APPENDIX A
Virginia Tech Home Drinking Water Survey

The first seven questions are about your home drinking water. The water itself.

1. If you were concerned about your home drinking water quality who would you contact for information? (Please check up to 3 choices.)
   ___ Doctor’s office ___ Health department ___ Landlord ___ Neighbor or friend
   ___ Neighborhood association ___ Plumber or home supply store ___ Water authority ___ Other (please specify) _____________________

2. Overall, how satisfied are you with the taste of your home drinking water?
   ___ Very satisfied ___ Somewhat satisfied ___ Somewhat dissatisfied ___ Very dissatisfied

3. Overall, how satisfied are you with the safety of your home drinking water?
   ___ Very satisfied ___ Somewhat satisfied ___ Somewhat dissatisfied ___ Very dissatisfied ___ Don’t know

4. Do you use any of the following to improve your home drinking water? (Check all that apply)
   ___ A filter for the entire home water system ___ A pitcher or bottle that filters drinking water
   ___ A filter as part of the refrigerator ___ A filter on faucet or under kitchen sink
   ___ Commercially delivered drinking water ___ Store purchased drinking water ___ Water softener

5. If you checked any item in question 4, why do you do so? Check the most important reason.
   ___ Improve safety of my drinking water ___ Improve taste or smell of my drinking water
   ___ Improve the look of my drinking water ___ Sales information or presentation ___ Other (please describe) _____________________

6. The items below describe drinking water from your home plumbing system. Please rank the items from 1 (most important) to 5 (least important) in terms of their importance.
   ___ Clearness ___ Cost ___ Health, Safety ___ Taste, Smell ___ Doesn’t damage plumbing

7. Have you had your home drinking water quality tested? _____ Yes _____ No

The next questions are about your plumbing system for home drinking water.

8. Which of the following best describes your dwelling?
   ___ Single family home which I own ___ Single family home which I rent
   ___ Apartment/condo which I own ___ Apartment/condo which I rent
   ___ Apartment/condo complex which I manage or own

9. What is your zip code? ___________________
10. About what year was your house or apartment building built?
   _____ since 2000      _____ 1995 to 1999      _____ 1990 to 1994
   _____ 1950 to 1959     _____ before 1950       _____ don’t know

11. Have some of your drinking water pipes been replaced or new pipe sections installed?
    ___ Yes, all have been replaced.  ___ Yes, some have been replaced or added.
    ___ No                          ___ Don’t know

12. If yes, when were the pipes replaced or new ones added? Check all that apply.
    _____ since 2000      _____ 1995 to 1999      _____ 1990 to 1994
    _____ 1950 to 1959     _____ before 1950       _____ don’t know

13. What kind of drinking water pipes do you have in your home? Check all that apply.
    ____ copper ____ iron (cast or galvanized) ___ plastic (PVC, PEX, etc.) ___ don’t know

14. Have you ever had a pinhole leak (small hole in pipe) in the drinking water pipes in your current home? If so, please check the type(s) of pipe where pinhole leaks occurred.
    ___ Yes. ___ copper ___ iron (cast or galvanized) ___ plastic (PVC, PEX, etc.) ___ No or don’t know.

15. Have you had other kinds of failure in your drinking water pipes? Please specify.

If you have had pinhole leaks in your current home, please answer the remaining questions.
If you have never had pinhole leaks, you have completed the survey. Thank you!

16. How many pinhole leak incidents that required a repair did you have in the drinking water pipes of your current home during each period below?
    _____ since 2000      _____ 1995 to 1999      _____ 1990 to 1994
    _____ 1950 to 1959     _____ before 1950       _____ don’t know

17. Did you report the leaks to any of the following? Please check all that apply.
    ___ Health department    ____ Insurance company    ___ Landlord    ___ Neighbor or friend
    ___ Neighborhood association  ___ Plumber or home supply store  ___ Water authority
    ___ Other (please specify) ________________________

18. Were the leaks in a horizontal or vertical pipe?
    ___ Horizontal pipes only     ___ Vertical pipes only     ___ Both       ___ Don’t know

19. What level of your dwelling were leaks located? Please check all that apply.
    ___ Under slab or underground  ___ Basement   ___ First floor   ___ Second floor
20. In what area along the length of the pipe did leaks occur?
___ Near a fitting  ___ Along a straight length of pipe  ___ Both  ___ Don’t know

21. Did the leaks occur in cold or hot water pipes?
___ Cold water pipes  ___ Hot water pipes  ___ Both  ___ Don’t know

22. About how much money was spent by you, your landlord, and/or your insurance company to make repairs to the plumbing system and any other damage to your current home from pinhole leaks?
___ less than $100  ___ $100 to $500  ___ $501 to $1000  ___ $1001 to $3000
___ $3001 to $5000  ___ More than $5000 (please specify)______________________

23. How stressful has it been to deal with the pinhole leaks, damage and repairs in your home?
___ very stressful  ___ somewhat stressful  ___ a little stressful  ___ not stressful

24. About how many hours have you spent dealing with pinhole leak problems in your current home?
___ less than 10  ___ 11-20  ___ 21-40  ___ 41-80  ___ more than 80 (please specify)_____

25. Do you have any other comments about pinhole leak problems in home plumbing?

26. Any other problem you would like to share about your home drinking water?

If you would be interested in participating in followup surveys about your home drinking water and pinhole leak problems please include your contact information below.

Name ____________________  Address _________________________________________
Telephone  Daytime: __________________  Evening: __________________  email:_____________________

Thank you for completing this survey!