

Filter Study Questionnaire

Please take a few minutes to fill out this survey. We appreciate your feedback and your answers will be kept confidential. Thank you for your participation.

Personal Information

Study ID (for office use only)

Address

City

State

ZIP Code

About Your Home

How many people live in your household?

When was your home built?

Unknown

after 2014

1996-2014

1986-1996

1974-1986

before 1974

Do you plan to live at the above address through at least November 2018?

Yes

No

Unknown

What type of plumbing is in your service line or home (check all that apply)?

Lead

Plastic (PVC, PEX, other)

Copper

Galvanized Iron

Unknown

About Your Faucet Filter

Do you use a kitchen faucet filter?

Yes | No

What Brand (include model #, if known)? _____

When did you install your filter kitchen assembly? _____

When did you last change your filter? _____

Do you agree to have NSF International come into your household to collect 3 water samples? If yes, please state your preference(s) below.

Yes | No

Scheduling Preferences

What is your availability (check all that apply)?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

What time of day works best for your scheduled appointment time (check all that apply)? *Please consider that you cannot use your filter for **at least 6 hours before** sampling.*

Morning

Afternoon

Evening

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.