

- ☐ Households ☐ Businesses and farms ☐ Local council ☐ National government
☐ Everyone equally

21 Would you join a clean-up of a local river or beach?

- ☐ Yes ☐ Maybe ☐ No ☐ I already do

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Wells, tanks and old pipes

22 When was your well or tank water last tested by a lab?

- ☐ This past year ☐ 1 to 3 years ago ☐ Longer ago ☐ Never ☐ Not sure

23 Which of these are close to your well or tank? (tick all that apply)

- ☐ Septic tank ☐ Farm or crops ☐ Fuel tank ☐ Salted road ☐ None

24 In the past 12 months, has flood water reached your well or tank?

- ☐ Yes ☐ No ☐ Not sure

25 When was your home built?

- ☐ Before 1986 ☐ 1986 or later ☐ Not sure

26 What is the pipe from the street to your home made of?

- ☐ Lead ☐ Copper ☐ Plastic ☐ Galvanized steel ☐ Not sure

Drains, gardens and habits

27 What do you usually do with leftover cooking fat or oil?

- ☐ Sink drain ☐ Trash ☐ Drop-off point ☐ Compost ☐ Not sure

28 What do you do with medicines you no longer need?

- ☐ Take-back drop-off ☐ Trash ☐ Flush them ☐ Keep them ☐ Not sure

29 How often do you use fertilizer or weed killer outdoors?

- ☐ Monthly or more ☐ A few times a year ☐ Once a year ☐ Never ☐ No garden

30 Where is your car usually washed?

- ☐ At a car wash ☐ On the driveway or street ☐ On the lawn ☐ No car

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
31 I would change a habit if it kept local water cleaner.	☐	☐	☐	☐	☐

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Drinking water at home

32 How often do you drink tap water at home, filtered or not?

☐ Several times a day ☐ About once a day ☐ A few times a week ☐ Rarely ☐ Never

33 In the past 12 months, have you been told to boil your tap water?

☐ Yes ☐ No ☐ Not sure

34 Have you seen your supplier's yearly water quality report?

☐ Yes, and read it ☐ Yes, not read ☐ No ☐ Not sure

35 Other than a bill, has your water supplier contacted you in the past 12 months?

☐ Yes ☐ No ☐ Can't remember

36 How would you most like to hear about a problem with your water?

☐ Text message ☐ Email ☐ Phone call ☐ Social media ☐ Door notice

37 Who would you trust most to tell you your water is safe?

☐ My water supplier ☐ Health department ☐ Scientists ☐ Local news ☐ Neighbors

About you (optional)

38 Do you own or rent your home?

☐ Own ☐ Rent ☐ Other

39 Which neighborhood or postal area do you live in?

Thank you. Your answers are anonymous.

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