

LEAD EXPOSURE ASSESSMENT FOR DRINKING WATER STUDY

SURVEY FOR HOMES

Study participant _____ Date of home visit _____

Neighborhood _____ Home visitor _____

Contact Information

1. Address: _____

2. Contact Phone: _____ Contact email: _____

3. Prefer to be contacted by: Phone Email

Water Tested

4. Tap to be tested: Kitchen Water-fountain Other: _____

5. Floor of tap to be tested: 1st 2nd 3rd Other: _____

Home Information

6. Do you own the home or rent? Own Rent

7. Type of building: Single family Double 4-Plex Larger Apartment/Condo

8. How old is the building/home? Year/Decade: _____ *OR* Pre1950 Post1950 Unknown

9. What year did you move into the home? _____

10. If no one currently lives in the home, how long has it been uninhabited? _____

11. Any new plumbing inside the home? Yes No Unknown

12. If known, when was the most recent plumbing repairs made (note location): _____

13. Do you know if any of these materials are in your plumbing? (check all that apply):

Lead Plastic Galvanized metal Cast iron Copper Brass

Other: _____

Not sure about all plumbing materials in the home

Do not know about any of the plumbing materials in the home

14. Do you have lead water service lines from the home to the street? Yes No Unknown
a. If you don't know but want to find out you can go through the steps here to find out:
<http://apps.npr.org/find-lead-pipes-in-your-home/#intro>
Or scan the QR code with your smart phone or tablet.



- b. Indicate if you went through this process to find out: Yes, I followed these steps No
15. Any partial or full replacement of water lines outside home? A full replacement is replacement of pipes from the home to the water main in the street. A partial replacement is just replacement of pipes from the meter to the main or from the meter to the home. None Partial Full Unknown
16. Any work on street or sidewalk in the last 6 months *within your block*? Yes No
17. Number of occupants in your building: _____
18. Number of occupants under the age of 6 years in your home: _____
a. Are the children home-bound? Yes No Part-time
b. Any there any other home-bound inhabitants? Yes No Part-time

Environmental Lead Levels

19. Ever tested the home for lead before? Yes No
a. If yes, did you have lead anywhere? Yes No
b. Where was the lead found? _____
c. Did you remediate or remove the lead source? Yes No Unknown

Water Use

20. Source of drinking water?
 Bottled water Filtration system Tap water (unfiltered) Pitcher filter
 Other: _____
21. Do you ever use unfiltered water for cooking? Yes No
22. Do you ever use unfiltered water for drinking? Yes No
23. Do you ever use unfiltered *HOT* water for either drinking or cooking? Yes No
24. Do you flush your tap water before using? Yes No
a. If yes, for how long? _____
25. Does the tip of your kitchen faucet have a filter on it (aerator filter)? Yes No
26. If so, do you ever clean the filter at the end of your faucet? Yes No
a. If yes how often? 1/week 1/month Other: _____
27. If you have infants, have you used unfiltered tap water for milk formula? Yes No

28. Average number of cups of *unfiltered* home tap water you drink per day: _____
29. If you have water filtration system, what kind? _____
30. Do you see any signs of corrosion in your plumbing, such as frequent leaks, rust-colored water or stained dishes or laundry? Yes No
31. Does your water have a bad (metallic) taste? Yes No
32. What is your reported water usage on your Sewerage and Water Board Bill for your last water bill? See "THIS BILL" at top of your last S&WB statement:
- a. Reading Date: _____
- b. Water Usage (100 gal): _____
- c. Age Usage/Day (100 gal): _____

Socio-demographic Information

We collect this information to make sure we are reaching low-income, minority populations who may be in need of outreach. This information will help us characterize our study population and redirect efforts if needed.

