

This last section is about your in-home water treatment, consumption and primary source of drinking water over the past 12 months.

166. Do you use an in-home water treatment device in your **current residence** (like a Brita filter or one connected to the water system like a water softener)? *Do not include spring water (cooler water) or bottled water delivered to your home.*

- Yes
- No (GO TO QUESTION 168)
- Don't know (GO TO QUESTION 168)

167. Please mark all water treatment devices used in your residence, and indicate where the device is connected. *Note: point-of-entry devices are installed on the main water supply and treat all water entering the home; while point-of-use devices are installed at the tap. Please indicate also the devices that are **not connected** to the main water supply or tap (e.g. Brita-type filters).*

	Point-of-entry	Point-of-use	Both	Not connected to the residence water system	Don't know
<input type="checkbox"/> Water softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water reverse osmosis device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Activated carbon filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water ultra-violet light treatment device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water distillers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ozone disinfection unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chlorinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ion-based device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water filter (e.g. Brita filter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know					

Question 168 appears on the next page



168. For each of the following beverages, please indicate the mean number of glasses or cups (i.e. **8 oz. or 1 cup - 250 ml**) you drank per week or per day when you were **at your residence** over the **past 12 months**.

Mark only one column for each type of beverage.

TYPES OF BEVERAGES	AT YOUR RESIDENCE 1 glass = 8 oz or 1 cup (250 ml)			
	None or less than 1 glass per week	1-6 glass(es) per week	1-3 glass(es) per day	4 or more glasses per day
A. Hot beverages prepared with water				
Coffee (include brewed iced coffee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea (include brewed iced tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other hot beverages prepared with water (e.g. hot chocolate, Postum, Bovril)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soups (e.g. Cup-a-Soup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cold beverages prepared with water				
Frozen concentrated orange juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other frozen concentrated juices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice powders (e.g. Kool-Aid, iced tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other beverages prepared with water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Glass of water (plain)				
Bottled water *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tap water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* A small bottle of water = 500 ml, so you must count 2 glasses for each bottle of water consumed.

169. Over the **past 12 months**, when you drank cold water **at your residence**, what was your primary source of drinking water?

Mark only one choice.

- Tap water (untreated)
- Treated tap water (with the water treatment device mentioned at Question 167)
- Bottled water
- Water from a filter (e.g. Brita)
- Water from a jug kept in the refrigerator
- Boiled and then refrigerated tap water
- Other, specify:
- Don't know

170. Over the **past 12 months**, what was the primary source of water you used for the preparation of **hot** beverages?

Mark only one choice.

- Tap water (untreated)
- Treated tap water (with the water treatment device mentioned at Question 167)
- Bottled water
- Water from a filter (e.g. Brita)
- Water from a jug kept in the refrigerator
- Boiled and then refrigerated tap water
- Other, specify:
- Don't know



171. **Over the past 12 months**, what was the primary source of water you used for the preparation of **cold** beverages?

Mark only one choice.

- Tap water (untreated)
- Treated tap water (with the water treatment device mentioned at Question 167)
- Bottled water
- Water from a filter (e.g. Brita)
- Water from a jug kept in the refrigerator
- Boiled and then refrigerated tap water
- Other, specify:
- Don't know

172. **Over the past 12 months**, what was the primary source of water you used when you were cooking (e.g. cooking vegetables, pasta, or rice, Jell-O, oatmeal)?

Mark only one choice.

- Tap water (untreated)
- Treated tap water (with the water treatment device mentioned at Question 167)
- Bottled water
- Water from a filter (e.g. Brita)
- Water from a jug kept in the refrigerator
- Boiled and then refrigerated tap water
- Other, specify:
- Don't know

Thank you very much for completing this questionnaire! Because we want to be able to use all the information you have provided, we would greatly appreciate it if you would please take a moment to review each page making sure that you:

- **Did not skip any pages and**
- **Crossed out the incorrect answer and circled the correct answer if you made any changes.**