33. Race: Caucasian African-American Latin Asian Other _____
34. Home Net Income: ≤\$25k \$26-50k \$51-75k \$76-100k >100k
35. Highest degree earned: Grade school High school College Graduate

Knowledge and Concerns

36. Have you ever been told about health hazards of lead, lead sources and ways to reduce exposures to lead by your doctor or other public health official? Yes No
- a. If yes, who was the source of this info? _____
37. Any lead-related issues or concerns? _____
- _____
- _____

Lead Poisoning

38. Have you ever had your child tested for lead? Yes No (jump to question 39)
- a. If so was his/her lead elevated (>5 ug/dL)? Yes No
- b. What was the age of the child and year of test? _____
- c. If you know the source of exposure, what was it? _____
- d. Did you remove or remediate the source of exposure? Yes No
- e. If you tested the child's blood lead level again after you removed the source of exposure how did his/her blood lead level change? Went up Went down Stayed same

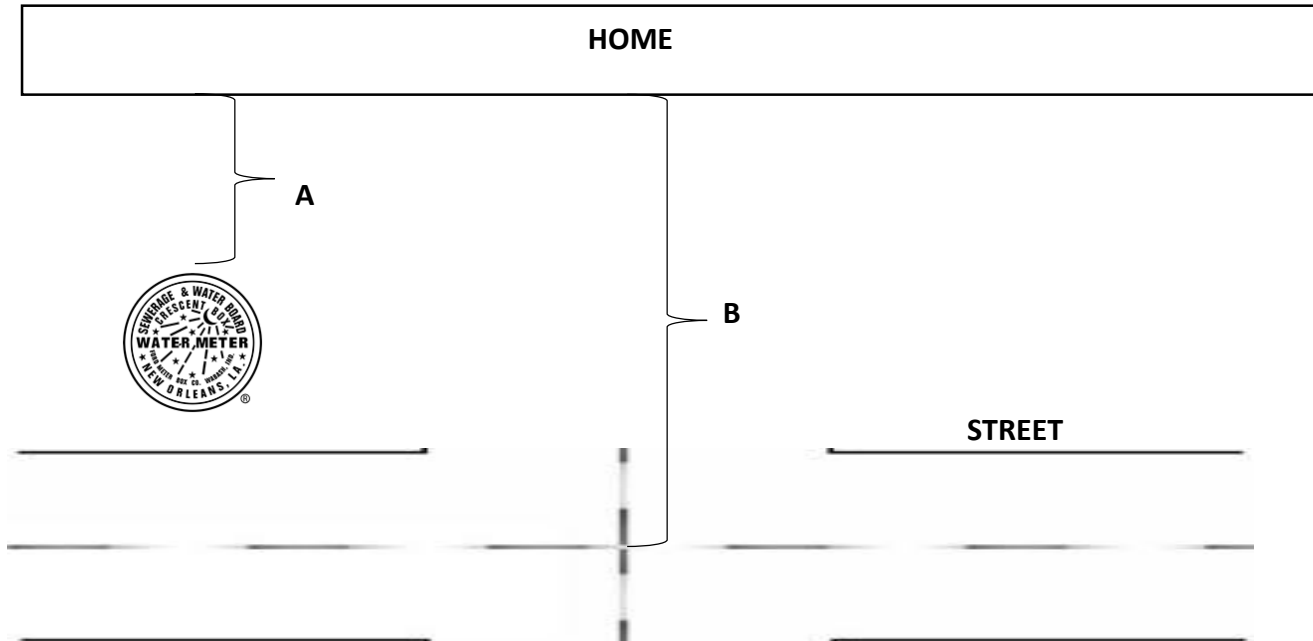
Home Measurements (feet) (if have time)

If you have time, please see the diagram on the following sheet and get measurements for your home's plumbing. This information may assist us in estimating optimal flush times for reducing people's exposure to lead.

39. Distance from shut-off valve or water meter to front of home (A): _____

40. Distance from water main in middle of street to front of home (B): _____

41. Distance of internal plumbing from front of home to tap to be tested: _____
(Measured along the wall from the front where pipe enters home to the tap)



42. Finally, how did you find out about the study?

LSUHSC letter

Media

Word of mouth

Other: _____

Use this space for any additional comments or concerns.

**Thank you for participating in this study.
We will contact you shortly as soon as the water test results are received,
and give you guidance on next steps if needed.**